

# MSM Masterclass

Module: **Mental Health**

## **FACILITATOR GUIDANCE NOTES**

### **Description to be shared with participants in advance**

In this session we will consider the experiences and needs of men in relation to their mental health. For the purposes of the HIV Prevention Needs Assessment process, including the FAQ community engagement work, mental health problems were considered in more everyday language, so we talked with men about feeling down or feeling low, feelings or experiences of depression and about feeling or being anxious.

In this Masterclass session you will hear about what men report about their mental health and their views of how this might be discussed or considered in the context of thinking about sex and relationships and when accessing sexual health services. There will be an opportunity to reflect on what you think works well about current service provision, and consider how we can provide sexual health and HIV services which play a role in supporting mental wellbeing and helping men to address mental health problems where they impact negatively on sexual health.

Suggested duration of this session is 40/45 minutes.

### **Before the session**

Ensure participants complete Reflection Sheet 1 before attending the Masterclass  
In preparing for the Masterclass ask participants to pay particular attention to the engagement they have with men who talk about feeling down or feeling low, or share feelings or experiences of depression or talk about feeling/being anxious: ask staff to jot down any issues or topics or questions that they feel are important.

By the end of this session participants will have:

1. Developed a greater awareness of the importance of mental health in HIV prevention.
2. Recognised the individual professional understandings and characteristics that they need to develop to help attract and retain men in services when they need support in terms of mental ill health.
3. Understood what characteristics of a service are likely to help engage and sustain the attendance of men for whom there is a need to consider mental ill health and build mental wellbeing.

### **Follow up**

Further information is available from these sources (also on the last slide)

- HIV Prevention Needs Assessment (NHS Lothian and NHS GGC)  
<http://www.scotland.gov.uk/Topics/Health/Services/Sexual-Health/HIVMSMNeeds>
- FAQ Scotland Chapter 6: *Feeling Down/Mental Health* at:  
<http://www.faqscotland.co.uk>

- A report on NHS Clinical Staff interviews (part of the HIV Prevention Needs Assessment) <http://www.scotland.gov.uk/Topics/Health/Services/Sexual-Health/HIVMSMNeeds/interviews>

### **Resources:**

PowerPoint slides as a hand-out.

Facilitator should prepare a hand-out/information on services or agencies (within NHS and partner agencies) where staff can signpost or refer men to.

### **Outline**

**The session is built around a number of slides which draw on information from the NHS Lothian/GGC HIV Prevention Needs Assessment including the FAQ Community Engagement work, and other work that address the experiences, needs and rights of men who have sex with men.**

**Slides may have prompts for discussion; either as one group or in pairs/smaller groups. As a general guide around 5 minutes should be allocated for 'discussion' slides.**

Facilitator guide notes for PowerPoint slides is suggested as follows:

### **Slide 1 Title/Introduction**

The topic in this session is mental health. Understanding how men live their lives, including how they experience mental wellbeing and mental ill health, is a necessary part of delivering a holistic, person-centred service. Some aspects of mental health we will discuss in the session will raise questions and concerns we may have for men in terms of HIV/STI risk. This session is part of the Masterclass programme because it is important for clinic staff to understand as best we can each man's health and wellbeing (both physical and mental) to discuss HIV risk and prevention.

Much of the information on the slides we will be looking at in this session is taken from the HIV Needs Assessment FAQ community engagement work; men participated in online surveys and interviews. Some of the information is also from other aspects of the HIV Needs Assessment and other useful sources of information about the experiences, needs and rights of men who have sex with men.

### **Slide 2**

(Facilitator: no need to read learning outcomes out but just refer to these as follows) This slide describes what we intend participants will get from taking part in this session.

### **Slide 3**

#### **Terminology**

- In this session mental health is used as an umbrella term to refer to both mental health problems *and* mental wellbeing, understood as positive mental health or wellbeing. The World Health Organisation defines **mental health** as "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community".

- As examples of **mental ill health** we might identify mental illness or symptoms which interfere with emotional, cognitive, or social function; this may include depression or anxiety.
- On the other hand, **mental wellbeing** might be experienced as a sense of control, having a purpose in life, a sense of belonging and positive relationships with others.

#### Slide: 4

##### **Is mental ill health a common problem for gay and bisexual men?**

In the preparatory module for this Masterclass you heard this from research published by Stonewall Scotland: “Gay and bisexual Scots have high rates of attempted suicide and are more likely to self-harm and have depression than their straight peers. They are also more likely to smoke and take illegal drugs. It ill-serves our gay and bisexual communities when these uncomfortable truths are ignored.”

The quotes on this and next slide are from men taking part in the FAQ community engagement aspect of the HIV Needs Assessment, men talk about their mental health.

It comes and goes. I have a lot of doubt in myself but other times not as much. My friends tell me I look fine and I don't believe it. (Bisexual, 16-25, HIV negative)

#### Slide 5

##### **Is mental ill health a common problem for gay and bisexual men?**

In the FAQ community engagement work men talked about mental ill health in these terms.

I give up, there's no reason for me to live anymore and I'm going to be alone forever so what's the point. I am going to be alone all my life. At one point I just broke down and lost my will. And after I have a lot of crying and stuff and after crying I feel better somehow and I get on with it and okay it's my life and I just deal with it. Yes it affects sex and relationships, it avoids me from having it because I've stopped having it because for me there will never be a relationship... I'll be alone forever. (Gay, 16-25, HIV negative)

I couldn't drive sometimes, couldn't eat or sleep. I've probably had times where I felt it wasn't worth it. Feeling like this wears you down a bit. Then I give myself a kick up the arse and get on with it and I'm usually okay. (Bisexual, 45+, HIV negative)

#### Slide 6

##### **Discussion:** In 3s

Is this ‘disproportionate burden of ill-health’ including mental ill-health something you are aware of? Why do you think the Stonewall Scotland report (slide 4) refers to the health problems identified as ‘uncomfortable truths’?

Do men discuss aspects of their mental health with you? What do they share? How do you feel about these conversations?

## **Slide 7**

### **Connecting mental health and sexual health**

Men contributing to the HIV Prevention Needs Assessment also talked about the connection between mental ill health and sexual health in terms of being uninterested in sex or as a barrier to intimacy.

It can make you feel withdrawn and uninterested in sex. (Gay, 36-45, HIV negative)

If I'm feeling those kinds of feelings the last thing on my mind is having sex. (Bisexual, 45+, HIV negative)

It's a loss of interest to be honest. That's the mild end of the spectrum. Once you undergo treatment and take drugs, it affects your ability to perform. It makes sex a chore as opposed to a pleasurable experience as such; it is difficult when you're with a partner. You try to explain to them, they ask if you don't find them attractive anymore and you can't give them that level of intimacy... Other times, you are out and about and see someone attractive but questions of sex just don't arise because you can't be bothered, it will cause so much hassle. (Gay, 26-35, HIV negative)

## **Slide 8 + 9**

### **Connecting mental health, sexual health and risk**

Men have also talked about mental ill health and sexual health risk.

My depression and anxiety have been contributing factors to taking extra risk sexually; acting on compulsions causing me to be unfaithful to my partner. (Bisexual, 26-35, HIV negative)

Sometimes it can but really it depends on your mood. Because if you're moods down you feel like you're on your own so you go looking for more sex. But when you're up you make better choices when you're not feeling so down. (Gay, 26-35, HIV negative)

When I was younger I had the feeling that if I could pull a good looking person it would build my self-esteem, I still do sometimes. I do think probably I'm more concerned about my image than probably the majority of guys my age that are straight. (Gay, 26-35, HIV negative)

I don't like my body too much so there have been times when I felt down I'd probably score on Grindr but that's before I was in a relationship. That was maybe to get my confidence back. (Gay, 16-25, HIV negative)

There were times when I just wanted to be with someone. A bit of comfort. I might have compromised myself, just to get some affection. (Gay, 45+, HIV positive)

## **Slide 10**

### **Does mental health matter in terms of sexual health?**

The HIV Prevention Needs Assessment identified that mental health matters when we are considering sexual health in these ways.

1. Men may have poor negotiation skills, lack assertiveness, poor self-esteem of self-worth and have little confidence and control in sexual situations.
2. Men may not have ever worked out what they want from sexual relationships or what their boundaries are.
3. Men may take risks because it fills a need for intimacy.
4. Some men are living sexual lives they appear to be unhappy with, it feels like the men want something different, but they are unable to see how to make changes.
5. Although causality cannot be inferred, in the Case Note Review reporting emotional wellbeing concerns was associated with ongoing risk behaviour demonstrated by repeat rectal STI infections, reporting never using condoms for anal sex and poor/infrequent engagement with specialist sexual health services.

**Discussion:** Start in 3s; then after few minutes some feedback/thoughts from the group

- How do these concerns reflect your professional experience of work with gay and bisexual men?

### **Slide 11**

#### **Men vulnerable to mental ill health**

The HIV Prevention Needs Assessment highlighted the mental health vulnerabilities of two specific groups of men: bisexual men and men living with HIV – this may have come up in your discussion already, the next few slides will prompt some consideration and discussion.

### **Slide 12**

#### **Mental health and bisexual men**

In the FAQ community engagement research bisexual men expressed concerns and experiences as follows:

I've sometimes gone and had sex with men when I was feeling particularly vulnerable and I did unsafe sex during that time... I was feeling anxious or whatever. When I feel anxious I seek the company of a male. But it depends. I don't have a rule about it. Sometimes my girlfriend makes me feel less anxious. If you're feeling particularly vulnerable like to be with a strong guy is a different kind of thing. It just makes you feel good. You feel safer and whatever. Especially if you feel down it makes you feel euphoric. (Bisexual, 36-45, HIV negative)

I saw a psychologist at the clinic, a guy who was very nice and understanding. He was quite good because I could pour it out and cry. He helped me get perspective. He advised me on where I could go for counselling on sexuality. I've never done it... For me it would be like throwing a stick of dynamite into a room in terms of my family relationships and friendships. I know something about their prejudices, particularly among family members so it would cause havoc. (Bisexual, 45+, HIV negative)

### **Slide 13**

#### **Discussion Full group**

- Are services recognising the mental health needs of **bisexual men**?
- What should or could we do?

## Slide 14

### **Mental health and living with HIV**

For some men being HIV positive or having a partner who is HIV positive is linked to experiences of mental ill health.

Its peaks and troughs, it's my trough. Occasionally I need help, I know what to do. Some men will hide away, smoke, drink too much. You can see it in your friends. (Gay, 45+, HIV positive)

I have a mid-level of anxiety continually. There are days when I would say I was depressed but the majority of the time I'd say it is very low mood. I've spoken to my HIV consultant and to my GP. In the past I've had counsellors... Gay men and certainly guys with HIV are more prone to depression. The drugs, the HIV. That can influence behaviour. I know it influenced mine. In hindsight I had bouts of depression before my diagnosis and being diagnosed didn't help. (Gay, 36-45, HIV positive)

## Slide 15

### **Discussion** Full group

- Are services recognising the mental health needs of **men living with HIV**?
- What should or could we do?

## Slide 16 + 17

### **Are sexual health/HIV services a place to talk about mental health?**

In the FAQ community engagement work (part of the HIV Needs Assessment) men were asked: *Would you ever discuss feeling low, depressed or anxious with someone at a sexual health clinic?* Here are some responses:

I said before, at the clinic there's a view that sex is physical, not psychological. (Gay, 36-45, HIV negative)

I haven't been for 18 months and the last time I went it was just a follow up from my previous appointment. It's all about blood borne viruses and not mental health. (Gay, 26-35, HIV negative)

I think you kind of segment things in your brain. You know how you go to a mental health facility rather than tying it in to your sexual health... I suppose people should be as open and empathetic as possible but I know the services are overworked. (Bisexual, 26-35, HIV negative)

I might. I'm not really that sure on that one, but I might do if I felt comfortable. If I had dealt with the same person before and there was a rapport maybe, a friendly but professional rapport. (Gay, 45+, HIV negative)

Probably would. But I probably wouldn't see it as something they would be the best to treat you for it. I might if I thought it was connected to my sexuality. If someone told me you could go in and make an appointment to speak to somebody instead of just having tests, that might be a positive thing. I have spoken to my GP but never to the extent of disclosing my sexuality to my GP. (Bisexual, 45+, HIV negative)

Maybe yeah. Knowing that they weren't going to impose things on me and just offer advice. Sort of. (Gay, 16-25, HIV negative)

**Slide 18**

The slide identifies some reflective questions for us to consider.

**Discussion** Initially in 3s/with neighbours, bring back to some group feedback/discussion at the end and as time allows.

- What are the challenges here?
- What's your role?
- Do you know where can you signpost or refer men to?

Provide hand-out/information on services or agencies (internal to NHS or outwith) where staff can signpost or refer men to.

**Slide 19**

Ask participants to take the last minute to note down a few thoughts on the reflection sheet provided.

**Slide 20**

Further information provided.