PSYCHOSOCIAL ISSUES AND HIV/AIDS

TIHAN
Training for Care & Support Volunteers
Psychology + Sociology

- Psychosocial development is how a person's mind, emotions, and maturity level develop throughout the course of their lifetime. Different people will develop psychosocially at different speeds depending on biological processes and environmental interactions.

- People living with HIV have very specific psychosocial issues they deal with. It is important to understand that the mind and emotions do have an impact on the immune system and quality of life.
Think about your own quality of life.

Do you have the ability to work?
What is your daily energy level?
What is your diet like?
Do you enjoy your social life?
What about your sex life?
Is your self-image positive or negative?

As you continue this presentation, think about how these concerns might affect a person living with HIV/AIDS differently.
When a person is newly diagnosed with HIV, they may feel a deep sense of grief and loss.

Grieving is an unavoidable part of living for all of us. We grieve when we lose people and pets. For people with HIV/AIDS, they may begin to grieve when thinking about being diagnosed with a potentially debilitating illness that can threaten their lives or impair their functioning.

People living with HIV are faced with a profound sense of loss on many levels. If this grief is not addressed, it can lead to feelings of helplessness, high risk behavior, a lack of follow-through with medical care, and acting out with intense emotions.
Grief is a normal human response to any kind of loss.

- It is an important process that should not be rushed.
- It helps people let go of old dreams and gain new ones.

Stages of grief:

- Denial
- Anxiety
- Fear, Guilt, Depression, Anger
- Coping
- Re-entry into pre-existing developmental tasks with new skills, perspectives, insights and attitudes
“Stigma is the co-occurrence of labeling, stereotyping, separation, status loss, and discrimination” in a situation in which power is exercised. (Link & Phelan, 2001, p.363)

There is so much stigma, shame & misinformation about HIV/AIDS that the stigma itself creates issues to deal with separate from the medical diagnosis.

Misconceptions or stereotypes about HIV/AIDS include:
- Drug user
- Gay
- Multiple partners
- Punishment from God
- Deserve to get this disease
- Prostitute
Stigma can prevent people from talking about and acknowledging HIV as a major cause of illness and death.

It can prevent people living with HIV from seeking counseling, obtaining medical and psychological care, and taking preventative measures to avoid passing the virus on to others.

Prevention behaviors may carry stigma.
  - For example, a woman with HIV might want her partner to use a condom, but might be reluctant to ask because of the stigma associated with the suggestions of HIV risk.
People with HIV/AIDS can experience a drop in self esteem because of:

- The stigma associated with HIV being a sexually transmitted disease
- Questioning oneself—“What did I do to deserve this?”
- Internalizing homophobia—“Because I am gay, I got HIV”
- Beginning to see oneself as “toxic” to others
SOCIAL ISOLATION

- People with HIV/AIDS might worry about telling their families & other relationships

- Some family and friends might choose to withdraw because of:
  - Fear of death
  - Helplessness
  - Fear of “catching” HIV/AIDS
  - Shame and pressure from the stigma
PEOPLE WITH HIV/AIDS WORRY ABOUT...

- Who will stand by me?
- What effect will it have on my current relationship?
- Will I still find love?
- Can I still date other people?
- Will I be disowned by my family or treated differently?
- What will my friends say?
PEOPLE WITH HIV/AIDS WORRY ABOUT JOBS

- Can I still get insurance if I change jobs?
- Will I be fired if someone at work finds out?
- How do I explain calling out sick a lot or frequent trips to the bathroom during the day?
- How do I explain not participating in the company blood drive?
- When will I have to stop working?
- How will I support myself and my family?
Living with HIV/AIDS can be a barrier to having intimate or sexual relationships.

Self isolation can increase a sense of depression and complicate intimacy and sexuality.
Confidentiality & Disclosure

People living with HIV worry about confidentiality. Deciding who and when to tell is not easy. Some concerns might be:

- Should I just keep this to myself?
- How do I get help without everyone finding out my status?
- How do I tell my loved ones?
- What can I do to assure a safe home, work and social life?
Spirituality and religious beliefs may take on increasing importance to people living with HIV/AIDS.

Supporting the spiritual needs of people living with HIV/AIDS and their families is a critical component of compassionate care. It can engender hope.
Common Mental Health Issues for People Living with HIV/AIDS
DEPRESSION & HIV/AIDS

- Depression is a mood disorder.

- It is more than just feeling sad or grieving. It is more intense and lasts longer. Depression can be linked to:
  - Events in your daily life
  - Chemical changes in the brain
  - Side effects of required medications
  - Several physical disorders

- Rates of depression among people living with HIV are as high as 60%, as opposed to 5-10% of the general population.
Anxiety disorders & HIV/AIDS

- Anxiety can develop because of a person’s uncertainty about HIV infection & treatment, or issues unrelated to HIV.

- Symptoms can include:
  - Mild distress
  - Major panic attacks
  - Excessive worrying
There are a number of other mental health issues that can affect a person living with HIV/AIDS, including but not limited to:

- Bi-Polar Disorder
- Panic Disorder
- Post Traumatic Stress Disorder (PTSD)
- Personality Disorders
Some people living with HIV may use substances for a variety of reasons:

- To help control or counteract side effects of medications
- To socialize
- As part of a process of harm reduction
- To escape
- To self-medicate for mental health problems
SUBSTANCE ABUSE CONCERNS

- Interactions with prescribed medications
- Possible overdose
- Addiction
- Non-adherence to prescribed medication treatment
- Housing and/or poverty issues
- Missing healthcare appointments
As a volunteer, if you have concerns about how to respond, speak to your direct supervisor for guidance and support.

- TIHAN Program Manager
- TIHAN Program Coordinator
Many events can trigger suicidal thoughts among people living with HIV. They can include:

- Learning of their positive HIV status
- Noticing the first symptoms
- Starting antiretroviral therapy
- Undergoing major illness or hospitalization
- Fear of disclosing to family and friends
- Losing a significant relationship
- Losing a job
- Experiencing major changes in lifestyle
- Requiring evaluation for dementia
Suicidal thoughts with associated feelings of hopelessness and intent to die are very serious and must be assessed properly and carefully.

The risk of suicide is especially high for people who have mental health issues or chronic illness.
HOW TO RESPOND TO A SUICIDE EMERGENCY

- LISTEN.

- You can ask probing questions:
  - “Are you thinking about hurting yourself?”
  - “Do you have a plan to hurt yourself?”

- Always call 911 if you believe the person is in imminent danger.

- Speak to your agency supervisor for guidance and support and next steps.
Practical Support and Assistance
- Increasing one’s social network
- Spending time with friends & family

Professional Counseling
- Individual Therapy
- Support Groups

Education
- Learning to manage the disease and continue to enjoy life

Psychotherapy & Psychiatric care
WAYS TO SHOW YOUR SUPPORT

- Explicitly offer support. People don’t always come out and ask for help on their own.
- Listen without giving advice.
- Respect choices/decisions
- Offer to be an advocate
- Help to find resources
- Talk with your supervisor regarding specific concerns, and be familiar with your agency’s policies.
LOCAL COUNSELING & OTHER SUPPORT

- COPE Behavioral Services
- CODAC
- La Frontera
- SAAF Support Groups
- El Rio Special Immunology Associates Support Groups
PERSONAL STORIES

- Click on the link below.
- Scroll through the pictures and click on the person whose story you would like to hear.
- When finished, return to complete this slide show.

This Positive Life
Congratulations!

You have completed the **Psychosocial Issues and HIV presentation**.

Please click on the link to complete and submit the quiz:

[Psychosocial Session Quiz]