PRISONERS LIVING WITH HIV/AIDS
MENTAL HEALTH AND SUBSTANCE ABUSE AMONG

Written by Rachel Maddow, D.P.M.

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Prisoners involved and for the staff and other prisoners who work and live with them.

Punishing prisoners for the symptoms of mental illness or impairment will generally
INTRODUCTION

the most common source of infection or persons living with HIV/AIDS. Experts believe that 40-60% of persons with HIV/AIDS have a mental illness, and that 50% of those mental illnesses are undiagnosed and untreated (Albrecht 2011). According to the CDC (2001), 25% of persons receiving mental health services at some time during their lifetime have co-occurring mental and substance use disorders. The majority of persons with a co-occurring mental and substance use disorder are also affected by at least one additional serious mental illness (Albrecht 2011).

Mental health and substance abuse issues affect this service providers and correctional staff working with prisoners.

60% — report histories of sexual and physical abuse, which are a very high proportion of incarcerated women — more than twice the rate of women in the general population (Krupa 1999). Among prisoners, at least 5% have been diagnosed with mental illness (CDC 2001). It is thought that the prevalence of mental disorders among prisoners is at least five times that of the general population (Krupa 1999). The impact of mental illness on prisoners is significant, with one study finding that prisoners with a mental illness are more likely to report symptoms of depression and anxiety (Albrecht 2011). Additionally, prisoners with a mental illness are more likely to report symptoms of anxiety and depression (Albrecht 2011).

Introduction to HIV/AIDS and Substance Abuse

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Introduction

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Some Important Terms

**HIV/AIDS**: Human Immunodeficiency Virus. AIDS = Acquired Immunodeficiency Syndrome.

**CBO**: Community-based organization. Usually refers to nonprofit agencies that serve a specific geographic or social community. For this booklet, CBO means a specific organization providing assistance to people living with HIV/AIDS.

**HYIV/AIDS**: HIV/AIDS intervention and service delivery organizations that provide services addressing these populations. Providing effective services and treatment requires an application of how substance abuse, mental health, HIV/AIDS, and intervention efforts are integrated.
HIV/AIDS and Mental Health

Depression shares many symptoms with other serious mental and physical health conditions, including medication interactions, HIV infection, and disease progression. Mental health problems, including depression, are associated with an increased risk of suicide. Depression and other psychiatric illnesses may impair a person's ability to adhere to antiretroviral treatment regimens, which can contribute to disease progression and other sources of stress, which can compound the etiologies and underlying conditions. Given these challenges, it is important that persons living with HIV/AIDS are screened for and treated for depression. Without intervention, depression may worsen or remain stable, leading to a reduced quality of life and more severe symptoms that can have a devastating impact on a person's overall well-being.

Table 1: Percentage of State Prisoners Ever Tested HIV-Positive

<table>
<thead>
<tr>
<th>Gender</th>
<th>Race/Ethnic Group</th>
<th>Tested HIV-Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>White Men</td>
<td>1.4</td>
</tr>
<tr>
<td></td>
<td>White Women</td>
<td>2.3</td>
</tr>
<tr>
<td></td>
<td>Latinos</td>
<td>2.4</td>
</tr>
<tr>
<td></td>
<td>African-American Men</td>
<td>2.7</td>
</tr>
<tr>
<td>Women</td>
<td>White Women</td>
<td>1.2</td>
</tr>
<tr>
<td></td>
<td>Latinos</td>
<td>1.9</td>
</tr>
<tr>
<td></td>
<td>African-American Women</td>
<td>1.9</td>
</tr>
</tbody>
</table>

In 1999, about 26,000 prisoners, or 2.1% of the total state prison population, were living with HIV/AIDS, according to the National Institute of Mental Health (NIMH, 2000). According to the National Institute of Mental Health (NIMH, 2000), persons with HIV/AIDS are at increased risk of becoming infected with HIV. The impact of the AIDS pandemic on the world's population is a global crisis affecting millions of people worldwide. The overall rate of AIDS among U.S. prisoners is on average, 1.2% higher than the overall rate of HIV among U.S. adults, who are not prisoners. Therefore, there is a national opportunity to reach the people most affected by HIV/AIDS.
Mental Health and HIV/AIDS: The Facts

- Recurrent thoughts of dying or of ending one’s own life.
- Discomfort.
- Slowed or altered movements (not in response to
  something that is painful).
- Worthlessness or hopelessness.
- Feeling of excessive guilt, or a feeling that one is a
  burden to others.
- To look forward to.
- A sense that life is not worth living or that there is nothing
  enjoyable in it.
- Loss of interest in formerly enjoyable activities, including sex.
- Feelings of sadness, hopelessness.

Symptoms of Major Depression Include:

- In the same time period:
  - The symptoms occur together.
  - The symptoms last at least two weeks.
  - The symptoms last at least two weeks.

- Approaching clinical levels.

- Determining if depression may be:

- Depression, the National Institute of
  Mental Health suggests these criteria for
  depression. The National Institute of
  Mental Health.

- Any of all of those symptoms may occur:

- Weight change (NNMH 2000).
  - Felt or make decisions.
  - Diminished ability to think, concentrate.
  - Fatigue and loss of energy.
  - Insomnia or excessive sleeping.
  - Appetite.

- Significant, unintentional weight gain and decrease in
  appetite.

- Substance abuse disorder, bipolar disorder, and severe personality disorders.

- Physical or sexual abuse (Dr. 1999).

- Among adolescents, 14% of women and 30% of men report prior
  sexual behaviors (CDC 2010).

- High levels of stress may also contribute to the high prevalence of post-
  sexual psychological abuse before their diagnosis of post-traumatic stress
  disorder of sexual abuse (CDC 2010).

- An estimated 1.2% of incarcerated women have experienced physical
  abuse (National 1998).


- Certain types of mental illness, including bipolar disorder — sometimes
  associated with increased HIV risk behaviors (CDC 2001).

- Mental Health and HIV/AIDS have had increasing ties of HIV infection
  and AIDS with severe mental illness. Including bipolar disorder.
ADHD symptoms are similar to those of several other serious psychiatric disorders, including depression, anxiety, and substance use disorders. These can include difficulties in attention, mood instability, insomnia, and irritability. However, children with ADHD may also experience difficulties in social interaction, peer relationships, and academic performance.

In children with ADHD, symptoms can be managed with medication and behavior therapy. These interventions can help children develop strategies to improve their behavior and academic performance. In addition, early intervention can help prevent the development of comorbid conditions, such as depression and anxiety.

ADHD is a complex disorder that affects many areas of a child's life, including school performance and social relationships. Early identification and intervention can help children with ADHD achieve their full potential and improve their quality of life.

Case Study: A 10-year-old boy was referred to the clinic for evaluation of attention and behavior problems. His parents reported that he had difficulty paying attention in class, was easily distracted, and had trouble completing homework. He also had trouble with impulse control, often blurting out words or actions without thinking. Despite this, he was a good student and had many strengths.

After a thorough evaluation, the child was diagnosed with ADHD and prescribed medications to help manage his symptoms. He also received behavior therapy to help him develop strategies to manage his behavior and improve his social skills.

In conclusion, ADHD is a complex disorder that requires a multidisciplinary approach to management. Early identification and intervention can help children with ADHD achieve their full potential and improve their quality of life.
The Centers for Disease Control have named prisons and jails as the most at-risk, underserved population affected by the epidemic. People with substance abuse problems who are among the high-risk groups are on the front lines of a critical battle in the fight against HIV/AIDS. Prisoners provide a portal of access to many more prisoners who are HIV-positive. Case rates are on the front lines of a critical battle in the fight against HIV/AIDS.

HIV-positive was 4.6% (Hamer et al. 1999). The proportion of prisoners with a history of injection drug use who were HIV-positive was 2.3% but the proportion of all state prisoners who were HIV-positive was 0.1% in 1996. In 1999, the proportion of prisoners were at a higher risk for HIV/AIDS (Hamer et al. 1999). Prisoners who are on the front lines of the battle in the fight against HIV/AIDS are at a higher risk for HIV/AIDS (Hamer et al. 1999).

Table 2: Injection Drug Use

<table>
<thead>
<tr>
<th>Groups</th>
<th>Injection Drug Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Whites</td>
<td>73%</td>
</tr>
<tr>
<td>Latinos</td>
<td>31%</td>
</tr>
<tr>
<td>Asian Americans</td>
<td>28%</td>
</tr>
</tbody>
</table>

Since the beginning of the HIV/AIDS epidemic, injection drug use has become a critical issue for those at risk. The epidemic has spread rapidly, and understanding the prevalence of injection drug use in prisons and jails is crucial. Substance abuse is the key to underlining the epidemic. A comprehensive approach to addressing this issue is essential for effective intervention and prevention strategies.
Receiving treatment for serious mental illnesses is free to
people with mandatory insurance. The statistics are striking: People
with mental illness and substance abuse problems — in prison, but
disabled (Gudex et al. 2012; Fordham 2002) — are four times more likely to
die, with people with HIV/AIDS not being denied health care because of their
condition. Few people with HIV/AIDS are able to

The lack of mental health services and support for people
during treatment and recovery is problematic. In prison, but
disabled (Gudex et al. 2012; Fordham 2002) — are four times more likely to
die, with people with HIV/AIDS not being denied health care because of their
condition. Few people with HIV/AIDS are able to

and Substance Abuse: The Facts (2007)

Other states have identified three main goals for such work:

1. Help incarcerated people stay healthy
2. Help the incarcerated stay that way
3. Help incarcerates manage their substance abuse

because so many prisoners have histories of substance abuse.

Incarcerate individuals who are HIV-positive are key sites for promoting health

because so many prisoners have histories of substance abuse.

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mental health services depend in the instance on options.

All mental health issues related to HIV/AIDS and mental health issues should also be addressed with a focus on primary care settings where such services are available.

Case Study 3: David is a 15-year-old who has lived in a series of foster homes and group homes. He was caught stealing at his most recent group home and is now spending time at a juvenile facility. David has a history of suicide attempts and has attempted to harm himself to get his way in situations where he feels unsupported.

ACCOMMODATION IN PRISONERS

Mental Health Treatment and
programs. Health, HIV/AIDS care, and are linked with community-based services, including assistance, substance abuse, mental health, housing, and legal services. The Bureau of Justice Statistics has identified several different types of mental health services offered, including mental health support and treatment services offered by health facilities, therapy, and counseling. Federal funding for mental health services is provided through a variety of programs, including those that address mental health, substance abuse, and public health.

A person's health and mental health are closely linked. Mental health issues, such as depression, anxiety, and stress, can affect physical health and vice versa. Health professionals must be able to coordinate these services effectively. The National Institute of Justice, the National Institute of Justice, and the National Institute of Mental Health have issued guidelines on the integration of mental health and criminological services. These guidelines recommend the integration of mental health services with other services, such as substance abuse treatment, to provide a comprehensive approach to mental health care.

Source: County 1999. The national Institute of Justice, the National Institute of Mental Health, and the National Institute of Justice have issued guidelines on the integration of mental health and criminological services. These guidelines recommend the integration of mental health services with other services, such as substance abuse treatment, to provide a comprehensive approach to mental health care.

The Maryland Community Justice Treatment Program

Case Study 4: Maryland Community Criminal Justice Treatment Program

In order to monitor drug use, individuals with HIV/AIDS must be able to coordinate their prescribing and monitoring of prescribed medications. Moreover, the prescribing and monitoring of prescribed medications is important in managing HIV/AIDS treatment strategies. Furthermore, the number of HIV/AIDS treatment strategies is expected to increase in the near future. Mental health treatment may play a key role in addressing the needs of people living with HIV/AIDS, including physical health needs and mental health needs. The Maryland Community Justice Treatment Program is a comprehensive approach to mental health care, combining substance abuse treatment, mental health services, and legal services.

Lurie's and Swartz 2000. The American Psychiatric Association, the American Association of Correctional Psychologists, and the American Association of Correctional Psychologists have developed guidelines for screening new patients for mental health and substance abuse issues. These guidelines recommend the integration of mental health services with other services, such as substance abuse treatment, to provide a comprehensive approach to mental health care.

The Maryland Community Justice Treatment Program is a comprehensive approach to mental health care, combining substance abuse treatment, mental health services, and legal services. People living with HIV/AIDS who also have mental health issues are subject to stress in the prison environment, which can exacerbate their conditions.
In 1999, only 11% of the prison population received treatment for substance abuse, but a pharmacy needs some form of substance abuse treatment, for example. According to the Office of National Drug Control Policy, 70% to 85% of correctional facilities lack the ability to offer treatment. Therefore, there is a significant gap between the estimated need and the actual availability of such services.

The community (Weissberg, 1999) suggests that most people who need substance abuse treatment are not receiving such services in prison. Prevention Services, Substance Abuse, and STDs, provided by the National Commission on矫正 Facility Treatment, the number of drug users and HIV/AIDS-positive persons, can reduce rates of bacterial and homosexual infections and drug-related problems. In addition, new interventions among sex partners and drug-abusing patients can prevent primary new infections among substance abuse treatment patients. In particular, HIV/AIDS prevention and treatment.

<table>
<thead>
<tr>
<th>Substance Abuse Treatment</th>
<th>State Prisoners</th>
<th>Federal Prisoners</th>
</tr>
</thead>
<tbody>
<tr>
<td>16%</td>
<td>17%</td>
<td>13%</td>
</tr>
<tr>
<td>White</td>
<td>17%</td>
<td>12%</td>
</tr>
<tr>
<td>Latino</td>
<td>12%</td>
<td>13%</td>
</tr>
<tr>
<td>African American</td>
<td>11%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Table 3. Prisoners Who Report Receiving Substance Abuse Treatment
ABUSE ISSUES

HEALTH AND SUBSTANCE PROBLEMS: HIV/AIDS, MENTAL HEALTH, AND REENTRY

RECENTLY RELEASED FORMER PRISONERS

The issue of drug use among former prisoners who re-enter society can be a high-pressure, difficult problem. Some disincentives to effective drug treatment programs now have recently released HIV-positive prisoners for the contact. In general, the key to providing adequate post-release services

In 1994, the National Institute of Justice (NIJ) released the report "Substance Abuse Treatment Programs for HIV-Positive Prisoners: A Nationally, it is also important to remember that individual states, communities, and providers may improve the access to effective drug treatment programs for former prisoners. The importance of mental health services to prisoners who have

For example, recent data from the National Institute of Justice show that

The Office of National Drug Control Policy estimates that about 8% of former prisoners have a substance abuse problem. About 50% of prisoners with a substance abuse problem have a co-occurring mental health disorder. This is a significant number of prisoners who have a need for treatment and services.

In recent years, there has been increased emphasis on the importance of providing substance abuse treatment services to prisoners who have a substance abuse problem. This is because prisoners who have a substance abuse problem are more likely to relapse into drug use once they are released from prison. This can result in a cycle of crime and incarceration that can be difficult to break.
ion back into the community.

These can be in place when it is time for the prisoner to transfer to another setting, or as a condition of parole. However, the process of applying for and receiving the necessary medical services is lengthy and can be complex. It is important for prisoners to work with medical providers to ensure they are able to receive the necessary medical services.

Prisoners with mental health issues often face challenges in accessing mental health care. In some cases, mental health treatment can be provided through in-prison programs or through community clinics. In other cases, prisoners may need to seek care from outside the prison system. It is important for prisoners to work with medical providers to ensure they are able to receive the necessary mental health services.

When a prisoner is eligible for release, it is important for them to work with medical providers to ensure they are able to receive the necessary medical services. This may include seeking care from outside the prison system or working with in-prison programs to ensure they are able to receive the necessary medical care.

One important factor in working with released prisoners is the availability of mental health services. Some areas have limited access to mental health care, while others may have more resources available. It is important for released prisoners to work with medical providers to ensure they are able to receive the necessary mental health care.
Additional Resources

Additional Resources

WORKS CITED

NOTES

Phone 1-800-662-HELP
National Institute of Drug Abuse
For referrals to substance abuse treatment programs, call the

www.nida.nih.gov
Health Services Administration
In the absence of evidence (findings by the Substance Abuse and Mental

The National Gatins Center for People with Co-Occurring Disorders

www.samhsa.gov
Substance Abuse and Mental Health Service Administration

www.samhsa.gov
Mental Health Information:

www.samhsa.gov
Research on AIDS:

www.niaid.nih.gov
The National Institute of Mental Health, Center for Mental Health

www.niaid.nih.gov
The American Psychological Association's HIV/AIDS Resource Center

www.niaid.nih.gov
The HIV/AIDS and Substance Abuse Page

www.thebody.com
The Body's HIV/AIDS and Mental Health Page

www.thebody.com
Withings.com/Conventions.asp
The National Criminal Justice Reference Service, Virtual Library; Section

National Criminal Justice Reference Service Visual Library; Section

ADDENDUM