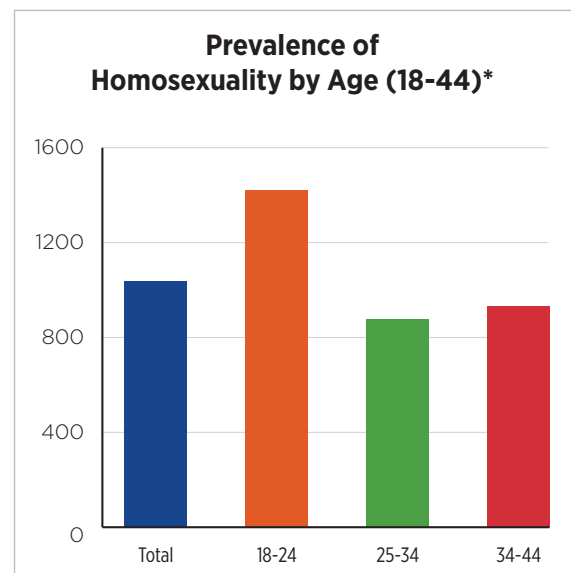
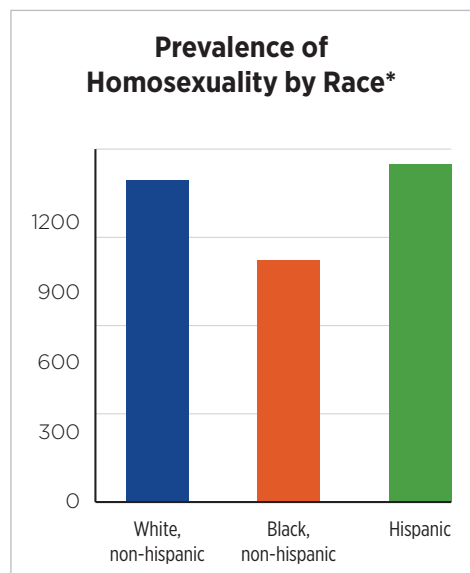


Introduction

Gay men experience adverse mental health outcomes including mood disorders, substance use and suicide more frequently than heterosexual men. They also face additional barriers to accessing mental health treatment. Adverse outcomes are linked to family rejection, systemic discrimination and internalized homophobia. Barriers to treatment include prior negative experiences with clinicians regarding sexual identity, socioeconomic status and marginalized status.

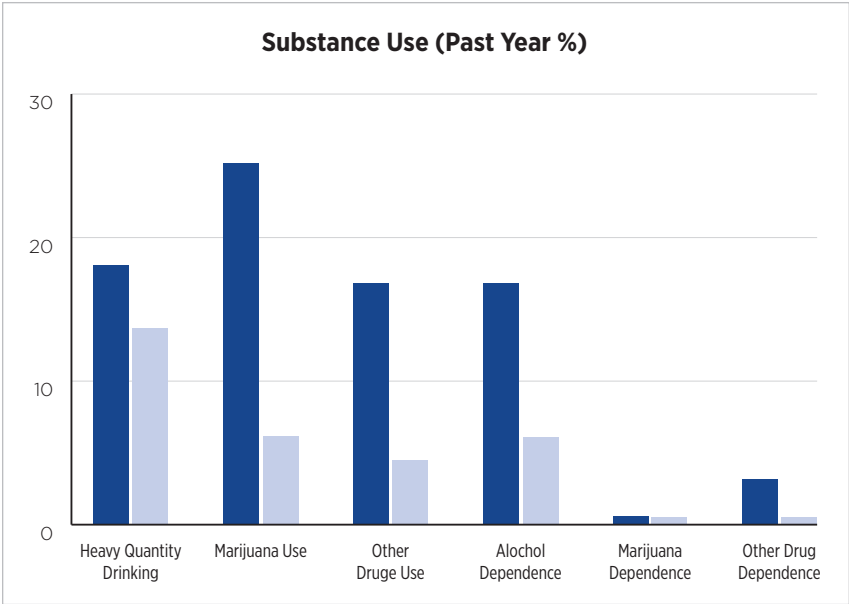
Epidemiology and Homosexuality

- Estimates of the prevalence of men who identify as homosexual vary from 1.3%¹ to 5.8%² depending on the manner in which surveys are structured and administered. The range of reported prevalence depends on the manner in which surveys are structured and administered³. For example, studies that employ the expression of men who have sex with men (MSM) do not stratify out the experiences of men who identify exclusively as homosexual, bisexual or otherwise.
- Focusing exclusively on sexual practices to categorize identity prevents clinicians from understanding social and personal facets of sexual identity³. Ongoing research is underway to understand sexual orientation as a multidimensional concept⁴.



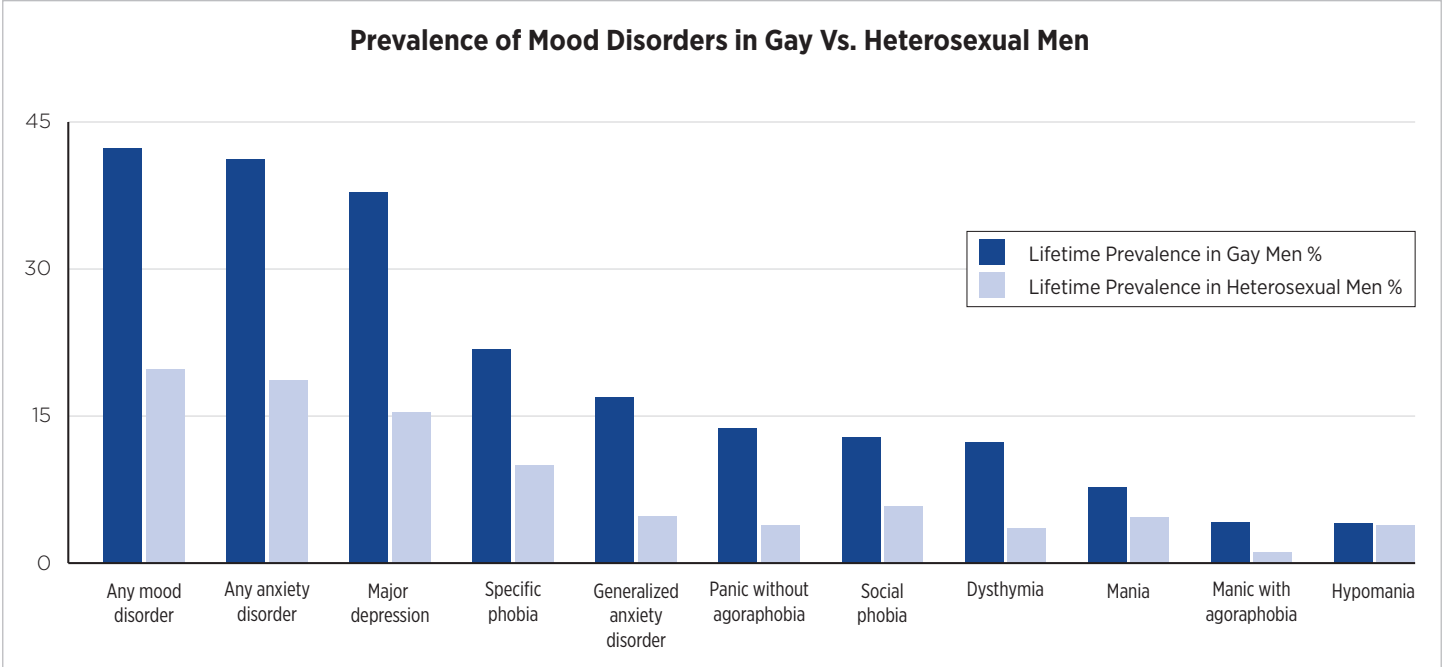
Mental Health Status and Disparities

- Gay men in comparison to heterosexuals display increased rates of mood and anxiety disorders⁵. Gay men are more likely to report suicidal ideation, plans, attempts in their lifetime in comparison to heterosexual men⁶.
- One in six gay men have made one suicide attempt in their lifetime⁷. (See Figure 3). Most common causes of depression are prejudice events, expectations of rejection and discrimination, concealment of identity and internalized homophobia⁸.
- Gay men display higher rates of substance use compared to heterosexual men (Table 4)⁹. Minority patient populations encounter more systemic barriers and stigma which studies show



increases the risk of developing a substance use disorder¹⁰.

- Additionally couples may face stressors that differ from those experienced by an individual. These can include stress related to disclosing relationships to family, concerns for being safe in public spaces, feeling judged as a same-sex couple and stress related to unequal legal rights¹¹. Gay Couples looking to adopt a child report increased levels of mood and anxiety disorders in contexts with increased systemic discrimination and decreased social¹².



Stigma & Discrimination

- The minority stress model refers to the conflict between the values of members of a minority group in relation to dominant values within the broader social environment¹³. Where predominant social norms stigmatize homosexuality, gay men encounter more stigma and discrimination. These experiences in turn lead to adverse mental health outcomes¹⁴.
- Discrimination towards gay men can affect access to work, health insurance and financial stability. Additionally, patients may find it harder to disclose identity to healthcare providers and access health and social supports¹⁵. Experiencing discrimination

increases risk of adverse health outcomes including HIV acquisition and decreased use of the healthcare system¹⁶.

- Internalized homonegativity refers to the direction of negative social attitudes about homosexuality toward the self, leading to a devaluation of the self and poor self regard¹⁷. Negative public perceptions of gay men can lead to negative attitudes towards oneself. Negative self worth occurs more often in single men¹⁸. Non-white men who identify as gay more often report feelings of internalized homophobia¹⁸

Barriers to accessing Mental Health Services

- Gay men are more likely to report increased dissatisfaction and use of mental health services than heterosexuals¹⁹. Patients report dissatisfaction when a clinician acts judgemental of same-sex activity, maintains anti-gay attitudes and/or displays a lack of knowledge around health concerns specific to the gay community.
- African American and Hispanic males report decreased access and use of mental health services²⁰. This has been linked to variation in socioeconomic status as well as increased social discrimination. Social discrimination is linked to decreased service use, social isolation and worsening of psychological symptoms.²¹

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