



FOR HIV PATIENTS, A LESSON IN RESILIENCE

Ethel Nakimuli-Mpungu's psychiatric research is helping Ugandans with HIV adopt effective mental health practices in the face of depression.

 by Sean Treacy

An older woman often spent her group therapy sessions in tears. All her children were far away, she had no money, and on top of all that she had HIV. But over time, regular meetings with her fellow HIV patients changed everything for her.

The group provided the woman with a constant reminder that she wasn't alone in her struggles, recalls psychiatric epidemiologist Ethel Nakimuli-Mpungu, a senior lecturer at Makerere University in Kampala, Uganda. It gave her strategies to combat her depression and the strength to engage people in her community every day.

"She went from being sad and crying all the time to being active and participating with others in small projects," said Nakimuli-Mpungu.

Nakimuli-Mpungu was one of five recipients of 2016 Elsevier Foundation Awards for Early Career Women Scientists in the Developing World, which are given through a partnership between The Elsevier Foundation, the Organization for Women in Science for the Developing World (OWSD) and TWAS. Soon after, she was honoured by Ugandan President Yoweri Museveni with the Presidential National Independence Medal of Honor.

These support groups, the result of work by Nakimuli-Mpungu and her colleagues, are raising consciousness of mental illness in Uganda and beyond.

Her research has received such recognition partly because, in sub-Saharan African countries like Uganda, mental health is often ignored by doctors, nurses and other health

workers. Resources to find and help mentally ill patients are scarce, so many people in need of help never get any.

And her work has helped to reveal a central underlying problem: Uganda and many developing countries need to break down the stigmas associated with HIV and depression and save people from health care systems that fail to screen HIV patients' mental health.

AN UNCHECKED EPIDEMIC

A general lack of knowledge about depression creates a colossal obstacle, Nakimuli-Mpungu said in a recent interview with TWAS. People don't even know their emotions can get out of balance, and that clouds their ability to recognize depression symptoms.

Worse still, that lack of awareness extends to many health workers who for years have been denying that their HIV patients have mental health issues. Worried about losing credibility with their colleagues and communities, they don't even want to look for symptoms of depression.

"They say their patients don't have those issues and don't want you to screen them because they don't want it to be known that the patients they care for may have an alcohol problem or depression," Nakimuli-Mpungu said. "They'll tell us that to our faces."

This allows the problems to spiral out of control. Much of Nakimuli-Mpungu's work therefore entails teaching health workers to accept that mental illness is like any other health problem.

She and her colleagues train nurses in clinics

▼ Psychiatric epidemiologist Ethel Nakimuli-Mpungu of Uganda speaks to a group therapy session. (Photo provided)



to screen HIV patients for depression, anxiety and substance abuse as the patients wait to see the doctor by asking questions. Have they lost their appetite? Are they struggling to get a good night's sleep? If they're diagnosed with depression, they have the option of attending group therapy sessions.

LEARNING HOW TO COPE

Group therapy participants learn that they're not alone. They lean on one another as they struggle, and in time they form close friendships. They learn about depression and how it can move from mild symptoms such as lethargy to severe symptoms such as substance abuse and suicidal thoughts. They also learn coping skills for managing their depression.

"We teach positive ways of thinking," she said. "We teach them how to challenge negative thoughts.... We teach them to replace unhelpful ways of thinking with helpful ways of thinking."

The groups also discourage self-destructive coping behaviors, including the common problem of alcohol abuse. Depression also badly disrupts how well HIV patients adhere to their HIV medication. In a review of the research

on depression and HIV published in *AIDS and Behavior*, Nakimuli-Mpungu and her colleagues looked for studies in Africa tracking depression and adherence to antiretroviral therapy. They found that depressed patients were 56% less likely to stick to their treatment regimen.

"These symptoms can become severe," she explained. "If someone feels useless and hopeless, they feel they don't need to take care of their families or their children. They don't need to take the medication. They have no

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motivation. That's what the depression does. They couldn't take care of themselves and could not go to work."

Therapy groups provide real hope. Last year, Nakimuli-Mpungu and her colleagues published a study in *Lancet HIV* finding that those who took part in the groups were less depressed and better able to function in day-to-day life than those who received only HIV education.

One group participant, initially skeptical, reported a dramatic shift. "After sharing my personal painful experiences, I really feel something in my life has changed," the patient said. "I used to lock myself in my room when I am annoyed and unhappy. Now I find myself sharing my meals with other people, something I used not to do." **■**

