



DEPRESSIVE SYMPTOMS, STRESS AND RESOURCES AMONG ADULT IMMIGRANTS LIVING WITH HIV

- Noh M, Rueda S, Bekele T, Fenta H, Gardner S, Hamilton H, Hart TA, Li A, Noh S, Rourke SB
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What research question is addressed by 'Influence of Employment and Job Security on Physical and Mental Health in Adults Living with HIV: Cross-sectional Analysis'?

The purpose of this study was to test for the independent and combined effects of three stressors – HIV symptom distress, HIV stigma, and stressful life events – and three types of mental health resources – masteryⁱ, social support, and coping strategies – on depressive symptoms among adult immigrants living with HIV in Ontario.

What did the study find?

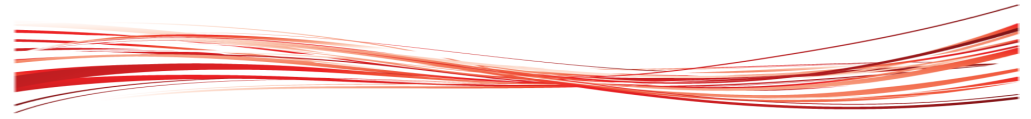
There were three important study findings: first, HIV symptom distress was associated with more severe symptoms of depression than the other two stressors measured; second, mastery reduced or 'buffered' the depressive symptoms (more than either social support or coping strategies); and third, unlike other research findings on immigrant health, measures such as length of residency or racial/ethnic minority status, were not associated with symptoms of depression.

Why is this question important?

HIV-positive immigrants may be at greater risk of developing depression due to the combination of stressors and changes related to both the process of immigrating (e.g., living in a new language or facing citizenship barriers) plus living with HIV. New immigrants are projected to become the sole source of national population growth in Canada by 2030 and HIV prevalence rates are increasing among newly arriving immigrants from countries where HIV is endemic (sub-Saharan Africa and the Caribbean). There has been limited research on how HIV-related stressors block, and how resources protect the psychological well-being of immigrants with HIV.

How was the study conducted?

Researchers used the data from 259 foreign-born OCS participants in Toronto who completed a survey that asked a series of questions evaluating mental health. Questions included: the Centre for Epidemiologic Studies Depression Scale (CES-D) to assess symptoms of depression, the HIV symptom distress scale to assess HIV symptoms (such as fatigue, forgetfulness, and pain), the HIV Stigma Scale Revised (HSSR) to identify various types of HIV stigma (such as disclosure concern and negative self-image), the Life Event Stress Scale (LES) to identify negative life events that occurred within the last year (such as chronic strain), a seven-item scale to measure mastery, the Medical Outcomes Study Social Support Survey (MOS-SSS) to assess components of social support (such as access to emotional support and positive social interactions) and the Brief COPE scale to evaluate coping strategies used by participants.



What were the main results of the study?

Participants who experienced HIV symptom distress were also more likely to report depression. This relationship existed even if the participants reported positive coping behaviours and strong social supports. HIV-related stressors (measured by the HIV symptom distress scale and the HIV stigma scale) were shown to have a greater effect on participant's depression than non-HIV-related stressors, such as general life events.

While participants who reported having strong social support and positive coping behaviours had an easier time managing the impact of stressful life events and HIV stigma, it was participants who reported having high personal mastery who were the most effective at buffering or reducing the effects of HIV symptom distress compared to the other participants in the study.

A surprising finding of this study is that other variables which often cause depressive symptoms among immigrants (such as length of residency and racial/ethnic minority status) were not associated with depressive symptoms among the interviewed participants. The limitations of this study include the possibility that this study cohort may not be representative of all immigrants living with HIV in Ontario, but rather reflect the experiences of those connected to care and undergoing treatment.

What do the study results mean for the treatment and care of people living with HIV?

The study findings suggest that educational or counselling interventions aimed at maintaining or improving mastery could help manage the negative effects of HIV symptom distress and HIV stigma among immigrants living with HIV.

Where can I find the full-length publication of this study?

This article is available online at:

<http://www.ncbi.nlm.nih.gov/pubmed/21863334>

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¹ Mastery is defined as the extent to which individuals believe they have control over what happens to them, the decisions they make, and whether they are able to deal effectively with problems.

The **Ontario HIV Treatment Network Cohort Study (OCS)** is an ongoing research study that collects clinical, social and behavioural information about people living with HIV (PHA) in Ontario. Participation in the study is voluntary, and all personally identifying information of study participants is removed to ensure confidentiality. The OCS was established to improve our understanding of HIV and to inform HIV prevention, care and treatment strategies for people living with HIV and groups at increased risk of HIV infection. For more information about the OCS, please contact the OCS Research Coordinator, Brooke Ellis at: bellis@ohrn.on.ca.