Impact Resistance & Resilience

Reshaping gay men's thinking about mental wellness

Community-Based Research Centre

Proceedings of the 6th BC Gay Men's Health Summit November 25 & 26, 2010 in Vancouver, BC

SUMMIT gay men's health 2010

Contents

The 6th BC Gay Men's Health Summit was held November 25 & 26, 2010. This summary of the proceedings reviews key points and recommendations. The original recorded presentations are available online at www.cbrc.net/summit.

6th BC Gay Men's Health Summit 2010

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Exploring the Promises of Intersectionality for Gay Men's Health

Current approaches for responding to health inequities are insufficient for exploring the multi-factoral and multi-level complexity of health disparities and for identifying strategies for reducing them in the real world. Traditional approaches have generally failed to recognize the complexities of human interactions by fragmenting vulnerabilities into distinct categories (economic status, race or gender), by prioritizing one category over another, by lumping individuals into homogenous categories (men and women), and by overlooking the influences of social power inequities.

An important exception to these approaches is the usage of a social determinants framework for understanding health inequities. A social determinants of health approach recognizes the multiple dynamic factors that influence the lives of individuals while working towards the elimination of social inequities. This approach has gained popularity with the advancement of the Public Health Agency of Canada's framework on social determinants.

Where a social determinants framework falls short is within the finite number of determinants listed, the lack of attention to relationships among determinants, the lack of understanding of the wider context of structural inequities in which determinants are embedded, and the insufficient attention to power.

Intersectionality is an innovative approach that tends to address the limitations of the social determinants approach by embracing a multi-dynamic understanding of health and social inequities, and by recognizing the interrelatedness of determinants, the context of inequity and the embeddedness of power. What intersectionality advances is that health inequities are never the result of singular, distinct factors, but rather the outcomes of intersections of different social locations, power relations and experiences.

Intersectionality moves beyond typically favoured categories of analysis (i.e. men and women; gay or straight), to consider simultaneous interactions between different aspects of social identity as well as the impact of systems and processes of oppression and domination. Intersectionality recognizes that social categories are socially constructed and that no one category of social identity is necessarily more important than any other type. Each issue under investigation may require the consideration of a different constellation of factors – for example, sometimes it might be sexuality, class and ethnicity while other times it may be geography, gender and ability.

The main appeal of an intersectionality analysis is that it probes beneath single identities to reveal other factors that may be contributing to a situation of disadvantage – the key is the attention to interaction in opposition to adding and layering other considerations. The appeal of intersectionality is that it arguably produces more accurate knowledge and evidence about how people live their lives and experience disparities and privileges. Intersectionality researchers have generally neglected sexuality as a social location despite the evidence that sexual identity and expression contribute to health inequities.

However, intersectionality holds great promise for advancing gay men's health by moving the analysis to integrate a wider range of intersections or axes other than sexuality and sexual behaviours, such as class, gender, geography and ethnicities, and also some axes relevant to gay men such as HIV status, co-morbid health issues, relationship status and life stages.

An intersectionality approach to gay men's health could benefit the movement by highlighting the men who are not served by the current power structures, and by challenging the misconception that gay men are a homogenous group with only one factor at play when describing gay men's vulnerabilities.

In the context of gay men's health, intersectionality allows us to look not only at individual social locations and interpersonal relations but also the intersection of social structures. Therefore the attention is moved from gay men as a population to the institutions, agencies and policies that disadvantage gay men.

Intersectionality is still under development. There is little written on the relationship between gay men's health and intersectionality. But the potential is for intersectionality to assist policy makers and service providers to deliver more effective programs to better meet the needs of gay men.

"Intersectionality researchers have neglected sexuality as a social location despite the evidence that sexual identity and expression contribute to health inequities."

Current Psychosocial Issues for Gay Men

"I am not even sure my own doctor knows I am gay.": Gay men's health in Northern BC

Theresa Healy
Northern Health, Prince George

Gay men living in Northern BC face a triple jeopardy: in general men face greater health challenges; the health status of men living in the north tends to be worse than in the Lower Mainland; gay men are exposed to more health challenges than heterosexual males. This convergence is the main impetus for Northern Health's development of the Population Health Program (PHP) and its focus on health determinants.

Dr. Healy presented data showing the relationship between gay men's lives in northern BC and the social determinants. "Determinants are important and must not be abandoned, but for gay men, the determinants are different and in a different order." What's missing is the issue of sexuality and gender identity.

Geography affects health and isolated communities can impact the health of a gay man. The region is characterised by a general lack of access to physicians. This can make telling your doctor you're gay a very stressful situation. Personal coping skills are important. For a vulnerable teenager coming out, the burden of exclusion can be deadly. Theresa talked about a young gay man who came out at the beginning of the school year and committed suicide a week before graduation. He said he could handle racism but not homophobia.

There is little research that meaningfully explores the issues of sexual orientation and gender identity as health determinants. "Gay men's health equals HIV" is the stereotype. "Speaking from Northern Health, the real experts on gay men's health are gay men and we need to find ways of having gay men's voices enter into the record."

"What's missing for gay men is the issue of sexuality and gender identity as determinants of health."

Toronto Bathhouse Survey

Andre Ceranto
AIDS Committee of Toronto

The Toronto Bathhouse Survey is a project of M2Men, a network of front-line sexual health workers. It collects data on emerging trends, community knowledge and changes in sexual behaviours. Data are used to assess program effectiveness and service gaps. Ninety two (92) surveys were collected in three bathhouses in 2010.

Top reasons for going to bathhouse:

- 53% casual sex, 14% to meet people, 9.8% to relax. Some want a long-term relationship, others a shower.
- 11% were having sex outside of a heterosexual marriage.
- 90% majority had been tested for HIV.
- 51% said that they had topped without condoms, at least once in the past year. 13.6% said they always top without a condom.
- 61% reported always using condoms when they bottom. 8.8.% never use condoms when they bottom.
- 60% said they wouldn't have protected sex with someone HIV positive.
- 14% identified as bisexual, 4% straight.

Criminalization of HIV non-disclosure: an additional source of fear and anxiety for people living with HIV

Cecile Kazatchkine
Canadian HIV/AIDS Legal Network

In Canada, a person living with HIV can be prosecuted for not disclosing their HIV positive status before engaging in an activity that represents a significant risk of transmission. There is no general duty to disclose. There is a duty to disclose only when there is a "significant risk of HIV transmission". People can be prosecuted even when no sexual partner is infected. The crime is about exposure.

Cecile Kazatchkine presented an overview of the situation in Canada. Since 1985 about 70,000 people have been diagnosed with HIV, with more than 120 criminal prosecutions. 18 cases against men who have sex with men; 10 against women and 92 cases against men who have sex with women. There's been an escalation in charges: from criminal negligence causing bodily harm, aggravated assault, sexual assault, to murder and attempted murder.

The law is derived from a 1998 Supreme Court case – R. v. Cuerrier – involving unprotected vaginal intercourse and interpreted according to the law of assault. The main legal issue since then is the lack of clarity around what constitutes a significant risk of HIV transmission. Lower courts have been left to deal with the complexities of HIV transmission. Factors such as condom use, viral load and oral sex must be considered in the definition of risk.

Criminalization of non-disclosure creates fear and anxiety for persons living with HIV, especially when the current law is evolving and lacks clarity, and some proof of disclosure may be required.

Aging with HIV: Is it HIV or is it aging?

Adriaan de Vries
Living Positive BC (formerly BCPWA)

Adriaan de Vries reviewed the range of issues, experiences and research on aging with HIV. Over 15% of persons living with HIV in Canada are over 50 years and this has steadily increased with new diagnoses, indicating that age-related issues are an important part of HIV treatment and support needs.

The potential for toxicity from ARV drugs seems to be higher in people over 50. The likelihood of significant non-AIDS events, such as cancers and cardiovascular diseases, increases as we age. AIDS-related and non-related medications can interact and must be monitored. Loss of testosterone is a factor.

HIV has an affect on mental health as we age. It's often difficult to assess whether a cognitive symptom is aging related or HIV related. The lower the CD4 counts the greater the incidence of dementia in a person with HIV. Depression is an issue in older persons with HIV.

Psychosocial issues affecting those later in life were reviewed: loss, social isolation, increased stigmatisation – sometimes with humour: "Queer, HIV positive and now old, it's a real kick in the ass!" There's often a diminished self-image and physiological changes, including changes in sexuality.

As those living with HIV age, we need to consider how our care and support networks can better handle the situation. Adriaan concluded by outlining the challenges that lie ahead. Housing for gay seniors, some who will be HIV-positive, is a priority.

Elizabeth Saewyc University of British Columbia McCreary Centre Society

Strong in Spite of Stigma: Protective Factors, Resilience and Mental Health among Gay and Bisexual Teens in BC

We know there are disparities. Studies throughout the world show LGB populations experience stigma. But not all LGB teens end up with health challenges. In fact, the majority do not.

More than a decade of data (1998-2008) from BC Adolescent Health Surveys and several other large population studies have noted health disparities in gay and bi teens compared to their hetero peers but also the presence of protective factors that foster resilience.

One of the complications in researching and measuring mental health outcomes in LGB teens is the "problem" focus of the health research field. Healthcare is organized around problematic experiences rather than mental wellness. Measures of "risk" are common but measures of "positive mental health" are relatively scarce. From risk measures we know lots about the repercussions of stigma: suicidal ideation & attempts, self-harm, stress, anxiety, sadness and hopelessness. For measures of positive mental health we have only a few measures like "self esteem".

Flipping the Negatives. One way we have tried to learn more about protective factors in our research is by "flipping the negatives" -- examining the proportions of the population NOT reporting negative health outcomes. From this we see important realities beyond "elevated risk" statistics. For example: although gay and bi teens are much more likely to report self harm than hetero teens more than half do not (56% gay, 57% bi). Similarly with suicidal thoughts: much more likely, yet a two thirds (2/3) majority of gay and bi teens had none. And so with suicide attempts: much more likely but 74% of gay and bi teens had NOT tried to end their lives.

Stress. Feeling under "excessive pressure" in the past month is one of the few areas where more than half gay and bi teens report in a majority, but even so, 49% report "some", "little" or "none". A 78% majority of gay and 61% bi teens report NO or low anxiety. And 71% of gay and 65% bi teens report NO hopelessness, discouragement or sadness. Although lower than hetero teens, more than half of gay and bi teens score above the midpoint on measures of self-esteem.

Protective Factors. Mental health outcomes are the end result of known risk factors. But these data also indicate the presence of protective factors, influences that must be having important mediating effects. What are these Protective Factors? We think of them as opportunities and relationships that even, under the stress of stigma, promote healthy development and resilience. Summed up they are the 7 C's of Resilience.

Gay and bi teens face much higher levels than hetero teens of harassment exclusion, assault, abuse, and discrimination: enacted stigma. How then do we explain why so many gay and bi teens are resilient and doing well? Some of their risk and protective factors are shared with all youth and some are specific to gay and bi teens.

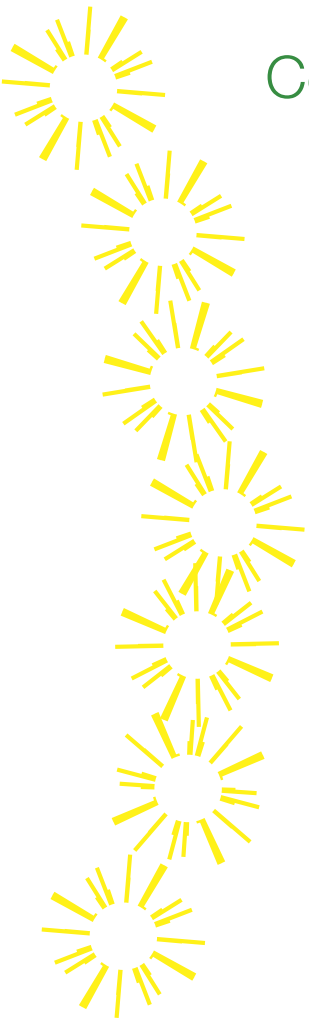
Enacted Stigma is clearly harmful. Take for example self-esteem scores (on a 0-1, where 1 is high), if teens are targeted for violence, average self-esteem scores are .56: if not, those scores are much higher, at .75. We see similar things with perceived safety in school scores: if teens are targeted for harassment and violence, their perceived safety in school is .63 out of 1: if they are not targeted, it's .85. Enacted stigma increases the odds of self-harm by 14 times; absenteeism from school, by 3 times; binge drinking, by 2 times.

Elevated risk for suicide in gay and bi teens is associated with a long list of inequities: anxiety, depression, hopelessness, substance use, family conflict, sexual abuse, bullying, lack of friends,

and physical violence. But protective factors can substantially reduce their impact, and consequently, the likelihood of suicide attempts and other forms of self- harm. Family connectedness, school connectedness, supportive teachers, caring adults, and opportunities to build self esteem are the essential tools. Even in environments like high schools with evident homophobia, the presence of one caring adult can improve self-esteem, perceived safety and absenteeism.

How do we foster strength despite stigma? Work to reduce environmental risks, especially by reducing harassment and bullying. Promote the 7C's of Resilience.

The 7 C's of Resilience



Competence: being good at something

Confidence: self esteem

Connection: feeling cared about

Contribution: involved in life

Character: having friends

Coping: managing stress, exercise

Control: making healthy choices

Supporting Gay Youth

How do we foster resilience in gay teenagers?

Travis Shaw
Prince George

Travis Shaw puts up his slide–a photo of Foxy De-Rossi and Dan Rogers, mayor of Prince George. He'll explain later.

Travis was founder of the first GSA in Prince George in 2002. It only lasted a year. It would be several years before another GSA got established.

Since then Travis, aka Foxy De-Rossi, Northern BC's most famous drag queen, has worked to raise awareness about gay people, especially gay youth. His own parents provided a supportive and protective home environment for him. They've taken in queer youth who've been kicked out of their homes.

The GSA in Prince George was developed to help the school district create and maintain a strong support network and safe space for gay teens. The last meeting had 47 teenagers from 8 high schools. Travis helps to connect the GSA to leaders in the community, and works with the media to promote awareness about the gay community.

Back to the photo (www.mygsa.ca/node/1649). Foxy and the Mayor at a Prince George GSA event was carried front page by the newspaper. The incident exposed the lack of support for gay people in Northern BC. But Travis feels that gay youth today know what they want–social equality.

The Social—How YouthCO helps young gay HIV+ men to overcome stigma and develop leadership

Dirceu Campos & Camille Lefort
YouthCO AIDS Society, Vancouver

Dirceu Campos came to YouthCO looking for services for young HIV positive men, began volunteering and now facilitates the support group. Camille Lefort came to YouthCO looking for a peer-led support group a year ago. Now he co-facilitates.

There was no non-medical support services directly targeting poz guys under 30 that go beyond basic needs in Vancouver, so The Social was created providing a unique opportunity to talk to peers. As Camille points out, "Young gay poz guys are dealing with a particular set of issues. What they want is an environment where they can be with their peers and talk about their issues to one another." There are monthly meetings with organized events in between.

The Social aims to reduce stigma and isolation by creating safe spaces for young poz gay guys to connect in a setting that is non-sexual, by connecting them to services, by creating stronger positive youth leaders and by providing them with volunteer opportunities. As one gay youth says, "I can read stuff on the internet or hear info from a doctor but I find that I trust the information that is shared much more when it is coming from a peer who is in the same situation as me."

Innovations in

Towel Talk: Therapeutic counselling in highly sexualized environments

Marco Posadas
AIDS Committee of Toronto

Towel Talk offers psychosocial counselling services to gay, bisexual and other men who have sex with men in three Toronto bathhouses. Two professional counsellors are available on site.

The program targets men who use drugs and alcohol to have sex, heterosexual-identified men and bisexual men who have sex with men, men who are new to Canada, those from racialized communities, and men who are at risk of HIV and living with HIV. It recognises that some men who access bathhouses do not iden-

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tify as gay or bisexual, and may not use services for gay men. It also tries to create a supportive environment related to sexuality, sexual choices, and sexual identity. Anyone in the bathhouse can access the counselling service.

Based on data from the 2010 evaluation, counsellors put in 129 shifts leading to 142 counselling sessions, averaging 30 minutes, and 53 referrals. Men who have used the service were between 25 and 55, 28% white, 16% latino, 17% South Asian, and 18% East and South East Asian. Of the 31 participants who disclosed their relationship, 58% were with a another man, while 42% were with a woman.

Bathhouse counselling extends the impact of outreach. There are topics that guys will talk to a counsellor about that they won't talk to an outreach worker about.

Top 5 issues raised in counselling

1. Relationships
2. Guilt & shame, connected to the bathhouse experience
3. Bathhouse issues: I don't know how to connect.
4. Lonliness, isolation
5. HIV

Desire and Defiance: The Pig Sex Project

Duncan MacLachlan
AIDS Committee of Toronto & University Without Walls, OHTN/CIHR

Duncan MacLachlan's online research suggested an increase in the references to people looking for "pig sex" or identifying as "sex pigs". He noted how many men use "pig" in their usernames and read examples of online profiles that referenced pig sex. An article in the community newspaper caught Duncan's eye, "research ignores sex pigs…shameless sluts could be key to HIV prevention work". It turned out to be an interview with Francisco Ibanez-Carrasco, "Isn't it time to evaluate why gay men take sexual risks?"

Traditionally in HIV prevention we focus on the risks and vulnerabilities. How do we convince guys to use condoms and practice safer sex? We haven't looked at why guys take risks and the benefits of risk taking. What are the pleasures that come from that? What do these guys have to teach us? What do we have to learn from them? This sub-culture associated with condomless sex has been demonized, even within the gay community.

ACT has been talking about prevention work in the context of resilience, and pleasure as a motivator. Do guys make decisions on health based on risks for HIV? Do guys make decisions based on pleasure, or whether their attracted to somebody?

Duncan held two consultations in Toronto: a panel at the LGBT Community Centre, and a café-style event at the Black Eagle leather bar. The feedback was very positive with more consultations planned in Toronto, Vancouver and Montreal.

The Pig Sex Project is about community consultations with men who identify with being sex pigs or are into pig sex. The project works collaboratively with interested individuals and organizations, and aims to develop a research proposal. From a research perspective, what these guys have to tell us is important. What we discovered is the very sophisticated level of negotiation around risk that takes place.

The guys have told us about the fluidity of pig sex, the role adaptations. There is a strong element of reclaiming sexuality – for both HIV positive and negative guys. There seems to be a real need to celebrate our sexuality. To look at what we do well.

Terry Trussler Community Based Research Centre

Unmasking the Gender Factor

Last Summit, a keynote address by Dr. Verlé Harrop of the National Collaborating Centre on Determinants of Health pointed to a "profound" lack of population data on gay men in Canada—critical information needed for equity studies with enough clout to influence social policy. She theorized that sexual orientation alone would not fully account for health disparities in gay men and suggested further consideration of the influence of gender and culture.

Her remarks rocked the Sex Now Survey just as we were preparing to launch our next survey. "Mental wellness" seemed a potential "indicator" of a population determinant—influenced by the stress of daily navigation through heterosexism and homophobia. As such we had themed Sex Now 2010: "Sex on your mind"—featuring the relationship between mental and sexual health.

Aiming for a national sample, beyond the scope of our annual BC survey, we translated the questionnaire and promotional texts into French. To enhance our established regional network, we invited community organizations across Canada to help promote the survey in their own locality.

Nearly 8,000 (n=7,908) men from across Canada completed the questionnaire. Every province and territory was represented. The sample age was somewhat older than previous Sex Now surveys: mean age 43 and only 20% under 30. And, for the first time, the survey attracted large numbers of men married or partnered with women—almost 20% (1,532).

We began our analysis by investigating indicators suggestive of "marginalization" to establish proportions of the sample directly affected by heterosexism.

Indicators of Marginalization	**% affected n=7908**
Suicidal thoughts/acts	46.6%
Bullied	42.2%
>25% sad days	36.3%
Unwanted sex	24.4%
Career impacted	21.2%
>25% lonely days	20.6%

We noticed that bullying, suicidal feelings, depression and isolation had disproportionately greater impacts on young men. These effects appeared to decline with age. Career impact, however, appeared to increase with age. To investigate the "mental wellness" connection we analyzed access to psychological services. About 64% of

in Gay Men's Health

the men in the sample had accessed mental health services—often more than one form. We noted that 63% of those who used these services were satisfied with them–alarming if this was cancer care where the standard is 85%.

Depression was the most common reason to have sought mental health services. And, as we might have expected, care for depression was strongly associated with all indicators of marginalization—much more than exposure to sexual risk, for example.

Marginalization in Mental Health Care	Depression Care	No Care History	OR
Suicidal thoughts/acts	75.7%	34.7%	5.851
>25% sad days	57.7%	27.4%	3.610
Career impacted	33.7%	16.2%	2.621
Bullied	58.7%	35.4%	2.586
>25% lonely days	30.6%	16.7%	2.194
Unwanted sex	35.3%	20.1%	2.175
12 month UAI "risk"	32.0%	28.0%	1.211

Estimating the Effect Size: We used Odds Ratios to estimate the effect of marginalization on depression care.

We noted that marginalization significantly affects mental health care service usage. However, we still lacked vital comparisons, such as those between heterosexual and homosexual men, that might expose disparities suggestive of the influence of population health determinants.

We wondered whether we would find any disparities in marginalization between gay men and MSM. Public health studies commonly use MSM to describe all men who have sex with men, however, community prevention discourse uses MSM to describe men having sex with men who do not think of themselves as gay. MSM are considered hard to reach and poorly understood, largely because their activities are masked in secrecy and strongly maintained gender status enactments and symbols such as heterosexual marriage.

We divided the survey into 2 groups: Gay (single + male partnered) and MSM (female partnered + married). We conducted logistic regression comparing gay men and MSM by indicators of marginalization, access to psychological services, experience with depression, social attachment, sexual history, sexual health knowledge, internet usage and exposure to HIV and STI.

Surprisingly large disparities showed up in multiple measures of social and health experience: income and living standards; exposure to bullying and violence; suicidal expression; sadness and depression; sexual "risk"; self reported HIV and STI's; mental health care; community attachment… and so on throughout the data.

Gay men showed significantly greater intensity of attraction to other men, stronger desire for mutual emotional involvement and much greater importance attached to having an intimate relationship with another man. MSM were as sexually active but far less attached emotionally, had few gay friends and generally more driven by sex than intimacy. Thus, in a sample entirely made up of men having sex with men, we wondered what determinant we were studying.

Marginalization Indicators	**Gay**	**MSM**	**OR**
Suicidal thoughts/acts	50.7%	30.1%	2.391
Bullied	49.8%	10.7%	8.279
>25% sad days	38.0%	29.0%	1.505
Unwanted sex	25.3%	21.3%	1.248
Career impacted	24.8%	6.9%	4.436
>25% lonely days	22.9%	13.6%	1.835

Odds of Marginalization: Gay men were 8 times more likely to have been bullied than MSM and 4 times more likely to have had their career impacted by their sexual orientation.

Our analysis showed overwhelmingly that gender differentials among men having sex with men define basic social inequities and health disparities. Marriage or heterosexual partnership apparently make a significant difference in social status—as measured by income and living standards.

Reported Health Outcomes	Gay	MSM	OR
Any Mental Health care	54.8%	37.7%	2.002
Depression Care	31.9%	18.3%	2.082
HIV	9.2%	1.2%	8.029
Chlamydia	3.2%	1.9%	1.713
HPV (genital warts)	2.8%	1.7%	1.644
Gonorrhea	2.5%	.7%	3.968
Syphilis	1.8 %	.3%	5.659
Herpes	1.7%	.6%	2.861

We expect that there may be constrained, hidden or transitory "social locations" within both gay and MSM categories—secret gay politicians and celebrities, marriages of economic convenience, men in transition etc. In the aggregate, nonetheless, MSM appear to be relatively status privileged; are exposed to significantly less marginalization; while experiencing significantly better mental and sexual health outcomes.

Summary of findings

- Marginalization strongly associated with depression care
- Youth have significantly greater rates of marginalization and depression
- Gay men have significantly greater rates than MSM: marginalization, depression, HIV and STI.
- Gender status might help explain gay health disparities

The association between indicators of marginalization and depression care in Sex Now 2010 seems very strong and the role of gender status inequity a key finding. We have learned more about Canadian MSM than was previously known and in doing so we have unmasked a gender factor in gay men's health determinants—an important avenue of further research. At the same time "gender status" has emerged as a leading concept in our own future studies.

Wayne Robert HIM

Health Initiative for Men—Strengthening the health and well-being of gay men

One question Wayne Robert gets is, "Why a gay men's health organization?"

Gay men face health challenges that are different from other groups. HIM supports gay men working together and taking ownership of their health issues by using an asset-based approach, building on the foundations of resiliency that exist. HIV remains a critical issue for gay men. Yet as Wayne points out, "if there was no HIV, there would still be gay men's health issues that need to be addressed." There has been strong community support for a stand-alone gay men's health organization for some time.

In this spirit, Health Initiative for Men developed its mission: "To strengthen gay men's health and well-being through trusted, tailored, targeted research-based health promotion services and by engaging the community through volunteer involvement, online access and events. We foster mutually beneficial relationships among gay men and health professionals to ensure the best possible outcomes. We do this because we value the ability of gay men to make informed decisions, we value the role of our community in supporting the foundations for healthy living, and we value scientific research."

Health promotion services include the checkhimout.ca website, social marketing campaigns and a condom and lube distribution program. Over 10,000 condoms are distributed in Vancouver every month. HIM organizes outreach and workshop events. Totally Outright, for young gay men ages 18 to 26, is organized in collaboration with the Community Based Research Centre. HIM runs a Sexual Health Centre offering rapid and early HIV testing, and standard STI testing. Peer support and volunteer professional counsellors are available.

Volunteers and community engagement strategies are used in the development and provision of all HIM programs. HIM fosters mutually beneficial relationships with partners to organize and deliver programs such as the Gay Men's Health Summit, research projects, position papers and the Sexual Health Clinic.

To facilitate interaction with the research community, HIM developed a set of engagement principles to assist the organization in making decisions about what research to be involved in. HIM offers an application process to researchers who want to partner with HIM in some way.

HIM has written a position paper on making Post-Exposure Prophylaxis accessible to gay men.

Taking Action on PEP
Wayne Robert, HIM & Richard Taylor, physician

HIM created a position paper on Post-Exposure Prophylaxis (PEP) because there is still confusion around the efficacy and accessibility of PEP in BC. It calls for guidelines and protocols for accessing non-occupational PEP. It endorses PEP as part of a comprehensive HIV prevention strategy.

The paper was sent to the BC Centre for Excellence in HIV/AIDS with recommendations for action. It was brought to the attention of Pharmacare. The BC CfE Committee for Drug Evaluation and Therapy will develop guidelines for the management of non-accidental HIV post-exposure prophylaxis, with cost estimates and an implementation plan. HIM feels the financial issues should not delay the development of the PEP protocol, and that the protocol development should be made in collaboration with health care providers experienced in gay men's health.

Richard Taylor, a HIV specialist in Vancouver, discussed the issues of medication costs often used as a reason for not providing non-occupational PEP. He discussed the importance of training for medical personnel to be aware of PEP and to be non-judgmental in their approach. He suggested the medications making up PEP needed to be reviewed. The current regime has side-effects which could be minimized.

Vulnerabilities, Resilience & HIV

"I'm still the same person": Reshaping Identity within the context of a New HIV Diagnosis

Michael Kwag
BC Centre for Disease Control

Michael Kwag provided an update on the "Acute HIV Infection in Gay Men" study. He presented six themes from the psychosocial responses to an HIV positive diagnosis, and the process of identify formation to being HIV positive. He reported on the experiences of eleven gay men who received either an acute or recent HIV diagnosis.

Coping with social stigma: The most important thing participants wanted from their social networks was acceptance. Having an HIV positive person in your social network made coping with the diagnosis easier.

Impact on family and work: Fear of being discriminated against at work. Most were guarded around disclosing at work.

Impact on intimate relationships: Concerns with either maintaining a relationship or finding a new partner. Fear of rejection made intimacy difficult.

Attitudes towards HIV and persons with HIV: Many had to reconcile previously held views about HIV: Is HIV a death sentence? Who has prevention responsibilities – HIV positive or negative person?

Sexual activity for an HIV positive person: Participants were concerned about passing on the virus. They experienced a shift in perspective about disclosure responsibilities and criminalization. Those in relationships reported increased stresses. One participant stated, "We used to bareback all the time, so it has been pretty different now. Like, even the condom is nothing but a thin layer of latex."

Future living with HIV: Newly diagnosed persons experience confusion over all the information. They experience fear about what the treatments will do. They no longer experience the anxiety of "getting infected". One man stated, "It may sound flippant, but I don't worry about getting HIV anymore."

Peer Navigation Program for People Newly Diagnosed with HIV

Glen Bradford
Living Positive BC (formerly BC PWA)

Glen Bradford presented on services for newly diagnosed people at Living Positive BC. The average length of time for an HIV positive person to access an HIV service organizations is 2 to 3 years.

Glen divided persons living with HIV into three cohorts. The first cohort came before 1986, before antiretrovirals came where the theme was AIDS = Death. The second cohort came with antiretrovirals but they had many side effects. As of 2006, it's one pill a day with minimal side effects – but that's not everybody.

Living Positive BC has two programs designed for newly diagnosed persons: a workshop series and a Peer Navigation Program. The two-day workshop aims to educate, empower and decrease shame-based isolation. Peer Navigators work one-on-one with newly diagnosed persons to assess needs and guide the process through the health system. Peer Navigators are experienced HIV positive persons and act as mentors.

The definition of newly diagnosed includes not only those diagnosed within the year but also those who were diagnosed several years ago but may have been in denial. The program has also included those who don't know their HIV status.

Mental Wellness of Gay Men as a Determinant of Vulnerability to and Resilience Against HIV/AIDS–Review of Canadian Evidence

Chris Boodram
Public Health Agency of Canada (PHAC)

The Federal Initiative to Address HIV is developing a status report on HIV and gay, bisexual, two-spirit and other men who have sex with men. PHAC reviewed Canadian academic and grey literature on mental wellness, gay men and how it relates to vulnerability to and resilience against HIV.

No material was found on MSM, and very little on two-spirit. Among gay and bi men, they found higher incidence of depression, anxiety and bipolar disorder. Gay, bi and two-spirit youth were at risk for depression, anxiety, low self-esteem and isolation which correlated with harassment and violence. Youth experienced greater suicidal ideation and attempts.

The literature highlights the correlation between sexual minority

Vulnerabilities cont'd...

status and poorer mental health outcomes. Homophobia and heterosexism emerged as determining factors of mental wellness. Bullying, harassment and bashing correlated with poorer mental health outcomes. At the systemic level, heterosexism impacted people's experiences of safety and their ability to access care. Men facing multiple marginalizations such as racism and heterosexism seem to experience negative mental health outcomes.

It is documented at an individual level that stress, anxiety, depression, low self-esteem predict behaviours such as unprotected anal intercourse with someone of unknown HIV status. The correlation is less clear for the interpersonal, social and structural factors that influence mental wellness and HIV vulnerability at a population level. Chris Boodram points out, "We have a history of individualized interventions for gay men and yet we still have the highest infection rates in the country. Maybe there is something missing."

We need to look at the interpersonal and the systemic levels of homophobia and heterosexism. We need more focus on the social challenges faced in life course events such as coming out and dating. We need to broaden the interventions for gay men beyond HIV to a more holistic approach. The invisibility of gay men in health policy is a significant factor. Sexual orientation needs to be examined as a significant determinant of health for gay men.

Positive Prevention

Gay Poz Sex (GPS): A community-based counselling intervention for HIV positive gay/bi men

Rick Julien, AIDS Committee of Toronto (ACT)

Rick Julien reported on GPS: Finding your own way, a Toronto positive prevention program for gay men who are HIV positive to help decrease risk and improve sex and sexual health. The program consists of seven two-hour sessions once a week. Participants complete surveys on sexual behaviour and mental health before the program, after and in a three month follow up.

This community based research project uses the IMB theoretical model emphasizing information, motivation, behaviour skills. Using motivational interviewing techniques (guided active listening), peer facilitators guide participants toward the changes that participants identify, and away from the resistances that participants experience. Participants are taught the stages of change theory: pre-contemplation, contemplation, preparation, action and maintenance.

Taking a wholistic approach to sexuality, the first session aims to make the men comfortable talking about personal and sexual issues: sexual relationships, ideal sex, STI transmission, viral load and other related issues. The second session deals with the laws, fears and communication practices around sex and HIV disclosure. Motivational interviewing is used in session 3 to 7 to identify goals and specific changes, resolve ambivalent issues and try new strategies. Participants keep sexual diaries outlining their feelings before and after sex and what they hoped to achieve.

Participants identify what is useful for them in the program. Past participants have experienced an increase in social interactions in their lives, increased self-efficacy in sexual negotiations and disclosure, and increased confidence in making health choices for themselves. The program is having an effect on men's behaviour. A decrease in unprotected anal intercourse with a partner of HIV negative or unknown status has been reported in the three month follow up with participants.

Workshops

Notes from Inside–Addressing barriers to gay poz men's self-actualisation

Mikiki, Toronto People With AIDS Foundation

Several prevention documents have come out of the Positive Prevention Working Group of the Ontario Gay Men's Sexual Alliance including the Positively Healthy pamphlet and a service providers manual to create better supports for HIV positive men and sexual health. The Toronto People With AIDS Foundation received a grant to distribute these documents and develop a program for positive gay men.

The program includes peer based outreach and education at the bathhouse and online. Community gatherings evolved from drop-in sessions to monthly forums to monthly dinner and discussion groups in order to respond to the needs and comfort level of positive gay men. The eight peers, involved in the program, have a structured debriefing resource to assist them with dealing with the emotional impact of doing outreach as an HIV positive man.

The program also offers a full day training on cultural competence for those health and social service providers working with HIV positive gay men. The workshop is intended to assist service providers to overcome fears and prejudices about sexually active HIV positive men. Workshop length has been tailored to accommodate groups who can't do a full day.

Mindfulness on the Gay Journey: What does it mean to be Gay?

Kai-Lin Yang

Spiritual awareness is an important part of self-realisation and includes recognising the stresses, tensions, strictures and urges of everyday life. Mindfulness focuses on coming to terms with these components of the life course of gay men, and offers the chance to affect the social, cultural, psychological, physiological, and personal struggles and successes of each individual in their subjective experience of sexuality and health.

Exploring the Potential of Intersectionality for the Advancement of Gay Men's Health

Olivier Ferlatte, Rodney Hunt, and Olena Hankivsky, SFU

This workshop explored the potential applications of an intersectionality approach to the advancement of gay men's health. An intersectionalilty approach allows for the exploration of the intersections of homophobia with others systems of oppression (i.e. ageism, racism, sexism, etc.), acknowledging that gay men's lives are complex and tainted by multiple forms of power and oppression as all gay men are raced, gendered and come from various social classes. This approach is in stark contrast to a social determinants of health approach that tends to look at one category or social location at the time (i.e. sexual orientation). Intersectionality challenges the notion of gay men as a homogenous population by considering the diversity within gay men and recognizing that gay men are not equally impacted by discrimination and negative health outcomes. By acknowledging the complexities of health inequities among gay men, an intersectional approach can highlight issues that are generally invisible and may assist in the identification of policy or programming problems. It may also help identify potential solutions that are often left unexplored when considered from a singular focus on sexuality as a determinant of health.

Mental, Educational and Physical Safety for MSM Online

Robin Parry, Qmunity

The use of the internet as a pivotal space for social gathering has become one of the most prevalent forms of connectivity available. A significant portion of gay men now use the internet and many are concerned about the effects of the online environment. Gay men may encounter discrimination based on body image, stereotyping, aging, racism, deception, bullying etc, and this can contribute to problems with self-worth. Profile building can put pressure on gay men to conform to an ideal. And the discrepancies between online profiles and reality may signal issues of personal safety and mental health.

Anti-Virus Software–Providing timely, relevant and engaging online sexual health services for gay men

Travis Hottes, Mark Gilbert, Devon Hoag, Bclovebytes.wordpress.com

Online strategies for sexual health services represent innovative and contemporary forums for engaging with gay men about sexual health. This means creating more service options and reducing barriers to accessibility, all aimed at diminishing rates of STIs. Currently research on STI resources is limited, but increased evaluation of these services could greatly impact service delivery and benefit wait times at clinics, streamline testing and pre-testing services, increase testing frequency and engage with a younger, more tech-savvy population and thus broaden the discussion about gay men's health.

Gifts from the Gender Margins, or Ever Since Stonewall
Devon MacFarlane, Vancouver Coastal Health & Liam "Captain" Snowdon, AIDS Vancouver Island
The trans community confronts issues that are vastly different from the larger LGB community, and so the trend of assimilating this distinct population has the effect of maintaining or further problematising the barriers they face. The intersecting concerns of the community suggests that improved research and policy development will help to identify health and social needs. This includes government identification gender categories, health care coverage for sexual reassignment procedures, and employment protection – all suggest that policy changes are a necessary step to address the issues faced by the transgender community in Canada.

Effects of Homo-negativity on Gay Men's Development
Bill Coleman
Who are we? What can we do about it? From the early experiences of being different, the impacts of identifying as a gay man can be felt throughout life. It is important that the details of that impact, from childhood through adulthood, be recognised and understood. The effects of homo-negativity and the potential risks and dangers for gay men as they develop are embedded within an array of stereotypes, forms of discrimination and marginalisation, isolation, secrecy, insecurity and fear of reprisal. Memories of repression, shame and guilt can stunt our ability to explore our past. If we are to move forward as a community, gay men need opportunities to deal with these feelings and issues.

Profiling Gay Bashers–A social exploration of masculinity and race
Romi Chandra Herbert
The social world is made up of a hierarchy of prejudices. In the context of gay-bashing, this hierarchy works within a complex arrangement of social groupings, which are significantly based on social positioning and racial and ethnic backgrounds. It is important that we recognise the contexts of gay-bashing and look to relevant allies in the struggle to stop homophobic and racialised violence, and produce meaningful policies that recognise racial biases and social inequalities.

Inspiring Behaviour Change: motivational interviewing basics
Duncan MacLachlan
Motivational interviewing focuses on inspiring behavioural and transformational changes by empowering individuals to understand their motivations for wanting change and helping them to recognise the positive influences and skills they already have. By resisting the reflex to right wrongs and by listening to the ways in which problems and solutions are articulated by individuals, motivational interviewers can reflect positive understandings of problems and goals gleaned from a person's own words. The method works to ask, inform and listen, and allows practitioners to discover where a person wants to go, to provide meaningful and affirmative options, and to activate the person's self-motivated participation. Motivational interviewing is effective in work with at-risk populations in which voice is given to those who normally feel silenced.

Presenters

Chris Boodram is a Senior Policy Analyst with HIV/AIDS Policy Coordination and Programs Division at the Public Health Agency of Canada, where he provides policy advice on the federal role addressing HIV among gay, bi, two-spirit and MSM.

Glen Bradford is HIV positive and has been involved in the HIV community as both a Social Worker and an educator.

Dirceu Campos is YouthCO's administrator by day. By night, he coordinates and facilitates YouthCO's support initiative for young gay men with HIV.

Andre Luis Ceranto works at the AIDS Committee of Toronto as the Portuguese-speaking Men's Outreach Coordinator. Most recently he was awarded with Universities Without Walls fellowship from CIHR.

Romi Chandra Spencer currently lectures at the Justice Institute of BC on anti-oppression and works with the City of Vancouver on anti-discrimination efforts. He recently exercised his right and married Spencer Chandra Herbert, his partner of 10 years.

Dr. Bill Coleman is a clinical psychologist, working in mental health for over thirty years. Bill is currently on faculty at the UBC's School of Medicine and works as a consultant for the CIHR study of Acute HIV Infection in Gay Men.

Adriaan de Vries has been with Living Positive BC (formerly BC PWA) since 2002.

Olivier Ferlatte came to Vancouver in 2004 with a degree in Sexolo-

gy. He currently works at the Community-based Research Centre and is a PhD candidate in Health Sciences at Simon Fraser University.

Dr. Mark Gilbert is a community medicine specialist who has worked in public health since 2005 and currently leads the surveillance team at the STI/HIV Prevention and Control Division at the BC Centre for Disease Control.

Devon Haag is a surveillance analyst in the STI/HIV Prevention and Control Division at the BCCDC. She currently coordinates the BC Online Sexual Health Services Program.

Dr. Theresa Healy is the Regional Manager for Healthy Community Development with Northern Health in Prince George.

Dr. Olena Hankivsky an Associate Professor at the School of Public Policy and Co-Director of the Institute for Intersectionality Research and Policy. She is editor of Health Inequities in Canada: Intersectional Frameworks and Practices (University of British Columbia Press), the first such collection in Canada.

Travis Hottes started working in gay men's health as an outreach worker in San Francisco eight years ago and now focuses on evaluation of the Online Services Program as an epidemiologist at the BCCDC.

Rodney Hunt is a PhD candidate in Sociology at Simon Fraser University exploring intersex medical management.

Rick Julien is currently employed as a peer research assistant/facilitator for the GPS Project being offered through ACT (AIDS Committee of Toronto).

Cécile Kazatchkine joined the Canadian HIV/AIDS Legal Network as a policy analyst in September 2009 and mostly works on the issue of the criminalization of HIV transmission and exposure.

Michael Kwag is the Research Project Manager of the CIHR study of Acute HIV Infection in Gay Men at the BC Centre for Disease Control. He is currently the Vice-Chair on the Board of Directors at the Health Initiative for Men.

Camille Lefort is the Members Services Coordinator and a support worker for YouthCO.

Devon MacFarlane coordinates Prism Alcohol & Drug Services at Vancouver Coastal Health, focusing on addiction-related services for queer, trans, and Two Spirit communities.

Duncan MacLachlan is the Manager of Community Health Programs for the AIDS Committee of Toronto (ACT) and is a 2010-2011 Fellow in the CIHR-University Without Walls program.

Mikiki is a queer video and performance artist from Newfoundland. Mikiki is now the Poz Prevention Coordinator at Toronto People With AIDS Foundation.

Robin Parry is the Education & Outreach Community Developer at QMUNITY, BC's queer resource centre. Robin is from South Australia.

Marco Posadas is TowelTalk's program coordinator and bathhouse counselor at the AIDS Committee of Toronto (ACT). He has been a psychotherapist for thirteen years, and currently has a private practice in Toronto.

Wayne Robert joined HIM as Executive Director in 2010, bringing more than 25 years of leadership expertise.

Dr. Elizabeth Saewyc is a Professor in the University of British Columbia School of Nursing and the Division of Adolescent Medicine. She is also a Senior Scientist in the Child Family Research Institute at BC Children's Hospital, and Research Director for McCreary Centre Society, a community-based youth health research and youth empowerment organization.

Travis Shaw does volunteer work with the Gay Straight Alliance in Prince George. Travis is one of the top drag queens in Canada – and an icon in drag in British Columbia.

Dr. Liam "Captain" Snowdon has a doctorate in Sexology and is in private practice doing sex counselling and coaching.

Dr. Richard (Bud) Taylor is a Vancouver physician with a specialty in HIV and gay men's health.

Dr. Terry Trussler is a founding member and Research Director of the Community Based Research Centre. He has been the lead investigator of the Sex Now Survey for nearly a decade and is a founding board member of HIM, the Health Initiative Men.

Kai-Lin Yang moved to Vancouver in 2005 and is a Registered Clinical Counsellor and Certified Integral Coach. He has a full-time private practice in Vancouver and Burnaby.

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