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Research Article

BARRIERS AND FACILITATORS TO ANTIDEPRESSANT AND ANTIPSYCHOTIC ACCESS AND ADHERENCE AMONG PEOPLE LIVING WITH HIV/AIDS IN BAYELSA STATE: IMPLICATIONS FOR INTEGRATING MENTAL HEALTH INTO HIV CARE IN NIGERIA

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ABSTRACT

Background. Despite a heavy mental-health burden, people living with HIV/AIDS (PLWHA) in low-resource settings often go untreated. Identifying what blocks and what enables access to psychotropic medication is essential for closing this treatment gap and for integrating mental-health care into HIV services. **Objective:** To identify the barriers and facilitators to antidepressant and antipsychotic access and adherence among PLWHA in Bayelsa State, Nigeria, and to derive practical strategies for integrated care. **Methods:** A cross-sectional study of 336 PLWHA at the Federal Medical Centre, Yenagoa (77 psychotropic users) collected data on barriers and facilitators using a structured questionnaire, analysed descriptively in SPSS v27.**Results:** The leading barriers were cost (41.6%), stigma (32.5%) and discrimination (16.9%). The principal facilitators were counselling (32.5%), health-insurance coverage (24.7%) and awareness/health education (18.2%). Prescribing was concentrated within a single psychiatric service, and medicines were obtained mainly from the public hospital. **Conclusion:** Financial and social barriers, not unwillingness to treat, drive the mental-health treatment gap among PLWHA in this high-burden setting. Expanding insurance coverage of essential psychotropics, embedding counselling and screening in routine HIV care, task-shifting prescribing, and community anti-stigma action offer a feasible route to integrated mental-health and HIV services.

KEYWORDS: HIV/AIDS; mental health; barriers; stigma; health insurance; task-shifting; integrated care; Nigeria.

INTRODUCTION

Mental disorders among PLWHA are common, disabling and treatable, yet large treatment gaps persist in sub-Saharan Africa (Sherr et al., 2011; Collins et al., 2006; Semrau et al., 2015). Closing these gaps depends less on the existence of effective medicines than on whether patients can reach, afford and continue them. In low- and middle-income countries, out-of-pocket costs, stigma, scarce specialists and unreliable supply repeatedly limit access (Akinbode et al., 2023; Ibrahim et al., 2023; Ahmed et al., 2021).

The World Health Organization and UNAIDS recommend integrating mental-health care into HIV services to improve access, quality and outcomes (WHO, 2008; Adeagbo et al., 2024). Nigeria now has enabling instruments—the National Mental Health Act (2021), the National Health Insurance Authority Act (2022) and the National HIV/AIDS Strategic Plan—but implementation lags, particularly in high-burden states such as Bayelsa, where FMC Yenagoa serves a large HIV population with a single psychiatrist. Understanding the specific, local barriers and facilitators is a prerequisite for designing integration that works. This study identified those factors and used them to derive practical strategies.

MATERIALS AND METHODS

A facility-based cross-sectional study was conducted at the HIV/AIDS clinic of FMC Yenagoa between January and December 2023. The data reported here form part of a larger cross-sectional study on the drug utilization of antidepressant and antipsychotic medications among PLWHA at the Federal Medical Centre, Yenagoa; this paper addresses a distinct set of objectives, and care has been taken to avoid duplication of findings reported elsewhere. A target of 381 adult PLWHA was set using the Taro Yamane formula; 336 participated (88.2%), including 77 psychotropic users. A structured, pre-tested questionnaire captured barriers (e.g., cost, stigma, discrimination, availability) and facilitators (e.g., counselling, insurance, awareness), alongside service-use characteristics. Data were analysed descriptively in SPSS v27. Ethical approval was obtained from the Research Ethics Committee of the Federal Medical Centre, Yenagoa. Written informed consent was obtained from every participant for both the interview and access to their medical records. Participation was voluntary and confidential, and respondents could withdraw at any time without consequence.

RESULTS

Barriers to access and adherence

The most frequently reported barrier was cost, cited by 41.6% of respondents, followed by stigma (32.5%) and discrimination (16.9%); availability and lack of support featured less often. Financial and social factors thus dominated the obstacles to consistent psychotropic use (Table 1).

Facilitators of access and adherence

Counselling was the most frequently cited facilitator (32.5%), followed by health-insurance coverage (24.7%) and awareness or health education (18.2%). These point to psychosocial support, financial protection and patient education as the main enablers of adherence. The concentration of prescribing within the psychiatric service, and the reliance on the public hospital as the main medicine source, further shaped access.

Table 1: Barriers and facilitators to psychotropic access and adherence (n = 77).

Barriers	%	Facilitators	%
Cost	41.6	Counselling	32.5
Stigma	32.5	Health insurance	24.7
Discrimination	16.9	Awareness/education	18.2

DISCUSSION

The pattern is clear: the principal obstacles to psychotropic treatment among PLWHA at FMC Yenagoa are financial and social rather than clinical. Cost was the dominant barrier, consistent with Nigeria's heavy reliance on out-of-pocket payment and with evidence that affordability shapes psychotropic access in Nigerian HIV care (Akinbode et al., 2023; Ibrahim et al., 2023). Stigma and discrimination—often a 'double stigma' attaching to both HIV and mental illness—compound the problem and deter help-seeking (Link & Phelan, 2001; Parker & Aggleton, 2003; Adesuyi et al., 2025; Ahmed et al., 2021).

Encouragingly, the facilitators identified are actionable. Counselling, the strongest enabler, can be embedded in routine HIV visits; insurance protects against catastrophic costs; and awareness reframes symptoms as treatable medical conditions rather than personal weakness (Kulisewa et al., 2024; Akande-Sholabi & Bakare, 2023). Translating these into practice requires deliberate health-system action. Task-shifting—training HIV nurses and clinicians to screen with the PHQ-9 and to initiate first-line antidepressants under specialist supervision—has improved outcomes across LMICs and is well suited to a setting with a single psychiatrist (Obuku et al., 2024; Azuma et al., 2025; Elugbadebo, 2025). At the policy level, adding essential psychotropics such as fluoxetine to the National Health Insurance Authority package, and implementing the Mental Health Act 2021 in high-burden states, would directly address the cost and stigma barriers documented here (WHO, 2025; Leadership Newspapers, 2024).

Given Bayelsa's high HIV prevalence and the engagement of patients with routine care, FMC Yenagoa is well placed to serve as a demonstration site for integrated HIV–mental-health services combining task-shifting, expanded insurance and anti-stigma activity.

Strengths and Limitations

This study provides locally grounded evidence on the barriers and facilitators shaping psychotropic access in a high-burden Niger Delta setting. Limitations include the cross-sectional design, the relatively small psychotropic-user sample, reliance on self-report and the single-centre context, which together limit generalisability. Qualitative research into lived experiences of stigma and cost would enrich these quantitative findings and strengthen intervention design.

CONCLUSION

Among PLWHA at FMC Yenagoa, cost, stigma and discrimination are the chief barriers to psychotropic treatment, while counselling, insurance and awareness are the chief facilitators. The treatment gap is therefore a problem of access and affordability, not of clinical willingness. A pragmatic package—insurance coverage of essential psychotropics, routine counselling and screening, task-shifted prescribing, and community anti-stigma action—offers a feasible path to integrated mental-health and HIV care in Nigeria.

Recommendations

1. Policy: add fluoxetine and other essential psychotropics to the National Health Insurance Authority package, and implement the Mental Health Act 2021 in high-HIV-burden states.
2. Health system: adopt task-shifting so trained HIV nurses and clinicians can screen (PHQ-9) and initiate first-line treatment under remote specialist supervision; make mental-health screening routine in HIV clinics.
3. Community: run dual anti-stigma campaigns, build peer-support groups, and expand counselling and public awareness.
4. Research: conduct longitudinal, multi-centre studies using validated tools and objective measures (viral load, CD4), including trials of task-shifting models.

DECLARATIONS

Ethics approval and consent. Approved by the FMC Yenagoa Research Ethics Committee; written informed consent obtained from all participants.

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Conflicts of interest. The author(s) declare no competing interests.

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