MPRI-JAIMR | INTERNATIONAL JOURNAL OF AFRICAN INNOVATION & MULTIDSCIPLINARY RES.
VOL. 02 NO. 1 OCT-2023 ISSN: 1116 - 3240

EXAMINING THE PREVALENCE OF MENTAL HEALTH ISSUES AMONG HIV/AIDS PATIENTS AND MENTAL HEALTH COUNSELING IN THE FEDERAL CAPITAL TERRITORY ABUJA

***BAHAGO SAMAILA BENEDICT; **DR TOLORUNLEKE CAROLINE ADUKE; ***ADEOLA NGOZI; & ****ASEMOTA RUTH**

*Educational Foundations, Faculty of Education, Veritas University Abuja. **Department of Educational Psychology FCT/College of Education Zuba. ***Federal Government Girls College Bwari-Abuja. ****Department of Guidance & Counselling faculty of education, University of Abuja

Abstract

In the Kwali Area Council of the Federal Capital Territory of Abuja, the study examined the frequency of mental disorders in patients with HIV/AIDS and the poor mental health Counselling services for people living with HIV/AIDS. A descriptive survey research design was used for the study. The sample for the study consisted of 289 HIV/Aids patients in total, and it was selected using the purposive random selection technique. Using a questionnaire named "Mental health prevalence and counselling among HIV/AIDS Patients" (MHPCAHP), the information was gathered. The Guidance and Counselling Unit at Veritas University Abuja's tests and measurement experts verified the questionnaire. The reliability of the instrument was assessed, and the results showed a Cronbach Alpha coefficient of 0.82. To get the answers to the research questions, the collected data were analysed using the mean. The study found that there has been an increase in mental health issues among HIV/Aids patients in Kwali Area Council because of the government's continued lack of political will to hire trained and professional counsellors and establish counselling structures and facilities in public hospitals and community health centres. According to the studies' findings, depression was the most prevalent personal issue among the sampled HIV-positive individuals. The study also found that people with HIV or AIDS (PLHIV) were more likely to experience mental health issues than people who were not infected with the virus, and those who did not had these issues were more likely to be working, educated, and getting antiretroviral therapy (ART). To lessen mental health issues among HIV patients in Kwali, the study proposed, among other things, that appropriate professional counsellors and quality counselling services with necessary facilities be given in public hospitals and community health centres in Kwali Area Council of the FCT.

Keywords:
Antiretroviral Therapy, HIV, AIDS, Mental Health, and Counselling (ART).

EDITOR-IN-CHIEF
Prof. A.I. Mteiye [MALAWI]

Statement of the Problem/Introduction

According to the World Health Organization (WHO), 450 million individuals worldwide suffer from a mental illness or behavioural disorder (Anon, 2000), According to the World Health Report 2002, 13% of years of life with a handicap are accounted for by neuropsychiatric diseases (Chandra PS, Desai G, Ranjan S. 2005). According to studies, this burden is partly caused by chronic illness and by the absence of or restricted access to mental health care globally (Ciesla JA, Roberts JE. 2001). In the context of persons living with HIV/AIDS in Kwali Area Council of the FCT Abuja, this inadequate access to mental health care has become more apparent. There is a chance to incorporate mental health counselling into HIV treatment among people living with HIV in Kwali area Council because of the WHO's growth of AIDS treatment activities among resource-poor people surroundings, (Cook JA, Grey D, Burke J, Gurtman AC, Richardson JL, Wilson TE, et al. 2004), however, this is not the case in Kwali area council. The WHO advises that HIV care should include consideration of the psychosocial needs of AIDS patients. This includes support for finding work, obtaining an income, finding housing, making educated decisions, dealing with discrimination and disease, and preventing and treating both moderate and severe mental health issues. (Freeman MC, Patel V, Collins PY, Bertolote JM. 2005).

The main issue is that, despite strong evidence linking mental health and HIV for many years, HIV programs in wealthy nations have long included mental health services. However, in developing nations like Nigeria, particularly in Kwali Area Council of the FCT, there has been no systematic review of the evidence to date. Services for treating mental illnesses and enhancing mental health in those with mental disorders or issues are included in mental health care. (Green G, Smith R. 2004), (*Joseph Vinetz & Ann Pietrangelo 2021)*. One of the primary mental health therapies that could aid in the improvement of mental health in those living with HIV/AIDS and experiencing mental illnesses is mental health counselling. The issue is that in our scenario in Nigeria, this is not the case. Most health institutions or buildings in Nigeria do not offer sufficient or high-quality mental health treatments. The worst part is that the bulk of public health institutions in Kwali Area Council lack any mental health services, which makes the situation extremely upsetting and alarming for those living with HIV. Where mental health treatments do exist, they are sparse and inefficient. In most public and community health centres in Kwali Area Council, counselling services are either scarce or non-existent. As many of the patients in this study noted, the lack of qualified mental health counsellors to offer mental health counselling services to HIV patients in Kwali Area Council has contributed to the rise in many mental health issues among HIV patients. Due to this, there are more mental health issues among HIV-positive individuals in Kwali Area Council. To offer solutions to lessen mental health concerns among persons with HIV/AIDS in Kwali Area Council and Nigeria generally, this study aims to evaluate the reasons and level of mental health prevalence and the need for effective mental health counselling in Kwali Area Council. According to the most recent research on mental health and HIV/AIDS patients, many people with HIV experience depression and anxiety disorders as they come to terms with their diagnosis, wrestle with what an HIV test result means, learn to live with a chronic, life-threatening illness, prepare for and receive news of the disease's progression, and experience the loss of friends and family. Major depressive disorder occurred about twice as frequently in HIV-positive patients compared to HIV-negative patients, according to a meta-analysis of studies comparing samples from HIV-positive and HIV-negative individuals (McKinnon K, Cournos F, Herman R. 2002). Depression can lower the desire to seek medical attention, make it more difficult to stick to a treatment plan, lower quality of life, and

EDITOR-IN-CHIEF
Prof. A.I. Mteiye [MALAWI]

increase mortality (Meade CS, Sikkema KJ. 2005). The virus's neuropsychiatric side effects can cause movement problems and dementia, which further reduce quality of life (Kohn R, Saxena S, Levav I, Saraceno B. 2004). HIV infection can also be a risk factor for people with mental illness. Substance misuse and several mental illnesses make people more susceptible to contracting HIV (Kohn R, Saxena S, Levav I, Saraceno B. 2004), (Vitiello B, Burman MA, Bing EG, Beckman R, Shapiro MF. 2003). People with severe mental illness are more likely to contract HIV in North America if they don't use condoms, have several relationships, or use injectable drugs (WHO. *The world health report 2001)*, (WHO. *The world health report 2002*). In addition to increasing sensitivity to infection, the social alienation that frequently comes along with living with a serious mental illness can also result in an increase in coerced sexual encounters and the exchange of sex for money or other items. Judgment and the capacity to negotiate safe sexual encounters may be impaired by cognitive deficiencies linked to specific mental conditions.

Analysis of relevant literature

Understanding mental health

Mental health is the term used to describe a person's overall emotional, psychological, and social well-being, according to https://hivinfo.nih.gov/about (reviewed 2021). Making healthy decisions, achieving personal objectives, building healthy relationships, and managing stress are all made easier by having good mental health. Taking care of one's physical and mental health is crucial for those living with HIV.

Some mental health issues are more common in people with HIV than in people without the virus. People with mental health issues can recover, and mental health diseases are treatable. A person's complete emotional, psychological, and social well-being is referred to as their mental health. Thinking, feeling, and behaviour are all impacted by mental health. Making healthy decisions, achieving personal objectives, building healthy relationships, and managing stress are all made easier by having good mental health.

People with poor mental health have trouble controlling their emotions, thoughts, actions, or stress levels. Mental disease is distinct from poor mental health. Mental disorders are mental, behavioural, or emotional problems that may not cause any impairment at all or may cause mild, moderate, or severe impairment that may limit or interfere with function in one or more areas of life. Post-traumatic stress disorder (PTSD), bipolar disorder, and schizophrenia are just a few examples of the numerous varied disorders that make up mental illnesses. Undiagnosed mental illness is not a need for having poor mental health. Like how healthy mental functioning is still possible for those with mental illnesses. The idea behind HIV

Understanding HIV

HIV is a virus that weakens the immune system, claim Joseph Vinetz & Ann Pietrangelo (2020). CD4 cells, a type of immune cell known as a T cell, are impacted by untreated HIV and eventually die. The body is more susceptible to developing numerous diseases and malignancies over time as HIV destroys more CD4 cells. Blood, semen, vaginal and rectal fluids, as well as breast milk, are among the biological fluids that can spread HIV.

The virus cannot be spread via casual touch, water, or the air. Since HIV binds to cells' DNA, it is a lifelong problem. Although many scientists are striving to develop a medicine to eradicate HIV from the body, none have yet been discovered. However, with proper medical care, such as

antiretroviral therapy, it is feasible to control HIV and live with the infection for a very long time. A person with HIV is likely to develop the deadly illness known as acquired immunodeficiency syndrome, sometimes known as AIDS, if they are not treated.
At that moment, the immune system is insufficiently strong to effectively combat more illnesses, infections, and disorders. HIV can be effectively managed with antiretroviral medication, and a person with HIV can expect to live almost if someone who has not. The body might undergo alterations because of HIV.

Understanding AIDS.

According to Joseph & Ann (2021) acquired immunodeficiency syndrome is referred to as AIDS. This syndrome is brought on by HIV, which has often gone untreated for many years and has weakened the immune system. A person will typically not get AIDS if HIV is identified and treated with antiretroviral medication at an early stage. If HIV is discovered too late or if a person with HIV is aware of their condition but does not take their antiretroviral medication regularly, they run the risk of developing AIDS. If they have an HIV strain that is resistant to antiretroviral medication, they may also go on to acquire AIDS. People with HIV may experience AIDS earlier if they do not receive appropriate and regular therapy. The immune system is severely compromised by that point and finds it more difficult to respond to illness and infection. Antiretroviral medication allows a person to retain a chronic HIV diagnosis without progressing to AIDS for many years.
HIV-positive individuals have the potential to acquire AIDS. It is HIV's most advanced stage. However, merely having HIV does not guarantee that a person will get AIDS. CD4 cells die due to HIV. A healthy adult's CD4 count typically ranges from 500 to 1,600 cells per cubic millimetre. AIDS will be declared in a person with HIV whose CD4 count is less than 200 cells per cubic millimetre. A person with HIV may potentially be identified as having AIDS if they experience an opportunistic infection or malignancy that is uncommon in persons without HIV.
Pneumocystis jiroveci pneumonia is an example of an opportunistic illness that only affects people who are extremely immunocompromised, such as those with advanced HIV infection (AIDS). If left untreated, HIV can develop into AIDS in ten years. Since there is presently no therapy for AIDS, the life expectancy following diagnosis is around Source. If the individual contracts a serious opportunistic sickness, this could be cut short. However, antiretroviral medication therapy can stop the onset of AIDS. If AIDS does arise, it indicates that the immune system is seriously damaged, or weak to the point where it can no longer effectively fight off most infections and diseases. Because of this, a person with AIDS is more susceptible to a variety of diseases, such as pneumonia, tuberculosis, oral thrush, cytomegalovirus (CMV), a type of herpes virus, cryptococcal meningitis, a fungus in the brain, toxoplasmosis, a brain condition brought on by a parasite, cryptosporidiosis, a condition brought on by an intestinal parasite, and cancer. (Joseph & Ann 2021).

Early HIV symptoms

The stage is the initial few weeks following HIV infection. This is the phase when the virus reproduces quickly. HIV antibodies, which are proteins that take action to respond against infection, are produced because of the immune system's reaction. Some people initially don't have any symptoms during this time. But in the first month or two after catching the virus, a lot of people have symptoms, though frequently without realizing that HIV is the cause of those symptoms. This

is because the acute stage's symptoms can resemble those of the flu or other seasonal viruses in that they can range from mild to severe, come and go, and last for anywhere between a few days and several weeks.

Fever, chills, swollen lymph nodes, general aches and pains, skin rash, sore throat, headache, nausea, and upset stomach are some of the early signs of HIV that a person may experience before realizing they need to see a doctor. Because these symptoms are like those of common illnesses like the flu, a person may not believe they need to. And even if they do, their doctor might assume they have the flu or mononucleosis and not even think to test for HIV. During this time, a person's viral load is quite high whether they are experiencing symptoms or not. The amount of HIV in the bloodstream is known as the viral load. When there is a high viral load, HIV can be spread quickly to new individuals. As a person reaches the chronic, or clinical latency, stage of HIV, the initial HIV symptoms typically go away within a few months. With treatment, this stage may persist for many years or even decades. Individuals with HIV may experience different symptoms.

Non-Specific HIV Symptoms

HIV enters the clinical latency stage after the first month or so. From a few years to a few decades, this stage may last. While some people may experience only minor or vague symptoms during this time, others may not. A symptom that doesn't relate to a particular disease or condition is said to be generic. The following non-specific symptoms may occur, according to Joseph & Ann 2021: headaches and other aches and pains, swollen lymph nodes, recurrent fevers, night sweats, fatigue, nausea, vomiting, diarrhoea, weight loss, skin rashes, recurrent oral or vaginal yeast infections, pneumonia, and shingles. HIV can continue spread throughout this time, even if there are no symptoms, just like it did in the early stages. But unless they get tested, a person won't know they have HIV. It's crucial for someone to get tested if they believe they may have been exposed to HIV and exhibit these symptoms. HIV symptoms at this stage might fluctuate or develop quickly. With treatment, its advancement can be significantly delayed.

If antiretroviral therapy was started early enough, persistent HIV can persist for decades with regular use and is unlikely to progress to AIDS.

HIV signs in both men and women Is there a distinction?

Although HIV symptoms differ from person to person, they are comparable in both men and women. These signs and symptoms may fluctuate or steadily worsen. A person may have been exposed to other sexually transmitted diseases if they have been exposed to HIV (STIs). These include trichomoniasis, gonorrhoea, chlamydia, and syphilis. Men and individuals who have a penis may discover STI signs, such as sores on their genitalia, earlier than women do. However, males often don't go to the doctor as frequently as women do. Most of the time, HIV symptoms in men and women are comparable. However, because men and women have different risks associated with HIV infection, the overall symptoms they encounter may vary. STIs provide a greater danger to HIV-positive men and women alike. The likelihood that women or individuals who have a vagina will notice little spots or other alterations to their genitalia may, however, be lower than that of men.

Women with HIV are also more likely to experience menstrual cycle alterations, recurring vaginal yeast infections, other vaginal infections, including bacterial vaginosis, pelvic inflammatory disease (PID), and human papillomavirus (HPV), which can cause genital warts and cervical cancer.

Another risk for women with HIV is that the virus can pass to a baby when pregnant, even though this is unrelated to HIV symptoms. Antiretroviral medication is thought to be safe during pregnancy, but.

Antiretroviral therapy patients have a very minimal risk of passing HIV to their unborn child during pregnancy and delivery. The ability of women with HIV to breastfeed is also impacted. Breast milk can spread the infection to an unborn child.

Prevention of HIV

There is presently no vaccine to stop the spread of HIV, although many scientists are working to create one. But there are several things you can do to stop HIV from spreading.

Safer sex: Without the use of a condom or other barrier device, anal or vaginal sex is the most typical way for HIV to be transmitted. Unless intercourse is completely avoided, this risk cannot be completely removed, but it can be significantly decreased by taking a few precautions. In the words of Joseph & Ann (2021), These might consist of the following

-Test yourself for HIV.

-They must be aware of their own and their partner's position.

-Consider getting tested for further STIs (STIs).

-If they test positive, they should get treatment because having a STI raises the possibility of getting HIV.

-Apply condoms.

-Whether they engage in vaginal or anal sex, they should learn how to properly use condoms and always use them. Remember that pre-seminal secretions, which are released before to male ejaculation, might contain HIV.

-If they have HIV, take their meds as prescribed.

-As a result, there is a lesser chance that their sexual partner may contract the virus. Additional measures to stop the transmission of HIV include:

-Don't distribute needles or other items to others.

HIV is spread by blood and can be acquired by utilizing objects that have had contact with the blood of an HIV-positive person. Think about PEP. If a person has been exposed to HIV, they should speak with their doctor about getting post-exposure prophylaxis (PEP). PEP can lessen the chance of getting HIV. It comprises of three antiretroviral drugs administered over the course of 28 days. As soon as feasible after exposure, but before 36 to 72 hours have passed, PEP should be initiated.

Think about PrEP. A person with a higher risk of developing HIV should discuss pre-exposure prophylaxis with their doctor (PrEP). It can reduce the chance of contracting HIV if taken regularly. PrEP is a combination of two medications that is accessible as a tablet. Those in the medical field and trained counsellors can provide more details on these and other HIV prevention measures.

Having HIV and surviving

Everyone's situation is unique, but with the right care, many people can anticipate living long, active lives. The most crucial aspect of managing HIV is to begin antiretroviral therapy as soon as feasible. People with HIV can maintain a low viral load and a robust immune system by taking their drugs exactly as directed. Additionally, while living with HIV, it's crucial to follow up with a healthcare physician frequently and to take use of the professional counselling services that are

offered. Other strategies listed by Joseph & Ann (2021) for HIV-positive patients to enhance their health include:

-Make sure that their health comes first.

-A well-balanced diet, regular exercise, lots of sleep, abstaining from tobacco and other drugs, and reporting any new symptoms to their healthcare professional immediately away are all ways to help people living with HIV feel their best.

-Ensure their mental well-being.

-They might think about visiting a therapist who is certified and has knowledge of HIV treatment.

-Apply safer sex techniques.

-Speak with their bed partner (s). Get checked for further STIs. ... every time they engage in vaginal or anal intercourse, they use condoms and other barrier techniques.

-PEP and PrEP should be discussed with their healthcare physician.

Pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) can reduce the risk of transmission when used regularly by a person without HIV. PrEP can be used in other scenarios as well, but it is typically advised for those without HIV who are in close relationships with those who do have the virus.

-Embrace their loved ones all around them: They can start out tentatively by confiding in someone when they first tell others about their illness. They could wish to pick a person who won't criticize them and will help them take care of their health.

-Get assistance: They can sign up for an online or in-person HIV support group to interact with people who share their worries. Additionally, their healthcare provider can direct them toward several local resources. When you have HIV, there are various ways to make the most of life.

Goals for the Study:

The main goal of this study is to examine the reasons and level of mental health prevalence and the need for effective mental health counselling among HIV/AIDS patients in Kwali Area Council.

Three objectives directed this study.

To ascertain the reasons for the high prevalence of mental health issues among HIV/AIDS patients in Kwali Area Council FCT Abuja.

To identify prevalent mental health issues among HIV/Aids patients in Kwali Area Council FCT Abuja

To determine whether there are any mental health counselling services available for HIV/AIDS patients in Kwali Area Council FCT Abuja.

Research Prompts

This study was guided by three research questions.

What are the causes of the high frequency of mental health issues among HIV/AIDS patients in kwali Area council of FCT Abuja?

What are the typical mental health issues that people living with HIV/Aids experience in kwali Area council of FCT Abuja?

What level of mental health counselling services are offered to those who are HIV/Aids positive in kwali Area council of FCT Abuja?

Research Technique

The research design for the study was a descriptive survey. The sample for the study consisted of 289 HIV/Aids patients in total, and it was selected using the purposive random selection technique.

Using a questionnaire named "Mental health prevalence and counselling among HIV/AIDS Patients," the information was gathered (MHPCAHP). The Educational Foundations Guidance and Counselling Unit at Veritas University Abuja's department of tests and measurement experts verified the questionnaire. The reliability of the instrument was assessed, and the results showed a Cronbach Alpha coefficient of 0.82. To respond to the research questions, the collected data were analysed using the mean.

Results

The three research questions earlier raised in the study were answered descriptively using mean.

Research Question 1: What are the reasons for the prevalence of mental health problems among people living with HIV/AIDs in FCT-Abuja?

Table 1: Mean analysis showing reasons for the prevalence of mental health problems among people living with HIV/AIDS in FCT-Abuja

S/N	Reasons for the Prevalence of Mental Health Problems among HIV/AIDS Patients	Level of Agreement				$\bar{X}$	Decision
		SA	A	D	SD		
1	Having trouble getting access to adequate quality mental health services in Government Hospitals	88	97	64	51	2.74	Agreed
2	Having trouble telling friends and significant others about an HIV/AIDS diagnosis	95	98	73	34	2.85	Agreed
3	Having difficulty managing HIV/AIDS treatment	112	85	51	52	2.86	Agreed
4	Facing stigma and discrimination associated with HIV/AIDS treatment in Government hospitals	109	80	49	62	2.87	Agreed
5	Worries about being able to perform fully very well at work due to fears of health challenge from HIV/AIDS	108	86	56	50	2.84	Agreed
6	Fears and worries of the side effects of HIV/AIDS drugs	97	78	65	60	2.71	Agreed
7	Loss of social support from friends	91	94	63	52	2.75	Agreed
8	Lack of material and emotional support from family and friends	84	98	63	55	2.70	Agreed
9	There is poor and ineffective integration of mental health Counselling into HIV/AIDS treatment in most government hospitals	86	91	64	59	2.68	Agreed
10	Lack of good employment by the government for people living with HIV/AIDS	36	39	98	127	1.95	Disagreed
11	Poor income and Fears of high cost of treating HIV/AIDS in private hospitals by HIV/AIDS patients	103	72	71	54	2.75	Agreed

EDITOR-IN-CHIEF
Prof. A.I. Mteiye [MALAWI]

12	Witnessing the death of a friend or family member because of HIV/AIDS	41	43	79	137	1.96	Disagreed
13	Lack of employed trained mental health counselling professionals in government hospitals	114	86	51	49	2.88	Agreed
	Sectional Mean					**2.65**	Agreed

Scale Mean 2.50, n=300

Table 1 showed mean analysis of reasons for the prevalence of mental health problems among people living with HIV/AIDS in FCT-Abuja. From the Table, it could be observed that the mean values of 2.74, 2.85, 2.86, 2.87, 2.84, 2.71, 2.75, 2.70, 2.68, 2.75 and 2.88 agreed with items 1, 2, 3, 4, 5, 6, 7, 8, 9, 11 and 13 respectively while the mean values of 1.95 and 1.96 disagreed with items 10 and 12 respectively. The sectional mean of 2.65 was greater than the scale mean of 2.50 which indicated that some of the respondents agreed that having trouble getting access to adequate quality mental health services in government hospitals, having trouble telling friends and significant others about an HIV diagnosis, having difficulty managing HIV/AIDS treatments, facing stigma and discrimination associated with HIV/AIDS treatment in government hospitals, worries about being able to perform fully very well at work due to fears of health challenge from HIV/AIDS, fears and worries of the side effects of HIV/AIDS drugs, loss of social support from friends, lack of material and emotional support from family and friends, poor and ineffective integration of mental health Counselling into HIV/AIDS treatment in most government hospitals, poor income and fears of high cost of treating HIV/AIDS in private hospitals by HIV/AIDS patients and lack of employment of trained mental health counselling professionals in government hospitals were reasons for the prevalence of mental health problems among people living with HIV/AIDS in FCT-Abuja while the remaining respondents disagreed with lack of good employment by the government for people living with HIV/AIDS and witnessing the death of a friend or family member because of HIV/AIDS as reasons for the prevalence of mental health problems among people living with HIV/AIDS in FCT-Abuja.

Research Question 2: What are the common types of mental health problems identified with people living with HIV/Aids in FCT-Abuja?

Table 2: Mean analysis showing common types of mental health problems among people living with HIV/AIDS in FCT-Abuja

S/N	Common Types of Mental Health Problems among HIV/AIDS Patients	Level of Agreement				$\bar{X}$	Decision
		SA	A	D	SD		
14	One common mental health problem in people living with HIV/AIDS in FCT Abuja is mild depression	105	82	56	57	2.78	Agreed
15	Anxiety is another common mental health problem in people living with HIV/AIDS in FCT-Abuja	112	86	62	40	2.90	Agreed
16	People living with HIV/AIDS in FCT-Abuja experience major depression (unipolar)	108	88	56	48	2.85	Agreed
17	People living with HIV/AIDS in FCT Abuja experience bipolar disorder (mood swing)	95	93	66	46	2.79	Agreed
18	Attention deficit hyperactivity disorder (ADHD) is a common mental health	103	82	62	53	2.78	Agreed

EDITOR-IN-CHIEF
Prof. A.I. Mteiye [MALAWI]

	problem in people living with HIV/AIDS in FCT-Abuja						
19	Addiction and Substance Abuse is another common mental health problem in people living with HIV/AIDS in Abuja	121	90	59	30	3.01	Agreed
20	People living with HIV/AIDS in FCT-Abuja experience eating disorder	101	88	62	49	2.80	Agreed
21	Another common mental health problem with people living with HIV/AIDS in Abuja is panic disorder	103	85	64	48	2.81	Agreed
22	Dementia and motor disorder are common mental health problems in people living with HIV/AIDS in Abuja	99	100	55	46	2.84	Agreed
	Sectional Mean					**2.84**	Agreed

Scale Mean 2.50, n=300

Table 2 showed mean analysis of common types of mental health problems among people living with HIV/AIDS in FCT-Abuja. From the Table, it could be observed that the mean values of 2.78, 2.90, 2.85, 2.79, 2.78, 3.01, 2.80, 2.81 and 2.84 agreed with items 14, 15, 16, 17, 18, 19, 20, 21 and 22 respectively. The sectional means of 2.84 was greater than the scale mean of 2.50 which indicated that all the respondents agreed that mild depression, anxiety, major depression (unipolar), manic depression (bipolar disorder), attention deficit hyperactivity disorder (ADHD), addiction and substance abuse, eating disorder, panic disorder and dementia and motor disorder were common types of mental health problems among people living with HIV/AIDS in FCT-Abuja.

Research Question 3: What is the level of availability of mental health counselling services provided for people living with HIV/Aids in FCT-Abuja?

Table 3: Mean analysis showing level of availability of mental health counselling services provided for people living with HIV/AIDS in FCT-Abuja

S/N	Level of Availability of Mental Health Counselling Services Provided for HIV/AIDS Patients	Level of Agreement				$\bar{X}$	Decision
		SA	A	D	SD		
23	There are no available government-employed trained mental health counsellors in Government hospitals in FCT-Abuja for HIV/AIDS care	104	89	65	42	2.85	Agreed
24	There are very poor and inadequate mental health services for HIV/AIDS patients in government hospitals in FCT-Abuja	99	98	61	42	2.85	Agreed
25	There are adequate mental health services provided for HIV/AIDS patients in government hospitals in FCT-Abuja	122	93	65	20	3.06	Agreed
26	There is limited access to the skeletal mental health services for people living with HIV/AIDS in FCT-Abuja hospitals	107	87	67	39	2.87	Agreed
27	There is very poor and inadequate provision of mental health care medications by government for people	98	90	61	51	2.78	Agreed

EDITOR-IN-CHIEF
Prof. A.I. Mteiye [MALAWI]

	living with HIV/AIDS in FCT-Abuja hospitals						
	Sectional Mean					**2.88**	Agreed

Scale Mean 2.50, n=300

Table 3 showed mean analysis of level of availability of mental health counselling services provided for people living with HIV/AIDS in FCT-Abuja. From the Table, it could be observed that the mean values of 2.85, 2.85, 3.06, 2.87 and 2.78 agreed with items 23, 24, 25, 26 and 27 respectively. The sectional mean of 2.84 was greater than the scale mean of 2.50 which indicated that all the respondents agreed that there are no available government-employed trained mental health counsellors in Government hospitals in FCT-Abuja for HIV/AIDS care, there is very poor and inadequate mental health services for HIV/AIDS patients in government hospitals in FCT-Abuja, there is adequate mental health services provided for HIV/AIDS patients in government hospitals in FCT-Abuja, there is limited access to the skeletal mental health services for people living with HIV/AIDS in FCT-Abuja hospitals and there is very poor and inadequate provision of mental health care medications by government for people living with HIV/AIDS in FCT-Abuja hospitals. Therefore, the level of availability of mental health counselling services provided for people living with HIV/AIDS in FCT-Abuja was very low.

Discussion of findings

Research question one sought to find out reasons for the prevalence of mental health problems among people living with HIV/AIDS in FCT-Abuja. The sectional mean of 2.65 was greater than the scale mean of 2.50 which indicated that some of the respondents agreed that having trouble getting access to adequate quality mental health services in government hospitals, having trouble telling friends and significant others about an HIV diagnosis, having difficulty managing HIV/AIDS treatments, facing stigma and discrimination associated with HIV/AIDS treatment in government hospitals, worries about being able to perform fully very well at work due to fears of health challenge from HIV/AIDS, fears and worries of the side effects of HIV/AIDS drugs, loss of social support from friends, lack of material and emotional support from family and friends, poor and ineffective integration of mental health Counselling into HIV/AIDS treatment in most government hospitals, poor income and fears of high cost of treating HIV/AIDS in private hospitals by HIV/AIDS patients and lack of employment of trained mental health counselling professionals in government hospitals were reasons for the prevalence of mental health problems among people living with HIV/AIDS in FCT-Abuja while the remaining respondents disagreed with lack of good employment by the government for people living with HIV/AIDS and witnessing the death of a friend or family member because of HIV/AIDS as reasons for the prevalence of mental health problems among people living with HIV/AIDS in FCT-Abuja. This findings disagree with those of Melvyn Freeman, Nkululeko Nkomo, Zuhayr Kafaar & Kevin Kelly (2008), Who investigate the prevalence of mental disorder in people living with HIV / AIDS in a developing country context in South Africa.

Research question two findings indicated that all the respondents agreed that mild depression, anxiety, major depression (unipolar), manic depression (bipolar disorder), attention deficit hyperactivity disorder (ADHD), addiction and substance abuse, eating disorder, panic disorder and dementia and motor disorder were common types of mental health problems among people living with HIV/AIDS in FCT-Abuja. This agrees with the findings of Melvyn Freeman, Nkululeko Nkomo, Zuhayr Kafaar & Kevin Kelly (2008), that Depression was the most common disorder (11.1% major and 29.9% mild depression) among people living with HIV/AIDS in South Africa.

The findings of research questions three on level of availability of mental health counselling services, indicated that all the respondents agreed that there are no available government-employed trained mental health counsellors in Government hospitals in FCT-Abuja for HIV/AIDS care, there is very poor and inadequate mental health services for HIV/AIDS patients in

government hospitals in FCT-Abuja, there is adequate mental health services provided for HIV/AIDS patients in government hospitals in FCT-Abuja, there is limited access to the skeletal mental health services for people living with HIV/AIDS in FCT-Abuja hospitals and there is very poor and inadequate provision of mental health care medications by government for people living with HIV/AIDS in FCT-Abuja hospitals. Therefore, the level of availability of mental health counselling services provided for people living with HIV/AIDS in FCT-Abuja was very low.

Conclusion

In conclusion, this study has revealed the reasons for the prevalence of mental health problems among people living with HIV/AIDS in FCT-Abuja, common types of mental health problems among people living with HIV/AIDS in FCT-Abuja and the level of availability of mental health counselling services provided for people living with HIV/AIDS in FCT-Abuja. The studies has also proffer some recommendations to reduce the prevalence of mental health problems among people living with HIV/AIDS in FCT-Abuja and Nigeria at large.

Recommendations

The study makes the following recommendations:

1. Government should hire trained and professional counsellors and establish counselling structures and facilities in all public hospitals and community health centres in the FCT Abuja.
2. That government should put in place quality mental health services that will ensure reduction of mental health problems in people leaving with HIV/AIDS in the FCT Abuja
3. Government and non-Governmental agencies to joint hands in formulating policies and guidelines that will identify prevalent mental health issues among HIV/AIDS patients and guarantee their health safety.

REFERENCE

Anon. (2000), Practice guideline for the treatment of patients with HIV/AIDS. Work group on HIV/AIDS. *Am J Psychiatry.*157:1–62. [PubMed] [Google Scholar]

Chandra PS, Desai G, Ranjan S. HIV and psychiatric disorders. *Indian J Med Res.* 2005 121:451–467. [PubMed] [Google Scholar]

Ciesla JA, Roberts JE. Meta-analysis of the relationship between HIV infection and risk for depressive disorders. *Am J Psychiatry.* 2001; 158:725–730. [PubMed] [Google Scholar]

Cook JA, Grey D, Burke J, Gurtman AC, Richardson JL, Wilson TE, et al. Depressive symptoms, and AIDS-related mortality among a multisite cohort of HIV-positive women. *Am J Public Health.* 2004; 94:1133–1140. [PMC free article] [PubMed] [Google Scholar]

Freeman MC, Patel V, Collins PY, Bertolote JM. Integrating mental health in global initiatives for HIV/AIDS. *Br J Psychiatry.* 2005; 187:1–3. [PubMed] [Google Scholar]

Green G, Smith R. The psychosocial and healthcare needs of HIV positive people in the United Kingdom: a review. *HIV Med.* 2004; 5:5–46. [PubMed] [Google Scholar]

Joseph Vinetz & Ann Pietrangelo (2021), A Comprehensive Guide to HIV and AIDS https://www.healthline.com/health/hiv-aids

Kohn R, Saxena S, Levav I, Saraceno B. The treatment gap in mental health care. *Bull WHO.* 2004; 82:858–866. [PMC free article] [PubMed] [Google Scholar]

McKinnon K, Cournos F, Herman R. HIV among people with chronic mental illness. *Psychiatry Quarterly.* 2002; 73:17–31. [PubMed] [Google Scholar]

Meade CS, Sikkema KJ. HIV risk behaviour among adults with severe mental illness: a systematic review. *Clin Psychol Rev.* 2005; 25:433–457. [PubMed] [Google Scholar]

Vitiello B, Burman MA, Bing EG, Beckman R, Shapiro MF. Use of psychotropic medications among HIV-infected patients in the United States. *Am J Psychiatry.* 2003; 160:547–554. [PubMed] [Google Scholar]

WHO. *The world health report 2001. Mental Health: new understanding, new hope.* Geneva: World Health Organization; 2001. [Google Scholar]

WHO. *The world health report 2002: reducing risks, promoting healthy life.* Geneva: World Health Organization; 2002. [PubMed] [Google Scholar]

WHO. *World Health Organization Psychosocial Support, 2005.* [Accessed on 5 May 2005]. http://www.who.int/hiv/topics/psychosocial/support/en/print.html.

EDITOR-IN-CHIEF
Prof. A.I. Mteiye [MALAWI]