



**Communication and Marketing Department**  
**Isebe loThungelwano neNtengiso**  
**Kommunikasie en Bemarkingsdepartement**

Private Bag X3, Rondebosch 7701, South Africa  
Welgelegen House, Chapel Road Extension, Rosebank, Cape Town  
Tel: +27 (0) 21 650 5427/5428/5674 Fax: +27 (0) 21 650 5628

[www.uct.ac.za](http://www.uct.ac.za)

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## **Mental disorders linked to shorter life expectancy in people with HIV**

A new international study led by researchers from the University of Cape Town (UCT) and the University of Bern has found that people living with HIV who also have a mental disorder live, on average, three to five years shorter than people with HIV who do not have a mental health condition.

The cohort study, published in the *Journal of the International AIDS Society*, followed more than 260 000 adults with HIV who initiated antiretroviral therapy between 2000 and 2021 in South Africa, the United States and Canada. Researchers quantified the life-years lost associated with mental disorders, including depression, anxiety, bipolar disorder and substance use disorder.

### **Key findings**

- In South Africa, people living with HIV and a mental disorder lost an average of 3.4 years of life (men) and 3.0 years (women) compared to those without a mental health condition.
- In North America, the losses were even higher: 4.2 years (men) and 4.6 years (women).
- Substance use disorders and less common conditions such as schizophrenia were linked to the largest reductions in life expectancy (up to 9.6 years), while depression (2.8–4.6 years) and anxiety (1.8–3.7 years) were associated with fewer life-years lost.
- Most of the life-years lost were due to natural causes of death, such as physical illnesses, while unnatural causes like accidents and suicides also contributed, particularly in North America.
- Overall reductions in life expectancy were not strongly associated with immunosuppression, suggesting that non-HIV-related conditions, such as cardiovascular disease, play a major role in the shorter lives of those with mental health conditions.
- For individuals with certain diagnoses, such as substance use disorder, schizophrenia or bipolar disorder, reductions in life expectancy were more strongly linked to immunosuppression, suggesting that AIDS-related mortality, possibly due to disengagement from HIV care or low adherence to antiretroviral therapy, may play a role.

## **Implications for care**

"In this study, we found that every second person with HIV in South Africa is affected by a mental disorder, and that they live several years shorter compared to people with HIV who do not have a mental disorder," said Professor John Joska, head of UCT's [HIV Mental Health Research Unit](#). "These findings highlight the urgent need to integrate mental health services into HIV programmes."

Dr Andreas Haas, head of the Mental Health Research Group at the University of Bern's Institute of Social and Preventive Medicine, and honorary research associate at UCT's Centre for Integrated Data and Epidemiological Research, said: "The reasons for shorter life expectancy among people with mental health conditions are multifaceted and call for integrated models of care. These models should address common physical comorbidities such as hypertension, diabetes and cardiovascular disease, while also providing mental health care, suicide prevention and adherence support for those in need. An integrated approach offers the best prospect of narrowing the mortality gap for people living with HIV who also have a mental health condition, although further research is needed to assess the feasibility and effectiveness of such models."

The article, [\*Life-years lost associated with mental disorders in people with HIV: a cohort study in South Africa, Canada and the United States\*](#), is published in the *Journal of the International AIDS Society* (JIAS).

**ENDS**

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### **Ridovhona Mbulaheni**

Media Liaison and Monitoring Officer  
Communication and Marketing Department  
University of Cape Town  
Rondebosch  
Tel: (021) 650 2333  
Cell: (064) 905 3807  
Email: [ridovhona.mbulaheni@uct.ac.za](mailto:ridovhona.mbulaheni@uct.ac.za)  
Website: [www.uct.ac.za](http://www.uct.ac.za)