LUMA RESOURCE SERIES | GUIDE 5

# Mental Health and HIV

Resources for Students Navigating the Emotional Weight of an HIV Diagnosis on Campus

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## INTRODUCTION: THE EMOTIONAL REALITY OF HIV ON CAMPUS

The physical effects of HIV are well understood and, with treatment, manageable. The emotional effects receive far less attention and support, particularly on Nigerian university campuses where mental health services are often underdeveloped and HIV stigma makes seeking support harder.

Living with HIV on a Nigerian campus means managing not only a chronic health condition but also the constant, exhausting work of deciding who to tell, who to trust, how to respond to stigmatising comments, how to maintain relationships in the context of an HIV diagnosis, and how to do all of this while completing a degree.

This is genuinely hard. LUMA does not minimise that. What this guide offers is honest information, practical strategies, and the knowledge that you are not alone.

## CHAPTER 1: THE MENTAL HEALTH IMPACT OF AN HIV DIAGNOSIS

### Normal Reactions to a New Diagnosis

There is no single correct emotional response to receiving an HIV diagnosis. People respond very differently, and all responses are valid. Common initial reactions include:

Shock and disbelief, particularly if you did not expect a positive result.

Fear about what the diagnosis means for your health, your future, and your relationships.

Grief for the life you imagined before the diagnosis. This is a real and important grief process.

Anger, directed at yourself, at the person you believe infected you, at circumstances, or at the unfairness of the situation.

Relief, particularly for people who were already aware of potential exposure and were living with uncertainty.

Numbness, a temporary emotional shutdown that protects you while you process the news.

These reactions do not follow a neat sequence, and you may experience several simultaneously or cycle between them over days and weeks. All of them are normal.

### Longer-Term Mental Health Challenges

Beyond the immediate period following a diagnosis, people living with HIV commonly experience:

Depression: Persistent low mood, loss of interest in activities, changes in sleep and appetite, feelings of worthlessness, and difficulty concentrating are all symptoms of depression that are significantly more common among people living with HIV than in the general population.

Anxiety: Worry about health, about transmission, about disclosure, about the future. Anxiety can become chronic and interfere significantly with daily functioning.

Anticipated stigma: The constant vigilance of managing who knows your status, anticipating stigmatising responses, and navigating social situations with HIV in the background is genuinely exhausting and has real mental health costs.

Isolation: Feeling like no one around you truly understands your experience is profoundly isolating, particularly in environments where HIV stigma is high.

Identity challenges: An HIV diagnosis changes how some people see themselves and can trigger questions about identity, worth, and future possibility.

### The Research Evidence

Research consistently shows higher rates of depression, anxiety, and psychological distress among people living with HIV compared to the general population. In Nigerian university contexts specifically, a 2021 study found that only about half of people living with HIV received sufficient emotional support from family, friends, and partners.

The implications are significant. Inadequate emotional support is associated with poorer treatment adherence, worse health outcomes, and reduced quality of life. Mental health support is not a luxury or an add-on to HIV care. It is part of effective HIV management.

## CHAPTER 2: HIV ON CAMPUS: THE SPECIFIC CHALLENGES

### The Disclosure Dilemma

One of the most persistent mental health burdens for students living with HIV is the constant management of disclosure. Every new relationship, new friendship, new living situation, new academic context raises questions: Do I tell this person? When? How? What will happen?

This vigilance is exhausting. It requires constant cognitive and emotional energy that takes a toll over time, particularly during high-stress periods like examinations.

The burden of secrecy: Actively hiding a significant part of your life from people you are otherwise close to can feel isolating and inauthentic.

The burden of anticipation: Worrying about what would happen if people found out, even when they have not, generates significant anxiety.

The aftermath of disclosure: When you do disclose, managing others' reactions, navigating their adjustment, and potentially dealing with rejection or betrayal creates its own emotional demands.

## Stigma in the University Environment

Nigerian university campuses carry significant HIV stigma. Statistics from university-based research reveal how common stigmatising attitudes are among students:

59.8% of students are unwilling to have any contact with people living with HIV.

58.9% are uncomfortable eating at the same table.

43.5% are uncomfortable shaking hands.

Living within an environment where these attitudes are prevalent, even if your specific HIV status is unknown to those around you, is corrosive to mental health. The knowledge that if people knew your status many of them would treat you differently is a persistent background stressor.

## Intersecting Academic Pressures

University is already a period of significant stress for most students: academic demands, financial pressure, distance from family, new social environments, and the work of building an adult life. For students living with HIV, all of this is navigated with the additional weight of managing a chronic health condition, maintaining medication adherence, attending medical appointments, and managing disclosure decisions.

This is genuinely more than most students carry. Acknowledging that is not self-pity. It is an accurate assessment of your situation.

## Medication-Related Mental Health Effects

Some antiretroviral medications have direct mental health effects. Efavirenz, which is still used in some Nigerian treatment regimens, is particularly associated with:

Vivid, sometimes disturbing dreams, particularly in the first weeks of treatment.

Depression and low mood.

Anxiety and irritability.

Difficulty concentrating.

These effects often improve over time but can be severe for some people. If you are experiencing mental health effects that you think may be related to your medication, tell your healthcare provider. There are alternative regimens available.

# CHAPTER 3: PRACTICAL MENTAL HEALTH STRATEGIES

## Building and Maintaining Routine

Routine is one of the most powerful tools for mental health management. Depression and anxiety thrive in unstructured time and unpredictability. A consistent daily structure provides a framework that supports both mental health and medication adherence.

Build your medication schedule into your daily routine so firmly that it becomes automatic. Link it to a fixed morning or evening activity.

Maintain regular sleep times even during periods of academic stress. Sleep disruption dramatically worsens both depression and anxiety.

Schedule regular meals. Skipping meals affects both physical health and mood.

Build regular physical activity into your week. Even 20 to 30 minutes of walking daily has measurable mental health benefits.

## Physical Activity and Mental Health

The evidence base for physical activity as a mental health intervention is exceptionally strong. Regular exercise:

Reduces depression and anxiety, with effects comparable to antidepressant medication in some studies.

Improves sleep quality.

Supports immune function.

Increases energy and reduces fatigue.

Provides structure and a sense of accomplishment.

Exercise does not need to be intense or expensive. Walking, dancing, campus sport, or any movement you enjoy counts. The consistency matters more than the intensity.

## Social Connection

Social isolation worsens depression and anxiety. Yet for students living with HIV, building social connections involves navigating disclosure decisions, which can make social situations feel more complex and risky.

Some practical approaches:

Invest in relationships where you feel genuinely accepted, even if only one or two people know your full situation.

Participate in social activities where HIV is not the focus. Normal social connection for its own sake has mental health benefits.

Connect with peer communities where you do not have to manage disclosure because everyone understands. LUMA's Peer Circle exists for exactly this purpose.

Consider whether there are people in your life with whom disclosure might actually improve your relationship and reduce your isolation.

### Managing Stigma Encounters

Encountering stigmatising comments or behaviour about HIV, whether directed at you or in general conversation, is a specific stress that students living with HIV experience regularly. Strategies for managing these encounters:

You are not obligated to educate everyone who says something harmful. Sometimes the right self-care choice is to disengage.

Having a prepared response to common HIV myths can reduce the cognitive load of these situations. Something simple like: 'Actually, HIV is not transmitted through casual contact. The research is clear on this' allows you to respond without revealing personal information.

Debrief after difficult encounters with someone you trust. Holding these experiences alone increases their weight.

Recognise that stigmatising behaviour reflects a failure of the other person's knowledge or empathy, not a reflection of your worth.

## CHAPTER 4: SEEKING AND ACCESSING MENTAL HEALTH SUPPORT

### Why People Do Not Seek Support (And Why You Should Anyway)

Several barriers prevent students living with HIV from accessing mental health support. Understanding these barriers is the first step to overcoming them:

Stigma around mental health, separate from HIV stigma, is significant in many Nigerian communities. Seeking help is sometimes seen as weakness.

Fear that disclosing HIV status will be necessary to access mental health support, which increases vulnerability.

Limited availability of qualified mental health professionals in many university settings.

Cost of private mental health services.

Not recognising that what you are experiencing constitutes a mental health challenge that deserves support.

None of these barriers makes seeking support less important. Mental health challenges that are not addressed do not simply resolve on their own. They worsen over time and increasingly interfere with every area of your life. Getting support earlier is always better than waiting.

## On-Campus Mental Health Support

Most Nigerian universities have some form of counselling service, although quality and availability vary widely:

University counselling units: Most universities have counsellors available to students. These services are typically confidential. You do not need to disclose your HIV status to access general mental health support.

Campus pastors, imams, or chaplains: For students whose faith is central to their coping, religious leaders can provide support. Be aware that attitudes toward HIV vary among religious leaders.

Student union welfare officers: Many student unions have welfare roles that can provide practical and emotional support.

## HIV-Specific Mental Health Support

Mental health support from people who understand HIV provides something different from general counselling. HIV-specific support includes:

Counsellors at HIV treatment facilities: Most HIV clinics have attached counsellors or social workers. These professionals understand the emotional dimensions of HIV and can provide informed support.

Peer support: Support from other people who are living with similar experiences is often described as the most valuable form of support by people living with HIV. You do not have to explain the basics. Someone who has been there already knows.

LUMA Peer Circle: This is LUMA's closed, moderated digital community for Nigerian university students living with HIV. It is anonymous, peer-led, and designed specifically for this purpose. Apply at luma.org.ng.

## When to Seek Professional Help Urgently

Some situations require immediate professional attention. Seek help urgently if you are experiencing:

Thoughts of harming yourself or ending your life.

Inability to function: not able to attend lectures, eat, sleep, or care for yourself.

Severe, unmanageable anxiety that is interfering with daily life.

Psychosis or losing contact with reality.

In these situations, contact your campus health centre, go to the nearest hospital emergency department, or reach out to a crisis support line. LUMA can also help you identify appropriate

urgent support. Contact us at luma.nigeria@gmail.com.

# CHAPTER 5: THE ROLE OF COMMUNITY

## Why Community Matters

HIV can be profoundly isolating, not because of the virus itself but because of the stigma that surrounds it. That isolation, the sense that no one around you truly understands your experience, is one of the most corrosive aspects of living with HIV on a Nigerian university campus.

Community, even a small one, changes this fundamentally. Research consistently shows that social support from people with shared experiences is one of the strongest protective factors for mental health among people living with HIV. It is not a nice-to-have. It is a clinical intervention.

## What Community Provides

Practical information: People who have navigated the same systems, the same conversations, and the same decisions can save you time and distress.

Emotional validation: Being heard by someone who genuinely understands is qualitatively different from being heard by someone who is trying to understand.

Models of possibility: Seeing other people living full, healthy, connected lives with HIV provides evidence that your future can look like that too.

Accountability and support for adherence: Community connection supports consistent treatment.

## LUMA's Peer Circle

The Peer Circle is LUMA's closed digital community for Nigerian university students living with HIV. It is moderated, anonymous, peer-led, and specifically designed for this group.

Inside the Peer Circle:

You choose your own display name. No real name is required.

Only a username and email address are needed to join. Nothing else.

Conversations are peer-led, with LUMA moderators present to ensure safety.

There is no pressure to share more than you are comfortable with.

Apply to join at luma.org.ng. We will be in touch within 48 hours.

# CHAPTER 6: SPECIFIC SITUATIONS

## The First Weeks After a Diagnosis

The period immediately following an HIV diagnosis is often the most emotionally intense. Some things to know and do during this period:

Give yourself permission to feel whatever you feel. There is no correct emotional response and no timeline for how long this initial period should last.

Do not make major decisions in the first few days. If possible, hold off on telling people who do not need to know immediately until you have had time to process.

Seek medical care promptly. Starting treatment early supports both physical and mental health.

Identify at least one safe person you can talk to. You do not need to manage this entirely alone.

Contact LUMA if you need immediate peer support.

### Examination Periods

Academic pressure during examination periods compounds every other stressor. For students living with HIV, exams can also disrupt medication routines and medical appointments. Strategies:

Plan your medication routine around your exam schedule, not the other way around. Your treatment cannot wait.

If examination stress is affecting your mental health significantly, speak to the university welfare or counselling service. You can describe stress without disclosing your HIV status.

If health-related challenges are affecting your examination performance, you may be entitled to academic accommodations. Ask your welfare office.

The LUMA Peer Circle is available during exam periods for peer support.

### Managing Relationships

Navigating romantic and sexual relationships with an HIV diagnosis involves an additional layer of complexity. Specific mental health considerations include:

The fear and anxiety around disclosure to a partner is common and normal. Take time to decide when and how to disclose, in your own time.

U=U provides important context for conversations about risk. A person on effective treatment who is undetectable cannot transmit HIV sexually.

Rejection is painful, but it is information about the other person's character, not a reflection of your worth.

Many people living with HIV have deep, committed, loving relationships. HIV does not prevent this.

## MENTAL HEALTH SELF-CARE CHECKLIST

- ■ I have at least one person I can talk to about my HIV diagnosis
- ■ I have a consistent sleep routine
- ■ I engage in some form of physical activity at least three times a week

- ■ I am not skipping meals regularly
- ■ I have accessed or am considering counselling support
- ■ I have applied to or am considering LUMA's Peer Circle
- ■ I know where to go for urgent mental health support if I need it
- ■ I monitor my mood and notice when I need more support
- ■ I take breaks from stressful environments, including social media
- ■ I have discussed any medication-related mental health effects with my healthcare provider

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