Wang J. The Geneva gay men's health project : a community-research collaboration to assess and improve the health of gay men in Geneva, Switzerland. Basel: University of Basel, 2013.

Summary

In the 1970s, gay and lesbian organizations and even some gay health clinics were established to provide services to the community. When the HIV epidemic struck in the 1980s, many gay organizations and health clinics shifted their focus to address the pressing AIDS crisis. In the late 1990s, in light of crisis mode fatigue and profound changes wrought by the introduction of antiretroviral therapies (ART), several prominent leaders in the gay and HIV prevention communities made calls for a return to gay men's health in order to address other health issues which had been neglected for over a decade.

Comprehensive overviews of research in the late 1990s on health issues relevant to gay men, lesbians, bisexuals, and transgender people (LGBT) identified issues which appear to affect sexual minorities disproportionately, but the quality of the available data was deemed too poor to translate into policy initiatives. To help rectify this situation, the American Public Health Association passed a resolution in 1999 calling for more research on the relationship between disease and sexual orientation.

The issue of gay men's health entered Switzerland via Dialogai, a gay organization in Geneva and the only gay organization in the country active in HIV prevention work, who embarked on a community-research partnership with the Institute for Social and Preventive Medicine, University of Zurich, for the Geneva Gay Men's Health Project with the following objectives: gather information on gay men's health in order to educate itself and others, set priorities based on evidence, and introduce new interventions in response to community needs.

After two rounds of focus groups and an extensive literature review phase, the first Geneva Gay Men's Health Survey (GGMHS)—patterned on national health interview surveys—was carried out in 2002 among 571 gay men recruited using randomized time-space sampling. In order to explore the possible existence of distinctive health

needs among gay men along key public health indicators of health status, health-related behaviors, and health care utilization, we performed a post-hoc comparison with matched general population controls from the 2002 Swiss Health Survey. Gay men reported significantly more and severe physical symptoms (AOR=1.72-9.21), short-term disability (AOR=2.56), risk factors for chronic disease—i.e., high cholesterol, high blood pressure, high glucose, and smoking—(AOR=1.67-3.89), and greater health services utilization (AOR=1.62-4.28), even after adjustment for socio-demographic characteristics and health behaviors. The only exceptions to greater morbidity were greater attention to food choices (AOR=1.66) and less obesity (AOR=0.54) among gay men.

GGMHS assessed common psychiatric disorders using the WHO Composite International Diagnostic Interview Short Form (CIDI-SF). Nearly half (43.7%) of the sample fulfilled diagnostic criteria for at least one of five DSM-IV disorders in the past 12 months: major depression 19.2%, specific and/or social phobia 21.9%, and alcohol and/or drug dependence 16.7%. Over one quarter of cases were comorbid with another kind of disorder. Despite chronicity, half the men with major depression and a third of the men with social and/or specific phobia actually self-reported the condition. Such men were 5 times more likely to have sought treatment, underscoring the importance of recognition in help-seeking. In all, only 35.7% of cases consulted a health care professional in the past 12 months for mental health.

GGMHS assessed various forms of suicidality. Suicidal ideation (12 months/lifetime) was reported by 22%/55%, suicide plans 12%/38%, and suicide attempts 4%/19%. While lifetime prevalences and ratios are similar across age groups, men under 25 years reported the highest 12-month prevalences for suicidal ideation (35.4%) and suicide attempts (11.5%) and the lowest attempt ratio (1:3.1 for attempt to ideation). In order to bolster the findings for the youngest age group, we performed secondary analyses of two national adolescent health surveys from 2002—i.e., Swiss

Multicenter Adolescent Survey on Health (SMASH) and Swiss Recruit Survey (ch-x)—comparing homo- and bisexually attracted young men directly with their heterosexual counterparts. Homo/bisexual men aged 16-20 years were significantly more likely to report 12-month suicidal ideation, plans, and attempts (OR=2.09-2.26) and lifetime suicidal ideation (OR=2.15) and suicide attempts (OR=4.68-5.36).

GGMHS was repeated in 2007 and 2011 with a focus on mental health and assessed the understanding and experience of gay men using mental health literacy with features of cultural epidemiology. A depression vignette was labelled as such by 44.1% of the entire sample, and 61.9% of the men with major depression in the past 12 months. Discrimination (33.2%), acceptance/rejection by others (21.4%), and loneliness (24.9%) were the most common reasons given for greater susceptibility among gay men, yet men with major depression reported problems with love/relationship (32.5%) and work (28.9%) as the most common perceived causes of recent depression, and problems with love/relationship (21.9%), accepting one's homosexuality (21.1%), and family (20.2%) at initial outset. The highest proportions of gay men rated non-medical options such as a close friend (91.6%), relaxation exercises or meditation (84.4%), and physical activity (83.5%) as being helpful for the depression vignette, and seeing friends (17.2%) and doing sports (17.2%) were the most common non-professional activities mentioned spontaneously by men with major depression. Gay-friendliness would promote presentation and communication with professionals. While gay men share many commonalities in labelling, perceived causes, and help-seeking with general populations, several specificities in understanding and experience were identified.

Taken together, these findings suggest that the higher prevalence of depression among gay men may be due to a higher prevalence of common causes and the existence of gay-specific causes. Furthermore, the median ages at initial onset for those diagnosed with a mood or anxiety disorder in the past 12 months or ever

reporting a suicide attempt interweave with the median ages for gay developmental milestones, suggesting that psycho-social challenges encountered during such phases may trigger psychiatric disorders and/or suicidality among some gay men during childhood, adolescence, and young adulthood. Both depression and suicidality go on to display high levels of chronicity/recurrence among gay adults.

As the first mental health intervention for a gay community, Blues-out is a depression awareness campaign modelled after the evidence-based European Alliance Against Depression. The pre-post intervention evaluation confirmed levels of recognition of depression and Blues-out comparable to those found in general populations. A third of the respondents (32.9%) recognized Blues-out in 2011. Such men were more likely to find specialists and psychological therapies helpful and correctly identify depression and gay men's greater risk for depression. Despite small effect sizes, significant net decreases (18 - 28%) were seen in lifetime suicide plans, 12-month suicidal ideation, self-reported lifetime depression, and 4-week psychological distress between 2007 and 2011. It should be a priority to test and implement public mental health interventions in such high prevalence populations.

The Geneva Gay Men's Health Project has been a successful community-research collaboration that has turned Switzerland into a center of excellence for sexual minority health. Since its initial conception in 2000, numerous initiatives have been launched worldwide, and in public health, there has been growing recognition of sexual minorities as a group with distinctive health needs. A more cohesive picture is emerging, but recommendations call for additional research to bolster the evidence base, and in particular, sexual orientation should be introduced as a routine socio-demographic indicator in large surveys. Such data will help document health disparities and facilitate a syndemic approach in analyzing a complex system of multi-morbidity with multiple factors at multiple levels, supporting good policy and effective action in improving the health of sexual minorities.