

HIV/AIDS, SUBSTANCE ABUSE AND MENTAL ILLNESS

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HIV/AIDS, SUBSTANCE ABUSE AND MENTAL ILLNESS: Contents

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Historical context of mental health in Kamwokya

- ❑ Kamwokya is a NGO, faith based organization established in 1987 with efforts of small based Christian communities (bubondo) to mitigate the psychosocial and economic impact of HIV/AIDS in low resourced communities in Kampala District.
- ❑ In late 1990's KCCC realized that not only was its HIV/AIDS clientele ballooning to higher figures but also a sizeable percentage (10 -12%) of these clients would also develop mental illnesses in their late stages of the disease.
- ❑ The only immediate attention the organization would provide was ambulance services to and from for the mentally ill persons to Butabika Hospital (still the main referral health facility for MIPs).

Historical context of mental health in Kamwokya - ctd

- In 2004 in partnership with BNUU, a community mental health and development model was initiated aimed at; improving the quality of life of the mentally ill people and their families through enhancing their capacities to address their social, economic, health, cultural and development needs.
- The model was also designed to Integrating Mental Health issues and aspects in the development processes, with emphasis on building capacities of affected persons, initiating a care and support model opposed to institutional care, promoting sustainable livelihoods of MIPs, learning from their day to day care (action research) and effective programme management – something never heard before.

Mental Health Problems In Kamwokya

- ❑ KCCC/ BNUU baseline study of 2004-2005, mental illnesses constitute a growing socio-economic and health problem in the area
- ❑ Records indicate that there is growing number of those afflicted by mental illness(in oct 2004 cases were 53 MIPs but by end of Oct 2005, a cumulative total of 203 MIPs (96 males, 107 females) had been diagnosed with mental related illness
- ❑ They further indicate that 14% (7 males, 21 females) of those attending the weekly clinic were diagnosed with both HIV/AIDS and mental illness while four (4) people (males only) had mental illness arising out of substance abuse.

Understanding Mental Illness, Substance Abuse And AIDS

- ❑ Mental health problems impact on how a person thinks feels and behaves.
- ❑ Some people with mental health problems may behave in ways which will put them at increased risk of contracting HIV.
- ❑ Others may have trouble using harm reduction strategies while many may find it difficult to access health care resources (Stephen Enwisle- AIDS CALGARY). HIV/AIDS may predispose people to mental health problems, sufferers may be driven into substance abuse to cope with the depression, denial, fear, stigma and discrimination that often accompany the disease.
- ❑ Abuse of substances inhibits and impairs judgment, which may lead to risky behaviors including practicing unprotected sex that could result into acquiring HIV/AIDS and other sexually transmitted infections (UYDEL, 2001).

Understanding Mental Illness, Substance Abuse And Aids - ctd

- ❑ HIV/AIDS and substance abuse then reinforce each other to provide fertile ground for mental health problems. According to NIAAA (undated), when people that are already infected with HIV consume alcohol excessively, they develop more medical and psychiatric problems.
- ❑ The NIAAA also asserts that people with alcohol disorders are more likely than those who do not to contract HIV. This viewpoint is supported by the results of the study on alcohol and HIV conducted in southwest Uganda which found that those that had ever drunk alcohol were twice more likely to be infected with HIV than those that had never (Mbulaiteye et al 2000 in WHO, 2004b).

Objectives Of The Study:

- ❑ To assess the extent of mental illness, HIV/AIDS and substance abuse in Kamwokya and their inter-linkages.
- ❑ To ascertain the impact of HIV/AIDS and substance abuse on mentally ill Persons (MIPs) and their families
- ❑ To find out existing interventions in Kamwokya to mitigate the impact of HIV/AIDS and substance abuse on mentally ill persons and their families

Methodology

- An exploratory study utilizing qualitative methods-in-depth and key informant interviews, focus group discussions (FGDs), peer groups discussions (PGDs), life stories of MIPs, carers and PLWHA were employed for this study
- Free listing, ranking and scoring, and literature review were also used to obtain data and triangulate findings.

Methodology - ctd

- 24 key informant interviews, 7 FGDs, 3 PGDs, and 6 in-depth interviews were conducted among purposively selected respondents.
- Analysis was done manually by extracting themes from the data as they emerged throughout the fieldwork. The study team and respondents carried out preliminary analysis of emerging themes and issues at the source to validate the information collected and ensure local ownership of results.

Characteristics Of Study Area

- ❑ Study was done in Kamwokya II Parish, Kampala district, Uganda.
- ❑ Kamwokya is a predominantly slum area divided into 10 local council zones (administrative units) characterized by unplanned settlements, poor drainage and poor sanitary conditions. The estimated population of Kamwokya is 45, 000 (UBOS, 2002) many of whom are migrants from rural or war-torn areas of Uganda and neighboring countries(65% of people are between 10 and 35 years,2/3 of whom are female.

Characteristics Of Study Area - Ctd

- ❑ It is estimated that 40% of the adults are illiterate, unskilled, unemployed and living in abject poverty (Wallman 1996). Most of the area residents depend on manual jobs that pay very little (between Uganda shillings 500-1500 per day, which is less than one dollar) or on handouts from community welfare agencies and/or sympathizers.
- ❑ Area is underserved with essential social services such as (schools, health centre, recreation and social centres.) It's also saturated with numerous bars and shops that sell all manner of alcoholic beverages. Young and old engage in cross and transactional sexual relationships for food, school fees, medication and pleasure. An average household in the area has 4 - 10 members living in small one- or two-roomed 6 square meter mud/brick shacks.

Study findings

Findings unravel the relationship that exist between HIV/AIDS, substance abuse and mental health

EXTENT OF HIV/AIDS IN KAMWOKYA

- ❑ Cumulative total 47% (7,385) persons are living with HIV/AIDSs and access care from KCCC. 30% of those testing for VCT turn out positive.
- ❑ However, majority of them have compelling reasons for taking an HIV test and therefore cannot be generalized to the entire population.

Study findings - Understanding mental illness

- mental disorders, substance abuse and HIV/AIDS have an entangled relationship
- People with mental disorders are vulnerable and susceptible to rape, incest, and engaging in unprotected sex due to inhibited reasoning and helplessness, which increases the likelihood of acquiring HIV
- people suffering from mental illness may rape, defile, be raped, or as a result of heightened libido engage in sex, which may lead to HIV infection in case an infected person is involved
- As a result of neurological changes and psychosocial factors people develop acute stress, depression, mania and organic mental deterioration .

Study Findings - Perceived causes

- **Psychosocial factors** which cause people immense emotional and psychological pain resulting into stress & depression or increase their vulnerability to HIV infection, MI and SA include
 - stigma & discrimination,
 - blaming,
 - family separation,
 - fear of death and the unknown in PLHAs,
 - multiple bereavement,
 - denial of HIV Status,
 - loss of hope in the efficacy of treatment, life and the future,
 - non-disclosure of HIV status,
 - lowered self-esteem due to reduced productivity and contribution in bed-ridden PLHAs,
 - suspicion that one might be infected with HIV , which makes people live recklessly or abuse substances, which increase their vulnerability to HIV infection if they were not in the first instance

Perceived causes - ctd

Economic factors

- ❑ Unemployment/poverty
- ❑ Treatment cost
- ❑ testing & nutritional costs,
- ❑ Job demands and dismissal from jobs

Above factors often result in emotional and psychological pain, malnutrition, reporting late for HIV testing and treatment and inability to adhere to treatment. This may trigger early on-set of neurological manifestations and cause pain (especially those that develop cryptocococ meningitis, severe peripheral neuropathy, herpes zoster) to PLHAs, thus resulting into mental ill health

To cope with the psychosocial and economic factors people resort to abuse of substances, which further causes them mental ill health or make them vulnerable to HIV infection

Other Factors influencing Substance Abuse - Community beliefs, attitudes and practices

- ❑ Perceived loss of respect & low self-esteem
- ❑ Family Socialization
- ❑ Easy access and Availability
- ❑ Peer pressure
- ❑ Searching for love and acceptance
- ❑ Means of asserting one's freedom
- ❑ Socialization by the media

Other Factors influencing Substance Abuse - Community beliefs, attitudes and practices - ctd

- ❑ Incarceration
- ❑ Social problems e.g. domestic violence
- ❑ Source of confidence
- ❑ Academic pressure and the perception that substances increase intelligence
- ❑ Relieve pain
- ❑ Loss of hope in life and the future
- ❑ Lack of and/or weak policies

Community participation

- ❑ Change has been initiated to transfer responsibility of looking after MIPs to communities. This has been done through training carers, opinion leaders, community health workers and emphasizing the “neighbor” concept to promote community mental health.
- ❑ User group formation (consisting of MIPs and carers) has aroused even more awareness than before.
- ❑ Support groups have thus been linked to other social support networks (micro credit) to facilitate their livelihood and other welfare.

Recommendations

- ❑ Intensive and aggressive health education highlighting the effects of and linkages between HIV/AIDS, mental illness and substance abuse and encourage people to seek professional help and improve their health seeking behavior.
- ❑ To be successful, interventions seeking to mitigate the impact of the three problems must take a holistic and integrated approach. Families and households hold the key to successful and sustainable responses to these problems.
- ❑ A strong civil society forum to advocate and promote intensive advocacy for the enacting and enforcement of substance abuse laws and policies should be encouraged (dependable partners have included; police, schools, local governments and communities)
- ❑ Since most people and families affected by HIV/AIDS, substance abuse and mental illness tend to seek support from traditional and religious leaders, interventions seeking to mitigate the impact of these problems should involve traditional healers by equipping them with accurate information about the problems, counseling and referral skills

Conclusion

Institutions implementing HIV and AIDS programs need to integrate them with mental health services. Also those dealing with the latter should incorporate AIDS-related services in their programming so as to mitigate the impact of both conditions



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