

Perspective

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A perspective on utilizing the minority stress model for HIV and mental health care for men who have sex with men

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In 2022, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (WHO) called upon global, regional, national, and local stakeholders to embrace a holistic approach to person-centered HIV prevention, treatment, and care[1]. This approach emphasizes integrating mental health and psychosocial support services into existing frameworks[1]. It recognizes the critical role these services play in addressing mental distress and improving the overall well-being and quality of life for people living with HIV[1]. In light of men who have sex with men (MSM) remaining a key population affected by HIV[1], it becomes imperative to delve into the shared factors that influence their HIV care and mental health, among which minority stress stands out as a critical consideration.

As conceptualized by Meyer, the minority stress model offers a nuanced perspective on the unique adversities that influence mental health experienced by sexual minorities such as MSM[2]. It includes proximal and distal stressors[2]. Proximal stressors are distressing and subjective internal phenomena, such as internalized homophobia[2]. On the other hand, distal stressors are external and objective adverse social experiences, including discrimination and stigma[2]. The impact of both proximal and distal stressors on HIV and mental health outcomes is evident among MSM.

Stigma and discrimination against MSM, often entrenched in religious and cultural norms regarding same-sex relationships, pose significant barriers to HIV prevention and care[3]. Furthermore, emerging evidence suggests that internalized stigma may compound the sexual and mental health challenges faced by MSM, negatively influencing the outcomes of HIV prevention activities[4]. Furthermore, mental health conditions, such as depression, anxiety, suicidal behaviors, and alcohol dependence, are associated with minority stressors among MSM[5]. Therefore, contemporary evidence suggests that minority stress is a shared determinant of both HIV and mental health outcomes.

Recently, pilot studies have explored the effects of addressing the intersectionality of stigma on mental health and sexual behaviors among MSM, revealing promising results, such as improving depression, condom efficacy, and preexposure prophylaxis uptake[6]. Consequently, the minority stress model has been identified and recommended as a conceptual framework that can inform the design and implementation of public health interventions aimed at improving both HIV and mental health care for MSM populations[7].

The integration of the minority stress model into HIV and mental health care for MSM can guide several aspects of research, policymaking, and program development. First, researchers can utilize this model to explore the meanings, misconceptions, and misconstructions surrounding HIV and mental health care as they relate to MSM. By understanding and addressing cultural beliefs and social norms of distal and proximal stressors[2], health interventions and activities can be tailored and positioned to better respond to local communities, possibly improving the communication and dissemination of information and strategies for the promotion and prevention of HIV and mental health among stakeholders, including service users and policymakers.

Second, recognizing the shared influence of minority stress on HIV and mental health care allows the development of targeted programs and policies aimed at addressing common goals that improve the sexual and mental health of MSM. For instance, enacting anti-discrimination policies supporting sexual minorities like MSM not

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only enhances their social condition but also positively impacts their mental and sexual health outcomes. Thus, leveraging the minority stress framework in program and policy designs can serve as a useful, efficient, and effective strategy for uplifting the mental and sexual health of MSM.

Lastly, the minority stress model can be used to monitor and evaluate the underlying factors that influence the outcomes and utility of HIV and mental health care among MSM. By systematically assessing proximal and distal stressors and their direct, mediating, and moderating effects, programs and interventions can be adjusted and refined to better address the sexual and mental health concerns of MSM.

Overall, the integration of the minority stress model into HIV and mental health care initiatives for MSM can potentially address the complex intersections between stigma, mental health, and HIV outcomes. By adopting this framework, service providers, researchers, policymakers, advocates, program managers, and other stakeholders can develop more culturally sensitive and targeted interventions that have the potential to effectively and efficiently promote and uplift both the sexual and mental health of MSM populations, ultimately improving their overall well-being.

Conflict of interest statement

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