

This FAQ chapter presents the views and experiences of men in relation to their mental health and wellbeing. For the purposes of the FAQ community engagement process, mental health is considered in more everyday language, so we talk about feeling down or feeling low, feelings or experiences of depression and about feeling/being anxious. We begin with some quotes from men below, and continue to represent what we have been told in the pages that follow.

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)

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)

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.

(Gay, 26-35, HIV negative)

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)

I think I had some fairly negative relationships that I wouldn't have now because I was feeling bad about myself and the bar for what you accept in that situation is lower... My GP prescribed anti-depressants and I had them at various times until my early 20s. There really wasn't any follow up. I felt the GPs would prescribe drugs and that would be it.

(Bisexual, 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. There is more pressure on gay guys on how you look, act, whether you are camp, straight-acting - all the assumptions about top and bottom... Out on the scene you feel surrounded by people you don't like.

(Gay, 26-35, HIV negative)

I said before, at the clinic there's a view that sex is physical, not psychological.

(Gay, 36-45, HIV negative)

FAQ Scotland is part of a larger project that wants to prevent HIV infections in Scotland among gay and bisexual men. The larger project is called an HIV Needs Assessment, undertaken by NHS Greater Glasgow and Clyde and NHS Lothian. For more about FAQ and other FAQ chapters go to [www.faqscotland.co.uk](http://www.faqscotland.co.uk)

## OVERVIEW

### What we learned from men about their experiences:

- Men interviewed as part of the FAQ community engagement process describe experiences of mental health problems; this includes low self-esteem, loneliness, panic attacks, anxiety, depression and thinking about suicidal. They also talk about how these experiences can happen at different ages and ebb and flow depending on circumstances, sometimes triggered by difficult situations.
- Some interviewees connect being HIV positive or having a partner who is HIV positive to mental health problems.
- Bisexual men also fear reactions to their bisexuality; this impacts on confidence and isolates the individual.
- For some men, anxiety or low mood means they do not want to have sex or feel unable to have sex; this might also be influenced by medication, and can have a particular impact on relationships with a partner.
- Body image is an issue of concern for some men who identify pressures on them to look a certain way; muscular, fit, 'masculine'. Sex can also be used to address low self-esteem and a negative view of one's body.
- FAQ contributors identify the impact of mental health problems on risk taking; sex might be used to try to feel better or experience intimacy. Some men describe themselves as being less discriminating in who they will have sex with. Others may look to an increased number of sexual partners. Medication for a given condition, used alongside alcohol, might also affect behaviour and choices. On reflection, men see these behaviours as further influencing low mood.
- Responses to the FAQ online *Feeling Down* survey show a higher proportion of gay men tend to engage in riskier sex when they feel down, relative to bisexual men. Similar proportions of gay and bisexual men report that feeling down makes them feel more inclined to isolation.
- Men report that mental health problems may not be spoken about when attending a clinic. The *Feeling Down* survey tells us that men who associate feeling down with riskier sex do attend sexual health services in response to risks taken, however when at the clinic only 1 in 5 men with a mental health problem say they have spoken about their mental health. Further, only 1 in 6 of FAQ interviewees who experience mental health problems, use sexual health services for support or onward referral.
- Some FAQ interviewees perceive a lack of interest in their mental health in the clinic. Other FAQ interviewees would not choose a sexual health clinic as a service in which to discuss or seek help. Others might seek help if the nurse, doctor or health advisor was explicitly interested in their mental health. Half of respondents to the FAQ *Feeling Down* survey say they would discuss mental health at a sexual health clinic; gay men are more likely to say that they would be willing to discuss their mental health compared to bisexual men, as were older men aged over 45.
- When it comes to seeking and accessing support elsewhere, FAQ interviewees report poor experiences of support from GPs (where they are often just offered or prescribed medication) and positive experiences from specialist psychiatric services and counselling services.
- FAQ interviewees living with HIV think that counselling support should be available from a professional person who understands what it is like to live with HIV, even if the focus of support is not directly about HIV.
- Men tell us that they would value counselling and mental health services with specialist knowledge of gay and bisexual men's needs and lives.

- Men point to a positive rapport with the sexual health service provider as a necessary precursor to any successful engagement around mental health. They also want to sense that the sexual health service would welcome the discussion, being open and not overtly directed towards a certain outcome.
- Men have questions about mental health that could be addressed in the context of HIV/ Sexual Health service provision. Most commonly these are about how to manage and stop mental health problems as well as where and how to get help and support. Men want to know more about how mental health problems impact on the decisions they make about sex and relationships.
- FAQ contributors who experience mental health problems report real isolation and a lack of support, alongside concerns that poor mental health impacts negatively on choices and experiences in personal and sexual relationships.

### **What the findings mean for HIV prevention and HIV/Sexual Health clinical services:**

- With men reporting that mental health problems lead to isolation and increased risk in sexual behaviour, HIV and Sexual Health Services need to respond by building individualised and person-centred relationships with men, to better understand each man's needs and risks.
- Services need to consider why they miss opportunities to talk with men about their mental health. This might include reviewing prompts or questions used by staff, but this also highlights the need to clarify for men that they can talk about how they feel/their mental health.
- With bisexual men and younger gay men less likely to talk about their mental health in a clinic setting the needs of these men must be considered explicitly when services consider approaches to discussing mental health.
- Insights given to HIV and Sexual Health Services via FAQ, in relation to the mental health and wellbeing of gay and bisexual men, should be shared with colleagues in Primary Care so they can improve care and treatment for gay and bisexual men in those settings. With men identifying a need for mental health support and interventions that have specialist knowledge of gay and bisexual men's needs and lives, including those of men living with HIV, services should explore what this means in terms of staff skills, knowledge and understanding and broader issues of service capacity.
- There needs to be a dialogue across the LGBT community about the meaning and importance of mental health and how feelings of low mood, isolation, feeling down, anxiety or depression impact on the decisions that an individual makes about sex and relationships. This community conversation needs to take place while recognising and rejecting any stigma associated with mental health problems.

### **Reflective questions for practitioners**

Throughout FAQ reporting we ask individual practitioners, teams and services to read the detail of findings and then take time to reflect on important questions. Some FAQ subjects touch on the experiences of professional staff. In terms of mental health, it may be the case that staff across clinical services also need to reflect on their own mental health and wellbeing, and seek help where necessary. With this in mind we pose these reflective questions for practitioners:

- How ready am I, or is my service, to talk about mental health?
- In the consulting room, do I make space for individuals to pause, reflect, and talk about how they feel?
- Is my service more than a pragmatic 'test and treat' service: do I provide a holistic service which has a concern for all aspects of sexual health and wellbeing?

- How does fear and stigma about mental health problems affect me personally and professionally?
- How do I approach and engage a man in a conversation about his mental health?
- If a man is resistant to talking about his mental health, perhaps because of embarrassment or shame, or concerns about stigma, how do I raise it and engage him in the discussion?
- If a man needs further information or specialist services regarding mental health problems, do I know where he can go and do I support him to get there?
- What role can I and my service play in fostering a refreshed and constructive dialogue about mental health and wellbeing for gay and bisexual men across the LGBT community?
- Discussing mental health can make me reflect on my own experiences and needs: is support in place for me should I need it?

For more about the FAQ approach and project participants go to the **About FAQ** chapter at:  
[www.faqscotland.co.uk](http://www.faqscotland.co.uk)

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Throughout the chapter direct quotes from participating men are **in blue**. When direct quotes are taken from an FAQ telephone interview it is possible to identify sexual orientation, age category and HIV status (actual or perceived); an internal interview code is also given. Quotes taken from online responses are labelled as such.

### INVOLVING PARTICIPANTS

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”. In the context of this study, 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. As examples of mental ill health, we look at mental illness or symptoms which interfere with emotional, cognitive, or social function; this may include depression or anxiety. A sense of control, having a purpose in life, a sense of belonging and positive relationships with others are examples of what may be seen as positive mental health and wellbeing.

FAQ is part of a larger HIV Needs Assessment process and as such our interest in exploring mental health has a particular focus on HIV prevention and the provision of HIV and Sexual Health services. For the purposes of the FAQ community engagement process, mental health is considered in more everyday language, so we talk about feeling down or feeling low, feelings or experiences of depression and about feeling/being anxious.

In the first wave of FAQ interviews (with 118 men) we asked men to discuss the extent to which they were involved with the gay commercial scene, with social or voluntary sector activity, and also asked whether men could talk with others about being gay/bisexual; it is possible from this to ascertain to some extent the degree to which the men engaged in FAQ connect to the LGBT community and to other support. From the original group of 118 men who took part on the first wave of FAQ interviews we find that:

- Fewer than half the men (45.8%) regularly go to gay bars or clubs
- Slightly more than one in four FAQ interviewees (28%) are involved in some way with social groups (for example a sports club), fundraising or volunteering associated with the LGBT community.
- Slightly more than one in 10 men (11%) report they do not have anyone with whom they can talk about being gay or bisexual.

In the 3<sup>rd</sup> FAQ interviews we asked specific questions about mental health. Those who currently experience feeling down or feeling low, or have past experience of depression or feeling/being anxious (39 men) discussed these experiences with the FAQ interviewer.

Online, one of the thematic FAQ surveys was called **Feeling Down** and asked a range of questions; 194 men completed the survey.

This FAQ chapter uses the views and experiences men shared with us to further explore how this issue of mental health might influence the way we plan and deliver HIV prevention and sexual health services.

## FINDINGS

### Experiences of mental health problems

Men interviewed as part of the FAQ community engagement process describe experiences of mental health problems; this includes low self-esteem, loneliness, panic attacks, anxiety, depression and thoughts of suicide. They have talked about how these experiences can happen at different ages and ebb and flow depending on circumstances, sometimes triggered by difficult situations.

I'd say just kind of anxiety in general, nervousness.

(Gay, 16-25, HIV negative, I3/131)

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, I3/135)

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, I3/012)

I'm not diagnosed with depression or anything but I do have panic attacks and I'm conscious of trying to get into positions that make me happy because I don't do it naturally. I exercise because I need that release of endorphins and it keeps me from having panic attacks. It keeps me from having bad thoughts and thinking of suicide which I don't consider but I do think about it sometimes.

(Bisexual, 16-25, HIV negative, I3/136)

I've had depression and I don't have it anymore but I can be quite melancholic or introspective.

(Bisexual, 26-35, HIV negative, I3/127)

On the whole I'm usually a positive person so I don't let things get to me. But when I was younger I did have a sort of eating disorder. I was 17.

(Gay, 16-25, HIV negative, I3/031)

I would say I've been depressed 3 times in my life that I know about. The first was just after coming out to my friends. The second, I was partying too much. All I was living for was going out for a night out. Then I realised I had a lot of friends but I didn't really have a life. Then just before me and my partner split up I was depressed because I knew it was coming to an end.

(Gay, 26-35, HIV negative, I3/125)

Times I have on a couple of occasions, like the time I told you I was ill and had to get an HIV test, I made myself more ill and I had ridiculous anxiety. 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, I3/122)

Some interviewees connect being HIV positive or having a partner who is HIV positive to mental health problems.

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, I1/068)

I have experienced depression. It was more just since his positive diagnosis, it got to me that we were in denial, too much denial, feeding each other's depression, a reluctance to admit it. He wouldn't even say it. My behaviour changed. I went to counselling, it's helped.

(Gay, 26-35, HIV negative, I3/022)

Some interviewees express concerns about the common experience of mental health problems among gay and bisexual men.

The bulk of my friends suffer from depression, but won't do anything about it. It's common for gay men, a lot of us suffer. 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, I3/111)

Of the 39 men interviewed who shared more detailed experiences of mental health problems in FAQ interviews, 11 are bisexual. Two men made direct links between stresses associated with living as a bisexual man and their mental health.

Do I feel down about sex, being bisexual in particular, of course I do.

(Bisexual, 36-45, HIV negative, I3/121)

I suppose so, sometimes yeah. I suppose it's down to the guilt more than anything else.

(Bisexual, 26-35, HIV negative, I3/123)

### **The impact of mental health problems on choices and experiences of sex and relationships**

Interviewees and online respondents were asked whether and how feeling low, depressed or anxious might affect their choices or experiences.

From the FAQ interviews, for some men, anxiety or low mood means they do not want to have sex or feel unable to have sex; this might also be influenced by medication, and can have a particular impact on relationships with a partner.

It can make you feel withdrawn and uninterested in sex.

(Gay, 36-45, HIV negative, I3/108)

Yes. It has prevented me from engaging in sex and just to some extent it's prevented me from wanting to be up for sex and being able to do it.

(Gay, 45+, HIV negative, I3/126)

If I'm feeling those kinds of feelings the last thing on my mind is having sex.

(Bisexual, 45+, HIV negative, I3/122)

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. An added stress I would really wish to not have to worry about. 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 with that it will cause so much hassle.

(Gay, 26-35, HIV negative, I3/119)

It's probably that I've had a day where I felt very anxious and it's nothing from home. I probably come home at night not in a particular sexual mood so it does have an impact on sex with my partner. I just wouldn't be in the mood.

(Gay, 26-35, HIV negative, I3/038)

Anxiety or fear about contracting HIV can influence choices:

In terms of I'm not like crazy about sexual health but I know that if I ever became HIV, I would kill myself so I talk to people about sex. Because of this dreaded fear of HIV that I have I'll never have a one-night stand ever because I couldn't deal with not knowing that person's sexual history.

(Bisexual, 16-25, HIV negative, I3/136)

Bisexual men also fear reactions to their bisexuality; this impacts on confidence and isolates the individual. Seeking professional help to address fears or anxiety can in itself be risky.

My first relationship was in college and I kind of strayed away from relationships because I thought people would make fun of me or something. I thought they would judge me for something like that even though they were being judgemental and laughing and stuff. About bisexuality.

(Bisexual, 16-25, HIV negative, I3/135)

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. I'm probably more gay than bisexual if I'm more than 100% honest. My wife was aware of that advice and she encouraged me to go for it but I didn't want someone telling me that I was gay because I didn't want to damage my relationship. 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, I3/122)

An issue also raised by men is body image with men identifying pressures on them to look a certain way - muscular, fit and 'masculine'. – and what happens if they do not present in this way. Sex can also be used to address low self-esteem and a negative view of one's body.

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. There is more pressure on gay guys on how you look, act, whether you are camp, straight-acting - all the assumptions about top and bottom. Then there's a huge pressure to be a type - twink, bear, where do I fit? If you don't fit in, probably more so on the scene, you can feel excluded, a minority within a minority. People probably think that being camp influences all your life - it's like a pressure to be masculine. I don't live up to that ideal. So at work they'll say 'oh you're in touch with your feminine side'. When I was on Grindr you'd get messages saying 'you're too fat'. Out on the scene you feel surrounded by people you don't like.

(Gay, 26-35, HIV negative, I3/023)

I don't go out much anymore because I don't like the lack of attention. Everybody's looking at you and judging you in the bars... Unless you're huge, you're nothing... Other people find you attractive, you feel better about yourself. The more times you have sex the more likely you are to have a slip-up.

(Gay, 26-35, HIV negative, I2/005)

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, I3/031)

An issue that came up across interviews and online, has been the impact of mental health problems on risk taking. A significant part of the risks men report connect sex to trying to make oneself feel better or experience intimacy. Some men describe themselves as being less discriminating in who they will have sex with, others may turn to an increased number of sexual partners. Medication for a given condition, used alongside alcohol, might also affect behaviour and choices. On reflection men see these behaviours as further influencing low mood.

I suppose it kind of helped to feel sort of promiscuous, having lots of sex, much less so now. It was a feeling of being out of control.

(Gay, 45+, HIV positive, I3/044)

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, I3/047)

Probably you get into it faster than you know you should. It's a bit of desperation probably. Sort of like for affection and stuff.

(Gay, 16-25, HIV negative, I3/124)

Probably the drink and anti-depressants don't go together. It probably put you out of control of your own decisions. You were just happy to go along with what everybody else were doing sort of thing.

(Gay, 45+, HIV negative, I3/032)

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, I3/083)

Yes it did, you'd go to the sauna and just be less choosy.

(Gay, 45+, HIV positive, I3/111)

... when you're feeling low and down, it factors to the choices you make. You go with a mug that you realise in your normality, you wouldn't touch him.

(Bisexual, 36-45, HIV negative, I3/039)

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, I3/129)

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, I3/121)

Possibly in the past. With low self-esteem not being choosy with sexual partners maybe.

(Bisexual, 45+, HIV negative, I3/128)

I think I had some fairly negative relationships that I wouldn't have now because I was feeling bad about myself and the bar for what you accept in that situation is lower.

(Bisexual, 26-35, HIV negative, I3/127)

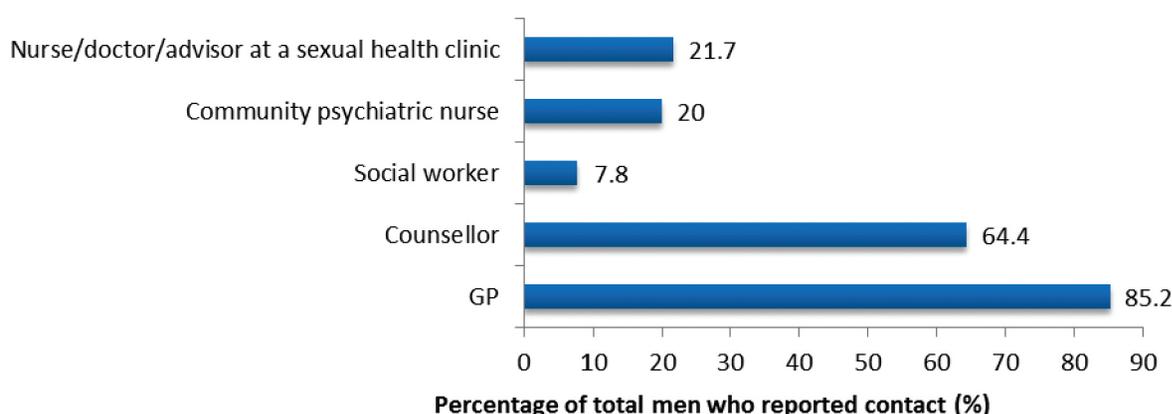
In terms of responses to the FAQ online **Feeling Down** survey, men also reflect on the impact of mental health on choices. We found that a higher proportion of gay men tend to engage in riskier sex when they feel down (36.5%), relative to bisexual men (17.6%) and that similar proportions of gay (26%) and bisexual men (23.5%) report that feeling down makes them more inclined to isolation.

An analysis of the survey also looked for relationship between ever attending a sexual health clinic and the impact of mental health on sexual decision making. Based on the responses we find that among those men who have *never* attended a sexual health clinic few men (only 6.7%) report that feeling down made them engage in riskier sex, whereas among those men who have attended a sexual health clinic 42.7% reported feeling down made them engage in riskier sex. This suggests that men who associate feeling down with riskier sex are attending sexual health services in response. Subsequent sections of this chapter explore whether engagement with services is leading to conversations about mental health and risk.

**Support from professionals**

From the respondents to the FAQ online **Feeling Down** survey, men report contact with helping professionals in terms of mental health as follows:

**Reported contact with professionals about mental health problems among men who participated in 'Feeling Down' Survey (n=115)**



Of the 39 men interviewed who discuss mental health in greater detail in the third FAQ interview, 17 of these men have spoken with their GP about worries. 1 man currently uses a Community Psychiatric Nurse service and 12 have used or are using counselling from a range of providers; 6 men reported that a sexual health service had been involved in providing or referring on for support.

Some men interviewed report a negative experience of support from their GP practice; this includes being prescribed medication, with repeat prescriptions, but little or no therapeutic support to address issues.

I'm actually on anti-depressant like after [incident described] and all that. Just from the doctor... I was feeling down and didn't want to do anything and all that and really getting into a rut. GP didn't suggest talking to a counsellor or anybody.

(Gay, 45+, HIV negative, I3/032)

My GP. I was on anti-depressants for a while. I don't remember them asking about counselling. Not particularly good experience with drugs. I wanted to come off and I had to tell him to reduce the dose. Most of the time I'd go in and he'd hand me another prescription. That was a few years ago things might be different now.

(Bisexual, 45+, HIV negative, I3/128)

My GP prescribed anti-depressants and I had them at various times until my early 20s. There really wasn't any follow up. I felt the GPs would prescribe drugs and that would be it.

(Bisexual, 26-35, HIV negative, I3/127)

Years ago I went to see a counsellor at my GP and it was not good. That led to me not getting any help for years. I have a private therapist now. My therapist can't prescribe medication but has recommended it through my GP and that's where I get it. I've been on medication a year and a half. Ostensibly my GP is monitoring it but it's mostly through my therapist.

(Bisexual, 26-35, HIV negative, I3/129)

I felt suicidal. And I went to the doctor, just my GP... I've been on them for years, since December again. I don't know how long it will be I know treatment is supposed to be for 2 years. They start to kick in and give you that balance so the doctor will ask how I'm feeling and she starts cutting down the dose and sees how I'm going. This is a new doctor. The rest weren't this good. They'd give you a script and say see you in 4 weeks.

(Bisexual, 36-45, HIV negative, I3/039)

But the follow up care on the anti-depressants is not good. I've been on them for 5 years and I've tried twice to get off them and failed miserably. I've cut down by half but that was on my own without my doctor. My view is the GP was quite liberal in giving me the medication without much follow up. They just give them to me and they don't ask questions about whether I should continue taking them or if I need them.

(Gay, 45+, HIV negative, I3/013)

Approaching a GP for help has meant some men have accessed counselling, but access might be dependent on availability of such a service or the individual requesting it. Waiting times also vary.

The second time, I went to the doctor, GP, and he tried to give me medication for it but I didn't want medicine I wanted to talk about it so he sent me to a counsellor. He referred me. It took about 2 months to see somebody. I thought it was going to take a lot longer.

(Gay, 26-35, HIV negative, I3/125)

Progress is slow but it is being made. We changed medication a couple of months ago and that helped. Cognitive Behaviour therapy and work with my support worker have helped. I had to wait ages for my referral, quite a long period 18 months the first time I got referred. Then the second time it was 6 months. It was a case of suck it and see, the doctor the GP gave me pills. I went every 6 or 7 weeks, but there wasn't much the GP could do.

(Gay, 26-35, HIV negative, I3/119)

One man resists seeking professional help because of fears that the response would mean being prescribed medication.

No because I feel like I don't want to be prescribed medicine that would make me numb to the world. I don't want to live the rest of my life on pills. I know exercising makes me happy so I will exercise every day. And I have friends I can speak to and it's a good support network. Whenever you want to die it's good to talk to people who will remind me that I want to stay alive.

(Bisexual, 16-19, HIV negative, I3/136)

Men do not always experience professional support as helpful.

I had some counselling from mental health nurses. Just for a couple of times and group counselling and it didn't help it made me more depressed.

(Bisexual, 45+, HIV negative, I3/120)

There's a lack of support from the NHS generally, there's a long waiting list. And there's the effect it has on your body, not just libido but weight gain and fatigue and nobody to discuss them with. If you go to your doctor, the only way to be referred is to go through your GP.

(Gay, 26-35, HIV negative, I3/119)

Some men resist seeking help.

I probably don't think that it's serious enough to speak to someone. I have discussed my feelings with my partner and he thinks I should talk to someone but I don't think it's serious enough. And in the back of my mind, I think what would come of it if I went to a doctor? Would it be medication? However the company I work for provides a counselling service and I would be able to phone up at any time and discuss. I also feel it's things that I need to go over myself.

(Gay, 26-35, HIV negative, I3/038)

Some men report positive, helpful experiences after seeking support and suggest more men need information about seeking help.

I was happy to have been referred on to the Community Psychiatric Nurse. I was seen quickly, help was available whenever I needed it. I had a mobile number so I could text. I saw them weekly at that time. I could contact them at any time. I had no doubts about using it.

(Gay, 45+, HIV positive, I3/111)

It was the first time in 32 years talking to anybody. Just the release was helping a lot. There's probably a lot more that I can do.

(Bisexual, 26-35, HIV negative, I3/130)

The domestic abuse that I went through, I did go through counselling and like that, to find out that I could do other things. It was helpful.

(Gay, 26-35, HIV negative, I1/051)

Maybe people need to know where to get help. A chance to chat, in a safe friendly place and ask any questions.

(Gay, 36-45, HIV negative, I2/110)

### Support from sexual health services

The role of sexual health service professionals in addressing mental health is recognised by one interviewee as follows:

Guys need conversations about risk and reducing risk, associated with whatever activities. We do that with everything else. It's how education on drugs works, we know they're bad but we want to give information to help people make their own minds up. At same time unless you've seen someone being unwell with HIV they underestimate the impact it would have. I was offered counselling at a Glasgow clinic when I was very young but it wasn't therapeutic. What's not addressed is self-esteem and mental health and that sex can be used to validate who they are – 'they like me so I can't be that bad looking'. You need to explore the reasons why people have sex. It's not simply about sex drive it's about how they use that experience of sex and relate to how they feel. So that relates to condoms. It's hard to be that person who initiates the conversation. If you don't feel good, you can't do the right things.

(Gay, 26-35, HIV negative, I2/023)

For FAQ interviewees living with HIV, the view is that counselling support should be available from a professional person who understands what it is like to live with HIV, even if the focus of support is not about HIV.

I think it's quite useful to have someone with insight into the particular issues of HIV. They're knowledgeable about the gay lifestyles and that's quite important... I've had some really good input and some terrible input as well but mostly good. People who I see now are pretty damn good, dedicated to working with people with HIV. A number of years ago I saw general mental health people who were pretty atrocious.

(Gay, 45+, HIV positive, I3/044)

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... I've had different medications which help for a while but stop working very soon, a couple of months. One of them increased my anxiety. I don't know if HIV brought it on but I know it didn't help... It goes in cycles. Sometimes quite long, and sometimes short cycles of being okay and then being down. You want your brain to stop analysing. First time I spoke about it, it was with an HIV counsellor... I think it would be preferable to have counselling with someone who has an understanding of HIV and how HIV can affect your mental state.

(Gay, 36-45, HIV positive, I3/068)

Counselling services with specialism in gay men's mental health and wellbeing are also identified as valuable by men who are not living with HIV.

I Googled and found it at GMH. Took about a month or so to see someone. They're alright. I stopped going when I felt better, others might need it. I thought the specialist counsellor might have expertise, that they would have HIV and gay mans' specialism, I thought after all I'm not going to be the first one with these issues for sure.

(Gay, 26-35, HIV negative, I3/022)

Some FAQ interviewees experienced support within a sexual health service but indicate more time with specialists is required.

I had been on medication from the GP. Its only recently he asked for the first time again how I was. Once you are on the pills they forget about you. At the clinic they always have been better at checking up on how I feel, more than the GP ever did.

(Gay, 45+, HIV positive, I3/083)

The Psychologist needs longer than 10 minute slots. If you need to talk, you'd need more than 10, kind of rushed.

(Gay, 26-35, HIV positive, I20016)

FAQ interviewees also suggest that sexual health services miss opportunities to discuss concerns or provide support even when the individual raises a concern in a consultation.

I've sort for touched on this in the clinic. I've asked if there is any help but they don't respond other than waiting lists are long. Just feel that they haven't responded. I'm not in a place to talk about it at my GP. I don't know what help I'd get but how would I know that? A lot of gay men I know, it's the same.

(Gay, 45+, HIV negative, I3/048)

I have spoken about it a bit at the clinic. I'd said I was worried about having unprotected sex but she just said 'oh well, just be careful, don't worry about it'. I know it's my choices ultimately.

(Gay, 26-35, HIV positive, I3/016)

Some men do not see the sexual health clinic as an appropriate space to discuss feeling low, depressed or anxious.

I don't see what good would come from that. I don't really see what a health professional could offer me. I don't want to take pills I don't see the point in it.

(Bisexual, 16-25, HIV negative, I3/136)

No. They're just there for sexual health and all. I don't see them as qualified professionals, I suppose.

(Bisexual, 36-45, HIV negative, I3/039)

No. It really is none of their business to deal with your mental health.

(Gay, 26-35, HIV negative, I3/047)

Others view the subject of mental health as not necessarily relevant territory for a consultation but would discuss the issue if the health professional raised it. Men report that mental health is not commonly raised in consultations; but in response to the question *would you ever discuss feeling low, depressed or anxious with someone at a sexual health clinic* several FAQ interviewees respond as follows.

I might do, but I haven't. I said before, at the clinic there's a view that sex is physical, not psychological.

(Gay, 36-45, HIV negative, I3/108)

Probably not. No. Unless I was asked, but it's not something I'd bring up myself because I don't know if it would be the appropriate place for it.

(Bisexual, 16-25, HIV negative, I3/063)

Never have. But maybe I'd consider it. It doesn't seem appropriate or occurred to me. You just go to get your blood checked. 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, I3/119)

I don't think I have, but I probably would. I've never been asked. I know the link between the 2 but I've never thought it would be relevant.

(Bisexual, 26-35, HIV negative, I3/127)

Yes. But it's never come up but if it did I would.

(Gay, 26-35, HIV negative, I3/125)

I would probably be brief but if it came up I would do. I don't think it's something I would attempt to have treated or seek help with at a sexual health clinic.

(Bisexual, 26-35, HIV negative, I3/129)

Probably not. 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, I3/130)

Maybe. If I was asked. I'd rather avoid the topic.

(Bisexual, 16-25, HIV negative, I3/135)

Yes. If they asked.

(Gay, 16-25, HIV negative, I3/134)

Yes, if they asked me about it then I would. I just think it's a really random thing to bring up, to say to someone...

(Gay, 16-25, HIV negative, I3/131)

The FAQ online **Feeling Down** survey also asked respondents, *would you ever discuss feeling low, depressed or anxious with someone at a sexual health clinic?* Approximately half the men responding to this question indicate they would do so (49.7%), a further quarter of men (27.9%) are 'not sure' and the remaining quarter (22.4%) indicate they would never do so.

Based on the responses obtained from the survey data, we have looked for associations between willingness to discuss feeling down with someone at a sexual health clinic with sexual orientation and with age. In terms of sexual orientation, despite there not being a statistically significant association (from 173 responses) we find that gay men are more likely to say that they would be willing to discuss feeling down compared to bisexual men (51.7% vs. 36.4%). Looking at age, although again the results are not statistically significant, they suggest older men (45+) are the most willing to discuss feeling down with someone at a sexual health clinic.

Men point to a positive rapport with the sexual health service provider as a necessary precursor to any successful engagement around mental health. They also want to sense that the sexual health service would welcome the discussion, being open and not overtly directed towards a certain outcome. Again, men respond below to the question *would you ever discuss feeling low, depressed or anxious with someone at a sexual health clinic?*

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, I3/126)

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, I3/122)

Maybe yeah. Knowing that they weren't going to impose things on me and just offer advice. Sort of.

(Gay, 16-25, HIV negative, I3/124)

### Questions men have about feeling down/mental health and wellbeing

The online 'Feeling Down' survey provides an opportunity for men to pose any questions they have about feeling low, depressed or anxious. 52 respondents ask questions in relation to mental health, most commonly these are about how to manage and stop mental health problems as well as where and how to get help and support. The questions posed reflect a sense of isolation and lack of support, with men wanting to know more about how mental health problems impact on the decisions they make about sex and relationships.

Men also pose a range of questions as part of FAQ interviews. Reflecting the questions posed in the FAQ online survey, these centre on the following issues and areas.

Some men express a sense of isolation and wanting to know if such experiences are common or normal, and why mental health problems are impacting on them. Other men have questions about whether mental health problems are hereditary.

I just kind of wonder if it's a lot more people that have it.

(Gay, 16-25, HIV negative, I3/131)

Just other people in the situation, what they feel.

(Bisexual, 26-35, HIV negative, I3/123)

Why? Why I feel that way. Maybe if these people knew that other people were suffering from depression. Are these things linked up? Maybe they should be. They could offer counselling as well.

(Bisexual, 36-45, HIV negative, I3/039)

It's not a big issue for me but I am curious to know if I have an underlying tendency to depression. My father was a very dark depressed person in his life, so I wonder if there is a degree inherited and how much is about my choices. And how much was related to my subvert my sexuality for so many years?

(Gay, 50, HIV negative, I3/013)

Why doesn't it affect some people?

(Gay, 26-35, HIV negative, I3/005)

Why was I born with mental health issues?

(Gay, 26-35, HIV negative, I3/047)

Men want to know whether mental health problems are lifelong, if there is the possibility of better management of their condition and if there is hope for recovery and being well again:

Is it ever going to stop?

(Bisexual, 26-35, HIV negative, I3/129)

It would have to be will this condition get worse and how long it might last?

(Gay, 45+, HIV negative, I3/126)

How to maybe overcome it?

(Gay, 16-25, HIV negative, I3/124)

How can I control it better?

(Gay, 26-35, HIV negative, I3/038)

Men also expressed concerns about the consequences of seeking help and the treatment they might receive.

I suppose I would like to know that there are other people like me who have these thoughts; is it normal? I wouldn't want to speak to a counsellor because you know, fuck it, they'll probably look at the one thing when you were a child and say that's all it. I think I'm managing quite fine.

(Bisexual, 16-19, HIV negative, I3/136)

One question relates to living with both HIV and mental health problems.

Is it genetic? Is it to do with the virus and has some kind of effect on the way the brain functions. Does the virus change the brain's chemistry. Why aren't therapies more available to people?

(Gay, 36-45, HIV positive, I3/068)

Questions posed by men online and via FAQ interviews offer some indication to HIV/Sexual Health service providers about the issues and areas a dialogue about mental health might cover in the context of a clinic engagement.