

# What's race got to do with it?

## Symptoms of Anxiety and Depression in Indigenous gbMSM and gbMSM of colour in Vancouver, Toronto and Montreal

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# LAND ACKNOWLEDGEMENT

*I respectfully acknowledge that we are privileged to work and learn on the traditional lands referred to as Treaty 6 Territory, the territories of the Cree, Dene, Nakota, Salteaux and Ojibwe First Nations and the Homeland of the Métis*



## Conflict of Interest Disclosure

In the past 2 years I have been an employee of: **BC Centre for Excellence in HIV/AIDS**

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**

In the past 2 years I have been a speaker for: **NONE**

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

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

There are relationships to disclose: **NO**

# Background

- ▶ Racialized, colonized and immigrant groups are disproportionately affected by health inequities
  - ▶ Indigenous communities still live with structural health inequities rooted in colonization Czyzewski, K. IIPJ 2011; 2:5
  - ▶ race is rarely used as a primary lens when working with gay, bisexual and other men who have sex with men (gbMSM), particularly in Canada Raphael, D. 2016; p31
- ▶ gbMSM demonstrate high levels of anxiety and depression Lachowsky, NJ. SUM 2017; 52:785
- ▶ Sexual minority stress compounded by race-related factors may increase vulnerability to mental health challenges Dentato, MP. JGLSS 2013; 25:509

# Methods: The Engage Study

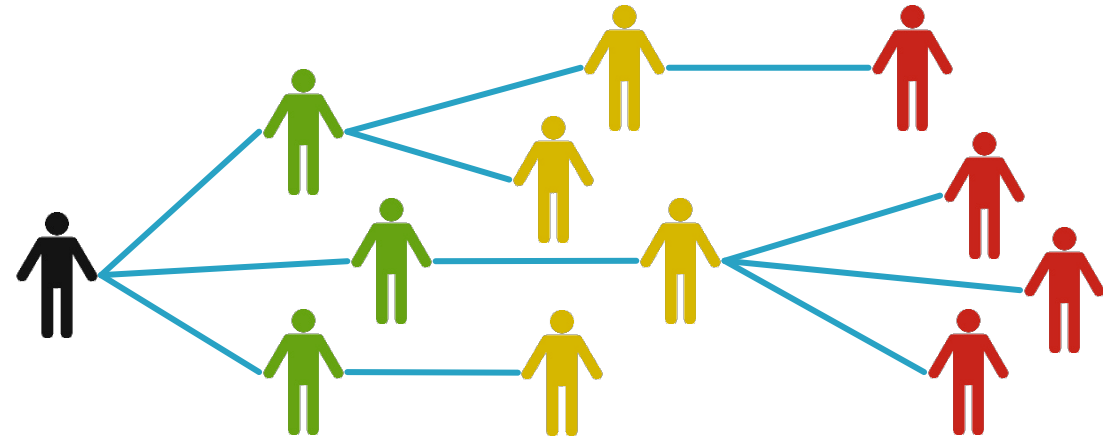
- ▶ Mixed-Method Cross-Sectional study being conducted in Vancouver, Toronto, and Montreal
- ▶ Recruiting cisgender and transgender men who:
  - ▶ Are 16 years of age or older
  - ▶ Reported having sex with another man in the past 6 months
- ▶ Participants complete computer-assisted surveys and biomedical testing (i.e.: STI testing)

# Methods: The Engage Study (cont'd)

- ▶ Recruitment using Respondent-Driven Sampling

- ▶ The Current Sample:

- ▶ 201 Seeds (initial participants)
- ▶ N = 2,198 (1179 Montreal, 422 Toronto and 597 Vancouver)
- ▶ Recruitment period: February 2017 – February 2019  
(data collection is ongoing)



# Methods (cont'd)

- ▶ Community consultation with 10 queer Men of Colour and Two-Spirit men in Vancouver:
  - ▶ identify key community health priorities
  - ▶ highlight variables relevant to their needs and experiences

## Variables of interest

- ▶ **Ethnicity:** “What single ethnic group or family background do you **MOST** identify with?”
- ▶ Ethnoracial differences in **anxiety and depression symptomology** assessed using Hospital Anxiety and Depression Scale (HADS)
  - ▶ Scores  $\geq 8$  indicate mild to severe symptoms Bjelland I. JPR 2002; 52:69

# Methods (cont'd)

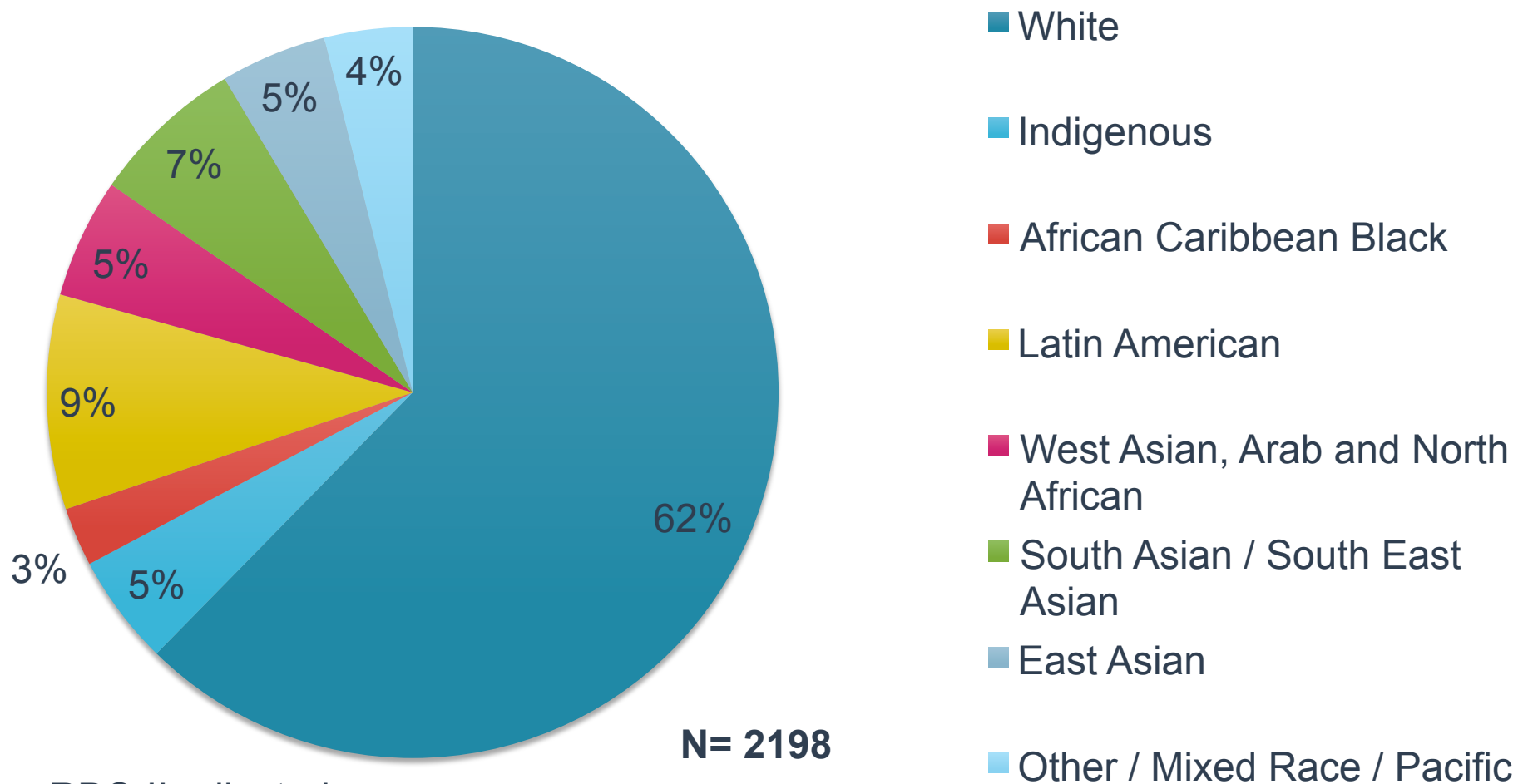
## RDS-II adjusted pooled analysis

- ▶ Univariate logistic regression performed on individual dummy ethnicity variables for each major ethnic group (versus non-group identities)
- ▶ Adjusted model without selection controlling for:
  - ▶ age, city, relationship status, income, education, employment, immigration status, sexual orientation
  - ▶ HIV/STI status and testing history
  - ▶ PrEP awareness and uptake
  - ▶ prior diagnoses of substance use disorder and other mental health conditions



# RESULTS – Overall Descriptives

Figure 1. Ethnicity Distribution



\*Proportions are RDS-II adjusted

# RESULTS:

## Overall Descriptives (cont'd)



**Median age of the sample was 32 years**



**Median HIRI-MSM score was 15**

No significant difference found across ethnicities



**16% self-reported HIV-Positive**



**53% anxious and 24% depressive symptoms**

\*Proportions are RDS-II adjusted

# Results: Descriptives by Ethnicity

	White (n=1518)	Indigenous (n=90)	ACB (n=57)	L. American (n=161)	W. Asian, Arab, N. African (n=88)	S/SE Asian (n=100)	E. Asian (n=96)
Median Age	32	38	32	32	33	26	29
Income <30k/yr	59.9%	84.7%	64.3%	79.1%	74.0%	69.2%	58.2%
Unemployed	38.6%	63.4%	33.4%	37.7%	54.0%	17.2%	40.4%
Post-secondary education	73.1%	55.5%	94.1%	89.0%	89.6%	84.1%	90.5%
HIV-Positive	17.3%	35.9%	20.5%	10.3%	10.3%	4.8%	3.9%
Has a Doctor	64.6%	57.1%	54.8%	58.5%	65.4%	42.8%	72.1%
Out to doctor	54.3%	53.2%	35.7%	39.2%	51.9%	23.0%	33.7%
Anxiety Diagnosis	35.1%	41.1%	35.7%	26.8%	27.2%	24.3%	30.4%
Major Depressive Diagnosis	18.8%	12.5%	15.5%	14.4%	18.4%	13.4%	7.9%

\*Proportions are RDS-II adjusted

**Figure 2. Odds of reporting anxious symptoms by ethnicity (univariate model with 95%CI)**

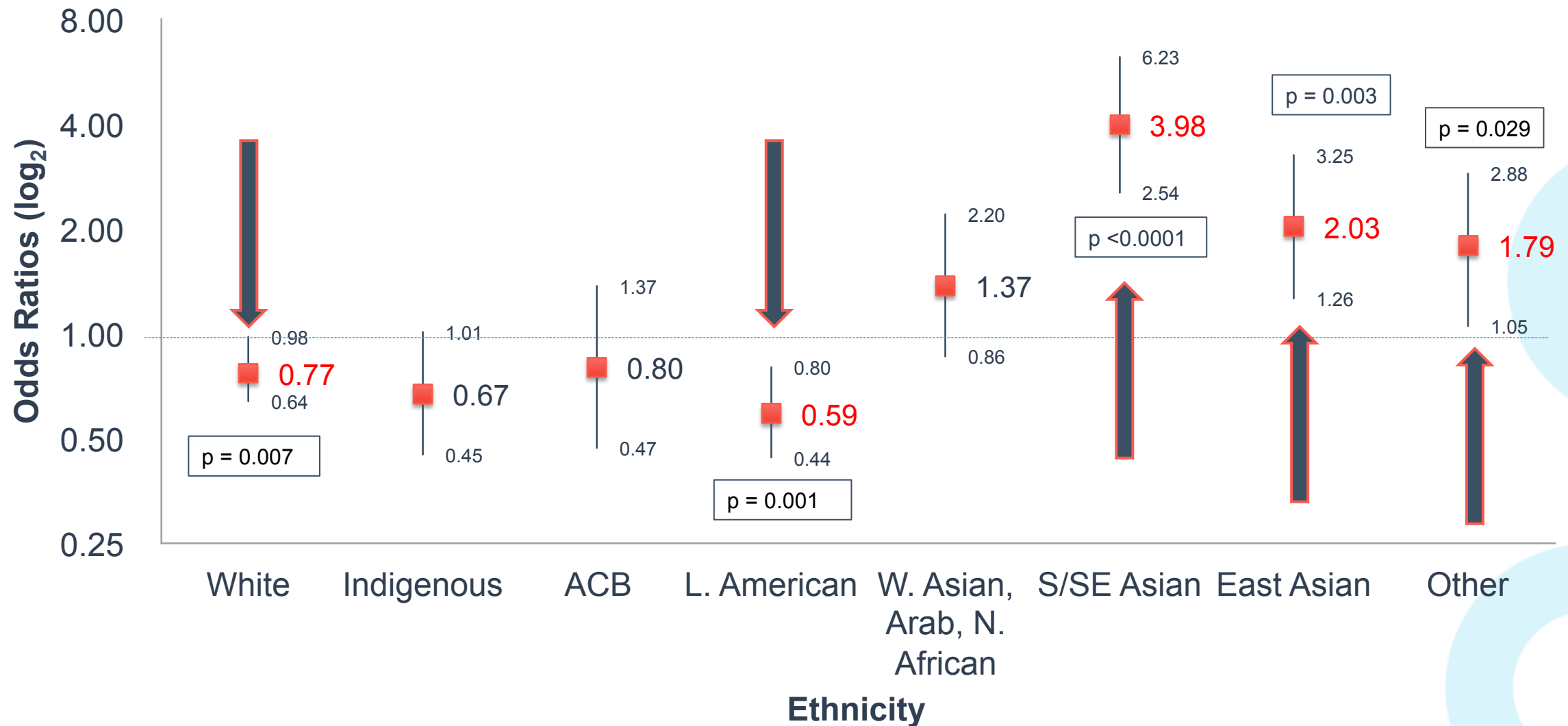
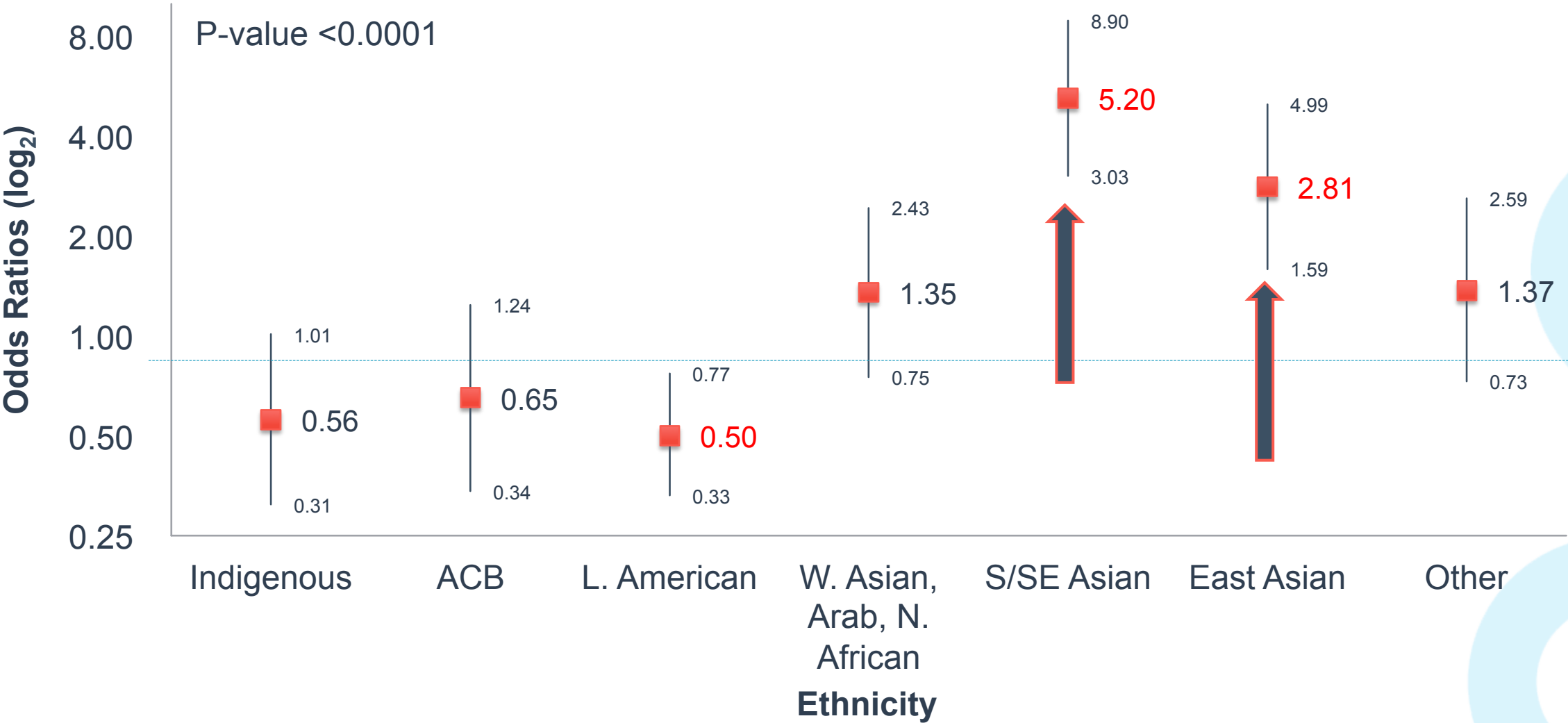
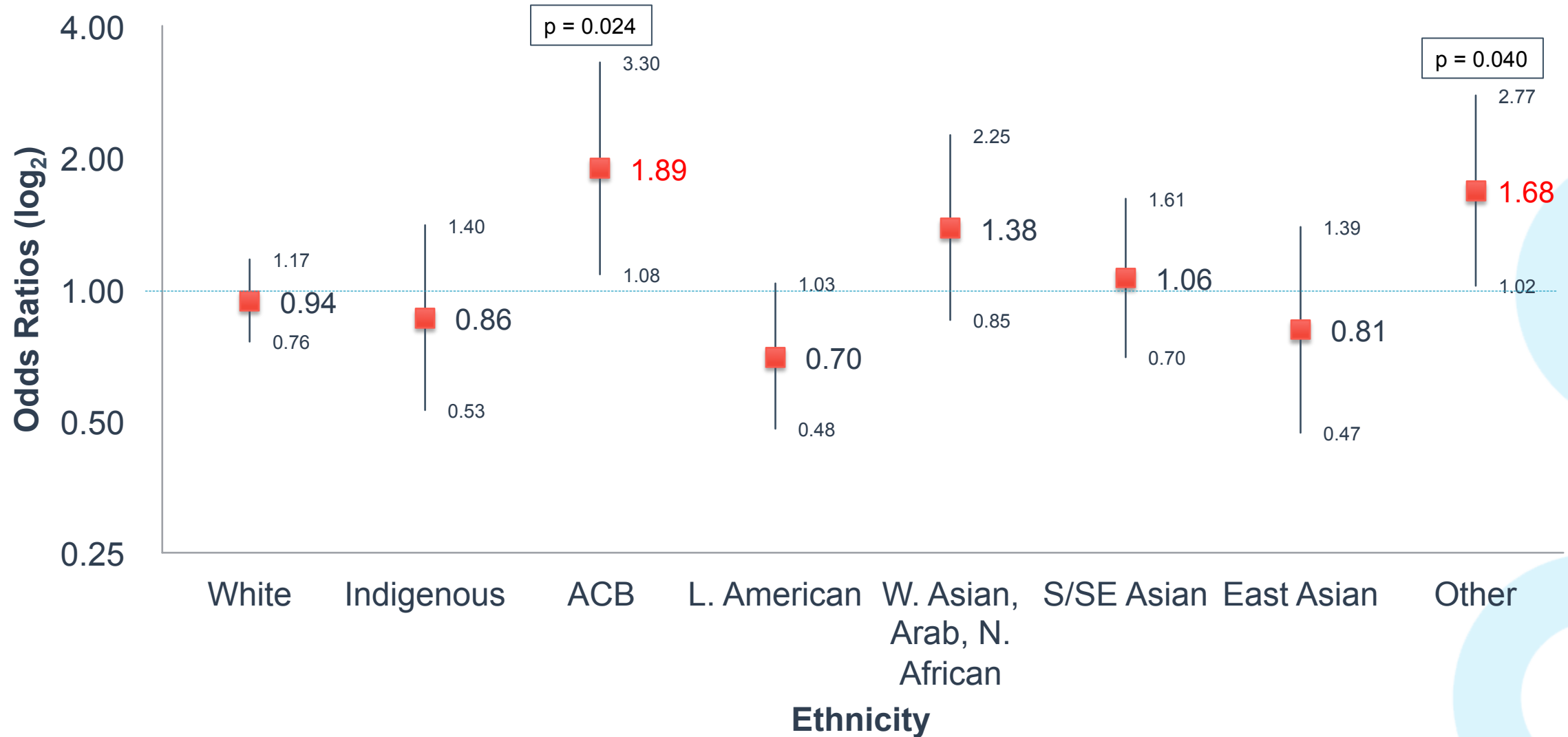


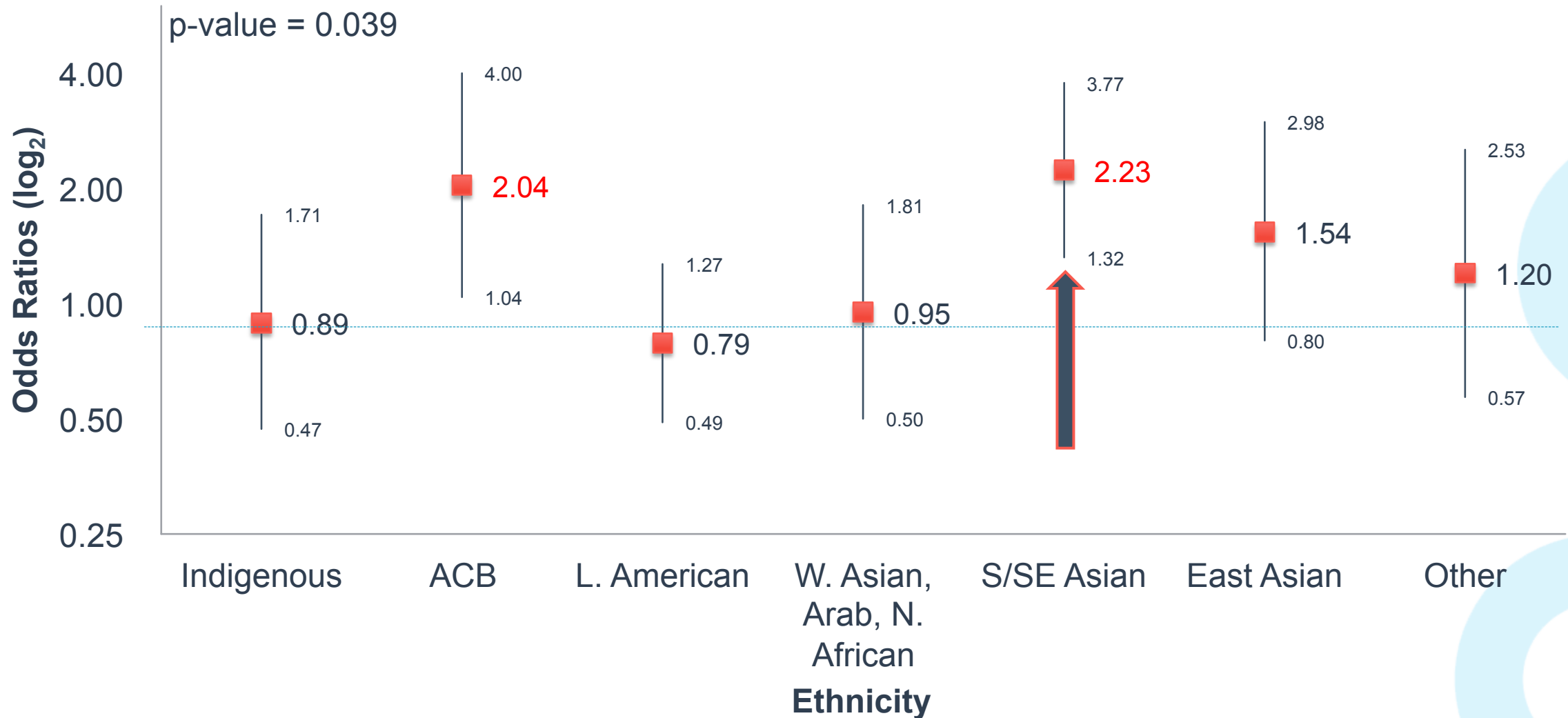
Figure 3. Adjusted Odds of reporting anxious symptoms compared to White gbMSM (95%CI)



**Figure 4. Odds of reporting depressive symptoms by ethnicity (univariate model with 95%CI)**



**Figure 5. Adjusted Odds of reporting depressive symptoms compared to White gbMSM (95%CI)**



# Discussion

- ▶ Findings suggest significant ethno-racial variation in anxiety and depression symptoms
- ▶ South and South-East Asian men were significantly the most likely to score high on the anxiety subscale however they reported the least lifetime anxiety diagnoses
  - ▶ Limited access to culturally relevant services?
  - ▶ Mental health stigma/social desirability bias?



## Discussion (cont'd)

- ▶ ACB and S/SE Asian men were the most likely to report symptoms of depression
- ▶ Latin American men were consistently the least likely to report anxiety and depression symptom
- ▶ No significant differences found for Indigenous and W. Asian, Arab and N. African men
  - ▶ Note: Indigenous men had highest rate of prior anxiety diagnoses: Desirability bias? Resilience?

# Strengths and Limitations

## ► Strengths

- Ethnicity was intentionally factored into seed selection
- Respondent Driven Sampling

## ► Limitations

- difficulty engaging Indigenous and other People of Colour (IPOC) in research
- questionnaire limitations
- cross-sectional vs. longitudinal



# Conclusions

- ▶ Mental wellness is a critical healthcare issue for gbMSM
  - ▶ Anxiety for East, South and South-East Asian men
  - ▶ Depression for African Caribbean and Black men and S/SE Asian Men
- ▶ Further research using race and intersectionality as primary lenses is needed
  - ▶ address reasons for lack of IPOC engagement in research
  - ▶ allyship by supporting increased visibility of IPOC researchers, trainees and students
- ▶ **“Nothing about us without us!”**
- ▶ Culturally relevant interventions focusing on minority stress would be valuable

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# Acknowledgements

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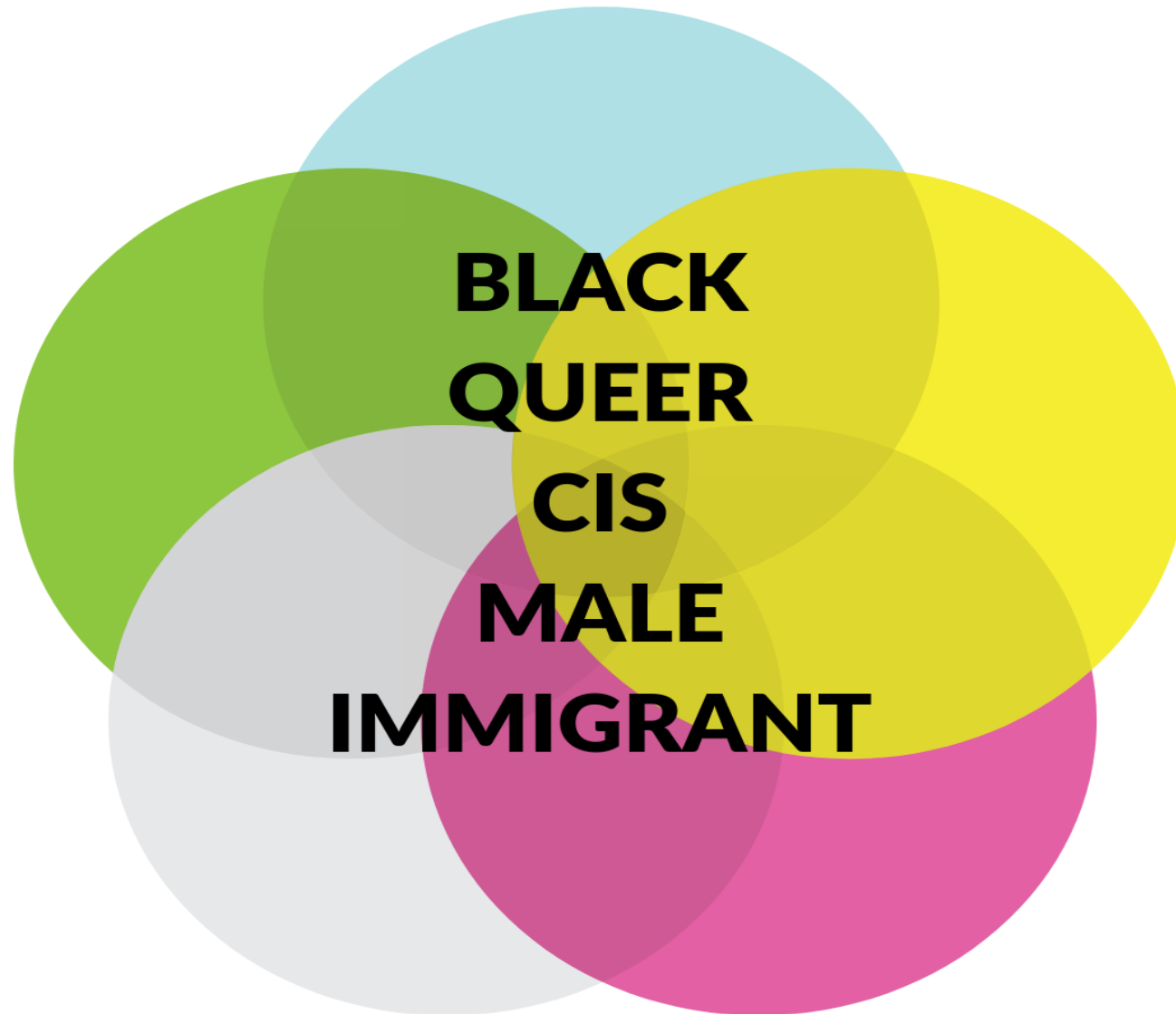


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# Intersectionality Theory



# Mental Health for People of Colour (POC)

- ▶ Research shows that POC are less likely to utilize mental health services Anglin, DM. AJCP 2008; 42:17
- ▶ Community resilience from repeated exposure to adversity might mitigate the effects of minority stress on mental wellness or affect its reporting Herrick, AL. AIDS Behav. 2014; 18:1
  - ▶ Instead, POC may rely on diverse community affiliation to manage minority stress McConnell E. 2017
- ▶ Stigma associated with seeking help, especially men Satcher D. AJPH 2003; 93:707



# Methods: Community Consultation

Themes from the consultation included:

- ▶ Identity, community, racism, fetishization, relationships and sex
- ▶ Coming out and social disintegration
- ▶ Substance use
- ▶ HIV prevention access and use (PrEP)

# Future Work

- ▶ Further community consultation
- ▶ Engage study data
  - ▶ LGBT POC Microaggressions scale included
  - ▶ Longitudinal studies on mental wellness trends and impact on HIV/STIs risk
- ▶ Qualitative studies looking at factors behind anxiety and depression by race/ethnicity
  - ▶ Are communal vs. individualistic constructs important?
  - ▶ How does resilience impact these outcomes? What about community connectedness?

# Results: Univariate Analyses (dummy variables)

Ethnicity	Anxious Symptoms		Depressive Symptoms	
	Univariate OR (95% CI)	p-Value	Univariate OR (95% CI)	p-Value
White (n=1518)	<b>0.77 (0.64-0.98)</b>	<b>0.007</b>	0.94 (0.76-1.17)	0.589
Indigenous (n=90)	0.67 (0.45-1.01)	0.056	0.86 (0.53-1.40)	0.544
African, Caribbean, Black (n=57)	0.80 (0.47-1.37)	0.422	<b>1.89 (1.08-3.30)</b>	<b>0.024</b>
Latin American (n=161)	<b>0.59 (0.44-0.80)</b>	<b>0.001</b>	0.70 (0.48-1.03)	0.067
West Asian, Arab, North African (n=88)	1.37 (0.86-2.20)	0.183	1.38 (0.85-2.25)	0.191
South Asian, South-East Asian (n=100)	<b>3.98 (2.54-6.23)</b>	<b>&lt;0.0001</b>	1.06 (0.70-1.61)	0.773
East Asian (n=96)	<b>2.03 (1.26-3.25)</b>	<b>0.003</b>	0.81 (0.47-1.39)	0.440
Other (including “other”, Pacific, or mixed race/ethnicity) (n=71)	<b>1.74 (1.05-2.88)</b>	<b>0.029</b>	<b>1.68 (1.02-2.77)</b>	<b>0.040</b>

# RESULTS: Mental Health Symptoms

## ► Confounding model w/o selection

Ethnicity (reference group: White)	Anxious Symptoms		Depressive Symptoms	
	Odds Ratio	95% Confidence Interval	Odds Ratio	95% Confidence Interval
Indigenous (n=90)	0.56	0.31 - 1.01	0.89	0.47 – 1.71
African, Caribbean, Black (n=57)	0.65	0.34 – 1.24	<b>2.04</b>	<b>1.04 – 4.00</b>
Latin American (n=161)	<b>0.50</b>	<b>0.33 – 0.77</b>	0.79	0.49 – 1.27
West Asian, Arab, North African (n=88)	1.35	0.75 – 2.43	0.95	0.50 – 1.81
South Asian, South-East Asian (n=100)	<b>5.20</b>	<b>3.03 – 8.90</b>	<b>2.23</b>	<b>1.32 – 3.77</b>
East Asian (n=96)	<b>2.81</b>	<b>1.59 – 4.99</b>	1.54	0.80 – 2.98
Other (including “other”, Pacific, or mixed race/ethnicity) (n=71)	1.37	0.73 – 2.59	1.20	0.57 – 2.53

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