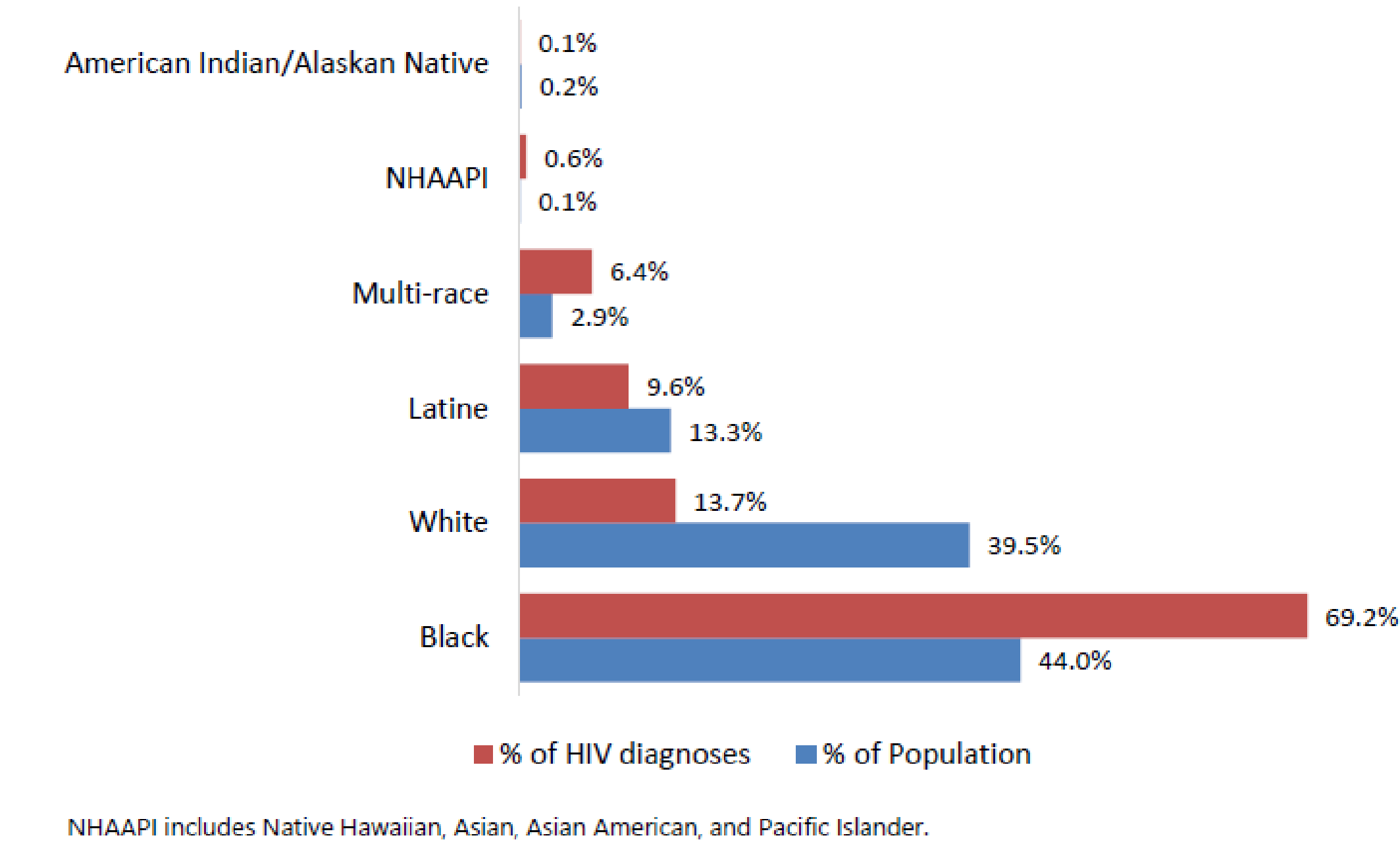


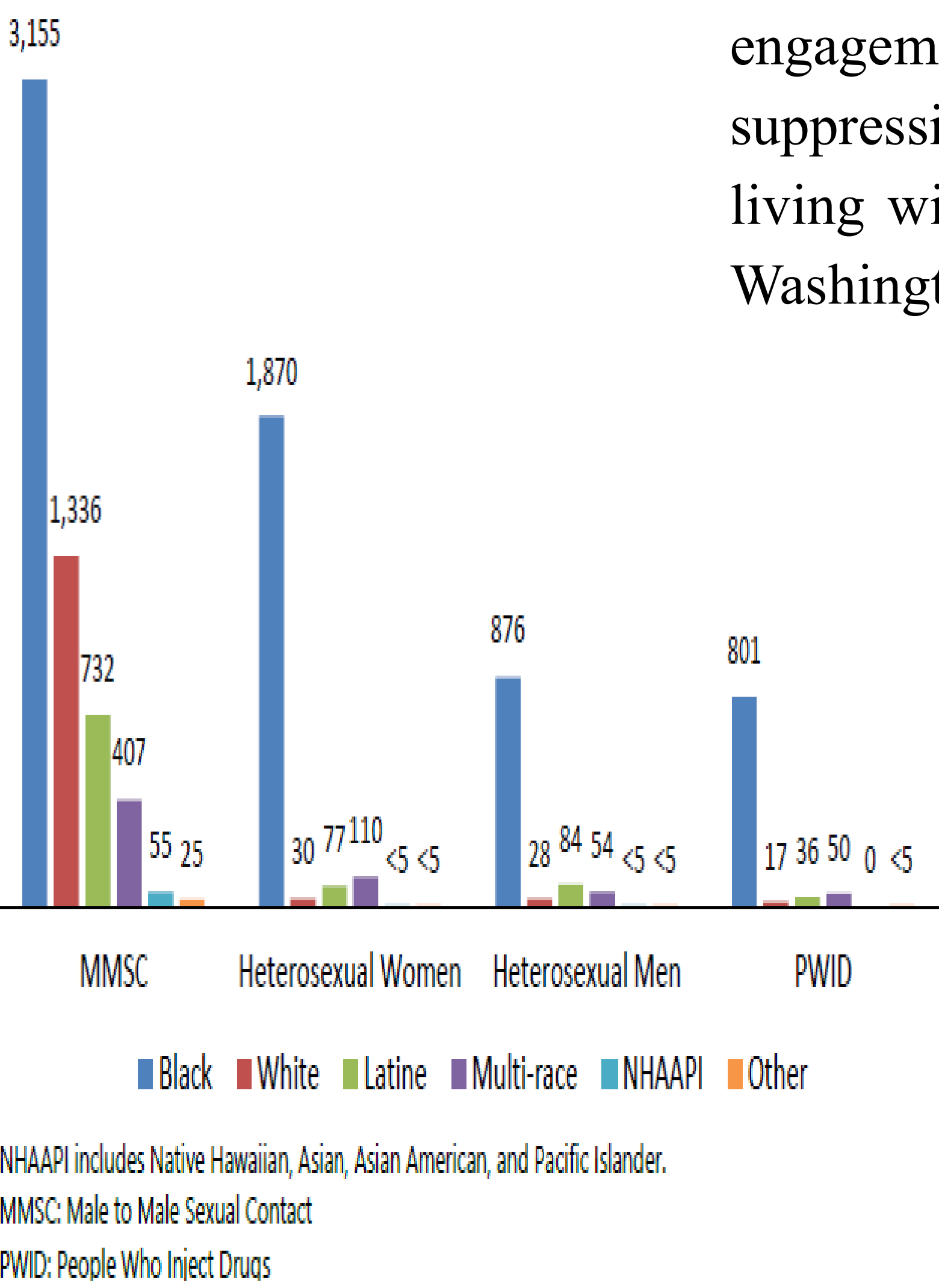
Mental Health as a Psychosocial Determinant of HIV Care Engagement and Viral Suppression among Black Sexual and Gender Minorities living with HIV in Washington, DC

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Washington, DC continues to see one of the highest rates of HIV in the United States. Sexual and gender minorities (SGM), particularly in the Black community, remain disproportionately affected. Additionally, retention in HIV care and viral suppression remain suboptimal in these communities. Psychosocial factors such as depression, stigma, quality of life, and coping are known to influence HIV care engagement. However, few studies have examined these factors specifically among individuals living with HIV with a detectable viral load, a priority population for Ending the HIV Epidemic (EHE) efforts.



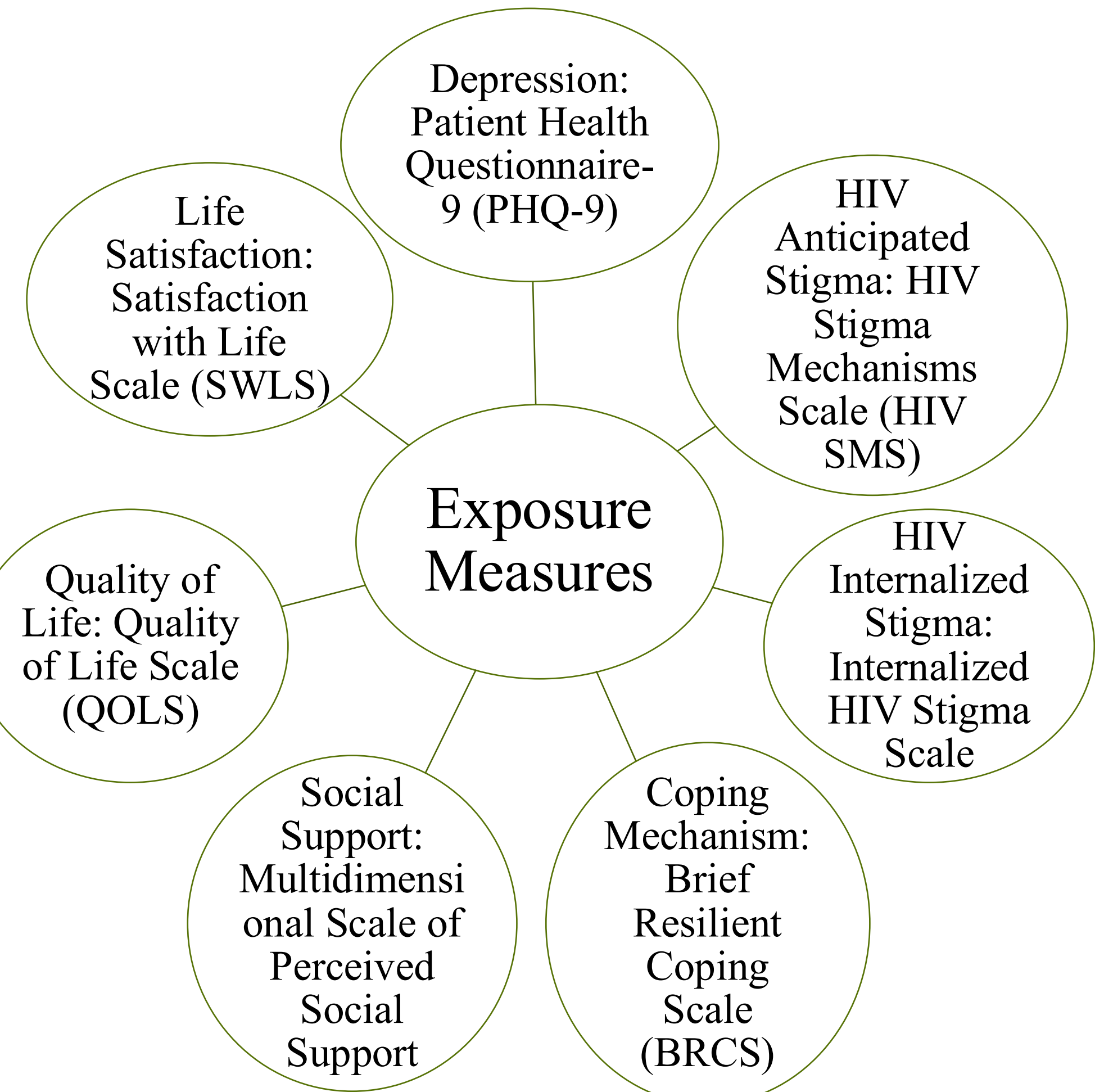
INTRODUCTION



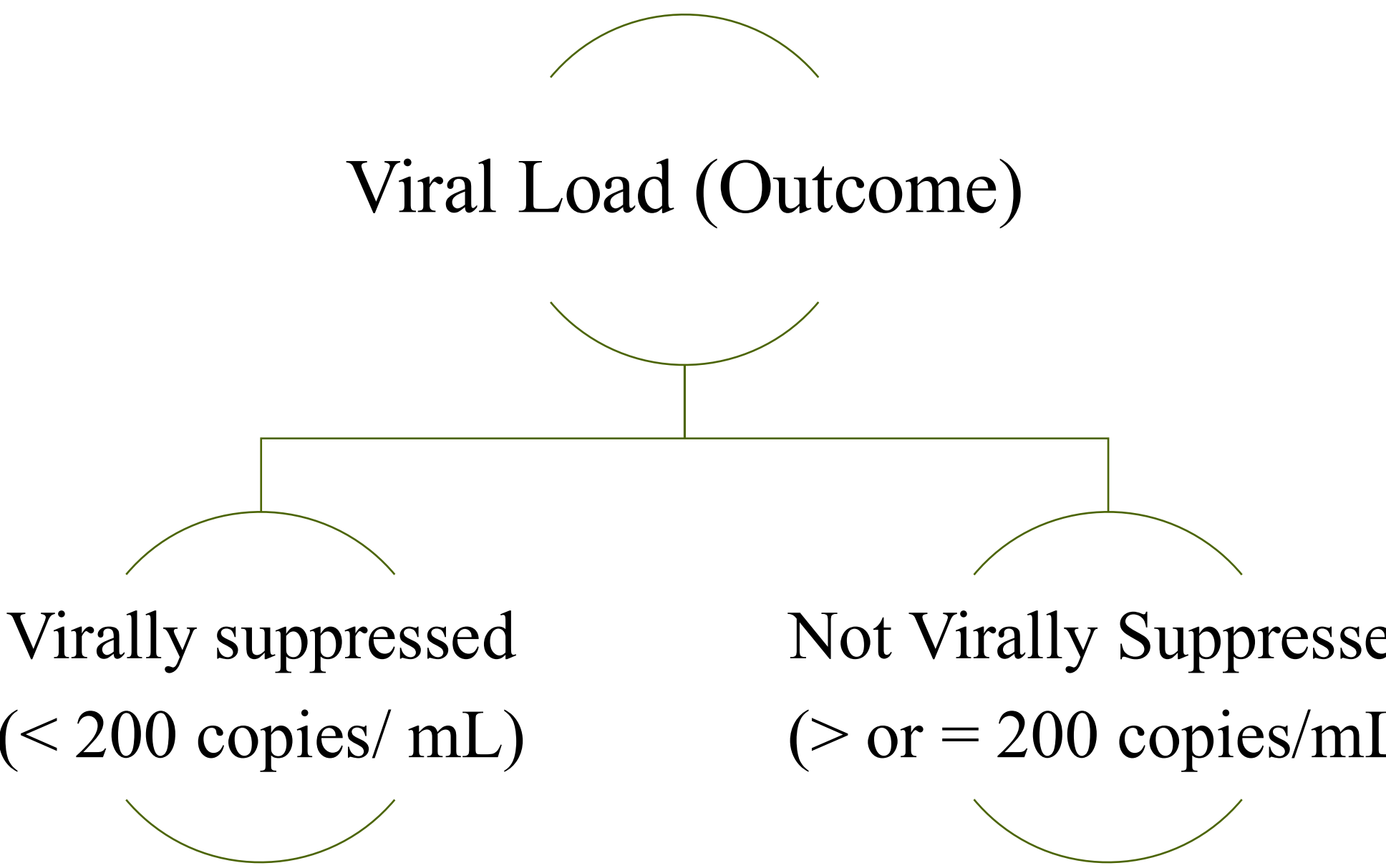
Therefore, in this study, we assessed the relationships between key psychosocial factors—depression, stigma, social support, and quality of life—and HIV care engagement outcomes, including retention in care and viral suppression, among Black sexual and gender minorities living with HIV with detectable viral load, residing in the Washington, DC metropolitan area.



METHODS



Between May and August 2025, we conducted an exploratory cross-sectional study and analysis of baseline data from 30 Black sexual and gender minorities living with HIV with detectable viral load. Participants completed validated measures assessing depressive symptoms (PHQ-9), anticipated and internalized HIV stigma, coping, social support, quality of life, and life satisfaction. Viral load was dichotomized as virally suppressed (<200 copies/mL) versus unsuppressed (≥ 200 copies/mL). Descriptive statistics characterized the sample, and unadjusted logistic regression models examined associations between categorical psychosocial measures and viral suppression.



RESULTS

- ❖ Thirty (30) participants were included in this cross-sectional study, 70% of whom were between 26 and 55 years old, 73% identified as male, and 53% reported being gay or homosexual.
- ❖ Participants demonstrated mild depressive symptoms on average, low to moderate anticipated stigma, and moderate internalized stigma, with generally high coping and moderate levels of social support, quality of life, and life satisfaction. In unadjusted analyses, depressive symptom severity was the only psychosocial factor significantly associated with viral suppression.
- ❖ The likelihood of **not being virally suppressed** increases as the severity of depression increases.

Variable	Odds Ratio (95% CI)	p-value	Probability
Depression			
Mild	Ref	--	--
Minimal	1.8 (1.5-3.75)*	0.024	64.3%
Moderate	2.5 (1.2-3.5)*	0.043	71.4%
Moderately Severe	3.1 (2.3-4.27)*	0.02	75.6%

Interpretation: The odds of not being virally suppressed in an individual with moderately severe depression are 3.1 times the odds of an individual with mild depression.
OR: The probability of not being virally suppressed in an individual with moderately severe depression is at least 75% as compared to an individual with mild depression.

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CONCLUSION

- ❑ In this exploratory sample of Black sexual and gender minorities living with HIV and with detectable viral load, depressive symptoms emerged as the psychosocial factor most strongly associated with viral suppression.
- ❑ These findings underscore the importance of integrating mental health screening and depression treatment into HIV care and intervention strategies targeting individuals with detectable viral load.
- ❑ Larger, longitudinal studies are needed to further confirm these findings and to clarify the role of other psychosocial factors in HIV viral suppression.