# Understanding and Responding to the Mental Health needs of gay, bisexual and other men who have sex with men in Scotland, post-Covid-19

Research Summary Report, Dr J Frankis & Dr Demi Strongylou, May 2022. See <https://doi.org/10.1080/21642850.2022.2053687> for the full paper.

Background: Gay, bisexual and other men who have sex with men (GBMSM) are at far greater risk of experiencing poor mental health than wider society.

Objectives: We conducted a mixed-methods study to understand the impact of Covid-19 on the mental health of GBMSM in Scotland and how they sought help for their mental health during lockdown. We addressed 3 research questions as shown below.

Methods: We conducted an online survey with 1,368 GBMSM in the UK and Ireland, and qualitative interviews with 18 GBMSM in Scotland in June 2020, during the first Covid-19 lockdown. We analysed the data to address 3 research questions (RQ, see below) and develop evidence-based recommendations for our community and service provision. They are published in [our peer-review paper in ‘Health Psychology & Behavioural Medicine’](https://doi.org/10.1080/21642850.2022.2053687).

## Quantitative Findings

### Who took part in our survey?

The average age of survey participants was 41.5 years. Almost all men (98.5%) identified as gay or bisexual. Most were living in Scotland (48%), followed by England (21%), the Republic of Ireland (19%), Wales (8%) and Northern Ireland (5%). Most (97%) identified as white, most (88%) reported post-secondary school education and one third (38%) lived alone.

### RQ1: What factors predict mental health help seeking during the first Covid-19 lockdown in the UK and Republic of Ireland?

### In our sample

* 38% had ever received a mental health diagnosis from a doctor.
* 36% reported ‘moderate to severe depression’ and 24% reported moderate to severe anxiety in the past 2 weeks.
* 26% said their mental health was poor/very poor at the time of completing the survey.
* In total 45% reported recent moderate-to-severe anxiety/depression or self-reported poor MH during lockdown.
* 22% reported using remote mental health resources during lockdown.

*Men suffering from moderate-to-severe anxiety and men who had received a MH diagnosis were more likely to seek help for their MH issues.*

## Qualitative Findings

### RQ2: What are the barriers and facilitators to mental health help seeking among GBMSM in Scotland?

### Table 3. Key barriers & facilitators to GBMSM’s MH help-seeking from GBMSM-facing Organisations & Online Resources.

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| MH help-seeking from GBMSM-facing organisations |
| *Barriers* * Men reported a lack of knowledge about GBMSM-facing organisations
* They said they lacked the confidence to look for GBMSM-facing organisations
* They though these organisations would *only* focus on sexual health not mental health and wider issues.
* Counselling itself was perceived as lacking in benefit, although the evidence suggests it is very helpful
* Men explained they had a lack of motivation to seek help – which itself if a key symptom of depression
 | *Facilitators** Cis-gender GBMSM said they would trust organisations that showed an inclusive approach towards trans (including non-binary) folk
* Offering socialisation chances with other gay men
* Organisations need to offer counsellors with empathy to them as GBMSM
* Men said organisations needed to offer counsellors with the same sexual identity as them and/or the freedom to select their counsellor based on diverse race characteristics or men’s individual needs
* Services must offer a safe, inclusive, & comfortable environment
* Services must be discreet in terms of access and contact.
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| MH help-seeking from online resources |
| *Barriers** Lack of a person-centred approach
* Men thought their own resourcefulness meant they did not need the help that online resources offered.
* Online resources were perceived to offer little actual benefit – despite research evidence to the contrary.
* Men were looking for ‘quick fix’ to their MH problem and did not understand they would need to make a ‘long term investment’ in their MH to see any benefit.
 | *Facilitators** Men said referral to resources by a trusted person or organisation (e.g. NHS, GBMSM facing-service) would help them see what
* Clear, concise, & discreet content and function
* Providing individualised care
* Seeing or learning that experiencing the resource offered a positive effect on their own or trusted others’ mental health.
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### RQ3: What are the preliminary recommendations to enable services to enhance MH help seeking among GBMSM?

We used the Behaviour Change Wheel (Michie, Atkins, & West, 2014) approach to analyse these barriers and facilitators to MH help-seeking. This allows us to generate an evidence based, theoretically informed guide to behaviour change. This means we can be confident that these recommended changes will actually work.

**Bold** shows who/how this should be achieved and underlining shows the key action require.

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| SHORT TERM RECOMMENDATIONS |
| **Resources*** **Mass & Social Media** – Advertise existing resources to improve MH (e.g. apps, websites, helplines, counselling) for GBMSM.
* **Mass & Social Media** – Raise awareness of simple/useful MH promotion techniques for GBMSM (e.g. exercise, social interaction, reduce alcohol/drugs, mindfulness etc.).
* **GBMSM & MH services** to raise awareness of success of existing resources to help improve MH (for GBMSM).
* **GBMSM & MH services** to raise awareness of existing MH resources.

**Service provision*** **GBMSM & MH services** Ensure ‘branding’ is inclusive and visibly welcome to all – celebrate diversity of services users and, where possible, staff.
* Ensure **GBMSM-facing organisations** advertise MH services they offer within wider promotion of their services.
* Since those with longstanding MH issues already know how to seek help, **GBMSM and MH services** should focus on those with new MH problems.
* **National, regional, and local stakeholders** should **cocreate a GBMSM targeted mass and social media intervention** to reach diverse GBMSM.
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| MEDIUM TERM RECOMMENDATIONS |
| * Contemporary **research** is needed to understand what factors affect the MH of GBMSM – and indeed out wider LGBTQIA+[[1]](#footnote-1) communities (e.g. impact of minority stress, homophobia, disproportionate substance use) and, critically, how they interact with other health inequalities to produce syndemic ill-health.
* Work with **GBMSM communities, GBMSM-facing and MH organisations and lobby boards** for MH inclusion.

**Resources*** **GBMSM and MH services** appraise current resources then share and endorse the best MH resources for GBMSM.
* Develop resources for GBMSM to help men with poor MH.
* **GBMSM-facing and MH organisations** coproduce MH materials with GBMSM community
* Frame MH help seeking as normal for GBMSM and positively endorsed.
* Consider innovative ways by which those men already seeking help for MH can share their experience to enable others to also do so.

**Mental Health Maintenance** * Introduce the idea of MH Maintenance - e.g. 15-20 minutes daily mindfulness, meditation, exercise especially outdoors and in nature, gardening, jigsaw puzzles and crafting including knitting, crochet, painting, drawing, sewing, colouring-in, zentangle...
* MH Maintenance is about replacing ‘buzzy’ activities like checking social media and streaming the latest shows with ‘chilled’ activities like gardening, crafting, jigsaws, exercise in nature etc.
* Frame and promote MH maintenance as normative
* Promote MH maintenance as a long-term commitment (i.e. Ruby Wax ‘deposit in saving bank’) not a ‘quick fix’ (i.e. one session of meditation unlikely to make you feel better).

**Mental Health Apps*** **Research, MH and GBMSM organisations and communities** work collaboratively to identify those high-quality MH apps (already identified in systematic reviews) most suitable for GBMSM.
* **GBMSM-facing organisations** endorse and promote those high-quality MH apps suitable to GBMSM, via outreach work, social & mass media.
* **Local GBMSM services / community ambassadors** provide support in using the apps (LGBTQIA+ MH app support group, training intervention).
* **Research, GBMSM/MH Organisations and GBMSM community** work together to design GBMSM-tailored MH resources (e.g. meditation programme) using existing modifiable apps (e.g. InsightTimer).
* **NHS/GBMSM-facing organisations** devise strategies to ensure digitally excluded GBMSM are included when services are delivered remotely.

**Allies and Ambassadors*** **Peers, partners, friends & family** can play a role in enhancing GBMSM confidence and self-efficacy in help-seeking for (online) MH resources – ‘help a friend’.
* **GBMSM MH Ambassadors** operate at the organisational (e.g. Waverley Care, S-X, THT, LEAP Sports), community (e.g. BearScots, FrontRunners, gay/straight alliance in educational settings), professional (GPs, STI clinician), political (First Minister), celebrity (Lady Gaga) and individual (e.g. Jim MacDonald) level.
* **GBMSM MH Ambassadors** frame MH as an issue for GBMSM, endorse and promote (i) MH help-seeking, (ii) MH resources and organisations, (iii) high-quality MH apps, iv) other helpful MH maintenance strategies, using personal testimonials.

**Dissemination*** For organisations we should communicate these issues via a webinar and linked short briefing to ensure consistency across the sector.
* **Mass & social media** advertise personal testimonials of use and demonstration of how to access services.
* **GBMSM MH Ambassadors** share their personal testimonials via mass and social media (articles, posts, tweets, tiktoks, blogs, vlogs…)
* Run webinar so **GBMSM MH ambassadors** describe how they successfully searched for and used services for the first time.

**Mental Health Services*** **MH services** should be proactive to reach GBMSM.
* Connect **MH with SH and other service use** more broadly (holistic health).

**GBMSM-facing Organisations*** Rebranding of **GBMSM-facing organisations** to include MH issues. Moving away from GBMSM-facing organisations due to ending HIV.
* **GBMSM-facing organisations** should adapt outreach activities to promote MH and Wellbeing and ensure their MH services are promoted as widely as possible.
* Important to think of social and discrete spaces for both physical and digital services.
* **GBMSM-facing services** develop and deliver GBMSM staff training package for generic MH and wider services.
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| LONG TERM RECOMMENDATIONS |
| **Community Level Work*** Create community-development initiatives, drawing on assets-based co-creation approach to enhance mental health.

**Mental Health Maintenance*** Advocate importance of MH awareness and maintenance for **ALL**.
* Advocate importance of MH awareness and maintenance for GBMSM population given their unique multiple vulnerabilities (syndemics).
* Create new identity of MH maintainer (like exercising, 5-a-day etc.) for GBMSM as someone who actively engages in activities to maintain their mental health (e.g. exercise, meditation, crafting etc.).

**App Development and assessment*** Collaborative research with **GBMSM communities, MH & GBMSM organisations and app designers** to coproduce MH app tailored to GBMSM.
* Randomized Controlled Trial to evaluate the efficacy of MH app tailored to GBMSM.

**Service Provision*** Work to ensure **generic organisations** dealing with specific issues (alcohol, drugs, abuse, eating disorders, MH etc.) are LGBTQIA+ inclusive.
* High-level work is needed to make sure that **commissioners** and service-level agreements achieve coherence and clarity around who delivers what and to whom.
* National level service provision (e.g. Scotland-wide, U.K.-wide) could enable celebration of diversity of service provider staff more realistically.
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**References**

Michie, S., Atkins, L., & West, R. (2014). The behaviour change wheel. A guide to designing interventions (1st ed.). Great Britain: Silverback Publishing. p. 1003–1010

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1. Lesbian, gay, bisexual, trans, transgender, queer, questioning, intersex, asexual, agender and additional identities including but not limited to non-binary, pansexual, genderqueer, polygender and pangender. [↑](#footnote-ref-1)