

Problem Solving Intervention for Depressive Symptoms in AIDS Patients: An Editorial

Deepak Pandey*

Indian Council of Social Science Research, MHRD, Delhi, India

*Corresponding author: Deepak Pandey, Indian Council of Social Science Research, MHRD, Delhi, India, Tel: +919827955379; E-mail: deepakpandey985@yahoo.in

Received Date: Oct 16, 2017; Accepted Date: Oct 17, 2017; Published Date: Oct 26, 2017

Copyright: © 2017 Pandey D. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Editorial

EDITORIAL

"Invention is the cause of all sorrows". Transformation of mankind has proven fruitful for development in the past and promises to be the same for the future. However, it is a well-known fact that all development throws shades of sorrow as well. Man is the best known animal in the planet and what differentiates him from others is his Intelligence. Ever since the development of culture, health related issues are inevitable to the society. But whenever and where ever this kind of issues have raised, human brains have come with a practical solutions. Change is inevitable, so as invention. The ultimate dynamics of society is complexity which ultimately ends with finding solutions to problems and the role of social psychologist in this framework finds a meaningful place.

The psychological problem of depression is big alarming issue all over the world. The growing incidence of depressive patients and its prevention (psychosocially) has been focused in many researches pertaining to the field of social psychology. The Purpose of this article is to give a better understanding about the role of social-psychological factors through problem solving intervention in depression among People living with AIDS.

Chronic disease like AIDS influences health of the individual; if not managed creates severe complication and increases the rate of AIDS positive population and thus, it is necessary to understand the behavioral pattern, and the management techniques especially social-psychological intervention which may help in management of the behavioral and physical health problems.

The Problem Solving Intervention (PSI) is a structured, cognitive-behavioral intervention that provides people with problem-solving coping skills to help them face major negative life events and daily life challenges. Problem-solving therapy has been found to be effective for a broad range of problems, including: major depressive disorder, manic depressive disorders, generalized anxiety disorder, emotional distress, suicidal ideation, relationship difficulties, societal conflicts, certain personality disorders, poor quality of life, mental and emotional distress related to medical illness, such as AIDS, cancer etc.

Problem-solving process is a systematic way to generate self-actualization and the process includes self-report as well as psychometric tests. The self-report tool provides us detail about individuals' attitudes, behavior and mental state. On the other hand Psychological test is applied to individual to cater their problem and helps in solving their difficulties.

Some models at the interface of social psychology emphasize the role of depressive symptoms in development of physical and emotional disorders [1-5]. The health of a person depends on the cognitive and affective domain of the individual [6]. Studies found mediating role of psychosocial interventions between depression, mental and physical health outcomes in AIDS patients [2,7-8].

Many researchers revealed their study and found positive effect of social problem solving intervention on patients, those who are living with AIDS. Carlberg et al. [7] studied the problem solving intervention for adherence and depression in AIDS patients and found lower level of anxiety and depression and improved problem solving skills comparison to baseline report. Effect of Cognitive behavior therapy (CBT) reduces the depressive symptoms; CBT was beneficial for treatment of depression [8]. Asante [9] found negative association between social support with anxiety, depression and stress. Furthermore, women showed high depression, and anxiety than men.

It is concluded that the problem solving intervention is helpful for counselors, social workers, social psychologists and HIV/AIDS field professionals to opt appropriate measures in their practices and as a result goal of longevity in the AIDS patients would be facilitated.

REFERENCES

1. Butler AC, et al. The empirical status of cognitive-behavioral therapy: a review of meta-analyses. *Clin Psychol Rev.* 2006;26(1):17-31.
2. Safren SA, et al. Cognitive-behavioral therapy for HIV medication adherence and depression. *Cogn Behav Pract.* 2004;11:415-424.
3. Safren SA, et al. Cognitive behavioral therapy for HIV medication adherence and depression: Process and outcome at post-treatment and three months using a cross-over design. Paper presented at the annual meeting of the Society of Behavioral Medicine, San Francisco, California, USA. 2006.
4. Safren SA, Gonzalez JS, Soroudi N. Cognitive behavioral therapy for adherence and depression in individuals with chronic illness, Therapist guide. Oxford University Press, New York, USA; 2007.
5. Pandey D. Psychoneuroimmunology of Chronic Illness. RED'SHINE Publication. Inc, India; 2016.
6. Friedman HS, Schustack MW. Male-female differences. *Personality: Classic theories and modern research.* Allyn & Bacon, Boston, USA; 1999.
7. Carlaberg C, et al. Participants' perspectives on cognitive-behavioral therapy for adherence and depression in HIV. *Psychother Res.* 2008;18(3):271-280.
8. Jayasvasti I, et al. The Effect of Cognitive Behavioral Therapy and Changes of Depressive Symptoms among Thai Adult HIV-Infected Patients. *World J AIDS.* 2011;1:15-22.
9. Asante KO. Social support and the psychological wellbeing of people living with HIV/AIDS in Ghana. *Afr J Psychiatry.* 2012;15:340-345.