



Formal and Informal Responses to Depression among Aboriginal People living with HIV in Canada

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Background

Aboriginal persons living with HIV continue to be over-represented in the HIV epidemic in Canada. "They are estimated to account for 7.5% of persons living with HIV in Canada at the end of 2005 and 9% of all new HIV infections in 2005. This shows an estimated overall infection rate in Aboriginal persons that is nearly 3 times higher than among non-Aboriginals" (Public Health Agency of Canada, 2006). The profile of Aboriginal HIV diagnosis differs from non-Aboriginal diagnoses in three distinct ways: women and youth are more likely to become infected than in non-Aboriginal populations, and injection drug use is a more common mode of exposure to HIV. Given rates of infection coupled with more effective treatment of HIV and lower severity of illness we are increasingly seeing mental health issues, particularly depression, emerge as an important concern for all persons living with HIV/AIDS (Penzak et al, 2000; Canadian Psychiatric Association, 2003). Part of a larger study to understand how Aboriginal people living with HIV (APHAs) understand, describe, and respond to feelings of depression this preliminary analysis highlights participants' responses to depression.

Methods

A community-based research model incorporating principles of ownership, control, access and possession (OCAP) guided the development and implementation of the study. In-depth interviews were used to collect data in several sites (Ottawa, Toronto, Vancouver, Edmonton, Winnipeg and the Atlantic region). Seventy (70) Aboriginal people participated with thirteen (13) organizations providing assistance with recruitment. A small honorarium was provided to APHA study participants. Interviews were audio recorded, transcribed and later coded and analysed using software support (i.e., Atlas.ti[®]) to assist in identification of major themes. The study design received ethical review and was also reviewed for ethics by members of the Aboriginal people living HIV community.

Results

Our findings suggest that the experience of depression is an all too common experience for Aboriginal people living with HIV. For many of our participants, depression predates HIV infection and is the result of a personal history with racism, discrimination, or experiences of childhood sexual abuse and/or neglect. A diagnosis of HIV can further exacerbate this experience of depression. Many participants resorted to self-imposed isolation and alcohol and drug use as ways to deal with such difficult feelings. One reported feeling "dead to the world". In many ways, the theme of social disconnection dominated participants' narratives.

Although some participants employed western psychotherapeutic approaches, including use of anti-depressants, many indicated such approaches did not meet their needs. Aboriginal identity, values and perspective can clash with western theories of health and well-being. Some participants, for example, did not feel understood by western counsellors.

To counter less-than-optimal approaches to care, many participants opted to adopt approaches to well-being that were more consistent with their cultural belief system. Where dissonance dominates encounters with the western medical system, re-connection and resonance dominate when participants attempt to incorporate uniquely Aboriginal approaches. A sense of connection to a wider community is a key concern for Aboriginal persons living with HIV because it provides them with purpose, direction and a sense of giving back – or reciprocity.

Volunteering, helping others or giving back to community is one method employed by participants in an effort to locate well-being more consistent with their belief systems. Also important for almost every participant was participation in traditional forms of healing, including participation in ceremonies, talking to elders, smudging, singing, and traditional songs or drumming.

Aboriginal people living with HIV often use humour to lighten particularly difficult situations or experiences. For some, at least, this approach is viewed as characteristic of a uniquely "Aboriginal" response to HIV and depression. Despite the challenges of living with HIV and depression, for some people it marks a turning-point in their experience, in which they (re)discover the healing potential of uniquely cultural approaches.

Conclusions

HIV service providers need to more explicitly address depression in their work with Aboriginal people with HIV/AIDS. Preliminary findings suggest a holistic service approach integrating spiritual, physical, mental and emotional needs may prove particularly beneficial. While western therapeutic and medical approaches clearly have value, supporting Aboriginal identity, attending to their feelings of disconnection and isolation from community as identified by participants is something that would be particularly helpful.

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References

- Canadian Psychiatric Association (2003). *HIV and Psychiatry: A Training and Resource Manual*. Ottawa, Ontario.
- Penzak, S. R., Y. S. Reddy, and S. R. Grimsley (2000). "Depression in patients with HIV infection." *American Journal of Health System Pharmacology*, Vol. 57: 376-86.
- Public Health Agency of Canada (May 2005). *Statement: Estimate of the Number of People living with HIV in Canada, 2005*. Ottawa, Ontario. Accessed 8/4/06 from http://www.phac-aspc.gc.ca/media/nr-rp/2006/20060731-hiv-vih_e.html.

"I just feel isolated and not included in everything. Even though people still say its okay and stuff like that, but you still have that barrier and I just don't really connect sometimes. I'm sort of off, not really involved in the circle."

"I haven't met one [non-Aboriginal counsellor] that I feel comfortable enough to speak with. [They would have] to be on the same kind of level as I am, not as I am but that person has to at least be able to see beyond their world and into my world and every professional counsellor that I've been to tries to make me see things through their eyes. I found that Aboriginal counsellors are the best counsellors ... because we're able to look through the same eyes ..."

"You know, it gets to a point after a while where you can't sit around with your thumb up your butt waiting to die ... you have to do something and I did volunteering and that was great. [... It is what] I was put on this earth for, I think that is why – I just think that."

"Recently I've [participated in traditional ceremonies]. With this group, I went to [the Elder's] place for a healing ceremony and it was extremely traditional where we burned sweet grass and sage and the burning of this and the burning of that, there was that last night."

"You know, you think that you're depressed because you're sick and you can't move and you're in a comprising position and then all of a sudden ... it's just humour. I don't know. I have a natural ability to make myself laugh at the worse times possible."

"For me, its gone beyond living with HIV, I've gone from being told I was going to die, from realizing that I'm not going to die just yet, I'm having to go through a whole re-birth, redeveloping, reinventing myself from this person who was dying to now an active person in the community so that's what really helped to bring me out of my depression, or feeling depressed or feeling down."