# Understanding mental health service access among gay, bisexual, and other men who have sex with men (gbMSM) in Montréal, Toronto, and Vancouver



health services

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### Introduction

- Compared to heterosexual men, gay, bisexual, and other men who have sex with men (gbMSM) disproportionately experience poor mental health outcomes<sup>1</sup>.
- In HIV-negative gbMSM, poor mental health is associated with multiple risk factors for HIV, including condomless anal sex<sup>2</sup>.
- In HIV-positive gbMSM, poor mental health is associated with decreased adherence to (and, in turn, effectiveness of) antiretrovirals<sup>3</sup>.
- Understanding barriers to mental health service access among gbMSM is an important first step for addressing mental health disparities (and, in turn, associated HIV-related challenges).

#### Methods

- 2198 gbMSM were recruited in Montréal (1179), Toronto (422), and Vancouver (597) via respondent-driven sampling.
- Participants completed a computer-assisted questionnaire. In one question, participants were asked to rate their mental health in the past 6 months (Excellent, Very Good, Good, Fair, or Poor). Participants were also asked questions about their experiences accessing mental health services.
- We calculated descriptive statistics using preliminary non-RDS-adjusted and RDS-adjusted (RA) data from a pooled sample of participants who self-reported "Poor" mental health in the past six months (N = 180).

#### Results

- Among participants who self-reported "Poor" mental health in the past six months, 93.6% (93.7% RA) felt the need to access mental health services. Only 62.9% (62.5% RA) received services (Figure 1).
- Participants who received services were on average 34.5 (34.4 RA) years old, had mild depression and moderate anxiety, and the majority (68.2%; 68.4% RA) reported an annual income of less than \$40,000 (Figure 2).
- Mental health services were received primarily from a family doctor (71.8%; 70.5% RA), social worker/counsellor (59.1%; 58.5% RA), or psychiatrist (49.5%; 49.4% RA) (Figure 3).
- Services were mostly accessed at no cost (81.7%; 81.0% RA), although 48.6% (48.7 RA) reported difficulty accessing services.
- A third (32.9%; 32.8% RA) reported little to no satisfaction with services (Figure 4).

# Conclusion

 More work is needed to better connect gbMSM with mental health services that are not just affordable, but also address their mental health needs with greater satisfaction.

## References

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<sup>2</sup>Card, K. G., Lachowsky, N. J., Armstrong, H. L., Cui, Z. Wang, L., Sereda, P., . . . Moore, D. M. (2018). The additive effects of depressive symptoms and polysubstance use on HIV risk among gay, bisexual, and other men who have sex with men. *Addictive Behaviors*, 82, 158-165.

<sup>3</sup>Blashill, A. J., Bedoya, C. A., Mayer, K. H., O'Cleirigh, C., Pinkston, M., Remmert, J. E., . . . Safren, S. A. (2015). Psychosocial syndemics are additively associated with worse ART adherence in HIV-infected individuals. *AIDS and Bheavior, 19*(6), 981-986. doi:10.1007/s10461-014-0925-6

Not all gay men who require mental health services actually access these services, and those who do are not fully satisfied with them.



Figure 1. Mental health service access among participants self-reporting "Poor" mental health in P6M

N = 180

N = 180

93.6% (93.7% RA)

73.6% (72.7% RA)

62.9% (62.5% RA)

100
80
60
40
20
0

Reported poor Felt need to access Tried to access Accessed mental

mental health

mental health

mental health in P6M

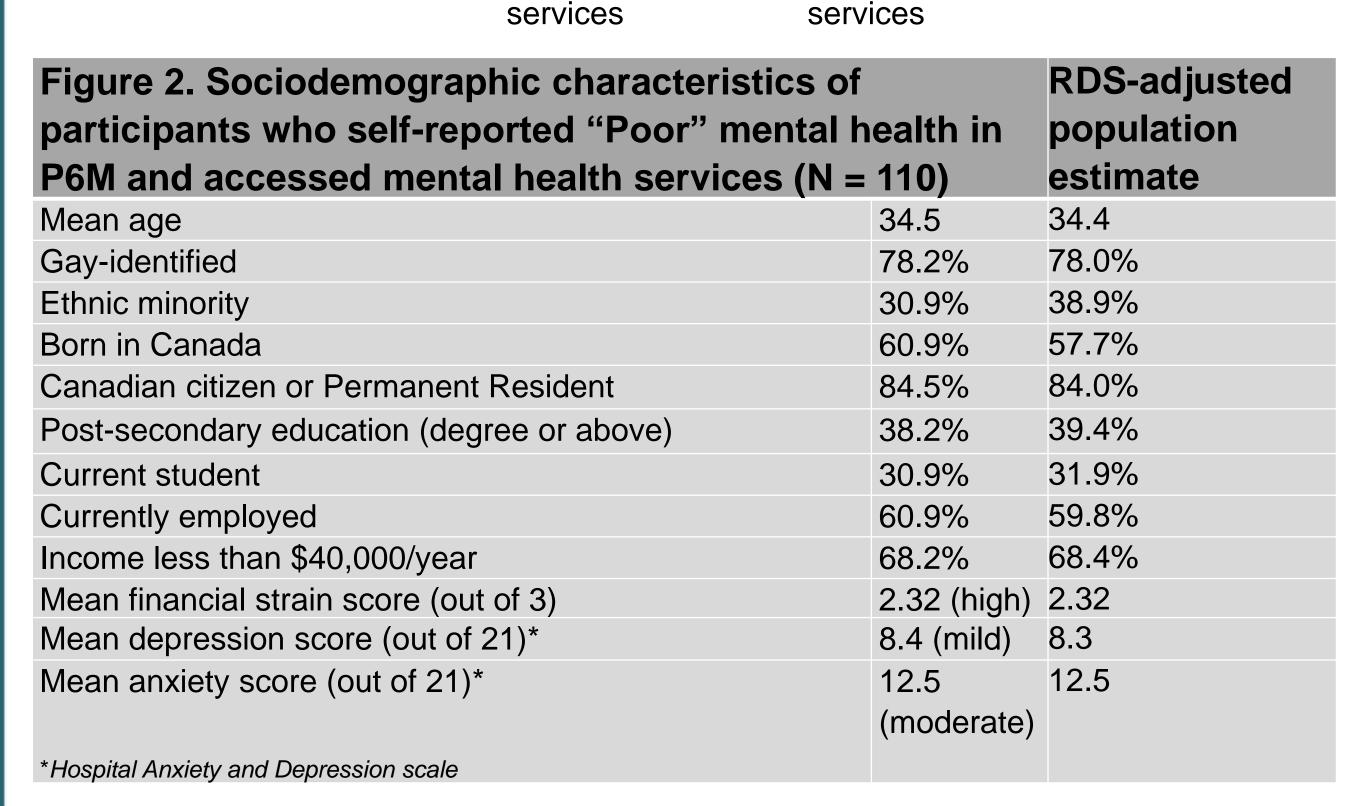


Figure 3. Mental health providers seen in last month

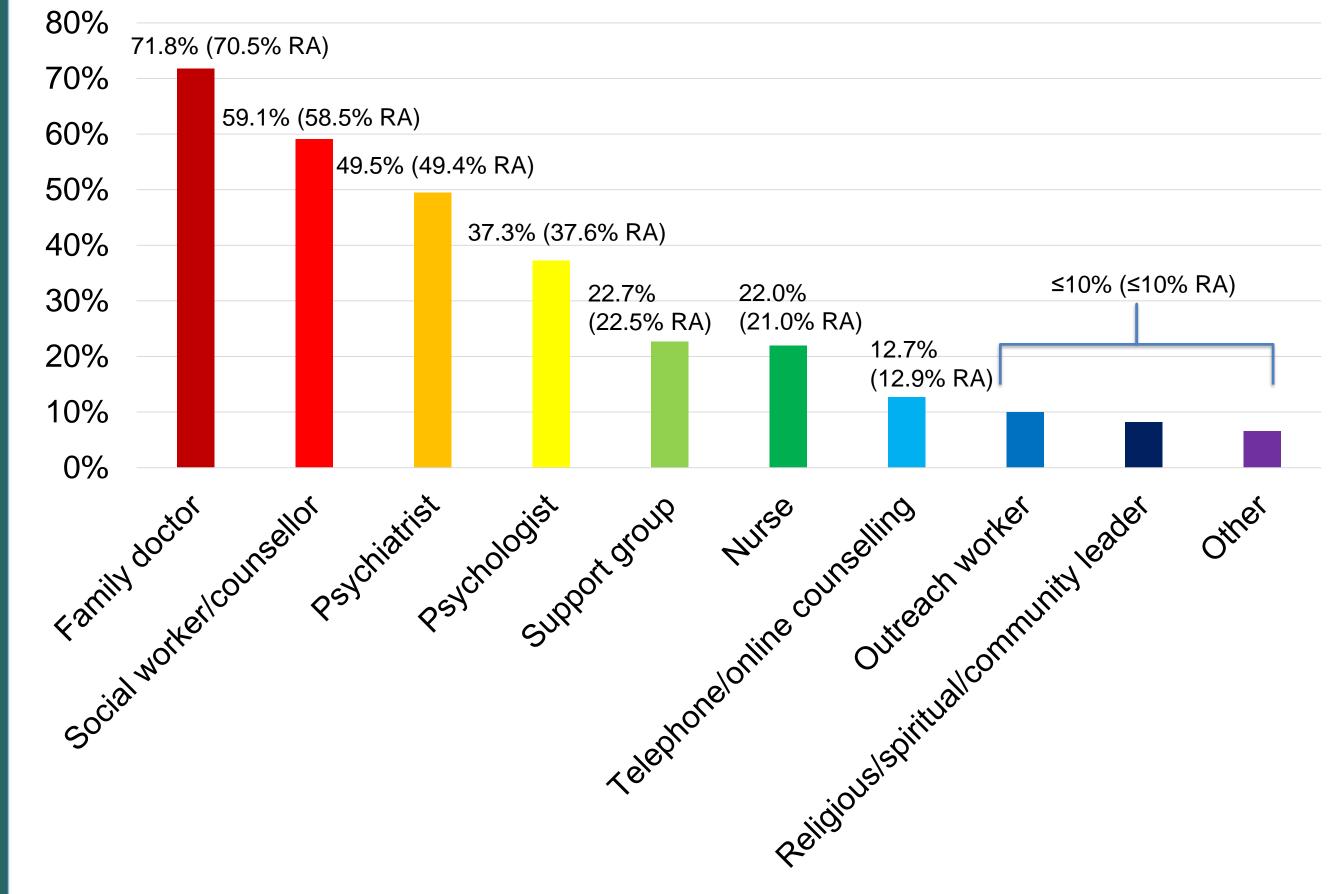
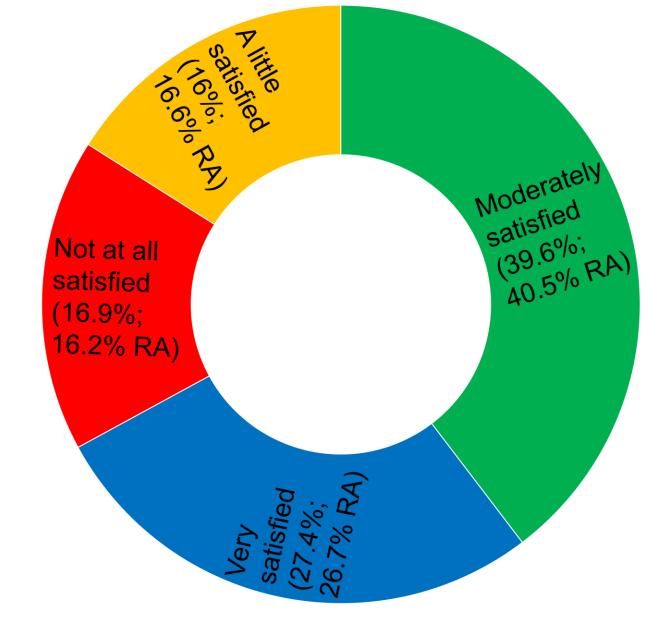


Figure 4. Satisfaction with services



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