Addressing Mental Health Issues & Problematic Substance Use Among GBMSM in BC

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Community-Based Research Centre

Acknowledgements

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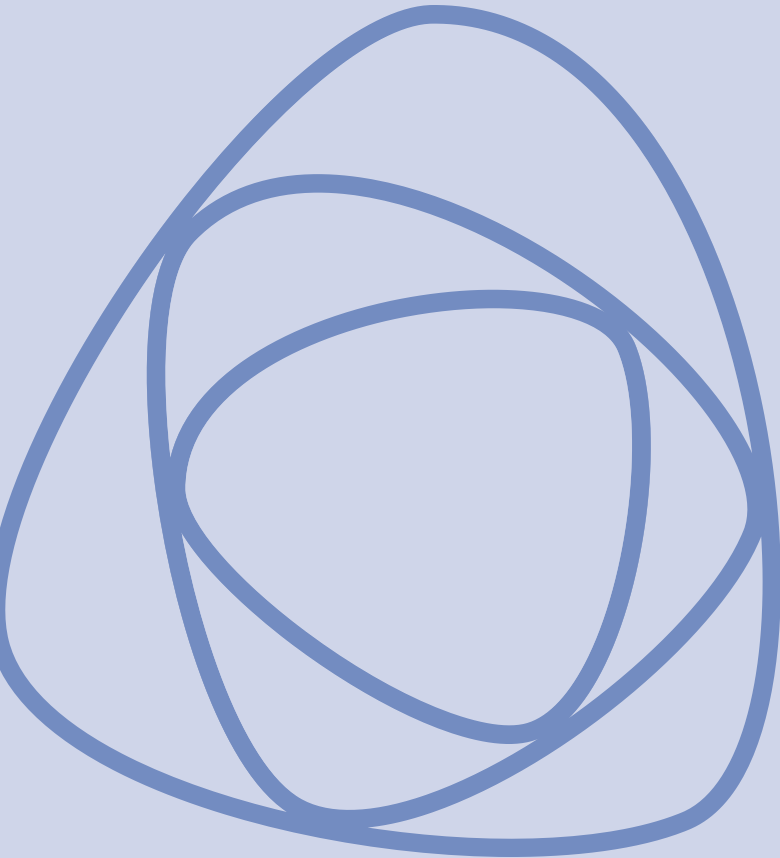

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Issue:

Evidence shows that compared with the general population, gay and bisexual men (both cisgender and transgender) who have sex with men (GBMSM), are disproportionately impacted by mental health issues and problematic substance use (MHIPSU). Despite this evidence, there has been limited progress in addressing MHIPSU among this population. To address this gap, this position paper makes several key recommendations for improvement.

Key Recommendations:

1. Improve access to low-barrier MHIPSU treatment and prevention services and where possible, deliver them through GBMSM service providers and organizations.
2. Develop innovative solutions to improve access to MHIPSU treatment and prevention services for GBMSM living in suburban, rural, and remote communities.
3. Develop MHIPSU services and programs that account for the unique needs of GBMSM who are also members of other marginalized communities, in particular Indigenous GBMSM, GBMSM belonging to a group racialized as non-White, GBMSM youth, and transgender GBMSM.
4. Support development and expansion of GBMSM cultural awareness education and training among MHIPSU service providers.
5. Support participatory research of MHIPSU among GBMSM and participatory evaluation of existing treatment and prevention programs and services.
6. Develop a comprehensive GBMSM-MHIPSU strategy that includes dedicated support and funding for addressing MHIPSU issues among GBMSM.
7. Ensure that a GBMSM-MHIPSU strategy includes a focus on upstream efforts to address broad societal factors that contribute to higher rates of MHIPSU among GBMSM.

***Defining MHIPSU:** *In the context of this paper, "mental health issues" refers to a wide array of disorders or illnesses that impact mood, thoughts, or behaviour of individuals. Common examples of mental health issues include depression, anxiety, bi-polar disorder, schizophrenia and others.[1] "Problematic substance use" generally relates to when an individual uses drugs, alcohol, or other mind or mood altering substances in a way that is harmful to that individual and has negative consequences in their life.[2] This often involves an addiction to or dependence on a particular substance or substances.[2] Mental health issues and problematic substance use can occur separately, but in many cases can occur together.[1]*

Introduction

Despite experiences of ongoing marginalization and oppression, GBMSM individuals and communities are resilient and continue to thrive. Through activism, and with the support of allies, GBMSM individuals and communities have made significant progress in human rights and recognition from broader society. Notably, GBMSM communities have successfully advocated for governments and health providers to respond to the HIV epidemic through the introduction of Treatment as Prevention, and most recently the introduction of no-cost access to pre-exposure prophylaxis (PrEP) for GBMSM in BC. Despite these achievements, significant disparities remain that must be addressed, particularly in the area of Mental Health Issues and Problematic Substance Use (MHIPSU)* among GBMSM.

In light of the disparities highlighted, this position paper summarizes the impact of MHIPSU among GBMSM, highlights barriers to progress, and makes key recommendations to address MHIPSU challenges among GBMSM.

"The disproportionate impact of MHIPSU on GBMSM is clear, and insufficient progress has been made to address this disparity"

MHIPSU Among GBMSM men in BC

Extensive research has shown that compared with the non-GBMSM population, GBMSM experience higher rates of mental health issues, problematic substance use, and suicide. These issues when left unaddressed have damaging consequences for the physical health, mental health, and general wellbeing of GBMSM and their communities.

Syndemics

Mental health issues, problematic substance use, and suicide frequently occur as part of a larger syndemic of interconnected health problems. Syndemics refer to the tendency of mental and physical health issues to co-occur and interact to worsen the impact of one another.[(3)] Results from the Canadian Community Health Survey show that GBMSM report experiencing anxiety approximately two to four times more than heterosexual respondents.[(4,5)] Cisgender GBMSM are also 1.5 times more likely to experience depression, while some studies show that the rate of depression among transgender GBMSM is significantly higher. [(6,7)] Mental health issues and problematic substance use are often co-occurring among GBMSM, particularly among those with lower annual income or who are living with HIV.[(5)] Mental illness and problematic substance use can also increase the likelihood that HIV-negative GBMSM will acquire HIV or other STIs.[(6)]

Of particular concern for GBMSM is the intersection of sex, mental health, and substance through sexualized substance use more commonly referred to as "chemsex" or "party and play" (PnP). Sexualized substance use involves the use of substances "before or during planned sexual events to facilitate, enhance, prolong and sustain the experience."[(9,10)] Substances most often used for these purposes include methamphetamine, gamma hydroxybutyrate (GHB), mephedrone, cocaine, or ketamine.[(9,10)] Sexualized substance use is of concern because GBMSM that engage in it are at a higher risk of acquiring or passing HIV or Hepatitis C virus through needle sharing or condomless sex.[(9,10)] There is also evidence of a two-way relationship between sexualized drug use and mental health issues where engaging in sexualized substance use can lead to negative mental health outcomes, or where a history of mental health issues can also lead to sexualized drug use.[(9,10)]

Suicide is another concerning component of this syndemic where interacting factors such as HIV status, mental health issues, poverty, discrimination, and problematic substance use can contribute to higher rates of suicide among GBMSM. For instance, cisgender GBMSM are two to seven times more likely to attempt suicide compared with the heterosexual population while transgender GBMSM may be up to 14 times more likely to contemplate suicide and 22 times more likely to attempt suicide than the general public.[11,12]

Contributing Factors

The overrepresentation of GBMSM facing MHIPSU challenges, including sexualized drug use, is attributable to a wide range of broad societal factors such as:

- societal oppression (e.g., heteronormativity, genderism, transphobia, discrimination);
- history of trauma (e.g., violence, bullying, sexual abuse);
- experiences of rejection, isolation, and a lack of belonging; and
- stigma associated with HIV, mental illness, addiction, and substance use.

Despite evidence of these disparities, resources and support for addressing MHIPSU among GBMSM remain scarce.

"Mental health issues and problematic substance use are often co-occurring among GBMSM, particularly among those with lower annual income or who are living with HIV"

Current Challenges

The disproportionate impact of MHIPSU on GBMSM is clear, and insufficient progress has been made to address this disparity. There are several key challenges that have contributed to this lack of progress including: lack of access to appropriate MHIPSU treatment and prevention services, gaps in research and evaluation, and the lack of a provincial GBMSM-MHIPSU strategy. The details of these challenges are summarized below followed by key recommendations for improvement.

Lack of Access to Adequate MHIPSU Treatment and Prevention Services

MHIPSU treatment and prevention services in BC are not readily available to the general population and are often not funded by the public system. Instead, these services are often paid for out-of-pocket or through private insurance plans. Services that are publicly funded are often over-capacity and have extensive wait-lists or challenging eligibility criteria.

MHIPSU treatment and prevention services can be even less accessible for GBMSM due to a variety of factors including:

- lack of employment;
- lack of stable housing;
- distrust of the health system;
- experiences of discrimination;
- fear of being outed;
- HIV, addiction, and mental illness related stigma; and
- heteronormative service provision.

To address the specific needs of GBMSM, a small number of GBMSM-specific MHIPSU resources have been established by community organizations across BC including Qmunity, Health Initiative for Men (HIM), YouthCO's Mpowerment program, Positive Living BC, and Men's Health Initiative, among others. Unfortunately, these services tend to be concentrated in urban centres, often operate independently of one another, and are over capacity or under-resourced.

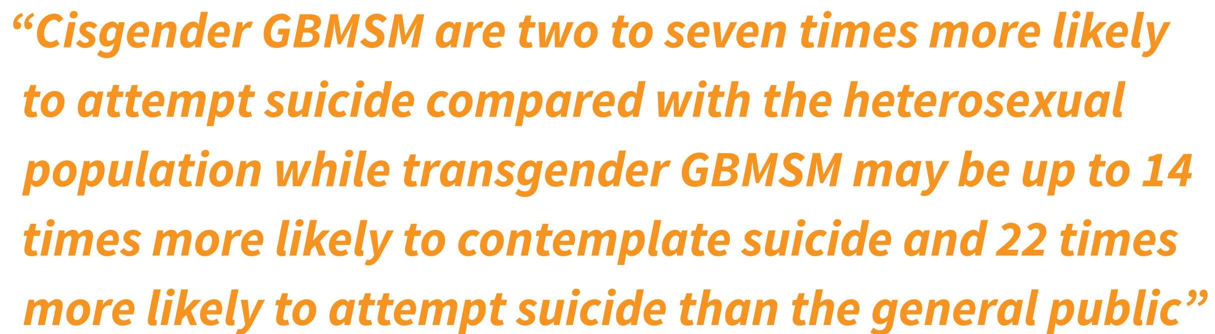
In rural and remote communities, GBMSM are often unable to access general MHIPSU services, and are even less likely to have access to GBMSM-specific services. This is largely due to a lack of service providers, challenges in getting transportation to services, and fear of being outed as GBMSM in the community. GBMSM in suburban communities also face challenges in accessing GBMSM-specific MHIPSU services when these services are concentrated in an urban core, particularly if suburban public transportation is difficult to access.

Intersectionality and GBMSM With Unique Needs

Intersectionality is crucial for understanding the complex barriers that some GBMSM may face in accessing appropriate MHIPSU treatment and prevention services. Intersectionality refers to the interconnected nature of social identity categories and power – including race, gender identity, class, and sexuality – for an individual or group, which can interact to produce interdependent and overlapping experiences of discrimination or disadvantage.[13] Within the GBMSM population, there are sub-populations that may face additional barriers to accessing MHIPSU services. These barriers may include racism, ableism, sexism, classism and other forms of oppression and discrimination. Some key GBMSM populations in BC with unique MHIPSU needs include the following:

- **Indigenous GBMSM,** including those who are Two-Spirit, experience the effects of a history of intergenerational trauma, residential schools, 'Indian Hospitals' and the erasure of Indigenous expressions of sexual and gender diversity as a result of colonization. While these experiences have a significant impact on the physical and mental health of Indigenous individuals and communities, preliminary research indicates that current efforts by Indigenous people renew and assert their expressions of gender and sexuality, in particular Two-Spirit, can have a protective effect for sexual health and perhaps mental health as well.[14,15]
- **GBMSM belonging to groups racialized as non-White** often face racial discrimination and racialized violence in addition to discrimination based on sexual orientation and gender identity. GBMSM belonging to these racialized groups who are also immigrants may face barriers around language, cultural sensitivity, and restricted access to services based on their legal status.[16]
- **GBMSM youth** continue to experience discrimination and bullying in their communities, in school, and at home. Because of this, GBMSM youth are at a higher risk for MHIPSU issues that can persist into adulthood.[17]
- **Transgender GBMSM** experience unique barriers compared with cisgender GBMSM. In particular they may face a combination of homophobia, biphobia and transphobia. Transgender GBMSM often face this discrimination outside the GBMSM community but also within it. Because of this, transgender GBMSM may deal with MHIPSU issues differently and have different needs than cisgender GBMSM.[7]

It is important to note that some GBMSM identify with a combination of these social categories (e.g. a young Indigenous transgender GBMSM). Therefore, building services based on a singular aspect of an individual's identity can represent a barrier to appropriate care. For instance, many GBMSM specific services often fail to account for the specific needs of Indigenous or racialized GBMSM or are designed to cater to cisgender GBMSM. The complexity of these intersecting identities requires a community-driven and evidence-based approach to ensure that the unique needs of diverse GBMSM are carefully considered in the delivery of MHIPSU services.



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Gaps in GBMSM-MHIPSU Research

While MHIPSU disparities experienced by GBMSM are clear, there are still gaps in understanding why these disparities exist and how best to address them. For instance, the role of intersecting identities in MHIPSU among GBMSM is not fully understood. The syndemic relationship between MHIPSU and other health issues among GBMSM is another area in need of additional research. Finally, while certain MHIPSU support, treatment, or prevention services show signs of promise among the general population, there is a lack of research and evaluation exploring the effectiveness of these interventions among GBMSM.

Lack of Provincial GBMSM-MHIPSU Treatment and Prevention Strategy

The ability of community-based GBMSM organizations and practitioners to deliver MHIPSU treatment and prevention services is hampered by a lack of dedicated funding and resources, which is due largely to the absence of a provincial strategy to address MHIPSU issues among GBMSM. This need was reflected in the 2010 Provincial Health Officer’s Annual Report on HIV and stigma, which called for the explicit inclusion of GBMSM content in BC’s 10-Year Mental Health and Addictions Plan.(18) Unfortunately, this key recommendation was not adopted in the most recent update to the 10-year Mental Health and Substance Use Strategy which failed to contain significant accommodations for GBMSM populations.(19)

Planning, coordination, dedicated resources, and funding have been instrumental in ongoing efforts to reduce the impact of HIV and improve the sexual health of GBMSM. Therefore, similar efforts are needed to begin to reduce the impact of MHIPSU among GBMSM.

Recommendations for Improvement

To effectively address MHIPSU issues among GBMSM, the challenges identified must be addressed. Based on these challenges, the following recommendations represent much-needed opportunities for improvement.

1

Improve Access to MHIPSU Treatment and Prevention Services for GBMSM

The provincial government, in collaboration with GBMSM communities and organizations, should increase the availability of low-barrier MHIPSU treatment and prevention services. This should include efforts to make these services low-cost or no-cost. To address the unique barriers faced by GBMSM in accessing MHIPSU services they should, where possible, be provided through existing community-based GBMSM service providers and organizations.

2

Improve access to MHIPSU Treatment and Prevention Services for Rural and Suburban GBMSM

GBMSM in suburban, rural, and remote communities need access to MHIPSU treatment and prevention services, particularly services that are GBMSM specific or at minimum, demonstrably safe. Therefore, stakeholders – including the provincial government, health authorities, service providers, GBMSM organizations, and GBMSM communities – should work to develop innovative solutions to connect suburban, rural, and remote GBMSM to MHIPSU services. Such solutions could include expanding tele-health, leveraging rural incentive programs for service providers, improving inter-community transportation networks, and making services more portable.

3

Support GBMSM Populations with Unique Needs

GBMSM-specific MHIPSU treatment and prevention services should be developed with the intention to address health inequities and specific risks for GBMSM with intersecting identities. In particular, services should be developed to meet the unique needs of key GBMSM populations including:

- Indigenous GBMSM;
- GBMSM belonging to a group racialized as non-White;
- GBMSM youth; and
- transgender GBMSM

To ensure that services are relevant and safe, these groups should be meaningfully consulted and involved in the development and evaluation of MHIPSU programs and services designed and provided for them.

4

Support Expansion of GBMSM Cultural Awareness

To improve the safety and accessibility of MHIPSU treatment and prevention services for GBMSM, support should be given for the development and expansion of GBMSM cultural awareness education and training. This should include services that are both transgender-affirming and inclusive. GBMSM cultural awareness training would enable service providers to better understand the unique needs of their GBMSM clients and to provide appropriate and safe care.

Training should be developed in partnership with GBMSM communities, service providers, and organizations. GBMSM should not be solely expected to provide this training, but should play a role in determining how it should be delivered. To ensure widespread uptake, support should be given to incorporate GBMSM cultural awareness training into professional schools including social worker programs, psychology programs, counseling programs, nursing schools, and medical schools. For existing MHIPSU service providers, support and funding should be given to include this training in continuing professional development and continuing medical education programs.

5

Support Participatory Research and Evaluation of MHIPSU among GBMSM

In addition to improving access to treatment and prevention services, additional research is needed to improve the effectiveness of these services and to understand the unique ways in which GBMSM experience MHIPSU. It is critical that GBMSM with lived experience of MHIPSU are involved in this work. To address knowledge gaps, support and funding should be provided to expand research on MHIPSU among GBMSM. This includes support for evaluation of existing GBMSM-specific MHIPSU programs and services for the purpose of quality improvement and the development of evidence-based best practices.

6

Develop a Provincial GBMSM-MHIPSU Strategy

To ensure that these recommendations are sufficiently supported, they require coordination, dedicated funding, provincial leadership, and long-term commitment. Therefore, the province should develop a comprehensive GBMSM-MHIPSU strategy. Provincial and ministerial leadership is instrumental to improving MHIPSU issues among GBMSM by ensuring that there is dedicate funding, resources, support, and policy development for addressing key challenges.

To ensure key priorities and concerns are identified and addressed in the development of a provincial strategy, community-based GBMSM service providers, advocacy groups, and GBMSM communities should be meaningfully consulted.

Provincial and ministerial leadership is instrumental to improving MHIPSU issues among GBMSM by ensuring that there is dedicated funding, resources, support, and policy development for addressing MHIPSU

7

Ensure that a GBMSM-MHIPSU strategy includes focus on addressing upstream contributing factors

To be truly successful, a GBMSM-MHIPSU strategy should include a coordinated effort to address the broad underlying factors that contribute to the increased rate of MHIPSU among GBMSM. This requires interventions at the broader community and societal level, including interventions to:

- reduce homophobia, biphobia, transphobia, and racism in society and promote a culture of inclusivity
- reduce stigma related towards HIV, mental illness, substance use, and addiction
- increase safe and inclusive community supports, programs, and spaces for GBMSM

Community-based GBMSM organizations are already engaging in work in this area. These efforts should be learned from, expanded, and scaled up as part of a provincial MHIPSU strategy for GBMSM.

Conclusion

Evidence shows that compared with the general population, GBMSM are disproportionately impacted by MHIPSU. Despite this evidence, there has been limited progress in addressing MHIPSU among GBMSM. Addressing MHIPSU among GBMSM will require improvements in access to services, robust research and evaluation, and a provincial strategy to ensure that support and funding for these initiatives is coordinated and sustained. The impact of MHIPSU on GBMSM individuals and communities continues to be an urgent and pressing concern, and therefore the adoption and implementation of these recommendations represents a much needed and overdue first step to addressing MHIPSU among GBMSM.

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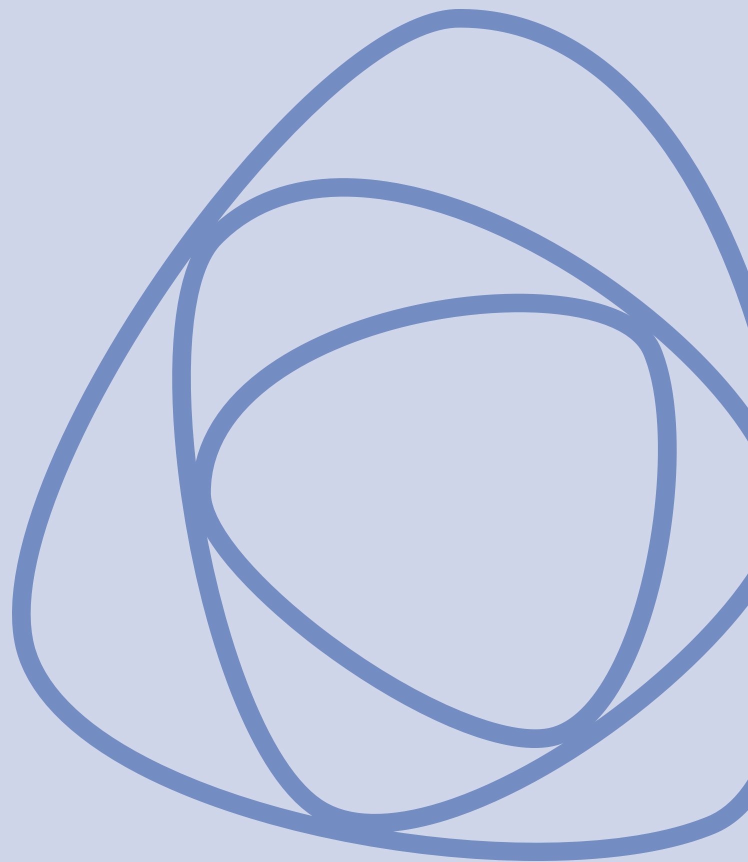

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