



Mental Health Status of Women and Families Infected and Affected by HIV/AIDS



Key Questions

What is the impact of HIV/AIDS on the mental health status of women with HIV?

What is the impact of the mental health status of women with HIV/AIDS on children and families?

Key Take-Home Messages

- Evidence-based interventions are needed to support women living with HIV/AIDS to develop effective parenting skills for their children (7).
- Due to the disproportionate burden of depression on women who are infected with HIV, there is a need to incorporate mental health services as an integral component of HIV care (15).
- Future research is necessary to assess how the mental health of women living with HIV affects their parenting skills and ability to provide for their families (9;12).
- Mental health professionals need continuing professional education in HIV/AIDS issues (16).
- Children living with parents who are HIV positive are “at heightened risks for emotional and behavioral disorders” (13). Health providers and social workers need to focus on the mental health needs of these children (10;14).

The Issue and Why It’s Important

Regardless of gender, race or ethnicity, mental health illnesses particularly major depression occur frequently in people infected with HIV (1;2). Women living with HIV are more vulnerable to depression than men living with HIV (3;4). The Rates of depression among HIV positive women and men is reported to be twice as high as the general population (5).

EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy. In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

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Women living with HIV/AIDS with families often experience depression at a higher rate than the general population (6;7). Nevertheless, the healthcare needs of women living with HIV/AIDS and their children are not well understood and addressed by health providers and social workers. This is due to the limited research on their specific mental health needs (8-10). Depression may also lead to poor adherence to treatment resulting in disease progression (11). Children living with parents who are infected with HIV/AIDS are a growing population as a majority of HIV positive women are of childbearing age and continue to bear children who may not be HIV positive (12).

Children living with parents who are infected with HIV are generally considered to be at “heightened risks for emotional and behavioral disorders”(13). They usually have to deal with the challenges of adjusting to a parent’s HIV positive status (13). Their needs are often obscured by the illnesses of their HIV positive mothers (8;14). Given the complexity of issues for children and HIV positive parents, further research on this topic is relevant to address the gaps in service provision (8;13).

What We Found

Impact of HIV/AIDS on the mental health status of women with HIV with families

Major depression is a common side effect of HIV medication or diagnosis (1;4;14;17). Depression in women living with HIV/AIDS is further compounded by stigma related stress (6), history of substance abuse, anxiety over their health and single parenthood (12). A United States study found that 62% of the HIV positive women sampled were depressed (9). Child bearing and parenting issues may contribute to increased levels of stress in women and most data emphasize the need for psychological support specifically for women (9;12).

Depression in mothers infected with HIV often impacts their relationship with their children (8). Limited social interactions with family often results in poorer family cohesion (12) and depression sometimes results in the inability of HIV infected mothers to perform their usual household tasks (12). In addition, stress is an important factor in the lives of families living with HIV/AIDS (14) and a study found significantly higher levels of anxiety in women from diverse ethnic backgrounds compared to the general population (18).

Recommendations in the articles reviewed include the following:

- Further research is needed to show how support groups can more effectively address the needs of women with HIV (9).
- More research is required to assess the mental health of mothers living with HIV, their home life and how they function as caretakers with a chronic illness (12).
- Further research must be conducted to assess the impact of the mental health status of women who are infected with HIV on parenting skills and providing family services (9).

The following interventions are recommended:

- There is a need for women centered and family focused HIV care that integrates mental health with HIV/AIDS primary health care (3;19;20).
- Interventions by health providers and social workers must recognize the diversity of women within this group such as women from different racial ethnic backgrounds (9)
- and women with dual infections including HIV/HCV (14).

Impact of parental depression and other mental health issues on children

HIV/AIDS has evolved into a disease of families with children, children are both infected and affected by HIV/AIDS (8). Children who live with parents who are HIV positive were referred to in one study as the “forgotten grievers” (14). A focus on the health needs of the parents together with a desire by the parents to protect the children from stigma and discrimination, often distracts the attention of mothers, health providers and social workers from the needs of the children (14). A Canadian national study documenting the concerns of HIV positive biological mothers and their spouses or partners noted that 85.4% of children involved were affected rather than infected by HIV/AIDS (14).

The mental health of children with HIV positive mothers is adversely affected by their mother’s illness in several ways including anxieties about the health of their mothers, dealing with secrecy as a result of stigma and increased household tasks to support mothers who are unable to perform tasks because of their HIV status (11). Depression impacts the relationship between HIV positive mothers and their children as poorer parental monitoring and family structure may result in children and adolescents who engage in HIV risk behavior earlier (8;12).

The studies reviewed also presented the following findings:

- Children and adolescents with HIV infected parents are at increased risk for their own HIV infection. This may be due to factors such as limited supervision from parents, early exposure to substance abuse and sexual behavior (8). A Canadian study noted that 42% of families had two generations infected with HIV (14).
- Fewer children are born to HIV positive mothers because of reduced mother to child HIV transmissions (14).
- There is a need to conduct more research about the mental health care needs of children who are affected by HIV in order to provide adequate services for the children (14).

Role of family support on the mental health of women with HIV

Generally chronic illnesses are a major source of stress for family members (12). However family support such as financial assistance, support in daily routines, medical assistance and psychological support is effective in helping women who are living with HIV cope with their illness (21). In situations where people who are living with HIV do not have strong family support systems because of HIV related deaths and stigma, support groups are essential (21).

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Other findings from the studies are as follows:

- There is a need for more research on specific mental health needs of HIV affected families (8).
- HIV affected families are often already at high risk of mental health illnesses associated with parental drug addiction (8).
- Health care professionals, researchers and social workers need to understand and deal with the complex and challenging needs of families affected by HIV/AIDS (14).

Factors that May Impact Local Applicability

This rapid response focused largely on major depression as a form of mental illness. Elaborating on the other forms of mental illnesses is beyond the scope of this study.

Out of the 23 articles reviewed, only one study focused on Canada (16), fifteen articles were from the United States (1;3-9;11;12;16;18-20;22), and five articles were from developing countries, which include Kenya (10), Ghana (13), Peru (15), South Africa (23) and India (17). Two articles had a global focus (2;21). The studies based in the United States also focused on diverse populations within the United States including Caucasian, African American and Hispanic women (11;12). The Canadian study included a cross section of ethnic backgrounds with about one-third of the parents having immigrated to Canada (14). Most research participants from the United States were recruited from mental health clinics and AIDS Service Organizations (3;7;16;22).

What We Did

To identify any systematic reviews we first conducted hand searches of the reviews and protocols from the HIV/AIDS review group and searched www.health-evidence.ca (hand searched the 'acquired immunodeficiency syndrome' and 'HIV' categories and combined the text term HIV with the 'Mental health' category). To locate additional reviews and primary literature we then searched Medline and Embase using combinations of relevant MeSH terms. Lastly, we searched the Cochrane Library, DARE and PsychInfo using a similar combination of text terms. We also contacted researchers working in the area of HIV and addiction.

MeSH terms searched: (HIV or Acquired Immunodeficiency Syndrom) AND (Women AND "mental health")

Text terms searched: HIV AND Women and "mental health"