

HIV Risk Factors Among Clients with Mental Health Disorders

What We Know

- › Clients with mental health disorders are at an increased risk of acquiring and transmitting the human immunodeficiency virus (HIV) and developing acquired immunodeficiency syndrome (AIDS)^(2,11,12,13,15,17,20,22,25)
 - Greater severity and persistence of mental illness symptoms have been associated with a higher risk of HIV infection⁽²⁾
 - In the United States it is estimated that 3%–8% of severely mentally ill persons are HIV positive and that up to 23% of mentally ill persons who are also substance abusers are HIV positive^(15,22)
- › According to the World Health Organization (WHO), 450 million persons are living with mental illness worldwide⁽²⁶⁾
 - In 2016 an estimated 44.7 million American adults have experienced a mental illness in the past year⁽¹⁹⁾
- › According to WHO, 36.7 million persons were living with HIV worldwide in 2015⁽²⁸⁾
 - Over the past decade, central Asia has experienced one of the fastest-growing HIV epidemics in the world^(8,24,25)
- › Mental health disorders such as schizophrenia, schizoaffective disorder, bipolar disorder, and recurrent major depression produce symptoms and behaviors that can interfere with a person's thinking process, feelings, attitudes, beliefs, and ability to interact with his or her environment, which in turn can lead to behavior that can increase the risk of acquiring HIV^(11,15,17,22)
 - Mental status factors that affect HIV risk include^(5,11,12,15)
 - decreased conscious control over sexual interactions as a result of feelings of worthlessness, restlessness, boredom, or anxiety
 - possible deficits in knowledge of sexually transmitted diseases (STDs)
 - difficulty in establishing or maintaining lasting sexual relationships
 - hypersexuality
 - Although higher rates of abstinence are seen in clients with schizophrenia during acute phases of the disorder, they typically are still sexually active, whereas clients with bipolar disorder typically exhibit hypersexuality during the acute phase of the disorder
 - impulsivity as a result of decreased impulse control
 - poor judgment
 - increased susceptibility to coercion into unwanted sexual activity
 - alternating moods and depression
 - Research examining men who have sex with men reports a positive association between depression and risk of HIV transmission, possibly related to poor self-control and avoidant coping styles that increase psychosocial vulnerability, predispose to risky behaviors, and reduce sexual safety^(1,23)

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- › Data collected from female Hispanic participants in a sexual health program indicated that women with symptoms of depression had higher levels of HIV risk and lower levels of HIV knowledge than women without symptoms of depression⁽¹⁶⁾
 - limited intellectual processing
- Behaviors that put clients with severe mental illness at HIV risk include^(11,12,13,20,22)
 - injecting illegal drugs, especially with used or dirty needles⁽²⁾
 - having multiple sex partners⁽²⁾
 - irregular condom use
 - use of “survival sex,” in which sex is exchanged for shelter, food, or money, as many persons with severe mental illness are unable to work and are of the low socioeconomic status
 - having a sexual relationship with a partner who injects drugs
 - alcohol and drug abuse⁽²⁾
- › Homelessness places clients with mental health disorders at increased risk of HIV^(11,12)
 - Having a mental illness increases the chances that an individual will be homeless. The prevalence of mental health disorders is estimated to be 15% among homeless adults in the United States⁽⁷⁾
 - Homelessness also increases the risk of HIV transmission because homeless persons are more likely to engage in survival sex and are at increased risk for sexual victimization⁽¹¹⁾
- › Living with HIV can have a negative impact on psychological well-being, increasing symptoms of depression and anxiety⁽²¹⁾
 - Depression and anxiety in individuals with HIV have been implicated in lower adherence to mental health and antiretroviral treatment and diminished quality of life^(10,21,27,29)
 - Individuals with HIV are at increased risk for suicide and suicide attempts^(4,25,27)
- › Urban health clinics frequently offer free or low-cost preventive health services and free condoms to persons who are mentally ill, homeless, or otherwise at risk for HIV infection. However, individuals with mental health disorders are less likely than the general population to utilize preventive services and thus are less likely to receive condoms or counseling related to preventing HIV transmission⁽⁶⁾
- › Strategies to reduce the risk of HIV transmission among individuals with mental illness include supportive housing programs, individual case management, and behavioral treatment interventions^(6,12,22)
 - According to a recent review of the literature, programs that integrate treatment for substance abuse and mental health are more effective in preventing HIV transmission than those offering separate treatment programs for these disorders⁽²²⁾
 - Treatment of depression in clients with HIV improves adherence to antiretroviral treatment and reduces the progression of the disease⁽²³⁾
 - Researchers have found that multidisciplinary collaboration integrating HIV risk assessment, testing, counseling, and treatment with mental health services can improve care and treatment outcomes^(10,14,29)

What We Can Do

- › Learn about risk factors for HIV/AIDS among clients with mental health disorders; share this knowledge with your colleagues
- › Develop an awareness of your own cultural values, beliefs, and biases and develop knowledge about the histories, traditions, and values of your clients. Adopt treatment methodologies that reflect the cultural needs of the client^(3,9,18)
- › Social workers should practice with awareness of and adherence to the NASW Code of Ethics core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. Become knowledgeable of and practice the NASW ethical standards for providing culturally competent care to clients with mental health disorders who are at risk of HIV⁽¹⁸⁾
- › Be aware of signs and symptoms of HIV infection so that you can recognize them in your clients; these include unexplained weight loss, lack of appetite, fatigue, night sweats, low-grade fevers, diarrhea, headache, sore throat, shortness of breath, swollen lymph glands all over the body, fungal infections of the mouth, fingernails, and toes, severe numbness of hands and feet, personality change, and mental deterioration
- › Drug use increases the risk of HIV infection. Be aware of how mental illness increases the risk of drug use and HIV infection^(8,11,12)

- › Educate clients, including those with mental illness, on the importance of safe sexual behavior, including abstinence, having exclusive sexual relationships (i.e., one active sex partner at a time), reducing the number of sex partners, engaging in nonpenetrative sex, and using latex condoms
 - Assist clients with access to condoms and related health services to reduce their risk
- › Educate clients regarding the importance of HIV testing, intervention, prevention, and treatment options and provide linkage to HIV testing and HIV support and advocacy groups
- › If sexual abuse/assault is suspected, notify appropriate personnel according to facility policies and procedures for mandatory reporting
- › Assist clients with obtaining healthcare and provide referrals for mental health services
- › Provide clients with written information about HIV and mental illness, including links to treatment and support organizations. Helpful websites include the Substance Abuse and Mental Health Services Administration (SAMHSA) at <https://www.samhsa.gov/>, the National AIDS Trust (NAT) at <https://www.nat.org.uk/online-guides>, AIDS.gov at <https://www.hiv.gov/hiv-basics/staying-in-hiv-care/other-related-health-issues/mental-health>, and HIV/AIDS Tribe at <https://support.therapytribe.com/hiv-aids-support-group/>

Coding Matrix

References are rated using the following codes, listed in order of strength:

M Published meta-analysis	RV Published review of the literature	PP Policies, procedures, protocols
SR Published systematic or integrative literature review	RU Published research utilization report	X Practice exemplars, stories, opinions
RCT Published research (randomized controlled trial)	QI Published quality improvement report	GI General or background information/texts/reports
R Published research (not randomized controlled trial)	L Legislation	U Unpublished research, reviews, poster presentations or other such materials
C Case histories, case studies	PGR Published government report	CP Conference proceedings, abstracts, presentation
G Published guidelines	PFR Published funded report	

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