

# The Experiences of Gay, Bisexual, Queer and Other Men Who Have Sex with Men with Accessing Mental Healthcare

## WHY DID WE RESEARCH THIS TOPIC?

- Gay, bisexual, queer, and other men who have sex with men (GBM) regularly report higher rates of depression, anxiety, and suicidality, compared to their heterosexual peers.
- Mental health services (e.g., counselling, group therapy) can be a helpful way to address an individual's concerns. We wanted to better understand GBM's experiences when accessing mental healthcare.

## HOW DID WE RESEARCH THIS?

- We interviewed 24 GBM living in Toronto about their mental health and healthcare 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?

- GBM often described mental healthcare as being very difficult to access in Toronto.
- In fact, for some GBM, **the experience of trying to access mental healthcare was so challenging that it actually contributed to their mental distress and mental unwellness.**
- We noticed several key obstacles GBM faced when trying to access mental healthcare:
  - **Financial constraints and logistical challenges.** This was the most significant and the most frequent barrier that participants reported. Mental healthcare was difficult to afford or outright unaffordable. Long waitlists meant that some GBM did not receive the care they needed when they needed it.
  - **Pharmaceutical approaches to mental health could feel limiting.** Some GBM discussed taking medications for their anxiety and depression even though what they really wanted was access to talk therapy/counselling.
  - **Unsatisfactory experiences with mental healthcare providers.** Some participants described free mental healthcare services offerings (through work and school programs, for example) as being disappointing and unhelpful. These programs discouraged them from seeking out additional care.
  - **Discrimination by mental health providers.** Some GBM discussed having been discriminated against by mental healthcare providers, including providers who discussed participants' sexual and gender identities as being a result of trauma.
  - **Limited sexual minority affirming options available.** GBM talked about there being a limited number of mental health providers who could understand their life experiences as queer men.

“ Our system is focussed on slapping bandage solutions on people who are already standing at the ledge. But then there's nothing really for people who need to maintain a healthy wellbeing and avoid getting there. And I felt like [that's what] I was doing for so long—really, really struggling to make sure that I wasn't getting to the point where I needed to have urgent care. [...] So I found that frustrating. I felt like it left me a lot to my own devices to have to keep myself from falling closer to that ledge.”

NING (30S)

## WHAT ARE THE IMPLICATIONS OF THESE FINDINGS?

- Mental health disparities among GBM are being sustained by limited publicly funded mental health supports for this community.
- We must expand access to sexual minority and gender minority affirming care, including expanding mental healthcare options that move beyond psychiatric and pharmaceutical approaches.
- Financial constraints are a key source of mental distress among GBM—more community work needs to be done to better address the economic determinants of mental health among sexual and gender minorities.
- Community health and HIV service organizations that offer a limited number of free counselling appointments can promote the advantages of receiving a few sessions as a way to build mental health literacy, and as a first step to helping GBM navigate the mental healthcare system as they search for a more regular provider.
- [www.goodhead.ca](http://www.goodhead.ca) is a tool to help GBM learn more about the mental healthcare landscape in Ontario.

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