

Mental Health and MSM youth

“From this Kitty’s got claws to cleaning the gun barrel”

Dr G Jonsson
Psychiatrist

Luthando
Psychiatric HIV clinic
Chris Hani Baragwanath
Academic Hospital



She had a guillotine for a vag: “Womb fear”



‘Probably no male human being is spared the terrifying shock of threatened castration at the sight of the female genitals’. Sigmund Freud

“Encouraging gay people to renounce their sexuality: Freedom is possible”

THE  TIMES
THE SUNDAY TIMES

Archive Article

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October 7, 2008

The camp that 'cures' homosexuality

At a Christian 'boot camp' in the US, those struggling to reconcile faith and sexuality are taught to overcome gayness

[Lucy Bannerman](#)



Figure 1. Estimated Number of HIV/AIDS Cases Among Adolescent and Adult MSM, by Age Group, 2001–2006—33 States*

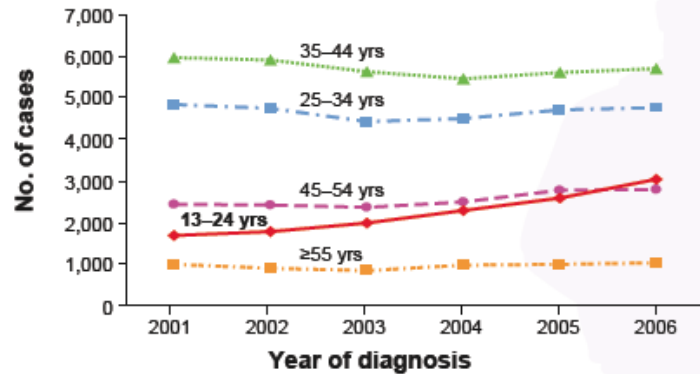
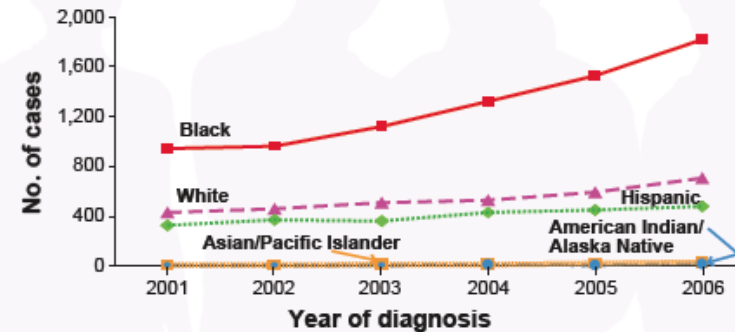


Figure 2. Estimated Number of HIV/AIDS Cases Among YMSM Aged 13–24 Years, by Race/Ethnicity, 2001–2006—33 States*



- YMSM aged 15-24 have the lowest utilization of any medical office visits, and this has decreased over period 1995-2005 Lisa B AIDS Pt Care 2011. Radcliffe et al AIDS patient care and STDs 2010
- We are missing opportunities to counsel and provide testing and linkage of care to those at risk or infected with HIV

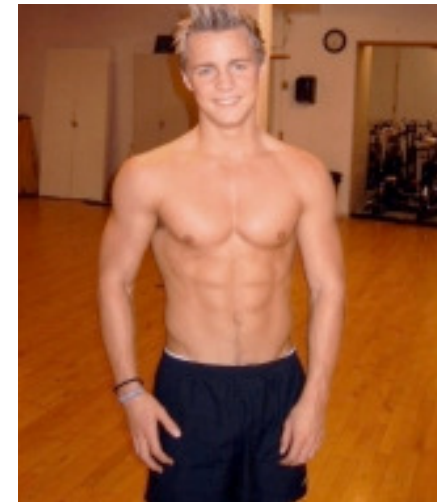
- Why higher infection rates in YMSM: ↓ personal experience with HIV, less fear of HIV, lack of awareness about HIV status, propensity towards depression and substance abuse. Salomon et al AIDS Behav 2009
- EXPLORE study: More likely to report depressive symptoms and less likely to use counseling or medication for psychiatric conditions. They were more likely to report heavy alcohol and drug use. Reported more often engaging in unprotected insertive and receptive Anal intercourse
- Psychiatrically ill adolescents are more likely to be sexually active, to engage in unprotected sex and to have more partners than pts without psychiatric illness
Benton et al Curr Psych Rep 2010
- Therefore identify psych illness to prevent HIV transmission



Stigma and sexual risk

- Important to know in order to design effective stigma informed secondary prevention programmes among young MSM
- Sexual minority stigma, HIV stigma, dual stigma
- Young African American MSM may be further marginalized by cultural norms emphasizing masculinity and traditional family views = “layers of stigma” Vanable et al AIDS 2006

- Multiple forms of HIV stigma: personalized prejudice or discrimination, negative self image, concerns about public attitudes towards HIV, fears regarding disclosure of HIV status
- Higher levels of HIV stigma: associated with negative outcomes: depression, poor self esteem, lack of social support and romantic loneliness
- Sexual minority stigma is associated with a host of psychological and behavioural health problems including:
Depression, Anxiety,
Suicidality and Substance Abuse



- More social avoidance by others related to sexuality rather than HIV status. More shame related to HIV than to their sexuality. Radcliffe et al AIDS Pt Care and STDs 2010
- Individuals reporting higher levels of HIV stigma reported more unprotected sex while under the influence of drugs and alcohol. Those endorsing more HIV stigma reported more receptive anal intercourse
- Individuals endorsing higher levels of sexual minority stigma engaged in less insertive anal intercourse.

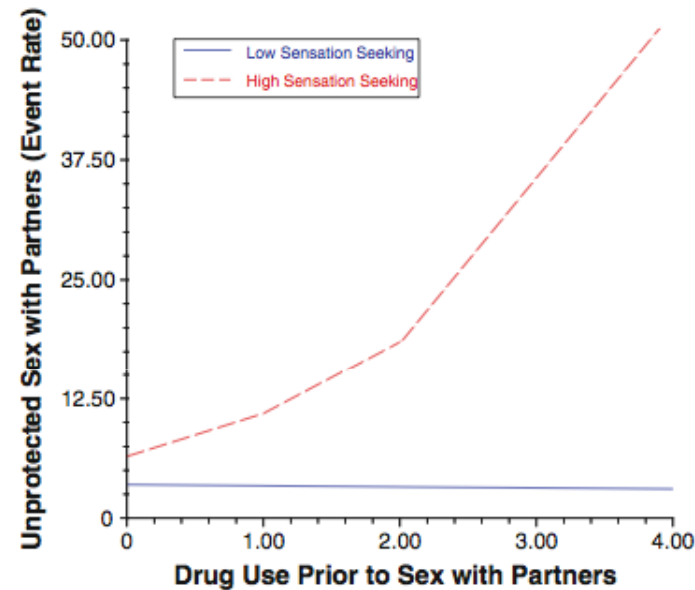
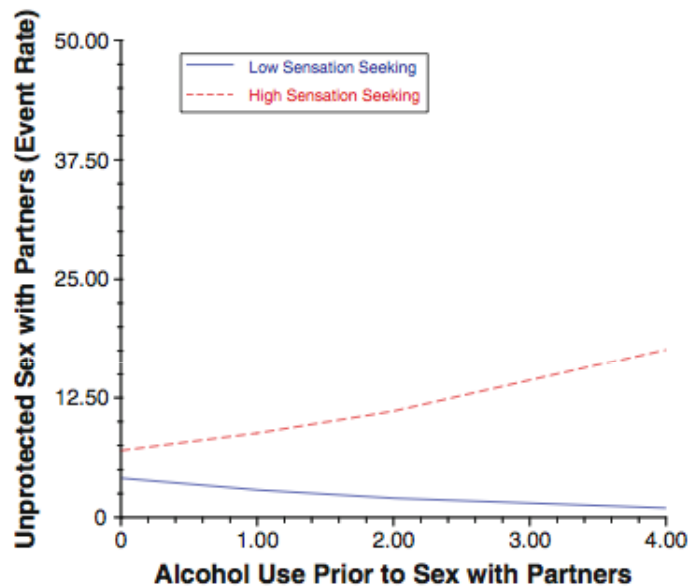


Substance abuse



- Young Mens Survey: 66% of MSM aged 15-22yrs reported illicit drug use in the last 6 months. 29% used drugs on a regular basis and 28% reported poly drug abuse.
- Gay men are more likely than their heterosexual counterparts to use alcohol and drugs and initiate these at an earlier age. Garofalo et al Paeds 1998

Sensation seeking, Substance abuse and sexual risk

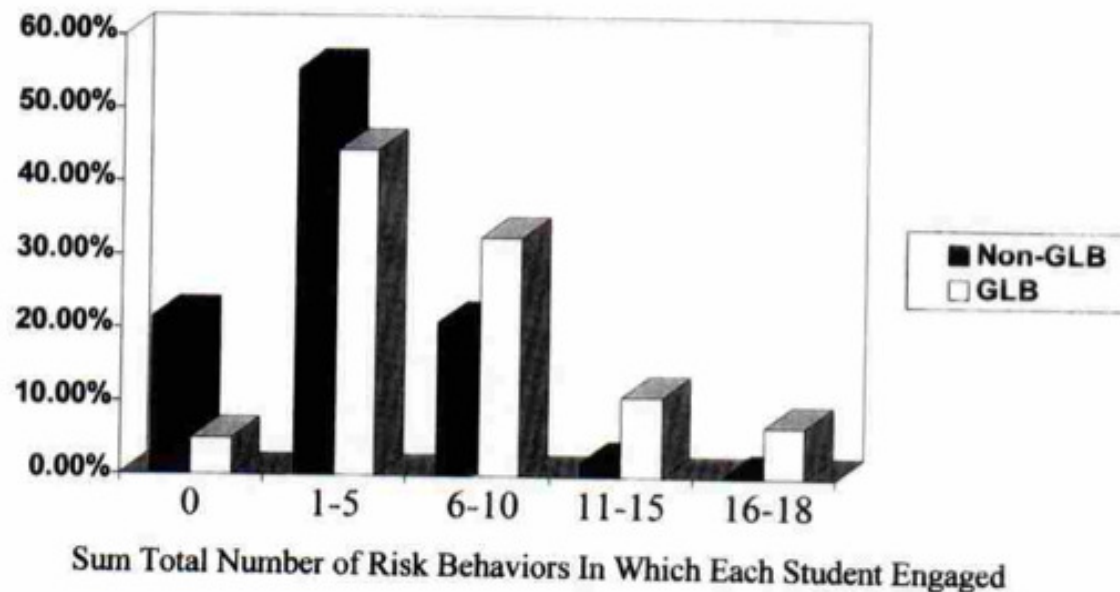


- For high sensation seeking msm it is important that interventions attempt to either reduce substance use in the context of sexual behaviour or establish strategies for engaging in safer sex in the context of alcohol and drug use, and that young msm vary in their experience with alcohol and drug use

Health risk behaviour and sexual orientation among adolescents

- GLB youth are more likely than their peers to have been victimized and threatened and to have engaged in a variety of risk behaviours at an earlier age than their peers: suicidal ideation and attempts, multiple substance use and sexual risk behaviours. Garafalo et al peadiatrics 1998

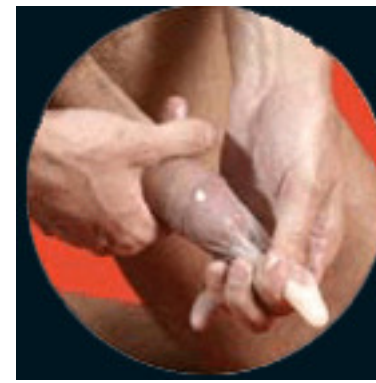
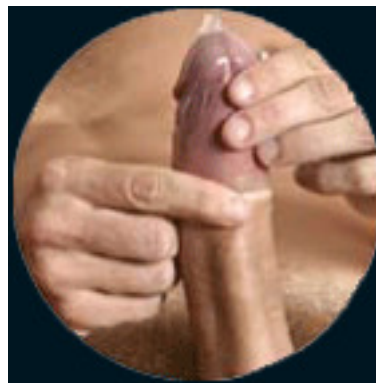
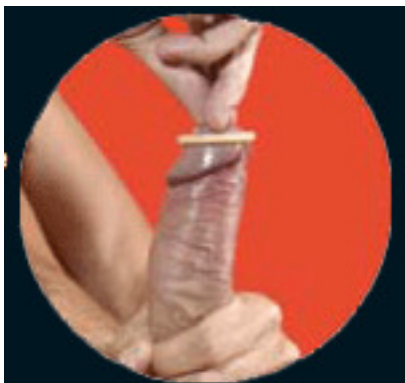
Figure. Difference between non-GLB and GLB adolescents in the Rick Behavior Scale.



HIV prevention: condom use among YMSM



- Do not want to use, did not know about condom use, did not have condoms, trust in a committed relationship, based on partners appearance or paid not to use condoms. Duc Anh Ngo et al AIDS Educ Prev 2009
- Most salient predictor of unprotected sex was relationship status Mustanski et al Arch Sex Behav 2011



Childhood sexual abuse

- CSA associated with sexual risk behaviours, substance use and HIV infection.
- Prevalence among MSM = 20%
- CSA contributes to the ongoing epidemic among MSM by distorting or undermining critical motivational, coping and interpersonal factors that in turn influence adult risk sexual behaviour.
- Greater CSA severity = higher levels of affective distress = behavioural escape avoidance coping = high risk sex.
- Direct therapy at reducing self destructive behaviours.
- CBT for improving coping strategies, affect regulation, interpersonal skills and substance abuse interventions.
- Case management approaches to facilitate sustained therapeutic contact
- Normalize disclosure of CSA histories and facilitate treatment seeking
- Destigmatizing campaigns

Ethnic Minority (Majority) BMSM and “on the down low” or “after 9’s”

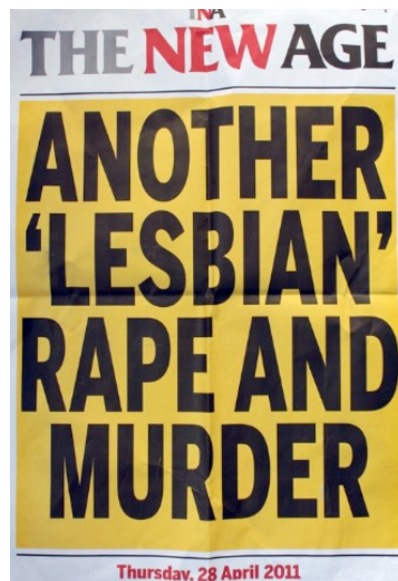
- 31% of a study in New York identified with the term on the DL. Bond et al AJPB 2009
- DL MSM were less likely than non DL MSM to report receptive UAI, but more likely to have sex with women, and were less likely to test +
- Multivariate analysis: DL identity not associated with engaging in greater sexual risk behaviour with male or female partners

Childhood Gender Atypicality, Victimization, and PTSD Among Lesbian, Gay, and Bisexual Youth

Anthony R. D'Augelli
Pennsylvania State University

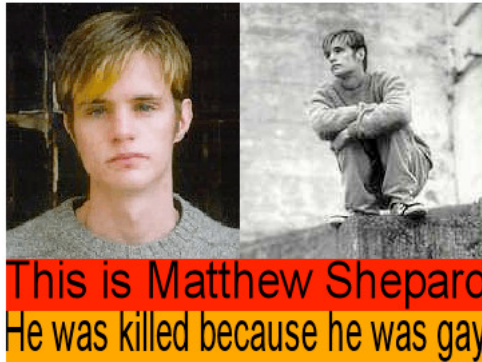
Arnold H. Grossman
New York University

Michael T. Starks
Pennsylvania State University



Victimization and GLB youth

- National gay and lesbian task force: 45% of gay men surveyed were victims of verbal and physical abuse in secondary schools
- 28% of homosexual youth were dropping out of secondary school due to discomfort and fear Garafalo et al Paediatrics 1998
- 20% of gay/bisexual teenage males and 19% of lesbian/bisexual females had been raped or sexually assaulted. Donaldson Daily Dispatch 5/5/2011



Violence and HIV related risk among YMSM

- Family and partner violence associated with high risk sex, drug use and HIV infection Klitzman et al Drug and Alcohol dependency 2002
- YMSM at greater risk for experiencing emotional or physical violence from a partner Greenwood et al Am J Pub Health 2002

Table III. Bivariate and multivariate analysis of threats or violence with unprotected anal sex and club drug use in past 6 months among young men who have sex with men, The Young Men's Survey—New York City, 1997–1998 (N = 539).

Threatened or physical violence by	Unprotected anal sex					Club drug use*				
	N	%	OR			N	%	OR		
			Unadjusted	Adjusted ⁺	95%CI			Unadjusted	Adjusted ⁺⁺	95%CI
No one	52	29.7	1.0	1.0		42	24.0	1.0	1.0	
Family only	75	45.5	2.0**	1.8	1.1, 3.0	52	31.5	1.5	1.1	0.7, 1.9
Partner only	33	52.4	2.6**	1.7	0.9, 3.3	24	38.1	1.9**	1.9	1.0, 3.6
Family and partner	71	52.2	2.6**	2.1	1.2, 3.7	63	46.3	2.7**	1.8	1.0, 3.2

*Club drug use = Ecstasy, amphetamines, barbiturates, hallucinogens, poppers, cocaine.

**p < 0.05.

⁺ adjusted for sexual identity, history of running away from home, age of first anal sex and, in the last six months, number of male sex partners, having a steady partner and having an HIV positive partner.

⁺⁺ adjusted for a history of forced sex and running away from home and, in the last six months, number of male sex partners, having an exchange partner and having an HIV-positive partner.

SUICIDE and LGBT youth

- 29% of YMSM sample reported a suicide attempt and half of those reported multiple attempts. Remafedi et al JAMA 1999
- GLB youth are 2-3X more likely to attempt suicide than heterosexual peers and account for 30% of suicides among youth annually Gibson et al 1989

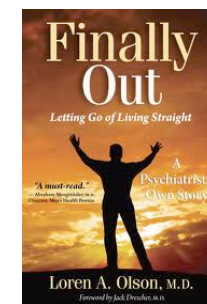


“it is never a problem to be gay; the problem is everyone else” Gabriella Rivera

Coming out and mental health



- Primary step in eventual self acceptance
- Positively associated with self esteem and mental health Savin-Williams Journal of consulting and clinical psychology 1998
- Can be stressful, tumultuous time for YMSM: opens up possibility for rejection, victimization & parental abuse
- Internet can provide scaffolding during difficult time Hillier et al Sexualities 2007 : Identifying other youth battling with coming out
- It can also expose youth to sexual minority stigma and reinforce concerns and hesitancy about coming out Mustnaski et al Arch Sex Behav 2011



The internet as a means of communication



- Gender roles and relationships
- Committed, casual or commercial relationships
- The adoption of western sexual values & practices and identities thru the media and internet
- Gay and bisexual youth reported more frequent internet use than heterosexual counterparts Mustanski et al Arch Sex behav 2011
- Mixed methods survey: level of internet use high to find HIV information. Black youth 70% less likely to use the net to find information. Participants felt internet filled an important and unmet need. No evidence for ↑risk behaviours with partners met online. Mustanski et al Arch Sex Behav 2011
- However meta-analysis: online sex seeking linked to a greater history of UAI Liau et al Sex transm Diseases 2006
- Coming out online before coming out offline (!Outproud!1998)
- Gives anonymity during the important period of identity exploration

Psychosocial Challenges and protective influences for socio-emotional coping in HIV+ adolescents

- HIV+ youth are at ↑ risk for mental health problems, substance abuse, early sexual debut, unprotected sex & non adherence = public health concern
- SA Children = exposed to greater risk influences for emotional and behavioural problems
- Feeling alone in the world with the disease, sense of loss at not being able to lead a normal life, coming to terms with an HIV+ identity Petersen et al AIDS Care 2010
- Family and peer support emerged as key to assisting adolescents to cope. Similarly an extensive support network assisted coping: counseling service, support groups.

Finding and retaining HIV+ YMSM

- Predictors of missed visits: young, non white, SA, MI
- Engagement and retention in care = improved health outcomes, improved medication adherence and increased overall survival
- STYLE: “strength thru youth livin’ empowered”
- OR=2.58 of attending a clinic visit if enrolled in STYLE. The re-engagers showed more depression and were more likely to have attempted suicide and had more financial distress Hightow-Weidman et al AIDS Pt Care 2011
- Bottom line: You have to provide an array of services beyond the standard of care!

YMSM: challenges for HIV prevention

- Absence of a singular unified MSM community
- Varying degrees of disclosure
- Disparities in sexual relationships and practices
- Targeting the hidden group: The hidden reaching out to the hidden
- Focus on YMSM prone to coercive or unprepared sex
- HPV & or HAV, HBV vaccination of YMSM
- Many people working in AIDS care don't know about the diversity of YMSM
- Work thru informal MSM groups or networks that exist already. (target saloons and ?TH & provide education)
- YMSM specific drop in centres – “tea parties”
- Focus on individual behaviour and the socio economic determinants fueling HIV transmission
- Use of the internet: tailoring information online to support the development of MSM specific HIV prevention websites
- Highlight the importance of not relying on partners self reported status when making decisions about condom use

Psychiatrists and Allied Mental Health practitioners can help!

- In:
 - Decreasing risky sexual behaviour
 - Improving adherence to medication
 - Promoting safe sex practices
 - Increase quality of life for patients and their families.
 - Training peers, health care practitioners and teachers
 - Identifying and treating mental health issues

