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Article

Mental Health Considerations in HIV Research Published in the South African Journal of Psychology, 2008–2018

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Abstract

In this study, we explore the themes related to mental health considerations in HIV/AIDS research published in the South African Journal of Psychology (SAJP) from January 2008 to December 2018. Utilising an exploratory research design, we purposively sampled 35 empirical articles from the SAJP to represent general trends. We conducted a thematic content analysis to identify recurring constructs and themes, following established guidelines. Key themes identified include the intersection between stigma, mental health and access to healthcare; the impact of HIV on cognitive functioning and performance; behavioural vulnerabilities and power dynamics; and challenges in healthcare service utilisation. The cumulative evidence from the SAJP highlights the need for targeted, culturally sensitive interventions that deal with systemic inefficiencies and stigma in the healthcare system. Interventions should also consider broader socio-economic factors and promote equitable relationships. In addition, it is vital to ensure that healthcare providers receive ongoing education on legal and ethical matters to aid in sound ethical decision-making. An all-encompassing, coordinated strategy is key to improving the lives of people living with HIV/AIDS in South Africa.

Keywords: HIV/AIDS; mental health; South Africa; South African Journal of Psychology

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Introduction

In this article, we explore the intersection of mental health and HIV/AIDS in South Africa, specifically focusing on the research published in the South African Journal of Psychology (SAJP) over 10 years. Recognising the positive impact of improved mental health on antiretroviral therapy (ART) adherence, HIV treatment outcomes and the overall quality of life for people living with HIV/AIDS (PLWH), it is crucial to examine whether the psychological research published in South Africa adequately deals with the intersection between HIV and mental health. In this study, we aim to evaluate the psychological profession's response to mental health considerations related to the HIV epidemic in South Africa by analysing the literature published in the SAJP and identifying overarching trends in HIV-related research.

The relationship between HIV and mental health is complex and bidirectional, with HIV and associated opportunistic infections potentially leading to neurological impairments (Chuah et al., 2017). In contrast, mental health complications may arise from ART, stigma, psychosocial stress and socio-economic vulnerabilities. Pre-existing mental health vulnerabilities in HIV-negative populations can also increase the risk of acquiring HIV and experiencing disease progression.

Individuals with psychiatric disorders often face neglect, stigma and discrimination in the healthcare system, resulting in poor health outcomes, social isolation, and an increased risk of suicide (Matlala et al., 2018). Psychological disorders can also contribute to risky behaviours such as high-risk sexual activity and needle-sharing among injecting drug users (Collins et al., 2006; Southern African HIV Clinicians Society, 2013).

Dealing with mental health considerations for PLWH is crucial in South Africa owing to the significant association between HIV prevalence and inequality or disempowerment (Buot et al., 2014). Inequality and disempowerment not only affect HIV transmission, access to ART and treatment adherence but also hinder the implementation of effective community mental health programmes in primary care facilities (Lawrence & Kisely, 2010).

Research indicates that populations with severe mental illnesses have a higher incidence and prevalence of HIV than those with less severe psychological health conditions (Remien et al., 2019). In addition, psychological disorders can hinder ART adherence, leading to disease progression and poor health outcomes (Moosa & Jeenah, 2012). Integrating mental health into HIV treatment initiatives is therefore essential to PLWH. Efforts have been made to incorporate mental health services into primary care facilities through the National Strategic Plan in South Africa, aligning with the World Health Organization's public health model. However, the successful establishment of community mental health services in these settings is often impeded by a lack of resources, institutional support, regulatory frameworks, and sufficient training for healthcare workers (Hlongwa & Sibiya, 2019).

By examining the relevant literature published in the SAJP, this study aims to contribute to understanding the extent to which the intersection between HIV and mental health has received attention in psychological research in South Africa.

Methods

Research Design

In this study, we use an exploratory research design to conduct a secondary analysis of articles published in the SAJP. The data were drawn from empirical research articles on HIV/AIDS published in the SAJP spanning the decade between January 2008 and December 2018. The SAJP is a prominent South African psychology journal covering various aspects of the field of psychology. It publishes one volume (comprising four issues) per year as a rolling online publication. It has an impact factor of 1.26 (Sage Journals, 2023). An investigation into the content of published articles in the SAJP can generate useful insights into the dominant concerns and trends of the field, specifically in the foremost psychology journal in South Africa (Seedat, 1990).

Data Collection

We employed a purposive sampling approach to select 35 articles representing general trends in mental health considerations in HIV-centred research published in the SAJP. The inclusion criteria for the sample were: (a) empirical articles; (b) articles published from January 2008 to December 2018; and (c) articles that focused on the broad theme of HIV/AIDS. The articles were retrieved from the electronic databases of the University of the Witwatersrand. To collect the data, abstracts and associated full-text articles published over 10 years were examined and evaluated against the aforementioned inclusion criteria to ensure comprehensive coverage of relevant articles in the analysis.

Data Analysis

A thematic content analysis was conducted of the abstracts and associated full-text articles to identify constructs and themes. The analysis followed established guidelines for content analysis (Braun & Clarke, 2006; Elo & Kyngas, 2007). The data were familiarised through repeated readings of the abstracts and associated full-text articles, and recurring keywords and constructs were identified to create initial codes. These codes were then collated into themes, reviewed and refined through discussions among the researchers. Consensus was reached through an iterative process, ensuring the reliability and validity of the analysis.

Results

The thematic analysis revealed several key themes in the research published in the SAJP regarding mental health considerations in the context of HIV/AIDS. The identified themes include:

- stigma, mental health and access to healthcare;
- cognitive functioning and performance;
- behavioural vulnerability and power dynamics; and
- use of healthcare services.

Stigma, Mental Health and Access to Healthcare

Several studies provide insights into the intersection between stigma and mental health among PLWH, affecting their access to appropriate healthcare services. Healthcare professionals are experiencing burnout and job dissatisfaction, as highlighted by Pienaar and Bester (2011) and Johnson and Naidoo (2013). The latter study documents some success in mitigating these matters through intervention programmes. Uren and Graham (2012) identify stigma and economic hardship as significant factors that undermine the well-being and effectiveness of caregivers. Ruane (2010) emphasises the various barriers faced by PLWH, including stigma related to mental illness, lack of knowledge about available services, affordability problems, and mistrust towards healthcare providers. Goodall et al. (2011) discuss the way in which stigma serves as a psychological defence mechanism among children affected by HIV. Research conducted by Du Plessis (2011) and Tshabalala and Visser (2011) sheds light on the way in which stigma shapes the mental health experiences of women, highlighting the effectiveness of cognitive-behavioural therapy in improving self-esteem and reducing maladaptive coping strategies.

Freeman et al. (2008) contribute to the discourse of mental health by highlighting the prevalence of depression and alcohol misuse among PLWH. Conversely, Kasese-Hara et al. (2008) report that HIV status does not differentiate mothers with regard to depressive symptoms or societal status. Kagee et al. (2014) investigate the ways in which structural barriers affect the quality of life of individuals receiving ART in South Africa, emphasising the need to dismantle existing barriers to improve patient well-being. Kagee (2008) explores ART implementation, using social cognitive psychological theories to analyse psychosocial obstacles to adherence while considering cultural nuances. Kagee et al. (2016) stress the importance of a comprehensive approach to assessing the quality of life of ART recipients in South Africa, advocating the evaluation of physical, emotional, social, functional and cognitive health. Their findings highlight the intersection between stigma and mental health, affecting quality of life outcomes and access to appropriate healthcare services.

Cognitive Functioning and Performance

Research examining cognitive functions and performance of PLWH has yielded diverse outcomes. Van Wijk (2012) observed that anxiety influences the psychomotor performance of men but does not appear to have the same effect on women. Van Wijk and Meintjes (2015a, 2015b) highlight the utility of the Grooved Pegboard test for identifying neurocognitive impairments among asymptomatic HIV-positive individuals. Rice et al. (2014) detected attention deficits among HIV-positive

adolescents, indicating potential cognitive repercussions of HIV even with ART. Gouse et al. (2016) found that cognitive impairments were linked to suboptimal organisational strategies. Lastly, Cassimjee and Motswai (2017) found that HIV-positive adults exhibited reduced cognitive performance across numerous domains. Their findings underscore important factors to consider when conducting cognitive functioning and performance evaluations for PLWH.

Behavioural Vulnerabilities and Power Dynamics

Several studies have examined health-risk behaviours and vulnerabilities in different demographic groups. Heusser and Elkonin (2014) found a correlation between experiences of childhood sexual abuse and heightened sexual-risk behaviours in adulthood. Strebel et al. (2013) explored the power imbalances and vulnerabilities of "taxi queens", highlighting their compromised ability to negotiate safer sexual relations. Teye-Kwadjo et al. (2018) discovered gender disparities in condom negotiation, with men generally possessing more positive attitudes towards its negotiation. Pillay and Wassenaar (2018) explored racial differences in the willingness to participate in HIV prevention initiatives, highlighting that participants' willingness was influenced by risk perception and the desire for access to higher-quality healthcare. Gibbs and Jobson (2011) investigated the ways in which prevailing global narratives of masculinity shape HIV-related health behaviours, identifying three dominant narratives: the interplay of masculinity with employment, its association with violence and crime, and its connection to HIV. Their research discerned that entrenched notions of masculinity could act as barriers to positive health behaviours.

Henderson (2012) presented an analysis of the development of gay identities in a heteronormative society, emphasising how societal inequalities, including those based on class and age, can lead to abuse in gay male relationships. The study highlighted that such abuse often arises from heteronormative stereotypes, which perpetuate unequal decision-making processes. Adding to this discourse, Francis and Rimmensberger (2008) investigated the challenges faced by out-of-school youths regarding HIV/AIDS and relationships, illustrating their lack of effective coping strategies, limited support structures and restricted self-determination. Wilbraham (2009) focused on the discussions about sex in print media between reluctant parents and youths, illustrating the ways in which cultural narratives and intergenerational communication affect these exchanges. Their findings emphasise the importance of developing communication strategies that both empower individuals and decrease their health-risk behaviours.

Use of Healthcare Services

A number of studies highlight various psychosocial and systemic barriers associated with the use of healthcare services. The ability of caregivers to fulfil their responsibilities is greatly influenced by socio-economic factors such as job security and food availability, as presented by Amoateng et al. (2015). Njuho and Davids (2012), Swarts (2013) and Rouillard et al. (2016) identify systemic inefficiencies, inadequate

community services and negative public perceptions as barriers that hinder access to and the quality of mental healthcare. L'Etang (2011) and O'Neill Berry et al. (2013) emphasise the need for adequate psychosocial support and tailored interventions. They advocate youth-specific programmes that enhance knowledge, autonomy and resilience. Field and Kruger (2008) provide evidence supporting the use of ART psychotherapy in treating depression among PLWH. Eloff et al. (2011) draw attention to the acute psychosocial difficulties faced by PLWH, particularly women and children who are victims of domestic violence and have significant emotional disorders. Howard-Payne (2016) and Pillay and Singh (2018) highlight the importance of competent health interventions and accurate mental capacity assessment tools. The former emphasises the contribution of grounded theory to HIV prevention, while the latter reviews the complex interpretations of mental capacity in international law, emphasising the necessity for healthcare professionals to have knowledge of legal and ethical principles to facilitate ethical decision-making in healthcare settings. These findings highlight that improving the use of healthcare services requires dealing with psychosocial support systems and professional competencies in healthcare environments.

Discussion

The cumulative evidence from studies published in the SAJP over 10 years offers valuable insights from a psychological perspective into the intersection between mental health and HIV/AIDS in South Africa. These studies emphasise the complex nature of stigma and its impact on mental health and access to appropriate healthcare services for PLWH. Cognitive functioning challenges and systemic barriers to the use of healthcare services also exacerbate this matter.

The studies consistently demonstrate that stigma, whether related to mental health matters, societal perceptions or healthcare professionals' burnout, significantly hinders the delivery of and access to appropriate healthcare. Although interventions have shown some success, there is an urgent need for more targeted and culturally sensitive programmes that deal with the underlying causes of these challenges, including systemic inefficiencies and the pervasive stigma in the healthcare system itself.

The mental health of PLWH is closely intertwined with broader socio-economic factors, gender, employment status and parenting roles influencing outcomes. Although cognitive-behavioural therapy shows promise, particularly among women, differing findings regarding the impact of HIV on depressive symptoms highlight the importance of a nuanced understanding of mental healthcare that goes beyond the individual level and considers societal factors.

Regarding cognitive impairment, research notes gender differences in the impact of anxiety on psychomotor performance and persistent attention deficits among HIV-positive adolescents despite ART, underscoring the significance of early and ongoing cognitive assessment and intervention as part of routine HIV care.

Behavioural vulnerabilities, particularly those associated with childhood sexual abuse and power imbalances, manifest in significant risk behaviours and gender disparities in condom negotiation. These results underscore the importance of developing gender-sensitive and empowerment-based programmes that deal with these vulnerabilities. In addition, the influence of societal narratives and heteronormative stereotypes on health behaviours and relationship dynamics calls for interventions that challenge these norms and promote equitable relationships.

Insights from caregivers' experiences highlight the socio-economic challenges that act as barriers to the use of healthcare services, advocating integrated healthcare models that offer comprehensive support, including psychosocial elements, and dealing with structural barriers to care.

The research also highlights the critical role of legal and ethical knowledge for healthcare providers, indicating the need for continuous professional development to ensure ethical decision-making in complex scenarios.

Collectively, these studies emphasise the necessity of interventions that enhance health outcomes among PLWH and the value of integrated support services when dealing with the complex mental health needs of affected individuals and families. A comprehensive understanding of mental health considerations is essential to improving access to healthcare services and enhancing the quality of life for PLWH.

Limitations

This study has several limitations, including language bias, publication and selection bias, methodological approaches, and external factors.

Including only English-language articles from the SAJP exclusively may introduce language bias, as studies published in different languages or other journals may provide additional insights into or perspectives on the topic. The exclusion of non-English publications may limit the diversity and comprehensiveness of the review. Other relevant studies conducted in South Africa may have been published in other journals. The tendency to publish studies with significant findings or positive outcomes may also influence the comprehensiveness of the review. Although the exploratory research design and thematic content analysis provided valuable insights, alternative research designs or analytic methods, such as systematic reviews or meta-analyses, could offer different perspectives and a more comprehensive understandings of the intersection between mental health and HIV/AIDS in South Africa. In addition, this article does not explore external factors, such as changes in policies, interventions or social dynamics, which may have influenced the research landscape on mental health and HIV/AIDS in South Africa during the study period. Despite these limitations, the insights generated from this exploratory study offer a retrospective snapshot of research trends in this area.

This provides a useful platform to identify research gaps, and to generate potential areas for further investigation and psychosocial intervention development.

Conclusion

The studies discussed in this article underscore the complex intersection between sociocultural, psychological and systemic factors that influence the mental health landscape for PLWH in South Africa. The evidence presents a compelling case for the development of targeted, culturally sensitive interventions that go beyond clinical care to deal with the stigma and socio-economic challenges that obstruct access to healthcare services and perpetuate disparities in mental health outcomes. Such interventions are not just crucial for better mental health outcomes; they are the cornerstone for building a more empowered, equitable and healthy society for all South Africans living with HIV/AIDS.

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