

Gay Men's Mental Health and Biomedical Advances in HIV Prevention and Care: Qualitative Findings from the Engage Study

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Mark Gaspar, Zack Marshall, Ricky Rodrigues, David J Brennan,
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Gaspar, M., Marshall, Z., Rodrigues, R., Brennan, D., Adam, B., Hart, T., & Grace, D. (under review). *Sociology of Health & Illness*. A Tale of Two Epidemics: Gay and Bisexual Men's Mental Health in a Period of Effective Biomedical HIV Prevention and Treatment Options.

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Faculty/Presenter Disclosure

- **Faculty:** Mark Gaspar
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Background

- Since 2007, suicide has passed HIV as a leading cause of premature mortality for gay and bisexual men (Hottes et al., 2015)
- Syndemic link between poor mental health and increased risk for HIV (Ferlatte et al., 2013)



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RESEARCH PAPER

Suicide and HIV as leading causes of death among gay and bisexual men: a comparison of estimated mortality and published research

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Background

- Gay, bisexual, and other men who have sex with men rank mental health as one of their top health concerns
 - Focus on sexual behaviour and HIV (Lee et al., 2017)
- More likely than heterosexual counterparts to experience depression (Cox, 2006; King et al., 2008) and suicidality (Brennan et al., 2010; Hottes, et al., 2016)
- Report higher usage of mental health services (Cochran, Sullivan, & Mays, 2003; Platt, Wolf, & Scheitle, 2018)
- Report higher levels of dissatisfaction with mental health services (Avery, Hellman & Sudderth, 2001)
- Report significant barriers to access (Romanelli et al., 2017), including stigma, homophobia, transphobia, & biphobia (Coleman et al., 2016)



Overarching Qualitative Research Questions

1. How are sexual minority men living in Toronto making sense of their mental health and mental health service needs?

2. What are their decision-making processes and experiences accessing mental healthcare in Toronto?

Methods

- 24 in-depth qualitative Interviews with gay, bisexual, and queer men living in Toronto
- Recruited from the Engage Study
- Participants first completed quantitative survey and biomedical screening
 - Consented to be contacted for additional studies
 - Experiences dealing with mental health challenges (severe or less severe) *and/or*
 - Accessed or have tried to access mental health services
- Active Interviewing Style (Gubrium & Jaber, 1995)
- QSR NVivo and Grounded Theory



Participant Overview

- Ages ranged from 22 to 59 (mean 36.8)
- 92% identified as gay or queer cisgender men
- Two participants identified as bisexual, one as a trans man, and one as gender non-binary
- White (58%), Black (13%), East Asian and South Asian (13%), Latino (8%), and Middle Eastern (8%)
- 50% had annual incomes of \$40,000 or lower
- Nine participants were living with HIV and fifteen were HIV-negative
- Seven HIV-negative participants were taking or had used PrEP

HIV and Mental Health

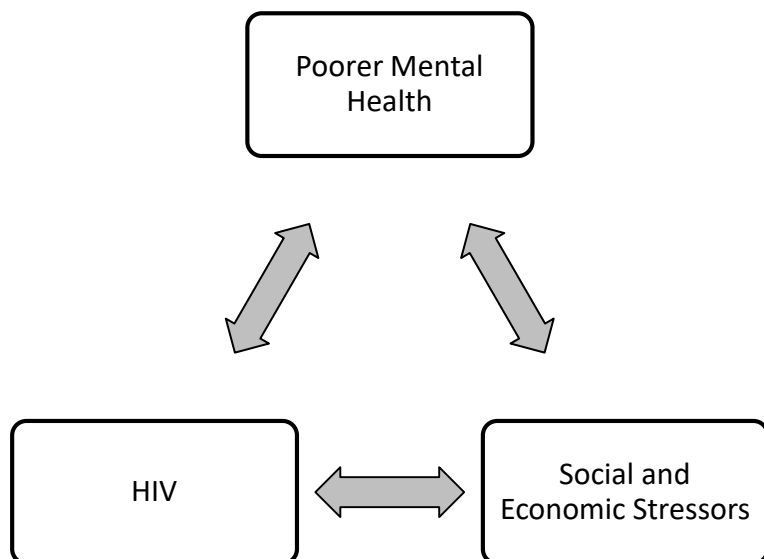
What are the implications of HIV treatment and prevention advances on sexual minority men's mental health?



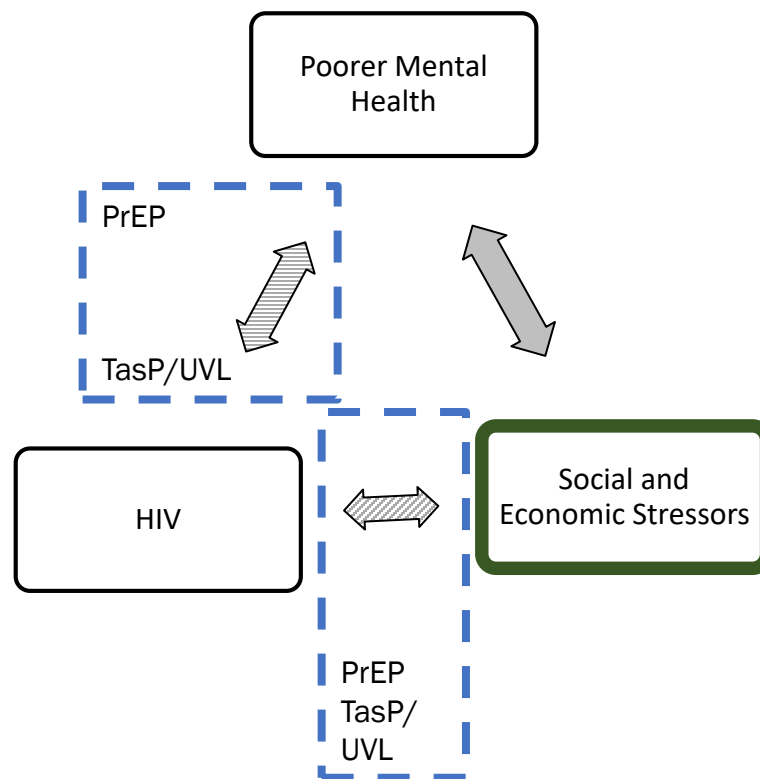
Mental Health and HIV

1. Positive implications of PrEP and undetectable viral load (i.e. TasP) on mental health
2. Social and economic determinants of mental health remain pressing

Before PrEP and TasP



With PrEP and TasP



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Mental Health and HIV: Perspectives

1. HIV-related distress as **under control**
2. HIV-related distress as **always negligible**
3. **Enduring** HIV-related distress

1. HIV-related distress as under control

“But lately, or let's say since I started PrEP, I don't know, I just felt a lot more in control and healthy... PrEP just kind of gave me that empowerment to not be scared anymore, not feeling like I had to be reckless. I can do what I want and decide things for myself.”

-Marco, 30s, HIV-Negative



PrEP has helped to “deflate an elephant, so to speak.”

-Cameron, 30s, HIV-Negative

1. HIV-related distress as under control

“Well, I don't really talk too much about HIV [with my psychotherapist]. I'm talking 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. And just nothing like that's happening and is it more other stuff. 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, PLWH



2. HIV-related distress as always negligible

“Neutral. I’m glad I went on [PrEP] and I’ve learned some things and done some new things. I think being on PrEP helped me enjoy bareback sex more. But I wouldn’t necessarily say that it was doing anything for my mental health.”

-Lee, 30s, HIV-Negative



3. Enduring HIV-related distress



“I’m still a child of the nineties. I grew up with that fear of sex as something to be frightened of... I’d be like, yeah, you know what, you’re undetectable, I’m on PrEP, we take precautions, and then one day I could just lose my shit.”

-Sameer, 30s, HIV-Negative

3. Enduring HIV-related distress

“Well, I'm taking medication, so I'm undetectable. It's been not the most fun journey psychologically. I think I'm still not dealing with it very well, or haven't really learned to accept it all that well.”

-Hamid, 30s, PLWH

Discussion

- HIV remains an important dimension for understanding sexual minority men's mental health
- Interviews challenged the dominance of a HIV exclusive lens
- PrEP as a quasi-mental health intervention
- Positive implications of biomedical advances experienced/understood differently
- Key social and economic determinants remain unaddressed (e.g. financial barriers to accessing PrEP in Ontario)
- Opportunity to focus on fundamental social and economic determinants of health

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- Asian Community AIDS Service
- Black Coalition for AIDS Prevention
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- Community Based Research Centre for Gay Men's Health
- Gay Men's Sexual Health Alliance
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- Health Initiative for Men
- HIV Prevention Lab - Toronto
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- Positive Living Society of British Columbia
- REZO – Montréal
- Vancouver Coastal Health
- YouthCO HIV and Hep C Society

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- University of Windsor
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