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Addressing Intersectional Stigma in Mental Health Research: Recruitment and Retention Strategies for YMSM of Color with HIV

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Abstract: Research consistently demonstrates that stigma poses a significant barrier to recruiting participants for mental health intervention studies. This challenge is especially evident in studies targeting individuals living with human immunodeficiency virus (HIV), who may experience multiple layers of stigma. The present brief report describes recruitment strategies implemented during the early phase of an ongoing pilot study aimed at developing a web-based intervention for young African American and Latino gay and bisexual men living with HIV who exhibit symptoms of depression. Four primary recruitment methods were employed to identify potential participants within the Los Angeles metropolitan area: social media outreach, participant referrals, direct contact, and recruitment flyers. Preliminary results indicated that recruitment efforts generated 57 responses from potential participants within the first four months of implementation. The monthly response rate represented slightly more than 71% of the study's minimum enrollment target. Findings from this initial phase highlight the impact of stigma as a barrier to participant recruitment in mental health research and underscore the need for stigma-sensitive approaches in both depression research and clinical interventions.

Keywords: stigma; mental health research; participant recruitment; HIV; depression; web-based intervention; gay and bisexual men; minority health; pilot study; Los Angeles

1. Introduction

Depression is widespread and disproportionately affects individuals living with HIV and other chronic health conditions [1–5]. Findings from a nationally representative study in the United States reported that 36% of people living with human immunodeficiency virus (HIV) met the criteria for major depressive disorder—a rate nearly five times higher than that of the general population [6]. The negative impact of depression on HIV medication adherence and engagement in care underscores the importance of timely treatment. However, for many people living with HIV (PLH), depression remains largely untreated [7,8]. Low treatment rates for depression in this population have been linked to multiple factors, including the stigma associated with both HIV and mental illness. This dual stigma often discourages individuals from seeking treatment for depression or from participating in depression intervention research [9–12].

Further complicating recruitment for depression research and treatment utilization is the high prevalence of HIV among populations that experience negative social attitudes and discrimination. HIV is particularly prevalent among men who have sex with men (MSM), who account for over two-thirds of new HIV infections nationally [13]. Among them, young MSM (YMSM) aged 18–29 represent approximately 44% of new infections [14]. African American and Latino YMSM comprise a large proportion of these new cases [13,15]. Individuals with depression within these communities often face multiple stressors and overlapping sources of stigma—such as those related to race, gender, sexual orientation, or class—that further hinder participation in research and access to mental health care.

Little research has focused on how to reach and engage patients with depression and HIV who may be at the intersection of multiple social identities associated with stigma. Given the negative impact of depression on the health outcomes of people living with HIV, there is a pressing need to better understand recruitment strategies that could enhance participation in studies aimed at improving depression treatment effectiveness and accessibility.

Previous reviews on recruitment barriers for depression trials have highlighted the influence of participant symptom presentation and severity, treatment preferences, perceptions of research procedures, and the stigma associated with depression [1]. To improve depression research recruitment efforts, more information is needed regarding strategies that can effectively engage patient populations facing multiple and overlapping stigmas.

This brief report describes the recruitment strategies implemented during an ongoing preliminary pilot study involving African American and Latino young men who have sex with men (YMSM) living with HIV who reported mild to moderately severe depressive symptoms. The study was designed to develop an innovative web-based intervention employing evidence-based methods to reduce depressive symptoms and improve adherence to antiretroviral therapy (ART) within this highly vulnerable and hard-to-reach population.

African American and Latino YMSM exhibit some of the lowest rates of engagement with HIV care, treatment initiation, and ART adherence. Evidence suggests that, due to depressive symptoms and related challenges, many YMSM of color either fail to access traditional interventions or disengage prematurely [2–4].

2. Methods

2.1. Summary

Data analysis in this report was based on the first four months of participant recruitment for the study, which used a mixed-method design to develop a web-based cognitive training intervention targeting depressive symptoms and suboptimal HIV treatment adherence among African American and Latino YMSM (ages 18–29) in the Los Angeles metropolitan area.

The intervention, titled *Project STEP* ("Steps Toward Embodying Positivity"), was developed in collaboration with HIV patients and care providers. The study received input and guidance from a community advisory board consisting of eight members. Advisory board members provided feedback on recruitment procedures and strategies. The Institutional Review Board of Charles R. Drew University of Medicine and Science approved the study protocol.

Participants were recruited for a focus group session to provide feedback on an initial version of the web-based intervention and to participate in a preliminary brief pilot study. In the pilot, individuals from the target population used the web-based intervention both at home and in a clinical setting for up to four weeks. During this period, participants received information and training related to behavioral strategies for HIV treatment adherence, mood management, and substance abuse prevention. These modules were adapted from a Centers for Disease Control and Prevention (CDC) evidence-based intervention program.

The intervention modules were delivered through laptop and iPad devices, with participants attending weekly sessions with a study counselor. Participants completed questionnaires assessing depressive symptoms, adherence, treatment motivation, self-efficacy, HIV stigma, internalized homophobia, and challenges associated with medication management. Additionally, pilot study participants were interviewed to gather feedback on their experiences and perceptions of the intervention upon completion of their participation.

2.2. Recruitment

Recruitment for the study began in early December 2017. The primary goal was to identify and enroll five to seven participants for the focus group and approximately fifteen participants for the pilot intervention. Four main recruitment strategies were employed: (1) social media outreach, (2) participant referrals, (3) direct recruitment, and (4) recruitment flyers. All participants provided informed consent prior to study enrollment. The source of each participant's awareness of the study was recorded during the screening process.

3. Results

3.1. Participant Recruitment

During the first four months of recruitment and implementation, the study generated a pre-enrollment database of 57 individuals who expressed interest in participating in either the focus group or the pilot study. Of these, 54% identified as African American (n = 31) and 46% as Latino (n = 26). Study coordinators contacted all potential participants, resulting in an average screening rate of approximately 14.25 individuals per month.

Among those screened, 47 individuals (82.5%) met the eligibility criteria. Ten participants were deemed ineligible due to age (n = 5), HIV status (n = 4), or both HIV status and MSM identification (n = 1). The ages of ineligible participants ranged from 31 to 44 years (M = 35.6).

Of the 47 eligible participants, 25% (n = 12) enrolled in either focus group sessions (n = 5) or the pilot study (n = 7). The remaining 35 potential participants included 26 individuals who could not be reached after the initial screening interview and nine who indicated they were no longer interested or were unable to attend baseline interviews due to scheduling conflicts.

3.2. Recruitment Strategies

Social media was the most effective recruitment strategy, accounting for 74% (n = 42) of all responses during the first four months. Among these, 69% (n = 29) were recruited through Craigslist advertisements, followed by 29% (n = 12) through Grindr and 2.4% (n = 1) through the project's official website. Recruitment efforts via Adam4Adam, another popular Internet dating platform among MSM, yielded no responses.

Referrals from health and social service providers represented the second-largest recruitment source, accounting for 14% (n = 8) of total responses. Referrals were primarily obtained from two community-based social service agencies in the Los Angeles area identified as key contact points for the target population.

Direct recruitment activities accounted for approximately 12% (n = 7) of potential participants in the pre-enrollment database. Recruitment flyers were posted and distributed at venues frequented by the target population and were also used during direct recruitment. However, no participants identified flyers as their primary source of study information.

4. Discussion

Developing strategies to effectively recruit participants for mental health research has long been a recognized challenge [1–5]. In this brief report, we described the recruitment strategies implemented in an ongoing pilot study designed to develop a web-based depression intervention for African American and Latino young men who have sex with men (YMSM) living with HIV. Previous studies have highlighted persistent difficulties in recruiting participants into mental health research, particularly due to stigma associated with mental illness, ethnicity, sexual orientation, and HIV status [1,6–9].

Although psychiatric symptoms or mental illness diagnoses may hinder participant recruitment, additional layers of stigma related to social identity often pose unaddressed barriers. The population targeted in our study included individuals facing multiple overlapping stigmas, making recruitment especially difficult.

Our findings suggest that social media outreach and referral-based recruitment were the most effective strategies for reaching individuals within these vulnerable and hard-to-reach populations. Specifically, social media accounted for approximately 66% of participant responses, followed by referrals from health and social service providers (28%), and direct recruitment (6%). These results align with prior research indicating that online and referral-based strategies are particularly effective for recruiting participants from stigmatized and marginalized communities [10–12].

5. Conclusion

Recruitment and retention challenges in depression intervention research represent major barriers to the timely and successful completion of clinical trials. Such challenges can delay data collection and limit the dissemination of findings that inform the effectiveness of new treatment approaches.

While the findings reported here are preliminary, they suggest that consistent recruitment efforts—using a combination of social media, referrals, and direct contact—can yield satisfactory outcomes even with limited resources. Over the first four months of the current study, recruitment averaged 14.25 individuals per month, achieving more than 71% of the minimum sample required for the focus group and pilot phases.

These results emphasize the feasibility of implementing social media and referral-based approaches for engaging participants facing multiple sources of stigma. Future depression intervention studies should consider integrating these strategies into recruitment plans, particularly when targeting populations affected by intersecting stigmas related to HIV, mental illness, ethnicity, and sexual orientation.

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