

EFFECTS OF SOCIAL PRESSURES ON PSYCHIATRIC TREATMENT OF PATIENTS WITH HIV INFECTION

JOHN C. MARKOWITZ, M.D.

Cornell University Medical College, New York, New York, U.S.A.

Marginalization, poverty, and mental health are interrelated in the human immunodeficiency virus (HIV) epidemic. The shift of the evolving HIV epidemic to new risk groups has compounded problems faced by mental health professionals involved in risk prevention and in treatment of HIV-related psychopathology.

In the United States, AIDS first appeared predominantly among gay men. The gay community, although itself marginalized, stigmatized, and devastated by acquired immunodeficiency syndrome (AIDS), was relatively easy to reach for several reasons. These included strong community organization (response groups such as the Gay Men's Health Crisis), high levels of education, relative wealth, and familiarity with mental health interventions. Intensive "safer sex" interventions succeeded in slowing HIV transmission within the gay community -- although the current younger generation of gay men seems to be ignoring these historic lessons, and infection prevalence appears to be rising again.

More of a problem, however, are the still more marginalized inner city, ethnic minority substance abusers and their heterosexual partners. This community is more impoverished and far less organized. Denial, a facet of substance abuse, makes a deadly combination with lack of education. Injection substance abusers continue to share infected needles even though they know better. Minority women, the fastest growing HIV risk group, tend to be overwhelmed by lack of social supports and other resources, lack of education, and overwhelming stressors that include abusive partners and often HIV-positive children. They also are often less familiar with the concept of regular attendance in even brief psychotherapy protocols. Despite these difficulties, however, those who do attend treatment appear to have good outcomes.