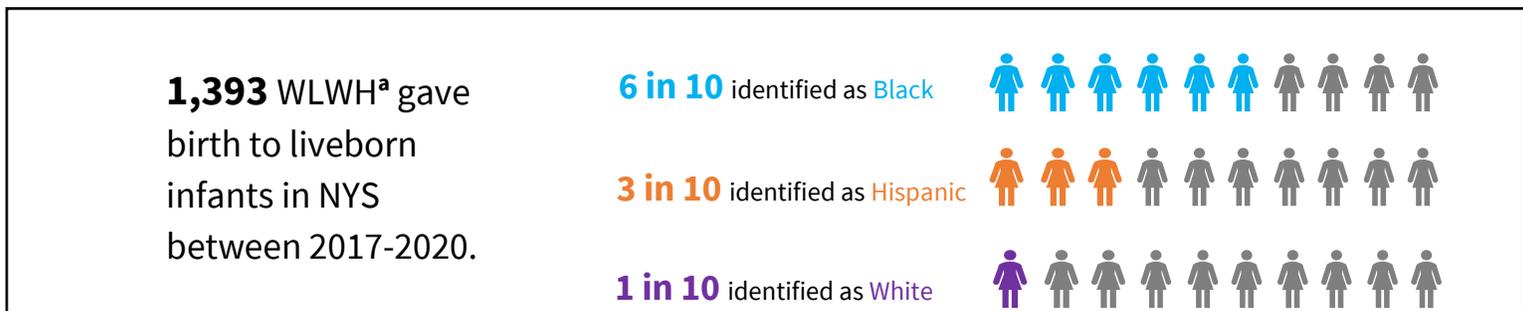


Diagnosed Mental Health Disorders & Documented Substance Use Among Women Living with HIV Who Gave Birth in New York State, 2017-2020

Overview

Mental health disorders and substance use among women living with HIV (WLWH) of childbearing age and those who are pregnant may lead to antiretroviral therapy (ART) nonadherence and unsuppressed HIV viral load ^{1,2}. This review focuses on racial and ethnic disparities in diagnosed mental health disorders and documented substance use among WLWH who gave birth in New York.

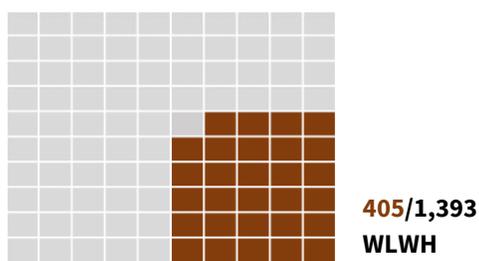
Race and Ethnicity Distribution of WLWH Who Gave Birth



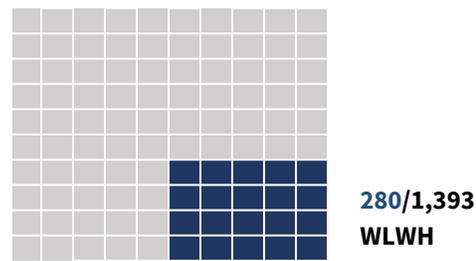
^a 1,417 WLWH gave birth between 2017-2020 of these, 1,393 records containing complete information on race and ethnicity, mental health disorders, and/or substance use were included.

Diagnosed Mental Health Disorders and Documented Substance Use Among WLWH Who Gave Birth^b

29% had at least one diagnosed **mental health disorder** ^c.



20% used at least one **substance** ^d.



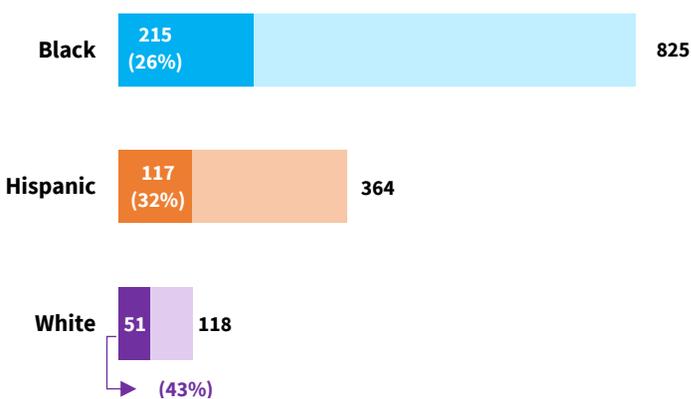
^b This includes diagnosed mental health disorders and substance use documented prior to pregnancy and/or during pregnancy.

^c Diagnosed mental health disorders include major depressive disorder, post-traumatic stress disorder, bipolar mood disorder, schizophrenia, and other specified disorders.

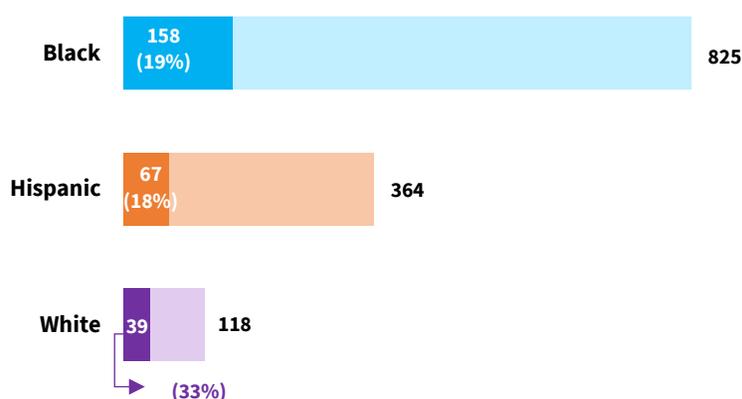
^d Substances include amphetamines, barbiturates, hallucinogens, heroin, methadone, methamphetamines, benzodiazepines, cocaine/crack, marijuana (cannabis, THC), opiates, unknown substances, and other specified substances, except for alcohol and tobacco.

Diagnosed Mental Health Disorders and Documented Substance Use by Race and Ethnicity^{e,f}

Diagnosed Mental Health Disorders



Documented Substance Use



Despite the lower percentage of diagnosed mental health disorders among WLWH who identified as **Black**, the actual number (n=215) with a diagnosed mental health disorder was greater than all WLWH who identified as **White** and gave birth (n=118) in NYS; a similar finding was observed for documented substance use.

^e Numbers in the shaded area of the bars indicate WLWH giving birth with diagnosed mental health disorders or documented substance use; while numbers outside the bars indicate all WLWH giving birth.

^f Other and Unknown race and ethnicities not shown here.

What We Learned

Our data highlight racial and ethnic inequities and missed opportunities to provide mental health disorder and substance use care. The lower percentage of diagnosed mental health disorders and documented substance use among WLWH who give birth and identify as Black or Hispanic may reflect barriers to healthcare such as low socioeconomic status; HIV-related stigma; mental health and substance use related stigma; lack of trust in providers; and/or cultural factors^{3,4}.

What We Can Do

Healthcare systems & providers can:

- Support opportunities for provider capacity building to understand and address social determinants of health and stigma, with a focus on substance use and mental health.
- Participate in training which supports critical reflection and addresses explicit and implicit bias, including implementing strategies to eliminate discriminatory behavior.
- Apply cross-cultural sensitivity and trauma-informed principles to institutional policies, patient care and communication.
- Implement effective methods to screen for mental health disorders and substance use with an understanding of psychosocial and contextual factors unique to WLWH who identify as Black or Hispanic.
- Ask, listen, and learn from patient self-reported outcomes and experiences.

Public health practitioners can:

- Evaluate patient, provider, and systems interventions to ensure equitable access and outcomes related to mental health and substance use care.
- Create reporting initiatives to track and respond to health disparities.
- Develop programs using trained peers or members from the community to address fear of disclosure of mental health disorders and substance use, and the intersection of HIV-related stigma among WLWH who identify as Black or Hispanic.
- Collaborate with multiple stakeholders, including WLWH who identify as Black or Hispanic with lived experience related to substance use and mental health, to facilitate equitable involvement in services, research, and policy initiatives.

Data Sources:

WLWH of childbearing age: NYS Department of Health HIV Surveillance Data People giving birth: Vital Statistics of New York State (https://www.health.ny.gov/statistics/vital_statistics/vs_program.htm)

Acknowledgement:

Sex at birth was used to identify the population described in this document. Some standardized surveillance terminology used to describe individuals who give birth may not be the same terms that individuals use to describe themselves. We recognize that behind the terms, categories, and labels, there are real people who refer to themselves differently.

Contributions:

BHAЕ would like to acknowledge the Perinatal HIV Prevention Program for their assistance with drafting this review and the Island Peer Review Organization for medical record abstraction.

References:

¹ [Mental Health of HIV-Seropositive Women During Pregnancy and Postpartum Period: A Comprehensive Literature Review](#)

² [Factors affecting adherence to antiretroviral therapy among pregnant women in the Eastern Cape, South Africa](#)

³ [Symptoms of Psychological Distress among African Americans Seeking HIV-Related Mental Health Care](#)

⁴ [Exploring African American Women's' experiences with substance use treatment: A Review of the Literature](#)