

How Changes in HIV Prevention and Care Can Impact the Mental Health of Gay, Bisexual and Other Men Who Have Sex with Men

WHY DID WE RESEARCH THIS TOPIC?

- Gay, bisexual, and other men who have sex with men (GBM) often report worse mental health—including anxiety, depression, and suicidality—than their heterosexual counterparts.
- For decades, HIV has been one key component generating these mental health disparities (related to either its prevention or the stigma and concerns associated with living with it).
- Pre-exposure prophylaxis (PrEP), and the knowledge that an undetectable viral load makes HIV untransmittable (“U=U”), have greatly changed the nature of HIV prevention and care in Canada.
- We wanted to understand how GBM thought these changes in HIV prevention and care were affecting their mental wellbeing.

“ Well, I don’t really talk too much about HIV [with my psychotherapist]. I talk more about why I have bad body image, why I, you know, panic at work sometimes, ‘cause I think I’m in trouble and going to lose my job... But like, the HIV thing seems not to be what my main issues are for seeing a psychotherapist. It’s the other stuff.”

CHRISTOPHER (40S, LIVING WITH HIV)

HOW DID WE RESEARCH THIS?

- We interviewed 24 GBM living in Toronto about their mental health and needs.
- These GBM were recruited from Engage, a large research study examining the health of GBM living in Montreal, Toronto, and Vancouver.

WHAT DID WE LEARN?

- The GBM we interviewed offered three general perspectives about the relationship between HIV and their mental health:
 1. **HIV-related distress as always negligible** – a small group of HIV-negative GBM said that HIV was never a major source of mental distress in their lives and thus tools like PrEP and undetectable viral load have had a neutral effect on their mental wellbeing.
 2. **HIV-related distress as under control** – a much larger group, including both GBM living with HIV and those not living with HIV, discussed how HIV used to be a major source of mental distress in their lives. But these men said that tools like PrEP and U=U have had a significant effect on alleviating their concerns, thus improving their mental wellbeing.
 3. **Enduring HIV-related distress** – both GBM living with HIV and some GBM not living with HIV discussed how, even though they “rationally” understood the benefits of PrEP and U=U, HIV still remained a significant source of distress in their lives.

- GBM also discussed how relationship challenges, body image, racism, physical abuse, loneliness, substance use, sexual violence, inaccessible mental healthcare, income insecurity, work-related stress and housing affordability affected their mental wellbeing, often more than concerns with HIV.
- Though advances with HIV prevention and care can have a significant effect on GBM's mental health, **medications do not address the underlying social and economic determinants that have fuelled the HIV epidemic and mental health disparities among GBM for decades.**

WHAT ARE THE IMPLICATIONS OF THESE FINDINGS?

- Health promotion targeting GBM for mental health and HIV, must recognize that not all GBM are being affected by recent advances in HIV prevention and care in the same way.
- Even GBM who believe in the science behind U=U and PrEP may still be dealing with HIV stigma, anxiety, internalized homophobia and sex phobia.
- In addition to sexual health education, programs to help GBM make sense of finances (education, housing, debt, etc.) would be very impactful in helping GBM manage their mental wellbeing.

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