

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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Conflict of Interest Disclosure

In the past 2 years I have been an employee of: **University of Toronto**

In the past 2 years I have been a consultant for: **None**

In the past 2 years I have held investments in the following pharmaceutical organizations, medical devices companies or communications firms: **None**

In the past 2 years I have been a member of the Scientific advisory board for: **None**

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I agree to disclose approved and non-approved indications for medications in this presentation: **YES**

I agree to use generic names of medications in this presentation: **YES**

There are relationships to disclose: **NO**

Background

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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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Gay and bisexual men experience numerous health disparities relative to heterosexual men, including high rates of HIV and suicidal behavior. Systematic community health assessments could provide direct comparisons of the burden of mortality across diseases and thus facilitate the prioritization of public health activities; however, such assessments have been precluded by the absence of sexual orientation information in vital statistics records. In this context, we used population attributable fraction to derive and compare indirect estimates of mortality for both HIV and suicide. Assuming that 2% of

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TOGETHER



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By Michael Hobbes

The Guardian

Gay men are battling a demon more powerful than HIV – and it's hidden

Owen Jones

Mental distress triggered by deep-rooted homophobia in society drives many LGBT people to abuse drink and drugs, and to harm themselves

Thu 20 Oct 2016 07:00 BST



AIDS Behav (2014) 18:1256–1263
DOI 10.1007/s10461-013-0639-1

ORIGINAL PAPER

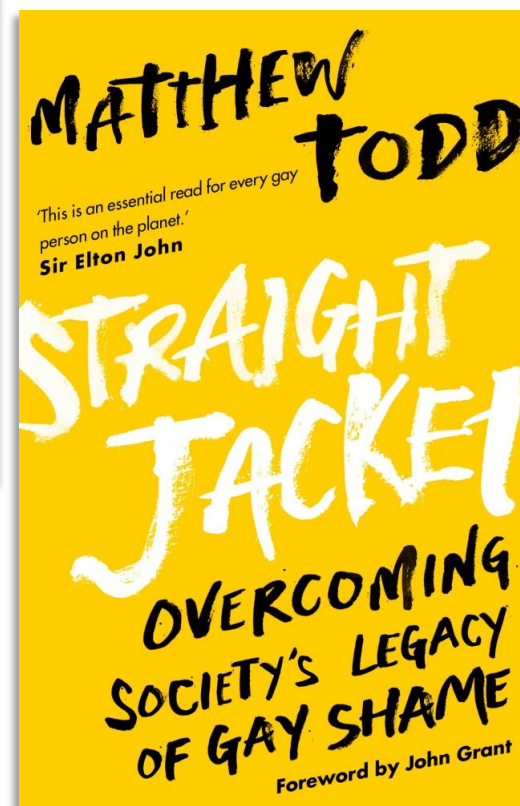
Evidence of a Syndemic Among Young Canadian Gay and Bisexual Men: Uncovering the Associations Between Anti-gay Experiences, Psychosocial Issues, and HIV Risk

Olivier Ferlatte · Travis Salway Hottes · Terry Trussler · Rick Marchand

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Abstract Syndemic has become an important theoretical model toward understanding how psychosocial issues may interact to increase HIV acquisition among gay and bisexual men. We measured the extent to which anti-gay experiences are associated with psychosocial issues, which in turn were hypothesized to have an additive effect on HIV risk, in a sample of Canadian young gay and bisexual men. Sixty-eight percent of men reported at least one form

hombres homosexuales y bisexuales. Este estudio midió el grado en el que experiencias homofóbicas pueden estar asociadas con problemas psicosociales en una muestra nacional de hombres jóvenes homosexuales y bisexuales en Canadá. Nuestra hipótesis sugiere que las experiencias homofóbicas y sucesivamente los problemas psicosociales pueden tener un efecto sinérgico sobre el riesgo de adquirir VIH. En nuestra muestra, sesenta y ocho por ciento de los



Background

gbMSM:

- 3 time more likely to experience depression (Cox, 2006; King et al., 2008)
- More likely to experience suicidality (Brennan et al., 2010; Hottes, et al., 2016)
- Since 2007 suicide has passed HIV as a leading cause of premature death (Hottes et al., 2015)
- Syndemic link has been demonstrated (Ferlatte et al., 2013)
- Rank mental health as one of their top health concerns— however, the majority of literature remains on sexual health behaviour and HIV (Lee et al., 2017)

Research Questions

- How are gbMSM making sense of their mental health and mental health needs?
- What are gbMSM's decision-making processes and experiences accessing and receiving mental health services and supports?

Methods

- 24 in-depth qualitative interviews with gbMSM living in Toronto
- Recruited from the Engage Study (relying on respondent driven-sampling in Vancouver, Toronto and Montréal)
- Participants completed Engage survey and biomedical screening
- Email Recruitment Strategy:
 - Consented to be contacted for additional studies
 - Have had experiences dealing with mental health challenges (severe or less severe, including issues with substances) and/or
 - Have accessed or have tried to access services to address mental health needs
- Active Interviewing Style (Gubrium & Jaber, 1995)
- QSR NVivo and Grounded Theory

Participant Overview

Table 1 Socio-Demographics

Age		
20-30	5	21%
30-40	12	50%
40-50	4	17%
>50	3	13%
Ethnic Background		
White/Caucasian/European	14	58%
Middle-Eastern	2	8%
East Asian and South Asian	3	13%
Latino	2	8%
African, Black and Carribean	3	13%
Gender Identity		
Cis Male	22	92%
Trans Man	1	4%
Gender Non-Binary	1	4%
Sexual Identity		
Gay (or queer)	22	92%
Bisexual	2	8%

Table 2: HIV Related Descriptors

HIV Status		
HIV Positive	9	38%
HIV Negative	15	63%
Viral Load Status (HIV-Positive)		
Undetectable	8	89%
Detectable	1	11%
PrEP Use (HIV-Negative)		
Taking or Have Taken PrEP	7	47%
Have Never Taken PrEP	8	53%

Emergent Research Questions

- What do gbMSM's narratives on their mental health and mental health service access experiences tell us about how they are responding to/affected by HIV at this moment in the epidemic?
- What are the implications of recent biomedical advances in HIV for these men's mental health experiences?

Emergent Research Questions

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BECOMING “UNDETECTABLE”: LONGITUDINAL NARRATIVES OF GAY MEN’S SEX LIVES AFTER A RECENT HIV DIAGNOSIS

Daniel Grace, Sarah A. Chown, Michael Kwag, Malcolm Steinberg,
Elgin Lim, and Mark Gilbert

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BEHAVIORAL AND PSYCHOSOCIAL RESEARCH

The Pre-Exposure Prophylaxis-Stigma Paradox: Learning from Canada’s First Wave of PrEP Users

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Abstract

With the emergence of daily oral tenofovir disoproxil fumarate and emtricitabine-based pre-exposure prophylaxis (PrEP) use in Canada, questions have emerged concerning the impacts of this HIV prevention tool on gay men’s social and sexual lives. We conducted small focus groups and individual qualitative interviews with 16 gay men in Toronto who were part of the ‘first wave’ of Canadian PrEP users. Participants were on PrEP for at least one year as part of a demonstration project (November 2014–June 2016). These participants accessed PrEP before regulatory approval by Health Canada in February 2016. The mean age of participants was 37.6 years (SD 11.02); 94% completed secondary education, and 69% were white. Sex-stigma emerged as a complex theme in men’s

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INFECTIOUSNESS AND TREATMENT AS PREVENTION

‘Undetectable’ is both a milestone and an identity for gay men recently diagnosed with HIV

Roger Pebody

Published: 04 September 2015

Achieving an undetectable viral load is a key milestone in the period after diagnosis with HIV, qualitative interviews with Canadian gay men suggest. Men incorporated knowledge of their own undetectable status into their identities as HIV-positive gay men and their sexual decision making, according to a study published in the August issue of *AIDS Education and Prevention*. Being undetectable helped many men feel ‘responsible’ and ‘normal’.

The findings come from in-depth qualitative interviews with 25 gay men diagnosed with HIV in British

PrEP paradox: Prevention & empowerment face off against sex shaming

January 25, 2018, by Emily Land

A common theme in stories from those who use PrEP is how this biomedical prevention tool has decreased HIV-related stigma and lessened [the divide between HIV-negative and HIV-positive people](#). Qualitative research conducted in Canada reports some PrEP users experience a different kind of stigma based on assumptions about how and why people use PrEP.

Evolving Landscape of HIV Prevention and Treatment

- Participants spoke optimistically about the overall health benefits of recent HIV biomedical advances—PrEP, undetectable viral load and treatment's effect on the quality of life for PLWH.
- Combination of PrEP, undetectability and better treatments more significant than just any of these on their own.



“But I think with PEP and PrEP, and now the undetectable being uninfected or untransmittable, I just think things are changed. I personally feel much more relaxed around the disclosure [of being HIV-positive] part... It just doesn't seem to be like, an issue now.”



(PLWH, 40s)

HIV and Mental Health in an Evolving Landscape

- Two “contradictory” discourses emerged both within individual narratives and across the sample:
 1. HIV medications (for treatment and prevention) were discussed as having positive effects on mental health
 - Benefits largely discussed in terms of physical and sexual health with implicit and sometimes explicit connections to mental health
 - Differences based on serostatus
 2. HIV medications were also discussed as having limited abilities to address the mental health concerns and needs of our sample

(1) HIV medication's positive effect on mental health: PLWH

Separation between HIV related health from mental health:

“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.

And we do talk about sex and we do talk about relationships when I'm in a relationship or whatnot.... But like, the HIV thing seems not to be what my main issues are for seeing a psychotherapist. It's the other stuff.”

(PLWH, 40s)

(1) HIV medication's positive effect on mental health: PrEP User

Decreased anxiety, increased agency:

“Huge weight was lifted off my shoulders....But lately, or let's say since I started PrEP, I don't know, I just felt a lot more in control ...It's weird, but yeah, going on PrEP just kind of gave me that empowerment to not be scared anymore, not feeling like I had to be reckless.”

(PrEP User, 30s)

(1) HIV medication's positive effect on mental health: PrEP User

Reduced anxiety, PrEP as access point to a mental health support:

"I can say right off the bat that I used to be a lot more anxious about sexual health before I started PrEP and before I started seeing a doctor regularly. I would say that seeing my doctor regularly actually is more comforting to me than the PrEP itself."

(PrEP User, 30s)

"I'm very grateful that I have it, because I realize – or at least when I started, I think probably still now, I was in a minority of people who actually had legitimate access to it. Now I think it does add a little bit to feelings of trapped-ness that I have around my job."

(2) HIV Medication's Limited Effects on Mental Health: PLWH

Mental health not reducible to HIV and sexual health:

“I am HIV positive. I have been probably for 24 years. I've been on antivirals for 20 years and have been very fortunate to have an undetectable viral load for 20 years. So my immune system is, my doctor says, ‘normal’. Like my T count's like 1,000, so I've been very lucky.

Mental health: it's up and down. I was diagnosed probably in my mid 20s. I thought I kind of had anxieties, but they found out I probably have a mild case of bipolar. I can go really up. I can go really down. I get some anxieties.”

(PLWH, 50s)

- Distinction between HIV and mental health as potentially masking how HIV affects mental health

(2) HIV Medication's Limited Effects on Mental Health: PLWH

Continued stigma and shame, especially for newly diagnosed:

“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.”

(PLWH, 30s)

“It's okay for other people to be HIV[-positive] and it's safe [to have sex with them]. I mean we have the ‘U=U,’ and undetectable and all this stuff. I believe all that kind of stuff. I just feel like. . . I just feel dirty. I feel like a pervert. A dirty old man.”

(PLWH, 50s)

(2) HIV Medication's Limited Effects on Mental Health: PLWH

Treatment side effects on mental health:

“I was on a pill called [HIV medication name]. Oh God the nightmares, the vivid nightmares. I think power of thought might have led to the break-up between me and [my boyfriend], it could have been...I lost touch .”

(PLWH, 30s)

(2) HIV Medication's Limited Effects on Mental Health: PrEP

Mental health not reducible to HIV and sexual health:

“Neutral. I’m glad I went on it 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.”

(PrEP User, 30s)

- PrEP also not seen as a necessary strategy for some—a significant polarity

(2) HIV Medication's Limited Effects on Mental Health

Continued anxiety and scepticism:

“Before no, mainly for the reason my anxiety couldn’t handle it, right? It just would not be possible. Like, I wouldn’t even entertain the thought [of serovariant sex] because I’d be like, yeah, you could be the hottest guy in the world, he could be undetectable, he could read every paper, but you still are a child of the nineties. I grew up with that fear of sex something to be frightened of, if you can’t handle it, let’s not go near it...”

(PrEP User, 30s)

Discussion

- Increased access to and discourse on new HIV treatment and prevention options can have longer term positive benefits on gbMSM's mental health and well-being
- Long-term effects of this epidemic on mental health remain
- HIV not the sole cause of these men's mental distress—social and structural determinants of mental health
- Optimistic discourses on HIV biomedicine may actually alienate individuals who do not relate to them fully or can obfuscate how HIV may play a role in mental health outcomes
- Implications for ASOs and the future of service delivery

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