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## Stigma kills- A case report of a Ugandan woman suffering from HIV: The psychological effects of emotional abuse and discrimination into old age

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C tigma surrounding HIV remains same, regardless of improvements in education and understanding. WHO-2015 guidelines Jattempt to combat barriers to HIV treatment, particularly that of stigma and discrimination. Despite this HIV is often associated with infidelity and sex work, especially in sub-Saharan Africa. Psychological effects of stigma and discrimination: After the death of her husband in 1994, Mrs X was forced to leave home. Learning she had HIV, the consensus of her late husband's family was that Mrs X should die alone. She suffered from insomnia, anxiety, panic attacks, poor concentration and feelings of hopelessness and worthlessness. Socially isolated after years of self-neglect, she prepared to overdose leaving a suicide note. In 2007, Mrs X became open regarding her status. Although the majority of her psychological symptoms ended at this time, she has ongoing issues with anxiety, regularly visiting counselors. She is plagued by night terrors, flashbacks and panic attacks; reliving emotional abuse. The effects of psychological support: In 1996 Mrs X met her current husband. Also suffering from HIV, he attended hospital with Mrs X to receive treatment. Fortunately, Mr X did not believe the majority opinion within their village; that antiretroviral therapy was a fatal hoax, designed to end the lives of those with HIV. She attended counseling sessions and her well-being significantly improved. She opened her home as an HIV clinic with the help of a local doctor, and the gossip of local villagers regarding her HIV status only served to promote the service. As Mrs X now says "Everyone wants to be my friend, there isn't a family in this village unaffected by HIV". Mrs X is now 58 and has an undetectable viral load. She understands only too well the psychological effects of stigma, and conducts regular counseling sessions for patients. It is essential both in developed and developing countries that patients receive support in combination with medication. Psychological input not only reduces mortality and morbidity by reducing depression and suicide, but through improving adherence. Complete treatment regimes should focus on psychological aspects HIV, improving physical health outcomes and preventing mental health issues from progressing into old age.

## Biography

Simon Geoffrey David Ruffell graduated from University of Sheffield with a degree in Medicine in 2013. He has a keen interest in Global Psychiatry and has worked around the world including Uganda, India and Malaysia. His most recent work has been in Gulu, Uganda, developing policies with local doctors in an attempt to reduce the amount of rapid tranquilization medication utilized on psychiatric wards.

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