Addressing mental health and psychosocial problems in the context of promoting MSM sexual health

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1. Why address mental health in (sexual) health behavior change interventions for MSM?

2. How? - Examples of ongoing and completed studies at Fenway that address mental health and health behavior change in MSM.
Why address mental health in (sexual) health behavior change interventions for MSM?
The Effects of “Syndemics” on HIV Risk in MSM

- Cross sectional household telephone survey of MSM in Chicago, LA, New York, and SF (N = 2881)
- High occurrence and interconnectedness of depression, poly drug use, childhood sexual abuse, and partner violence
- Additive effects: Odds ratios increased as did number of these psychosocial health problems

<table>
<thead>
<tr>
<th></th>
<th>1 problem</th>
<th>2 problems</th>
<th>3 and 4 problems</th>
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</thead>
<tbody>
<tr>
<td>High risk sex</td>
<td>1.6</td>
<td>2.4</td>
<td>3.5</td>
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<tr>
<td>(P &lt; .01)</td>
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<tr>
<td>HIV prevalence</td>
<td>1.8</td>
<td>2.7</td>
<td>3.6</td>
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<td>(P &lt; .001)</td>
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Rates of Mental Health Comorbidity are High Among HIV-Positive MSM: Fenway Data - (N = 503)

- Major Depression: 13.01%
- Other Depression: 10.0%
- History of childhood sexual abuse: 46%
- Any illicit drug use: 39%
- 5 Drinks in one sitting once a week or more: 20.0%

- PTSD: 34.8%
- Any crystal meth use: 20.8%
- Social Anxiety Disorder: 22.9%
- Somatoform Disorder: 12.3%
- ADHD: 10.6%
- Panic: 9.5%
- Other Anxiety Syndrome (GAD): 7.9%
Gay men have to be resilient

- Adolescent development – “normative” = opposite sex attractions
- Masculine socialization stress
- Bullying
- Socio-political stress (e.g. exclusion from DOD = federal / governmental norm that homosexuality is abnormal)
- Norms of heterosexuality
- Victimization
- Other sexual minority stress
Example Mental Health Disorder: Depression

• Sadness or depressed most of the time (most of the day, more days than not) or
• Persistent loss of interest

With
• Sleep problems
• Guilt/worthlessness feeling
• Loss of energy
• Concentration problems
• Change of appetite (weight loss or gain)
• Psychomotor retardation or agitation
• Suicidality/hopelessness

Need first two, and 5 total symptoms
Self-efficacy Model

Disease prevention → Pleasure reduction → Self efficacy → Condom Use

Social Models

Pleasure reduction

Depression, anxiety, mental health problems

Wulfert, Safren, et al., 1999; Journal of Applied Social Psychology
Self-efficacy Model

Disease prevention

Pleasure reduction

Social Models

Self efficacy

Condom Use

Depression, anxiety, mental health problems

Wulfert, Safren, et al., 1999; Journal of Applied Social Psychology
Predicting TRB in Depressed and Not Depressed HIV-Infected MSM

$R^2$ for Proportion of Sexual TRB: Depression-negative (n=356)=20.3%, Depression-positive (n=47)=7.5%.
Model fit indices: $\chi^2(36)=30.55, p=.73$, CFI=1.00, RMSEA<.01, SRMR=.05

Safren et al., 2009, Health Psychology
Systematic Review of the Effectiveness of HIV Prevention Interventions for MSM\(^1\)

- Individual, group-level, and community HIV behavioral interventions reduce odds of unprotected anal intercourse (27% to 43% decrease)

- Economic evaluation: this is cost-effective and potentially cost-savings, when considering the cost of living with HIV and the number of infections averted

Examples Evidenced-Based Brief Psychosocial Treatments for DSM-IV Psychiatric Disorders

- CBT for depression (Beck/Young): 12-16 sessions
- Interpersonal therapy for depression (Klerman): 12-16 sessions
- Prolonged exposure therapy for PTSD (Foa): >12 sessions
- Cognitive Processing therapy for PTSD (Resick): 12 sessions
- CBT for Social Anxiety (Hope, Heimberg et al): 12 sessions
- CBT for G.A.D. (Brown/Barlow) ≈ 13 sessions
- CBT for OCD (Foa) ≈ 15 sessions
- CBT for Panic Disorder (Craske/Barlow): 12-15 sessions
- CBT for residual ADHD in adults (Safren et al): 12 sessions
How? - Example Interventions that Integrate Addressing Psychosocial Comorbidities with Health Behavior Change for MSM: Fenway Health Studies
Integrating treatment of depression with adherence counseling in HIV

- 2 Arm, cross-over design comparing 12 sessions of CBT-AD to a single session of adherence counseling
- CBT-AD resulted in improved adherence (MEMS=pill cap) and IA assessed depression at three months, and maintains were gained at 6 and 12 months.
- Those who “crossed over” caught up after completing the full intervention

Safren et al., 2009; Health Psychology
Project Impact: Qualitative Formative Work

- 20 interviews with MSM who use crystal meth in the context of engaging in risky sexual behavior

- 95% mentioned loss of interest in other activities as a side effect to coming off of crystal meth:
  - “Certainly coming down from crystal I have awful, awful depressed mood and loss of interest in everything….to the point where everything just seemed blah, nothing seemed interesting anymore. There was no point to anything.” (white, age 28, HIV-infected)

Mimiaga et al., AIDS Ed. And Prev, 2009
Integrated Models of Risk Reduction Interventions with MSM – Project IMPACT (Mimiaga R03)

Incorporating of behavioral-activation-therapy (BAT) with HIV risk-reduction-counseling (RR) – 10 sessions.

-17 MSM completed an open phase pilot of the intervention.

Acute Outcomes:

- Reduced HIV sexual-acquisition risk-behavior -7.13 (7.0); p=0.01
- Reduced meth use [episodes of meth use] -3.06 (3.1); p=0.002
- Reductions in number of sex partners w/ meth -4.71 (5.3); p=0.001
- Reductions in depressive symptoms -7.47 (12.0); p=0.02
Project THRIVE (O’Cleirigh R34 NIMH)

Integrated cognitive processing therapy (CPT) with HIV risk-reduction-counseling (10 sessions)

2 Stage Treatment Development Protocol

a) Open Pilot – completed
b) Mini RCT – 27 of 40 randomized

Acute Outcomes:

• Feasible
• Acceptable
• Pre-post reductions in unprotected anal intercourse
• Pre-post reductions in trauma symptoms
**Project Enhance**

**Having Sex**
- Discuss what it is to be sexually and what means you can discuss what you may want to explore about your sexuality.
- Discuss who you feel this is important for you to explore.
- Explore how you feel about yourself and how you perceive yourself.
- Explore how your beliefs and values impact your physical and emotional well-being.
- Set goals for keeping yourself sexually healthy and happy.

**Disclosure**
- To review the definition of disclosure.
- To discuss your personal experience with disclosing.
- To discuss your understanding of your willingness to disclose.
- To learn strategies for evaluating your thoughts and feelings regarding disclosure.

**Managing Stress**
- To review the effects of stress on your body and mind.
- To identify sources of stress in your sexual life.
- To explore how you currently cope with stress in sexual situations.
- To learn new methods of stress management.

**Cultures, Community and You**
- To understand the role of race and ethnicity in your identity.
- To explore how your cultural background has shaped your thoughts and behaviors.
- To explore how your cultural identity has impacted your sexual and sexual behavior.
- To understand the role of race and ethnicity in your sexuality.
- To learn strategies for exploring multiple aspects of your identity and how they impact your sexual and sexual behavior.

**Party Drugs**
- To review information on the different types of party drugs and their effects.
- To identify the factors that lead you to use party drugs and their effects on your mental health.
- To evaluate the pros and cons of your use of party drugs and methods for change.
- To develop an action plan for changing your pattern of using drugs.

**Getting the Relationships You Want**
- To review the factors involved in negotiating sex and other types of relationships.
- To identify the types of relationships that you currently have.
- To identify the types of relationships you want to have.
- To learn assertive communication strategies for navigating sex and for describing what you want in your relationships.

**Triggers**
- To identify and define triggers for negatively risky behaviors.
- To review examples of risky sexual behaviors.
- To learn strategies for managing triggers and sexual risk-taking.
Summary

- Promoting sexual health in MSM should account for complex mental health comorbidities
- Complex problems have complicated solutions
- Integrating treatment of mental health problems with HIV prevention may boost the effectiveness of HIV prevention interventions
- Interventions that focus on individuals are still important as part of HIV prevention and sexual health promotion