Key Aspects of Disability on People living with HIV/AIDS

Name:

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**Introduction**

In this paper, we will be tackling the effect of disabilities on people living in epidemic times, such as the HIV/AIDS or 1918 influenza epidemic. I will focus on the impact of mental disability on people living with HIV/AIDS. Disability is the ability of a disease or a condition to affect the function ability of one’s brain or body parts. The common forms of disability are the physical disabilities that hinder one from generally operating because of lack of stamina, capacity, or mobility, for example, epilepsy, cerebral palsy, multiple sclerosis, and other conditions. Another type is a mental disability that affects a person’s mood, thinking, and the ability to behave normally. This may include depression, eating disorders, schizophrenia, and drug or substance addictive behaviors (Stiker, 2019).

**Mental Health**

Mental health is essential for people living in times of an epidemic, especially those suffering from the disease itself because their ability to make decisions, think, and apprehend situations are disrupted. Their feelings, their thoughts, and their behavior need to be aligned to their wellbeing for them to continue living normally. People living with HIV/AIDS have more than often diagnosed with mental issues such as depression, stress, and anxiety, which affect their ability to enjoy life. The disease itself having no cure is an epidemic because the person has to be in the right state to accept that he or she will live with the condition for the rest of their lives. This should demand a high level of mental maturity, which affects many people who have lived with the disease (Jayarajan, Chandra, 2010).

There have been instances that people have even killed themselves, and their loved ones after learning they are diagnosed with the disease that will kill them, not knowing they can have the condition and lead a perfectly good life full of health and smiles. In most cases, the people have a shock when they receive the news, which may lead to anger with themselves and others, which brings sadness, making one depressed, and fear getting help, which is the best solution for them. Depression being the most common form of mental health issue diagnosed by people with HIV/AIDS, it has come to the knowledge of government and mental health institutions to come up with proper ways to manage the cases of depression. They noticed that people lost hope, and some even resided in taking their own lives because of the instability of their mental state (Shacham, Basta, Reece, 2008).

**Management of HIV/AIDS Mental Cases**

 After the WHO realized that the HIV/AIDS epidemic brought adverse effects of depression, it set a few measures; with the help of medical and mental health experts, that would help manage the rising cases of depression. They issued countries to put up funds to build Voluntary and Counseling Test centers. These centers targeted the free diagnosing and administration of HIV/AIDS care, which included pre and post diagnosing mental examinations and consultations, and follow-up to ensure the victims were in their proper state of mind. Educational institutions also played a part in the management of the mental cases brought about by HIV/AIDS by educating the masses on the effect of abuse and trauma that were put on HIV/AIDS positive individuals (Shacham, Basta, Reece, 2008). HIV infection has been known to affect both the nervous system and the brain; therefore, adding abuse and trauma brought severe mental health cases to the victims.

 Some victims explained that their families and friends left them after learning they had contracted the disease, which caused a feeling of loneliness and solitude that can result in depression and even suicide. The education passed across by education institutions and governments to the people to show the importance of our contribution to their wellbeing is paramount. Some organizations, such as the AVAC has helped by pushing for better policies and research. It has also enhanced the networks of communities to respond to give better care and strategies that will enable people and the community to have better answers and resources.

Other institutions, such as the International AIDS Society, improves the response of HIV/AIDS by governments and communities by bringing together scientists and advocates from more than 170 countries to formulate better strategies and response measures for not only the HIV/AIDS pandemic victims, but also related events and pandemics. These and other institutions have helped in bridging the gap between societies and victims to help them maintain proper mental health status. There have also been support groups that have helped the individuals come together and share experiences that let them fell together and feel healthy. The support groups also offer the victims a lot of emotional and life support that victims get insights on coping activities to prolong their life (Collins, Holman, Freeman, Patel, 2006).

The depression has also made some not take the ART medicine that helps them build their immunity. The need and importance of protecting their health, their families, and their sexual partners are also emphasized by the VCT centers and support groups because it is the decisive step to improve their feelings and those around them.

**Conclusion**

 The HIV/AIDS pandemic has a robust mental reaction to its victims, which include feelings of fear, solitude, anger, or loss of hope making them feeling sad, extremely anxious, and depressed without knowing their condition can be treated (Schadé, van Grootheest, Smit, 2013). When one realizes these feelings are normal, one will start improving their health both physically and mentally because the feelings will subside as time goes.

References

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