AIDS Knowledge and High-Risk Behaviour in the Chronic Mentally Ill

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Objective: To ascertain the degree of HIV-risk knowledge among patients attending a downtown program and to identify the extent of high-risk behaviour for HIV infection.

Method: A total of 151 patients were selected at the Calgary Community Mental Health Clinic (N = 110) and the nearby Self Help Association (N = 41). Most of the subjects were being treated for either schizophrenia (n = 69), bipolar disorder (n = 37), or unipolar mood disorder (n = 35). Questionnaires included a 10-item instrument that assessed subjects’ knowledge about HIV or AIDS and another 10-item tool that assessed the high-risk situations patients might have encountered over the past month or past year.

Results: Although the percentage of subjects erring on questions about AIDS knowledge was smaller when compared with previous studies, a significant number of subjects believed that one could acquire AIDS by donating blood, and 25% did not think that having only one unsafe sexual contact would make them vulnerable to HIV infection. At least 50% of the participants have had sex with at least one partner in the past year, and 33% of the participants indicated that they would not insist that they or their partners wear a condom.

Conclusions: This Canadian study confirms the need for psychiatrists and mental health workers to continue to explore high-risk behaviour in the chronic mentally ill population and to further educate these patients through the development of prevention and risk-reduction strategies.

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Key Words: chronic mental illness, AIDS knowledge, high-risk behaviour

Studies during recent years (1,2) have identified patients with chronic mental illness as at a potentially high risk for HIV infection. Deficits in knowledge about HIV (3), a tendency towards multiple sexual partners (4), deficits in problem-solving, planning, and judgement (5), impulsivity (6–9), and a tendency to exchange sex for either money or a place to stay (10) all contribute to the increased risk for this population.

A recent study of waste bloods from a New York psychiatric inpatient unit showed that 25 of the 350 samples (7.1%) tested positive for HIV infection (11). In an urban outpatient psychiatric clinic, 16.8% of 101 new patients were known to be at high risk for acquiring HIV (1). Another study, using a 13-item questionnaire to assess risk factors for HIV, revealed that the HIV seroprevalence was 0.6% among the low-risk group, but 14.4% among the high-risk group of psychiatric patients (12). It has been suggested that viewing chronic mentally ill patients as being sexually inactive is a stereotype unsupported by empirical evidence.

Method

This study was part of a larger study that assessed the quality of life, risk behaviour, and life styles of chronic mentally ill patients at the Provincial Mental Health Program of the Central Calgary Community Clinic. More than 700 patients with chronic mental illness routinely attend this clinic for follow up.

The objectives of the study were, among others, to determine the amount of knowledge these patients may have pertaining to high-risk behaviour such as HIV infection and unsafe sexual practices, and to determine the extent of unsafe sexual behaviour in this population during both the preceding month and the previous year.

A total of 151 patients were recruited for this study, including 110 participants from the Mental Health Clinic and a comparative sample of subjects from the nearby Calgary...
Association for Self Help, a support service day program offering people with mental illness various daytime activities and counselling. After being informed of the objectives and requirements of the study and signing the informed consent forms, each participant was privately interviewed by a psychology graduate research assistant. The questionnaire items were read aloud while subjects read along, and participants were then asked to indicate their responses on the questionnaire sheet. In addition to demographic data, other questions related to high-risk behaviour such as alcohol abuse, drug use, and gambling were asked; subjects were administered a Quality of Life questionnaire, the results of which will be presented in a separate paper. Finally, a slightly modified version of the AIDS Knowledge Questionnaire was administered. The questionnaire consisted of 10 true-or-false items previously normed and validated (based on the Canada Youth and AIDS Study [13] and Kelly and others [3]). This was followed by the AIDS Risk-Situations Questionnaire, a 10-item questionnaire reporting the subjects’ AIDS risk activities within a 1-month as well as a 12-month period. This was also based on a previous study with some modification (3,13).

Results

Overall, the 2 groups of participants from Mental Health and Self Help did not differ significantly in terms of demographic and subsequent study measures. The results of both samples were combined, therefore, and will be presented together. As seen in Table I, out of a total of 151 participants, 62.9% were male, and 37.1% were female. More than 90% had a diagnosis of either schizophrenia or mood disorder. Seventeen (12%) described themselves as unskilled labourers, 10 (7%) had held jobs in clerical or technical fields, 116 (79%) could not identify any particular job that they had held in the past, and none described themselves as professionals. The average age of onset of their mental illness was estimated to be 25.62 years.

Table II presents the results of the 10 true-or-false items that assessed the participants’ knowledge about HIV and AIDS. The results of the High-Risk Situations questionnaire are presented in Table III. Further statistical analyses of items 1 (sexually active), 5 (use of condoms), and 10 (more than one sexual partner) did not reveal any statistical difference among the 3 diagnostic groups.
Discussion

Our findings confirmed concerns raised by recent studies regarding the risk for HIV infection in the chronic mentally ill population. On the positive side, our findings suggest a more knowledgeable population in terms of correct responses regarding AIDS knowledge when compared with a 1992 study (3). For example, the proportion of incorrect answers on items 1, 2, 3, 7, and 8 in a survey by Kelly and others was higher than the present results of 27.7%, 8.2%, 9.7%, 6.2%, and 13.1%, respectively. Greater knowledge about HIV in our sample, however, appeared to be offset by a greater indulgence in high-risk sexual behaviours. For example, the study by Kelly and others on item 4 (had sex with someone known less than 24 hours) reported 5% for the past month and 10% for the past year compared with our results of 8.1% and 16.1%, respectively. Their results indicated that 3% of the sample admitted to being a receptive partner in anal intercourse during the past year compared with our finding of 5.4%. Of greater concern was the 51.7% of our subjects who reported having been sexually active during the past year and the 17.4% who had sex with more than one partner during the same period. Furthermore, 33.3% indicated that they would “give in” to their partners’ request not to use a condom, thereby increasing the likelihood of contracting HIV infection. It was not surprising, therefore, that one-fourth of our sample had been tested for HIV in the past year, probably due to perceived risk for HIV infection. This is compatible with a 1994 study (10) of 95 patients with schizophrenia, which found a high percentage of high-risk sexual activities including inconsistencies in the use of condoms and having sexual partners who are either HIV positive or have been injection drug users. That particular study by Cournois and colleagues suggested that unsafe sexual activity and having multiple partners were associated with a more severe psychiatric illness.

Patients with chronic mental illness hold a few other misconceptions. Our subjects appeared to err on the side of caution. For example, a large number believed that one could get AIDS as a blood donor (40%), through someone’s drinking glass (15.2%), or by casual kissing (19.1%). It is likely that further education regarding HIV transmissibility may lessen these misperceptions and quell unfounded fears about the disease.

Although the results of our study did not find any statistically significant difference among the 3 diagnostic groups, there may in fact be differences in the psychopathology in the diagnostic categories, or even within each patient, which led to subsequent high-risk behaviour. For example, it has been shown that females were more likely than males to report sex with people who use parenteral drugs or who had been infected with HIV (12). Female patients may also be more prone to exploitation (8) with subsequent repeated abortions, unwanted pregnancies, and multiple episodes of sexually transmitted diseases (9). Manic patients tend to exhibit greater frequency of high-risk sexual behaviour due to their impulsivity and lack of judgement. Depressed patients, conversely, may be unduly influenced by their partners’ demand to engage in unsafe sexual practices due to their low self-esteem and fear of rejection (14). Patients with schizophrenia, because of their poor socioeconomic status, may be particularly prone to using sex in exchange for money or accommodation due to financial hardships (10). Chronic mentally ill patients may have an impaired ability to remember or to give an accurate history (15), which could impact the study’s findings on risk behaviour. Other motivational and situational factors in this population that may influence risk behaviour itself include lack of assertiveness (16), poor judgement (17), and involvement in other high-risk behaviours such as multiple partners and substance abuse (18–22).

To draw a comparison with a less pathological population, a previous study on Canada’s youth revealed that about 14% to 20% of drop-outs and college or university respondents had engaged at least once in anal intercourse, and the majority of the latter had had anal sex “a few times.” About 50% of the college students who often had sexual intercourse used condoms “sometimes;” about 25% indicated that they never used condoms. Most of the respondents would prefer to get information about AIDS from their school, parents, and medical experts, rather than from television, as had been the case in the majority (13).

Conclusion

This study suggests that although our sample may be better informed regarding HIV knowledge than other chronic mentally ill samples, such knowledge did not often translate to a safer sexual practice. This result underscores the importance of exploring and assessing patients’ risk
behaviour and educating people on a routine basis. Unfortunately, only a few mental health professionals reported having raised the topic of AIDS with their patients (23). Furthermore, there is evidence that clinicians do not adequately identify patients at risk for HIV infection or intervene when a patient is deemed at high risk. An aggressive program is required to develop educational and other risk-reduction strategies so as to improve problem solving and assertiveness around life events involving high-risk behaviours (3,24). The use of focus groups in these discussions may also help us gather important qualitative data in terms of understanding high-risk behaviour.

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References


Résumé

Objectif : Évaluer les connaissances des patients d’un programme du centre-ville au sujet des risques que pose le VIH et mesurer l’importance d’un comportement à risque élevé d’infection par le VIH.

Méthode : Au total, 151 patients ont été choisis par le Calgary Community Mental Health Clinic (N = 110) et la Self Help Association (N = 41). Les sujets sont surtout traités pour schizophrénie (N = 69), psychose bipolaire (N = 37) ou psychose unipolaire (N = 35). Les questionnaires comprennent une série de 10 questions, pour évaluer les connaissances des sujets sur le VIH ou sur le sida, et une autre série de 10 questions, pour évaluer les situations à risque élevé où les patients auraient pu se trouver depuis un mois ou un an.

Résultats : Bien que le pourcentage de patients ayant donné une réponse erronée aux questions au sujet des connaissances sur le sida soit inférieur à celui d’études antérieures, de nombreux sujets croient qu’on peut contracter le sida en donnant du sang et 25 % ne croient pas qu’un seul contact sexuel non protégé les exposer au VIH. Au moins 50 % des participants ont eu des rapports sexuels avec un partenaire ou plus, depuis un an, et seulement 33 % des participants n’exigent pas que leurs partenaires portent un condom.

Conclusion : Cette étude canadienne confirme la nécessité que les psychiatres et les travailleurs en santé mentale poursuivent l’étude du comportement à risque élevé chez les malades mentaux chroniques, ainsi que l’éducation de ces derniers par des stratégies de prévention et de réduction des risques.