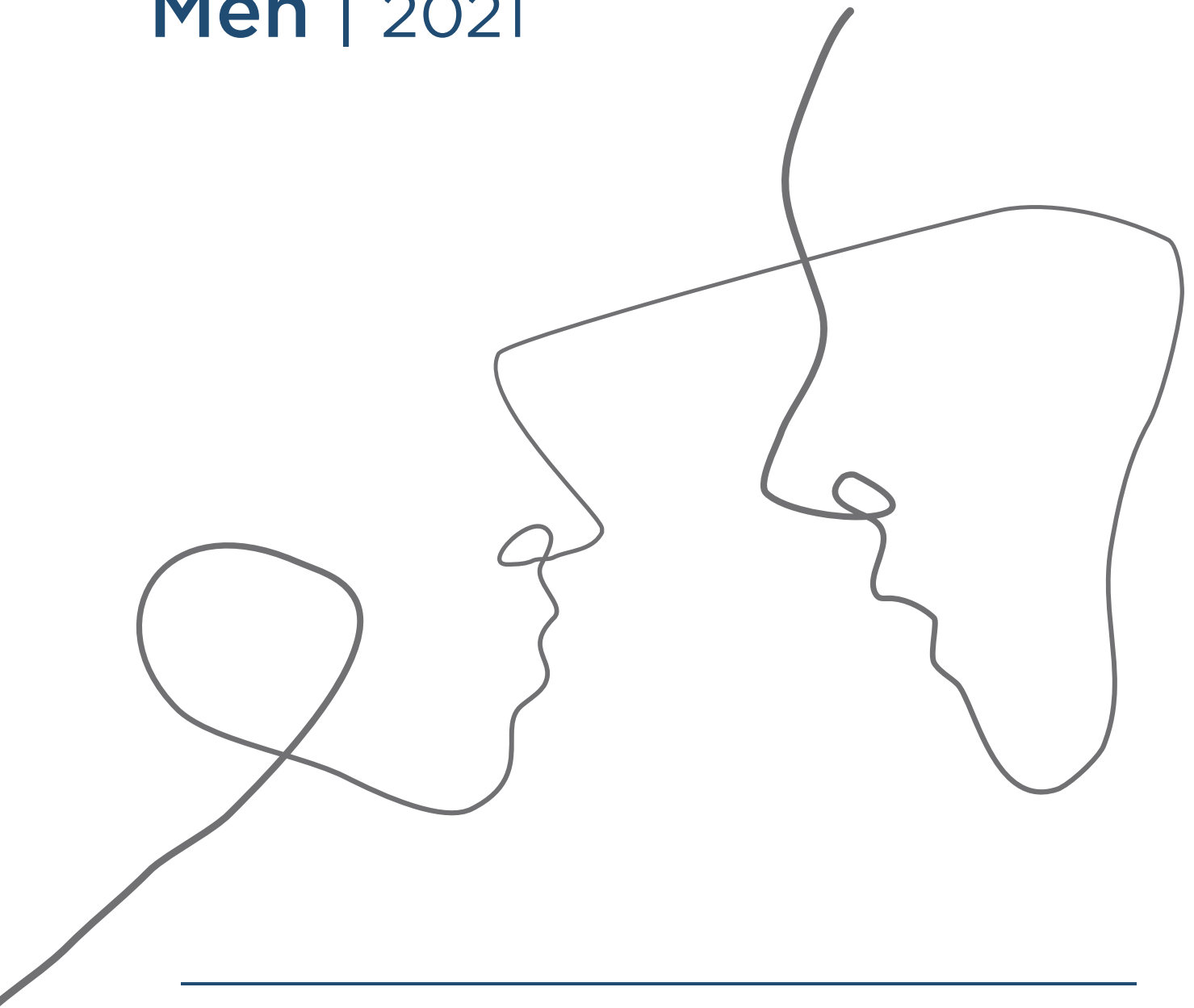


# A Quick Guide for Supporting the Behavioral Health of Sexual Minority Men | 2021



NATIONAL LGBTQIA+ HEALTH  
EDUCATION CENTER

A PROGRAM OF THE FENWAY INSTITUTE



## **INTRODUCTION**

This “quick guide” for health centers focuses on behavioral health care specific to supporting sexual minority men, including gay, bisexual, and all men who have sex with men. Although the majority of sexual minority men maintain good mental health and healthy behaviors, research has shown that as a population, they are at greater risk for substance use disorders and mental health problems. The following “quick guide” provides an overview of these risks, the contextual factors driving the risks, and potential interventions to mitigate the root causes of these risks.

## SUBSTANCE USE

Compared with other men, sexual minority men are more likely to: <sup>1-3</sup>

Use recreational drugs, especially crystal methamphetamine (crystal meth), cocaine, MDMA (ecstasy), and amyl nitrates (poppers)

Binge drink alcohol; drink heavily

Continue heavy drinking into later life

Sexual minority men are 20 times more likely to use crystal meth compared to the general U.S. population.<sup>4</sup> Crystal meth use, as well as other stimulants and heavy drinking can lead to unprotected sex, which increases the risk for acquiring or transmitting HIV infection.<sup>5</sup> A 2020 study found that persistent use of **crystal meth is the single biggest risk factor for HIV seroconversion** among sexual minority men.<sup>6</sup> In addition, sexual minority adults in general have a higher prevalence of opioid use disorders compared to straight/heterosexual adults.<sup>7,8</sup>

## MENTAL HEALTH

Sexual minority men, compared with other men, are more likely to have: <sup>1,9,10</sup>

Major depression

Generalized anxiety disorder

Bipolar disorder

Suicide attempts and completions

**Depression is very common among sexual minority men with HIV**; about 43% report depressive symptoms.<sup>11</sup> Both depression and substance use disorders are associated with poorer HIV-related health outcomes.<sup>12</sup>

## **PATHWAYS: FROM STIGMA TO BEHAVIORAL HEALTH OUTCOMES**

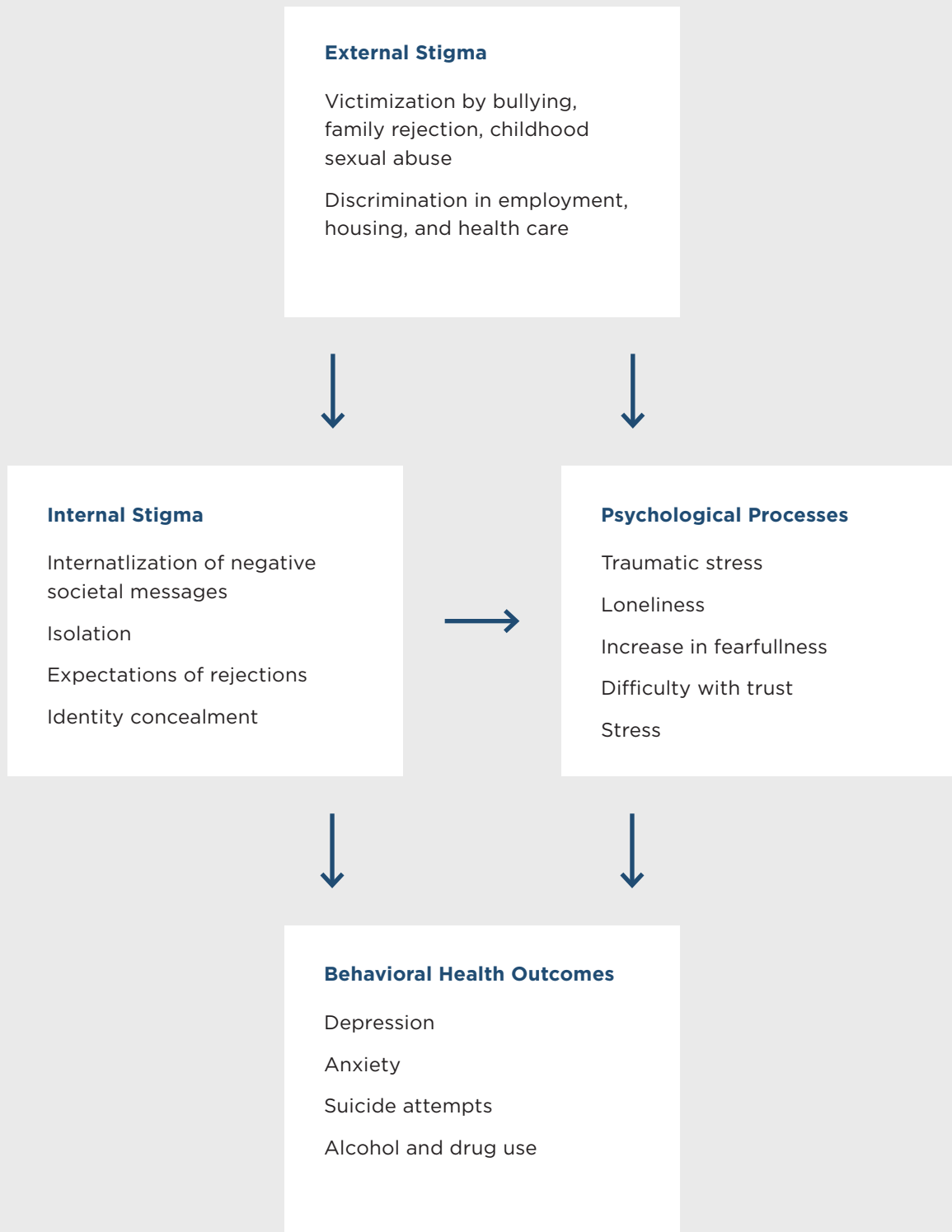
Research suggests that societal stigma associated with being a sexual minority can cause negative behavioral health outcomes for some sexual minority men through multiple pathways<sup>3,12,13</sup> (see **Figure 1**). For example, sexual minority men who experience discrimination and stigma based on their sexual orientation may internalize negative messages about themselves and drink alcohol heavily to escape and cope with the resulting distress. Another example is sexual minority men who isolate themselves to avoid rejection from family and community, ultimately leading to loneliness, depression, and suicidal ideation. Sexual minority men with HIV, or who are racial/ethnic minorities, may experience multiple, intersecting forms of stigma and discrimination.<sup>11,16</sup>

## **THE SOCIAL ROLE OF DRUGS AND ALCOHOL**

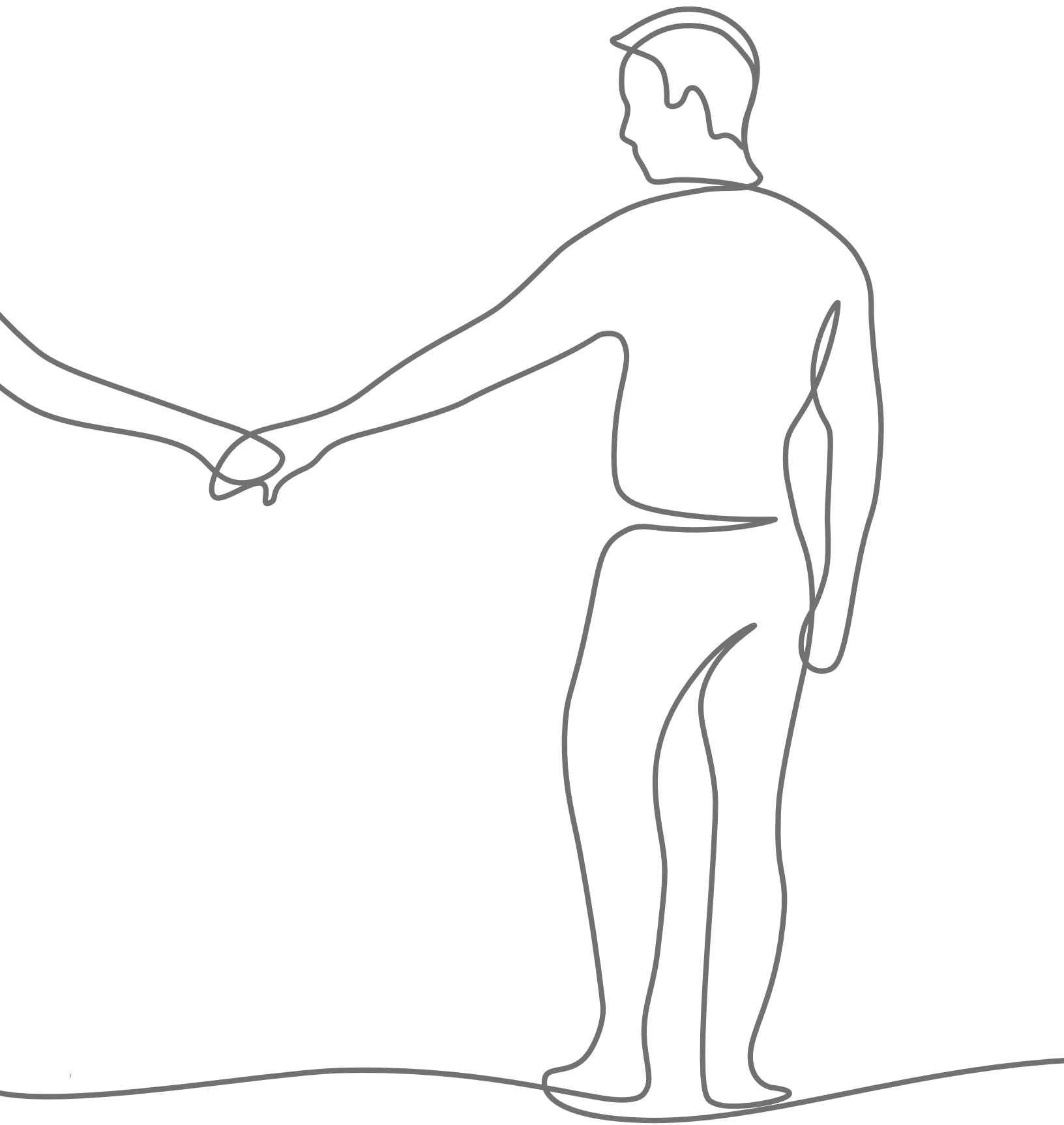
A small body of research suggests that some sexual minority men use alcohol and drugs, sometimes known as “party or club drugs” (e.g., poppers, crystal methamphetamines, MDMA, ketamine, and GHB) to lower anxiety about approaching partners and to enhance sexual pleasure, intensity, and duration.<sup>2</sup>

## **CONCERNS ABOUT ACCESSING BEHAVIORAL HEALTH CARE**

Although outright discrimination in behavioral healthcare has diminished greatly in recent years, sexual minority men may still experience subtle and implicit forms of bias by clinicians and staff, such as being stereotyped, non-verbal cues of surprise or disgust related to sexual behavior, or judgement conveyed in the words or tone of voice used.<sup>17</sup> Sexual minority men may also have concerns about finding a therapist with knowledge and cultural sensitivity regarding LGBTQIA+ health.<sup>18,19</sup> Finding such therapists in non-urban areas can be challenging. To help ensure that sexual minority men have access to culturally responsive care, behavioral health clinicians can seek out resources and training on addressing implicit bias, creating inclusive environments, and providing more affirming care for LGBTQIA+ clients. See the **Resources** section below.



**Figure 1.** Illustration of the pathways from anti-gay stigma to behavioral health outcomes. Adapted from Hatzenbuehler, et al, 2009<sup>13</sup>



## SCREENING, CLINICAL CARE, AND INTERVENTIONS

Primary care and behavioral health care providers can prevent and treat behavioral health disorders for sexual minority men by:

1. Screening all sexual minority men for crystal meth and other illicit and recreational drugs, using validated screening instruments such as:

[Drug Use Screening Tool \(DAST\)](#)

[Alcohol, Smoking and Substance Involvement Screening Test \(ASSIST\)](#)

[Alcohol Use Disorders Identification Test \(AUDIT\)](#)

2. Expanding integrated behavioral health services, such as:

[Medication-assisted treatment \(MAT\), such as buprenorphine for opioid use disorder](#)

[Screening, brief intervention, and referral to treatment \(SBIRT\)](#)

[Collaborative care management for behavioral health care](#)

3. Offering safe and welcoming settings when delivering evidence-based drug, alcohol, or mental health interventions
4. Accessing education on substance use, mental health, and their co-occurrence among sexual minority men
5. Learning to use an affirming therapeutic style with sexual minority men.<sup>20</sup>

## Behavioral health interventions with demonstrated efficacy among sexual minority men

Name of intervention	Description
Gay-specific, cognitive behavioral therapy (GCBT) (Shoptaw, et al) <sup>22</sup>	Group therapy sessions tailored for sexual minority men with substance use problems.
GCBT+ contingency management (Reback, Shoptaw) <sup>23</sup>	Gay-specific, cognitive behavioral therapy sessions combined with low-cost contingency management for sexual minority men with methamphetamine dependence.
Modified Behavioral Self-Control Therapy (Morgenstern, et al) <sup>24</sup>	Motivational interviewing (MI) and cognitive behavioral therapy, or MI alone for sexual minority men with alcohol use problems to reduce heavy drinking.
Personalized Cognitive Counseling/Project ECHO (Santos, et al) <sup>25</sup>	Rapid HIV testing along with brief, tailored personalized counseling sessions for sexual minority men to discuss self-justifications to minimize known risks during a recent condomless intercourse event while intoxicated with drugs or alcohol.
Positive Choices (Velasquez, et al) <sup>26</sup>	Four individual sessions and four peer-led group sessions, based on components of MI and the Transtheoretical Model of behavior change, for HIV-positive sexual minority men with alcohol use.
Project BUILD (Blashill, et al) <sup>27</sup>	Integrated treatment of cognitive behavioral therapy for body image disturbance, depressive symptoms, and HIV self-care behaviors among sexual minority men with HIV.
Project ESTEEM (Pachankis, et al) <sup>28</sup>	Transdiagnostic cognitive behavioral treatment adapted to improve depression, anxiety, and co-occurring health risks (i.e., alcohol use, sexual compulsivity, condomless sex) among young adult sexual minority men.
Project IMPACT (Mimiaga, et al) <sup>29</sup>	Behavioral activation intervention for sexual minority men with crystal methamphetamine dependence to reduce drug use and sexual risk behaviors. The intervention focuses on re-learning how to engage in non-drug-using aspects of life.
Project TARGET/TRIAD (Safren, et al) <sup>30,31</sup>	Cognitive behavioral therapy for depression with adherence counselling using the Life-Steps approach for people with HIV.
Project THRIVE (O’Cleirigh, et al) <sup>32</sup>	10-session individual modified cognitive and behavioral therapy strategies for post-traumatic stress integrated with HIV risk reduction counseling. Designed for HIV-negative sexual minority men with a history of childhood sexual abuse.
Young Men’s Health Project (Parsons, et al) <sup>33</sup>	Brief MI intervention to reduce risky sex and drug use among HIV-negative young sexual minority men who use cocaine, methamphetamine, gamma hydroxybutyrate, ecstasy, ketamine, or poppers.



**Interventions that are currently being developed and tested in randomized controlled trials**

Name of intervention	Description
ACES: awareness and compassion in self-care (Batchelder, et al.)	Low-cost intervention to address stigma and shame as barriers to HIV self-care among sexual minority men with HIV and substance use disorders.
Project Matter (Batchelder, et al.) <sup>34</sup>	A text-enhanced therapy intervention for sexual minority men with HIV and active substance use disorders. Aims to improve HIV self-care behaviors by increasing emotion regulation and coping strategies to overcome stigma and related emotions.
Project RISE (Boroughs, et al) <sup>35</sup>	An intervention to address key health risks among sexual minority men with a history of being bullied and recent sexual risk taking and substance abuse.
Project THRIVE+ (O’Cleirigh, et al.)	10-session individual cognitive processing therapy treatment to reduce trauma-related distress and increase antiretroviral treatment (ART) adherence and engagement in HIV care sexual minority men with HIV.
Thrive with Me (Horvath, et al) <sup>36</sup>	A private user website combining peer support, ART information, and adherence self-monitoring for sexual minority men with HIV, especially those who use illicit drugs.

## RELEVANT RESOURCES

Training opportunities and information on behavioral health care for sexual and gender minorities

- National LGBTQIA+ Health Education Center, see especially:
  - Behavioral Health Resources  
[www.lgbtqihealtheducation.org/resources/in/behavioral-health](http://www.lgbtqihealtheducation.org/resources/in/behavioral-health)
  - Learning to Address Implicit Bias Towards LGBTQ Patients: Case Scenarios  
[www.lgbtqihealtheducation.org/publication/learning-to-address-implicit-bias-towards-lgbtq-patients-case-scenarios](http://www.lgbtqihealtheducation.org/publication/learning-to-address-implicit-bias-towards-lgbtq-patients-case-scenarios)
  - SBIRT with LGBT Patients: Identifying and Addressing Unhealthy Substance Use in Primary Care Settings  
[www.lgbtqihealtheducation.org/courses/sbirt-with-lgbt-patients-identifying-and-addressing-unhealthy-substance-use-in-primary-care-settings](http://www.lgbtqihealtheducation.org/courses/sbirt-with-lgbt-patients-identifying-and-addressing-unhealthy-substance-use-in-primary-care-settings)
  - Addressing Opioid Use Disorders among LGBT People through Trauma-informed Care and Behavioral Health Integration  
[www.lgbtqihealtheducation.org/courses/addressing-opioid-use-disorders-among-lgbt-people-through-trauma-informed-care-and-behavioral-health-integration](http://www.lgbtqihealtheducation.org/courses/addressing-opioid-use-disorders-among-lgbt-people-through-trauma-informed-care-and-behavioral-health-integration)
  - Suicide in the LGBTQ Community: Understanding Why and Best Practices for Health Centers  
[www.lgbtqihealtheducation.org/courses/suicide-in-the-lgbtq-community-understanding-why-and-best-practices-for-health-centers](http://www.lgbtqihealtheducation.org/courses/suicide-in-the-lgbtq-community-understanding-why-and-best-practices-for-health-centers)
- A Provider's introduction to substance abuse treatment for lesbian, gay, bisexual, and transgender individuals. Substance Abuse and Mental Health Services Administration  
[www.store.samhsa.gov/product/A-Provider-s-Introduction-to-Substance-Abuse-Treatment-for-Lesbian-Gay-Bisexual-and-Transgender-Individuals/SMA12-4104](http://www.store.samhsa.gov/product/A-Provider-s-Introduction-to-Substance-Abuse-Treatment-for-Lesbian-Gay-Bisexual-and-Transgender-Individuals/SMA12-4104)
- Integrating Buprenorphine Treatment for Opioid Use Disorder in HIV Primary Care  
[www.targethiv.org/deii/deii-buprenorphine](http://www.targethiv.org/deii/deii-buprenorphine)
- University of Washington AIMS Center for Collaborative Care  
[www.aims.uw.edu/collaborative-care](http://www.aims.uw.edu/collaborative-care)
- E2i: Using Evidence-Informed Interventions to Improve Health Outcomes among People Living with HIV  
[www.targethiv.org/e2i](http://www.targethiv.org/e2i)

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