

Healthy Minds

A national survey of HIV and Mental Health

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- Studies from around the world show that people living with HIV (PLHIV) have up to double the risk of depression and anxiety than the rest of the population
- Healthy Minds was developed to deliver unique Australian data and to provide new understandings of the mental health and well-being of PLHIV
- Findings from Healthy Minds revealed high rates of depression and anxiety, with strong links to HIV-related stigma, but also many instances of resilience and positive well-being
- A focus on mental health screening and treatment is needed. PLHIV may also benefit from programs that focus on promoting optimal wellbeing and resilience, as these appear to be protective of depression and anxiety

ARCSHS

November / 2016



WHY IS MENTAL HEALTH IMPORTANT?

People living with HIV (PLHIV) report much higher rates of depression than the general population (1-3). Depression and anxiety in PLHIV have also been linked to greater disease progression (4-6), lower treatment adherence (7), and risky sexual behaviour (8). Mental health is therefore a major area for concern, with implications for the treatment and prevention of HIV. Despite this, little is known about factors related to mental health among PLHIV.

WHAT DID WE DO?

In 2014, we conducted a national online survey of HIV-positive Australians aged 18 years or older. Participants were asked to give detailed information on their current and previous mental health, including treatment experiences and their use of mental health services. The survey also contained a suite of standardised instruments that measured depression, anxiety, resilience, and several key components of psychological well-being.

Sample profile (n=402)

CHARACTERISTIC	NUMBER (PERCENTAGE)
Gender	
Male	386 (96.5)
Female	13 (3.3)
Other	1 (0.2)
Age	
18-29	31 (7.8)
30-49	206 (52.0)
50+	159 (40.2)
Sexual orientation	
Heterosexual	17 (4.3)
Gay, lesbian or homosexual	360 (90.0)
Bisexual	17 (4.3)
Other	6 (1.5)

Year first tested positive	
1980-1995	108 (27.1)
1996-2009	190 (47.6)
2010-2014	101 (25.3)

In total, 402 PLHIV from across Australia participated in the study. Over 95% of participants were male and 90% identified as gay, lesbian or homosexual. Participants ranged in age from 18 to 81 years. The mean age was 46.5 years. Approximately one quarter of participants were first diagnosed with HIV in the four years prior to the survey (2010-2014) while 27% had been living with HIV for over 20 years (diagnosed 1980-1995).

WHAT DID WE LEARN?

Mental health problems are common among PLHIV

Sixty-two per cent of participants had ever been diagnosed with a mood or anxiety-related disorder. The most commonly diagnosed disorder was depression (56% of all participants) followed by anxiety (38% of all participants).

One in four participants (26%) were currently receiving treatment for a mood or anxiety-related disorder. Of those receiving treatment, nearly half (49%) were taking prescribed medications without engaging in face-to-face therapy (e.g., counselling, psychotherapy), 11% were receiving therapy only, and 39% reported both psychiatric medications and therapy.

PLHIV commonly seek support from HIV/AIDS organisations

Almost two-thirds of participants (63%) had ever sought support from an HIV/AIDS organisation, with most reporting they had sought support "sometimes" (20%) or "once or twice" (36%). Those seeking support most commonly accessed face-to-face counselling (66%) or face-to-face support groups (40%). One in three participants (33%) who sought support reported involvement in a health and well-being program.



Doctors, psychologists, or the Internet are trusted sources of mental health information

When participants were asked who they would be likely to turn to for information and/or advice on mental health, the most common reported source was doctors (68%), followed by psychologists (33%) and/or the Internet (39%). Participants were less likely to turn to mental health organisations (8%) or their families (15%) for information on mental health.

WHAT ELSE DID WE LEARN?

In-depth analyses of the study's findings have been published in a series of peer-reviewed journal articles. These articles focus on HIV-positive gay men (n=357) due to small numbers of other PLHIV populations. Hyperlinks to the articles and summaries of the findings for each article are presented below. Additional articles will be available in the future as we continue our analysis of the data.

Heywood W, Lyons A. 2016. [HIV and elevated mental health problems: Diagnostic, treatment, and risk patterns for depression, anxiety, and stress in a national community-based cohort of gay men living with HIV](#). *AIDS and Behavior*, 20(8): 1632-1645

- HIV-positive gay men had elevated rates of symptoms of depression, anxiety and stress compared with the general population
- Some men who were experiencing symptoms of depression or anxiety, including severe levels, were not receiving treatment or had not been diagnosed with these conditions
- Experiences of stigma and discrimination were strongly linked to elevated symptoms of depression, anxiety and stress
- Lower levels of depression and stress were reported by men with access to emotional support

Lyons A, Heywood W, Rozbroj T. 2016. [Psychosocial factors associated with resilience in a national community-based cohort of Australian gay men living with HIV](#). *AIDS and Behavior*, 20(8); 1658-1666.

- Not all HIV-positive gay men experience mental health problems, yet little is known about resilience (the ability to adapt and thrive under adversity) in this population
- There were many cases of high resilience, although the average resilience level overall was somewhat lower than the general population
- Those who reported the highest levels of resilience also reported experiencing little or no internalized HIV-related stigma
- Lower levels of resilience were reported by those who had a history of mood or anxiety-related disorders

Lyons A, Heywood W, Rozbroj T. 2016. [Psychosocial predictors of flourishing in a national community-based cohort of HIV positive gay men living in Australia](#). *BMC Psychology*, 4; 46.

- Few studies of PLHIV have examined positive aspects of mental health or flourishing
- Our best comparisons suggest flourishing levels among this sample of HIV-positive gay men were similar to those in the general population
- Higher levels of flourishing were found among those with access to practical support or companionship
- Internalized HIV-related stigma and unemployment were both major barriers to flourishing



Lyons A, Heywood W. 2016. **Collective resilience as a protective factor for the mental health and well-being of HIV-positive gay men.** *Psychology of Sexual Orientation and Gender Diversity*; Advance online publication.

- Collective resilience is the capacity for a community or group to overcome challenges to its survival, and experiencing being part of a resilient group or community can have benefits to well-being
- Men who reported being part of groups with high collective resilience had lower rates of symptoms of depression, anxiety and stress
- Belonging to a resilient group or community was also strongly linked to positive mental health, life satisfaction, individual resilience and better self-rated health
- Men who were unemployed were less likely to have experiences of collective resilience

WHAT DOES THIS MEAN?

- The eradication of HIV-related stigma and discrimination needs to be a priority, which is likely to make a large difference to mental health outcomes among PLHIV
- Targeted strategies may also be needed to help address high rates of mental health problems, including point-of-care mental health screening and treatment
- Given the specific challenges and experiences of living with HIV, such as the impact of stigma, dedicated support programs tailored to PLHIV may need to be considered that also take into account factors linked to mental health as revealed by the Healthy Minds survey
- Ongoing research is also needed to further inform, develop, and test mental health and support programs

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This study was funded by the Australian Government Department of Health. Ethics approval for the study was granted by the La Trobe University Human Ethics Committee.

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