**Title:** Association Between Retention in HIV Care and Mental Health Among Refugees in Uganda

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Refugees living in Uganda confront significant barriers to engaging in HIV care and face increased risk of mental health disorders due to experiences of trauma, violence, and displacement. The burden of mental health disorders and relationship with engagement in HIV care among refugees is poorly understood. The objectives of this study were to describe the prevalence of those screening in for mental health disorders, assess retention in HIV care, and evaluate the association between mental health disorders and retention in HIV care among individuals newly diagnosed with HIV in a refugee settlement in Uganda.

Between October 2018 and January 2020, adults (≥18 years) testing for HIV in Nakivale Refugee Settlement in Uganda were prospectively enrolled. Surveys, conducted in four languages, gathered demographic (gender, age, refugee status, relationship status, and education) and mental health data employing validated screening tools for anxiety (GAD-7 ≥ 10), depression (PHQ-9 ≥10), and PTSD (abbreviated PTSD Checklist ≥14). Participants newly diagnosed with HIV were followed via clinic records. Retention in care was defined as ≥1 clinic visit between 6 and 12 months after diagnosis. Descriptive analyses summarized demographics, retention, and positive mental health screenings. Regression analysis assessed the relationship between screening positive for mental health disorders and retention in HIV care controlling for demographic factors.

A total of 205 participants newly diagnosed with HIV were enrolled, with median age 32 and predominance of female (66%) and refugee participants (63%, remainder Ugandan nationals). The proportion that screened in for anxiety were 27.3%, depression 29.7%, and PTSD 52.7%. The majority screened positive for one or more mental health disorders (63%). Retention in care at 12 months was 39.6% (n=81). There was no association between screening in for a mental health disorder and retention in HIV care (p-values 0.51-0.82).

In a majority refugee cohort of individuals newly diagnosed with HIV, there was a high mental health disorder burden (63% screening positive for ≥1 disorder) and low levels of retention in HIV care (< 40% at one year), but no significant association between the two. Further research is needed to better understand mental health, HIV care engagement, and their interplay in this humanitarian crisis affected population.