

## APA Official Actions

# Position Statement on the Role of Psychiatry in HIV

Approved by the Board of Trustees, July 2022

Approved by the Assembly, May 2022

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

### **Issue:**

Although great strides have been made in the diagnosis and treatment of HIV infection, many people remain at risk for infection and in need of HIV testing, treatment, and care for the significant psychosocial and neuropsychiatric sequelae of HIV and AIDS. There are still over 34,800 new infections yearly in the United States. Of these new infections, the burden is disproportionately experienced by specific populations, including Black and Latinx Americans, men who have sex with men, and transgender women. HIV infection is more prevalent in persons with mental illness than in the general population, and psychiatric disorders are more prevalent in persons with HIV. Psychiatrists need to be educated about prevention and care for persons with HIV because of the bidirectional nature of the epidemiology of psychiatric disorders and HIV infection. Psychiatrists should also continue to play a significant role in both prevention and treatment of the psychiatric, neuropsychiatric, and psychosocial aspects of HIV infection.

### **APA Position:**

**The care of individuals with HIV requires comprehensive treatment, both physical and mental health attention, including:**

- 1. Collaboration between primary care physicians, psychiatrists, and other specialists;**
- 2. Attention to the roles of structural racism, bias, stigma, and structural competency that contribute to inequities in HIV prevention and treatment;**
- 3. Understanding the increased prevalence of HIV in persons with mental illness and the increased prevalence of psychiatric disorders in persons with HIV;**
- 4. Promoting the prevention and treatment of HIV infection, including the need for routine HIV testing and evaluation for risk behaviors; and**
- 5. Continued research into the neurocognitive sequelae of HIV in the brain.**

**Author:** Kenneth Ashley MD, ACPsych, FACLP, DFAPA

**Collaborators:** HIV Steering Committee, Council on Consultation-Liaison Psychiatry