OUT LGBT WELL-BEING

JOZI MENTAL HEALTH PROGRAM

NARRATIVE REPORT

27 APRIL 2023

out
LGBT WELL-BEING

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Introduction

Integrating mental health and social services with biomedical services may improve HIV and other health problems for MSM. The stigma, discrimination and homophobia that men who have sex with men (MSM) experience result in multiple layers of self-stigma, unsafe behaviour, social isolation, homelessness and poverty. For MSM, it can feel like a constant threat to their safety, well-being, and identity. This can cause feelings of anxiety, shame, guilt, isolation, and depression. It can also lead to self-harm, suicide, or other mental health issues. In combination, these factors contribute to a unique MSM sub-culture that requires tailored, comprehensive health and social services, including services for mental health conditions.

The Jozi Mental Health Program (Jozi Program) piloted a public health program that considered the association between common mental health conditions and HIV and other health outcomes in MSM from Soweto, South Africa. The Program supported MSM to overcome personal, social and structural barriers in their lives through changing their perceptions about themselves and the world they live in. In addition to clinical services for HIV, we supported MSM with mental health conditions, unemployment, and homelessness.

In our program, we found 2 out of 5 (40%) of MSM screened positive for possible anxiety, almost a third (27%) for depression, more than half (53%) for harmful alcohol use, 30% for harmful drug use and almost 1 in ten (8%) for suicide ideation or self-harm.

It is critical to address the mental health challenges faced by MSM in South Africa. This includes increasing public awareness about the stigma, discrimination and homophobia faced by MSM, improving access to mental health and social services, and creating more safe spaces for MSM to connect with each other, reflect and receive information and support.

Background

There is a complex, two-way relationship between mental health conditions and HIV disease. Poor mental health is a risk factor for HIV, while living with HIV is a major risk for developing a mental health conditions (Figure 1). Gay men and other men who have sex with men (MSM) are at increased risk of mental health conditions and HIV (Icard et al., 2020; SANAC, 2017a; World Health Organization, 2022). The association between mental distress because of sexual orientation, stigma and discrimination, homophobia, internalised stigma and unsafe behaviour among MSM is also well established (Icard et al., 2020; World Health Organization, 2021, 2022; Xu et al., 2022; Yen et al., 2022).

> *(Sipho) "People must understand that we did not decide to be gay, it is the way we were created. It was not a choice and we learned to live with it, and for me people realised that I was gay even before I discovered myself".*

MSM often have multiple intersecting social and structural issues related to where they live, their identities, and their behaviours that increase risk for HIV (World Health Organization, 2022). Research shows mental health conditions contribute to unsafe HIV behaviours (Tsai & Burns, 2015) and interfere with the uptake of services among MSM (King et al., 2008; Krueger, Fish & Upchurch, 2020; Lee et al., 2016; Jackman, Honig & Bockting, 2016; Kerridge et al., 2017; Tomori et al., 2016; Sivasubramanian et al., 2011; Sandfort et al., 2015).

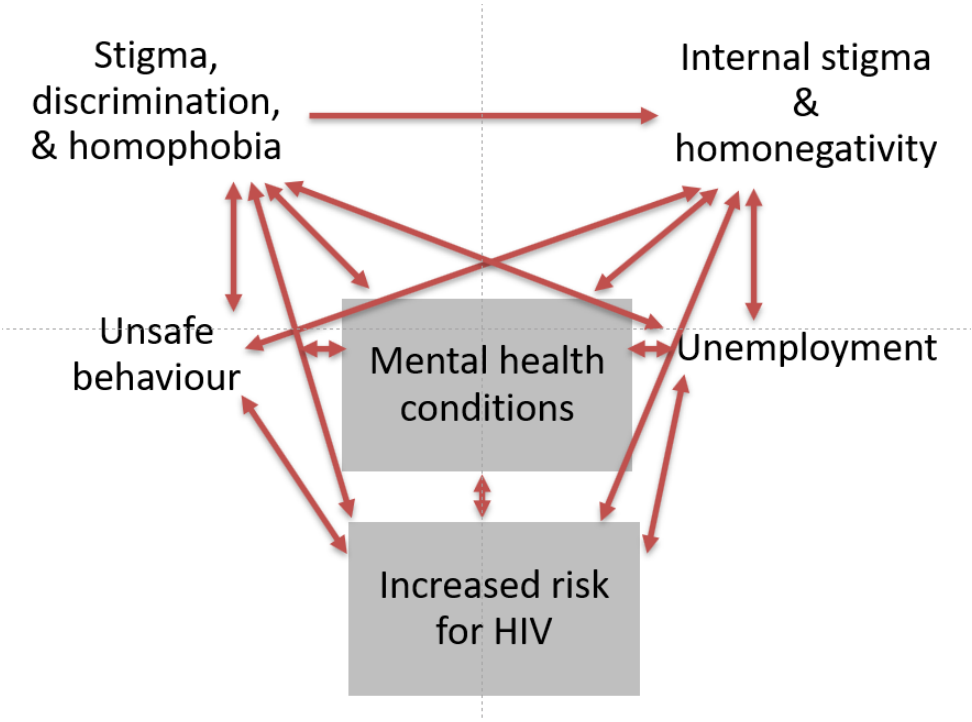

Figure 1 Factors that increase the risk for HIV and mental health conditions

Mental health conditions and HIV

MSM in South Africa are at a higher risk of contracting HIV, which can impact their mental health. They are also more likely to experience depression, anxiety, suicidal ideation, and substance use disorders when compared to heterosexual people (Luo et al., 2017; Mustanski et al., 2014; Safren et al., 2010).

MSM in the Jozi Program recounted their struggles with mental health conditions:

> *(Thulani) "I attempted suicide and was admitted at Baragwanath Hospital, I received counselling that did not help much because there was a lot that I was keeping in me it was like no one get me".*

> *(Ray) "Last year November I became suicidal as I just could not hold it together anymore".*

> *(Sipho) "During that time (in high school) was when I discovered my sexuality, I realised that I do not have feeling for girls anymore. I dated girls at a younger age but at 16 was when I realised why I did not love the person and even attempted suicide".*

> *(Sipho) "I then developed an alcohol problem and also suspected depression because I was always closing myself my room and not socialising with people, living in a dirty room."*

> *(Sipho) "I lost hope in life, I became reckless and moved to Bryanston…"*

Mental health conditions can be a risk factor for HIV exposure, disease course and treatment and have been associated with lower testing for HIV (Senn & Carey, 2008), reduced likelihood of initiating HIV treatment and being retained in care (Adegbite et al., 2018; Cholera et al., 2017; Gonzalez et al., 2011; Tao et al., 2018; Uthman et al., 2014), poor ART adherence, and lower likelihood of virological suppression (Gonzalez et al., 2011; Pence et al., 2018). In addition, psychosocial factors that commonly

(Kane et al., 2019) co-occur with both mental health conditions and HIV, such as violence, trauma, stigma, and other social determinants, may further impact HIV treatment outcomes (Giovenco et al., 2022).

Stigma, discrimination and homophobia

Homophobia is an irrational fear, hatred, or prejudice against people who identify as lesbian, gay, bisexual, transgender, or queer/questioning (LGBTQ+). It can manifest in different ways, such as discrimination, harassment, bullying, or violence against LGBTQ+ individuals. Many people and communities in South Africa still view sex between men as something abnormal and/or immoral. This can lead to rejection from families, friends and communities (Gyamerah et al., 2019; Sandfort T et al., 2009; T. Sandfort et al., 2016). According to MSM in the Jozi Program they experienced stigma, discrimination and homophobia from a young age. Thulani[1] explains:

> *(Thulani) "I was born and raised in Benoni, where I faced a lot of hate and physical abuse from my family, also at school. I was once flushed in the school toilets. At home my uncle beaten up almost every day at a young age. I then moved to high school where things got worse where I was mocked by my schoolmates and teachers. This one time my teacher said to me I needed a bra which was very embarrassing for me. At that time when this was happening, I didn't have a person to go to or to share my pain with. I isolated myself from people so I can minimise the bullying".*

Learnmore stated that he had to leave his country of birth to escape homophobic violence.

> *"… in Zimbabwe they do not accept people like us. I moved to South Africa because of Zimbabwe homophobic violences".*

Homophobia is not just an individual feeling, it is also institutionalised in laws, policies, and social norms that discriminate against MSM. Jozi Program clients reported discrimination and homophobia at both personal and institutional levels, resulting in lack of confidence in law enforcement to act against discrimination and homophobia.

> *(Thulani) "I was blaming myself a lot telling myself if I could hide my gayness for people not to see. The incident (gang rape) made me so angry and depressed, remember I had no one to talk to. After all that, the rape case was not being taken serious by the police".*

Homophobic attitudes and discrimination against MSM are prevalent in many parts of South African society, including in schools, workplaces, and religious institutions. MSM individuals are often subjected to violence, harassment, and hate crimes, with little protection from the authorities. Clients in the Jozi Program reported homophobia was commonplace. Fear of being stigmatised or discriminated against by health care providers can prevent MSM from accessing HIV testing and other health and social services and employment, which can lead to further mental distress.

> *(Thulani) "It didn't stop there with the abuse. In 2021 I was gang raped by 3 men and stabbed in my anus because they wanted to show me that the anus is not for sex they said".*

[1] Names were changed to protect identities

(Ray) "In my thirties that's when it started to get hectic. It was at that age when I decided to pursue my acting and performing career and started working for Discovery. At that point things were not going well I didn't have enough money and could not afford a place of my own".

Self-stigma and gender identity

Homonegativity, homophobic violence, discrimination, social exclusion, and homelessness result in self-stigma, which competes with health issues and risk reduction messages to engage MSM. Self-stigma specifically impacts on anxiety, depression, suicide ideation, harmful or sexualised alcohol and drug use and other unsafe sexual practices (Icard et al., 2020; Knox et al., 2017; Sandfort T et al., 2009; Xu et al., 2022; Yen et al., 2022). In a study in South Africa, MSM measured high in self-stigma with high scores on both anxiety levels and unsafe sexual practices. Self-stigma can lead to feelings of shame, fear of disclosure, isolation, unsafe behaviour, despair, and mental health conditions. MSM clients in the Jozi Program shared how their gender identity and gender expression were affected by different forms of stigma and self-stigma:

(Ray) But I knew that I will not be accepted by my family, as they made it very clear to me when I was only 6-years old. My teenage years I have always wanted to present myself in a way that the family and community would accept me, which was as a boy.

(Thulani) "I received all this abuse at the same time (I was) confused because I did not know how to identify myself, yet people always saw me as gay".

(Ray) " I have always known that I was different, … however I did not know how to define myself".

Unemployment and homelessness

Due to homophobia, mental health conditions and self-stigma, many MSM in the Jozi Program were forced to leave their homes and communities, which led to homelessness.

(Sipho) "They also wrote to the shop I was working at to give me a second chance as I was attending rehab sessions and trying to change my life. They took me back and after getting paid I went back to drinking and passed out at work and I was fired again. I started to steal from the guy I was staying with and he also chased me out. I moved in with a friend and got another job but lost it again due to alcohol and I was chased out again".

(Sipho) After staying in the street for a while and loosing almost everything, including my ID, I decided to move to Wembly shelter, I did not like it when I moved there but with time it got better and life started looking better for me. I was also introduced to the Jozi Program.

Driven from other provinces and countries to escape social exclusion, unemployment and hopelessness, MSM often end up destitute in vibrant Soweto, South Africa's largest urban settlement.

Jozi Program description

The aim of the Jozi Program was to increase the overall health and wellness of MSM by breaking down mental health, social and structural barriers that negatively affect MSM health outcomes. The Jozi

Program was added, as a pilot, to the existing MSM HIV program (Men Engage Health Program), funded by USAID.

The Program uses peer-led services delivered from mobile health services as well as at a fixed clinic. Mobile outreach teams—each consisting of 3 MSM peers and a nurse trained to do same-day initiation of clients onto ART and PrEP—are responsible for a specific health sub-district in the City of Johannesburg. Each team visit a specific health district regularly to form personal relations with clients and the MSM community. This personal relationship is essential to build trust and credibility. Teams understand local dynamics and identify local champions and their networks. Through local champions, access is gained to specific sub-groups such as MSM with high-risk social networks, those with high numbers of sexual partners and those practising sexualised drug use.

> *(Learnmore) "The (Jozi) Program brought such a great change in my life, they became my mother and father for me, they offered me support, social support, mental support, safe space and even offering us skills. And (the Jozi Program) unites us as LGBTI community. They offered us a platform for us to meet and talk and they also taught us how to support one another".*

Stakeholder engagement

To create an enabling environment for mental health conditions, the Jozi Program engaged with key stakeholders, including:

1. Focus Group Discussions and weekly meetings with peer educators to get feedback on services and to inform programme design.
2. Meetings with researchers (such as University of KwaZulu Natal) and other non-government implementers (such as the Foundation for Professional Development) of mental health programs in South Africa
3. Key staff members represented the Jozi Program on the National Mental Health Technical Working Group and the Mental Health Working Group for Health Workers.
4. Staff represented the Jozi Programme at district and provincial Department of Health and Department of Social Development. During these meetings, the Jozi Program agreed with Department of Social Development to allocate some dedicated places for MSM, from where they were linked to services. Staff working in the shelters also received sensitisation training on sexual orientation and gender identity.
5. Several relationships were established to link MSM who enrolled in Skills Workshops with job opportunities.
6. Community Advisory Group meetings to reflect on the results of the program.

Recruitment into the Jozi Program

The Jozi Program used a variety of entry points to enrol new and existing MSM clients into the mental health program.

Mobile outreach teams

Outreach teams identified clients through specialised entry points in the community. Identified clients are then incentivised to motivate their peers to join the program. The outreach entry points included 1) the Enhanced Peer Outreach Model (EPOA) which works with quality "seeds" that recruit up to 3 people from their personal network for uptake of health services. 2) Identification of "Champions"

who host VIP Groups. A VIP group is an event at the Champion's home attended by a small group of MSM from their network and where a health talk and mobile health services are provided. 3) Community Advisory Groups that focus on chemsex users in township areas.

Homeless shelters

MSM living in shelters were engaged into the Jozi Program after sensitisation training was offered to staff working at the shelters.

Drop in centre

Walk in clients at the fixed facility in Melville, Johannesburg.

Figure 2 Engage Men's Health drop in centre, Melville, Johannesburg

Existing MSM clients in the HIV program were offered mental health services in addition to clinical services.

Social media campaign

To create awareness, we added mental health messaging to our existing social media campaigns on Twitter, Instagram and Twitter. The marketing and communications plan for the programme was driven by two connected considerations. Firstly, to recruit for and promote the services linked with the program (skills development, counselling and support) to the appropriate audience – MSM in the Johannesburg metro. Secondly, to grow awareness among MSM about mental health conditions that they may face, and to affirm the value of treatment and support. Both strategies sought to destigmatise mental health and to normalise seeking support through honest and accessible messaging that was specifically tailored to the needs and shared experiences of MSM. We also tried to bridge the gap between mental health and HIV messaging.

MSM who enquired about services were either referred to the project's services or to external support. The most common concerns expressed were depression and relationship challenges.

Figure 3 Examples of social media messaging for MSM

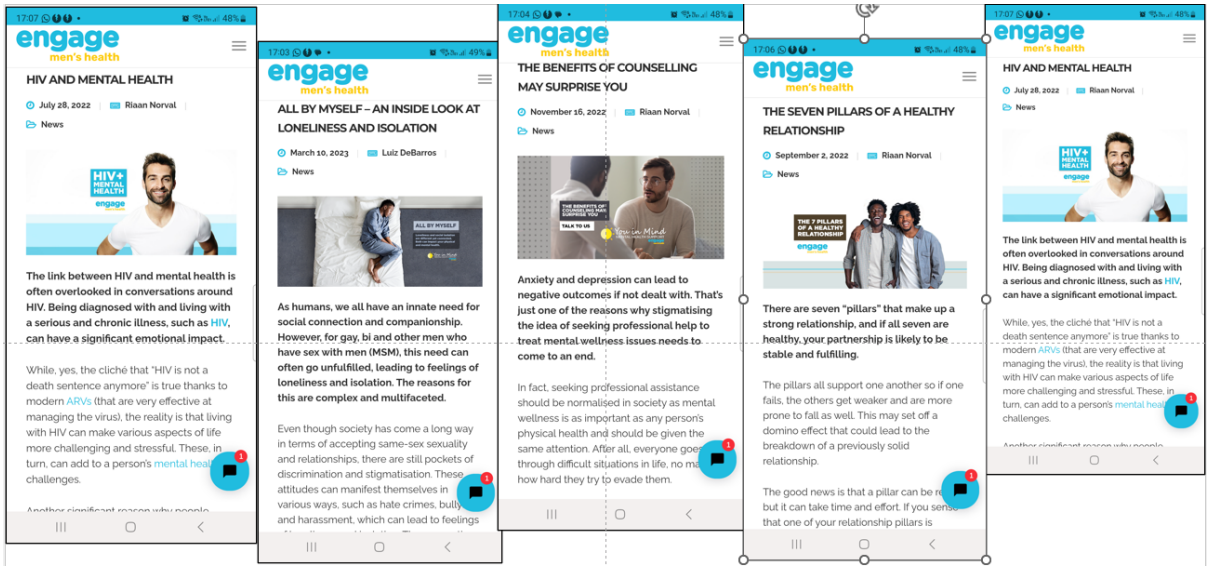

Figure 4 Articles published on website

Data collection

After getting informed consent, we collected programmatic data on MSM clients accessing the Jozi Program through the different entry points. On entry, MSM were screened for possible mental health conditions—anxiety, depression, harmful alcohol or drug use and self-harm (suicide ideation), using a customised questionnaire. The questionnaire used selected questions from validated questionnaires ((Bhana et al., 2019; National Department of Health, 2019)) - See Annex 1 Mental health screening questionnaire. Based on the screening scores MSM were offered tailored counselling, skills building, and health services. This data was entered into an Excel spread sheet. We then matched the mental health screening results with the clients' clinical data.

Social media data was collected through the various platforms' native analytics tools: Meta Insights, Meta Ad Manager, Instagram Insights, Twitter Analytics.

Results

The program only started in June 2022 instead of April. This delay made it impossible to reach the screening target, however once staff were recruited and trained, progress was made quickly. A scope change was also agreed with Gilead at inception however targets were not adapted to the smaller scope.

Objective 1: Biomedical services. After being awarded the contract, we agreed with Gilead not to expand our biomedical program with 1) offer second-line treatment for MSM who interrupted ART, and 2) detect and treat anal cancer. We continued to deliver our existing biomedical services for HIV, TB and STIs, funded by USAID.

Objective 2: Mental health support. Despite the program starting in June 2022 instead of April and despite a reduced scope the program managed to screen 2414 MSM for mental health conditions against a target of 3210. Of the 2414 MSM screened for common mental health disorders, we were able to match 1063 MSM to biomedical data. MSM who had high scores for possible anxiety, depression, harmful alcohol use, harmful drug use or self-harm were offered counselling with the social worker. All MSM screened for mental health disorders received counselling from counsellors, 77 received counselling from the social worker and another 17 were referred for specialist support outside the Jozi Program (Table 1).

Objective 3: Enabling environment. All MSM who were unemployed, homeless or living in a shelter were offered access to Job Skills workshops and were invited to join leisure activities in Safe Spaces. Several MSM were successfully linked to jobs and internships. Against a target of 473, 447 MSM attended Job Skills Workshops and 219 joined in leisure activities outdoors (against a target of 360), and we sensitised 102 people (Table 1). To achieve this objective, we undertook broad stakeholder engagement through:

- Focus Group Discussions and weekly meetings with peer educators to get feedback on services and to inform programme design.
- Meetings with researchers and other non-government implementers of mental health programs in South Africa
- Key staff members represented the Jozi Program on the National Mental Health Technical Working Group and the Mental Health Working Group for Health Workers.
- Staff represented the Jozi Programme at district and provincial Department of Health and Department of Social Development. The Jozi Program agreed with Department of Social Development to allocate some dedicated places for MSM, from where they were linked to services. Staff working in the shelters also received sensitisation training on sexual orientation and gender identity.
- Several relationships were established to link MSM who enrolled in Skills Workshops with job opportunities.
- Community Advisory Group meetings to reflect on the results of the program.

Objective 4: Communication strategy. To create awareness, we added mental health messaging to our existing social media campaigns on Twitter, Instagram and Twitter. The marketing and communications plan for the programme was driven by two connected considerations. Firstly, to recruit for and promote the services linked with the program (skills development, counselling and support) to the appropriate audience – MSM in the Johannesburg metro. Secondly, to grow awareness among MSM about mental health conditions that they may face, and to affirm the value of treatment and support. Both strategies sought to destigmatise mental health and to normalise seeking support through honest and accessible messaging that was specifically tailored to the needs and shared experiences of MSM. We also tried to bridge the gap between mental health and HIV messaging.

- The social media campaigns and their messages reached 306,522 people (Figure 3).
  - There were 1,285 engagements on the social media posts.
  - 502 individuals reached out for information or support through our social media platforms.

- Over 5,000 people read the articles posted on our website

Table 1 Achievements against targets

	Target	Achieved	%
MSM screened for mental health conditions	3215	2414	75%
Screened MSM matched to health data	-	1063	
MSM referred for mental health or structural services		1320	
MSM received counselling from peer educators	321	2414	
MSM received counselling from social worker (1-4 sessions)		77	
MSM referred for specialist support outside the program		17	
MSM attended Job Skills workshops	473	447	95%
MSM attended Safe Spaces (Leisure activities outdoors)	360	219	61%
Sensitisation training for staff working in shelters	100	102	100%
MSM reached with social media	37 549	306 522	

Demographics

The mobile outreach teams recruited MSM in Soweto, the fixed facility offered services to clients in Melville, while the social media campaign created awareness about mental health topics among social media users in general. In total, 2414 clients were screened for mental health conditions against a target of 3215. Of the 2414 MSM screened for mental health conditions, 1063 (44%) clients could be matched to clinical data.

Age

Almost two thirds (65%) of MSM clients screened for mental health conditions in the Jozi Program were between 15 years and 34 years (Figure 5).

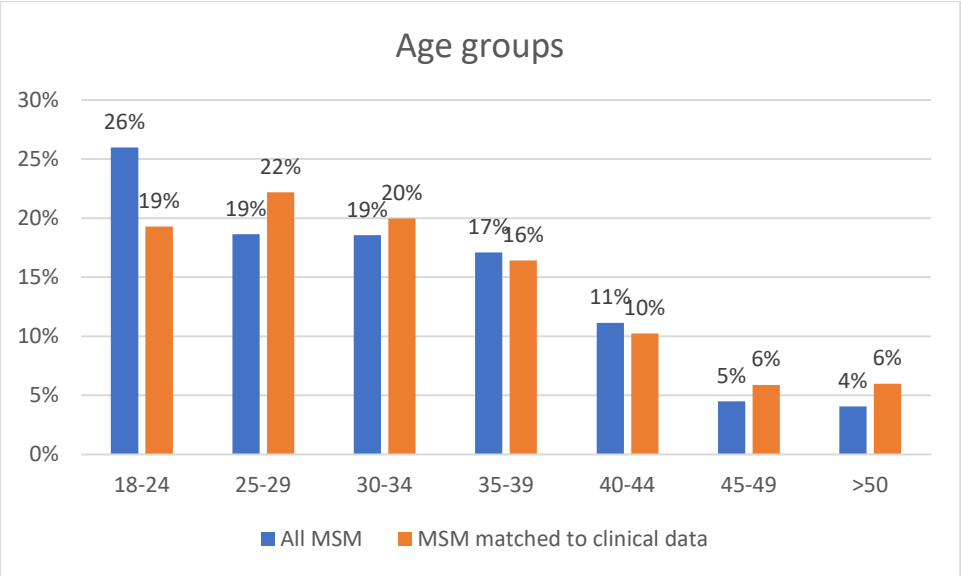

Figure 5 Comparison of MSM screened for mental health conditions by age group

Prevalence of mental health conditions

Figure 6 shows the results of screening across age groups; more than a third MSM screened high for possible anxiety (35% and 40% respectively), 1 in 4 (25% and 30% respectively) for harmful drug use and depression (24% and 27% respectively), and more than half (53%) for harmful alcohol use.

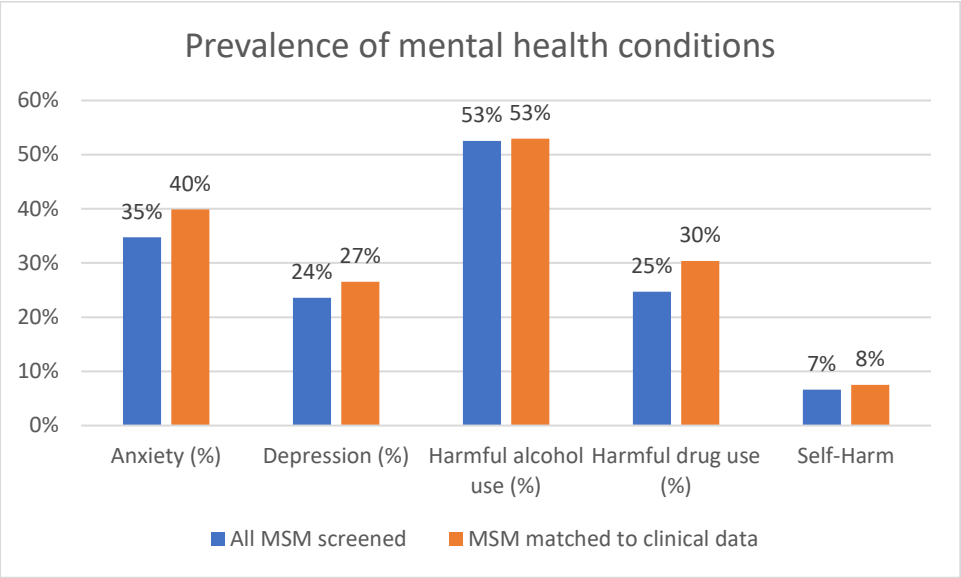

Figure 6 Comparison of possible mental health conditions detected for all MSM screened (2414) compared to MSM screened with matched clinical data (1063)

Entry points into the program

Two thirds of MSM clients (711) with matched clinical data entered the Jozi Programme through focused mobile outreach (227; 21%) and referrals from peer networks (484; 46%). One in 4 clients were seen at the fixed facility (258; 24%)

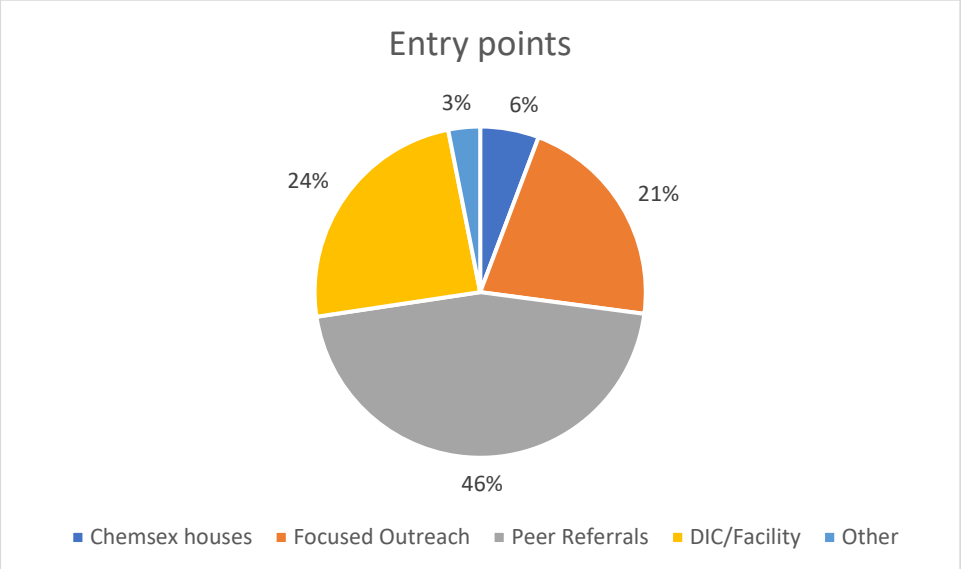

Figure 7 Entry points of MSM matched to clinical data

HIV status

Three out of 10 (317) MSM which could be matched to health data, were HIV-positive (30%).

Figure 8 shows the prevalence of possible mental health conditions for HIV-positive and HIV-negative MSM.

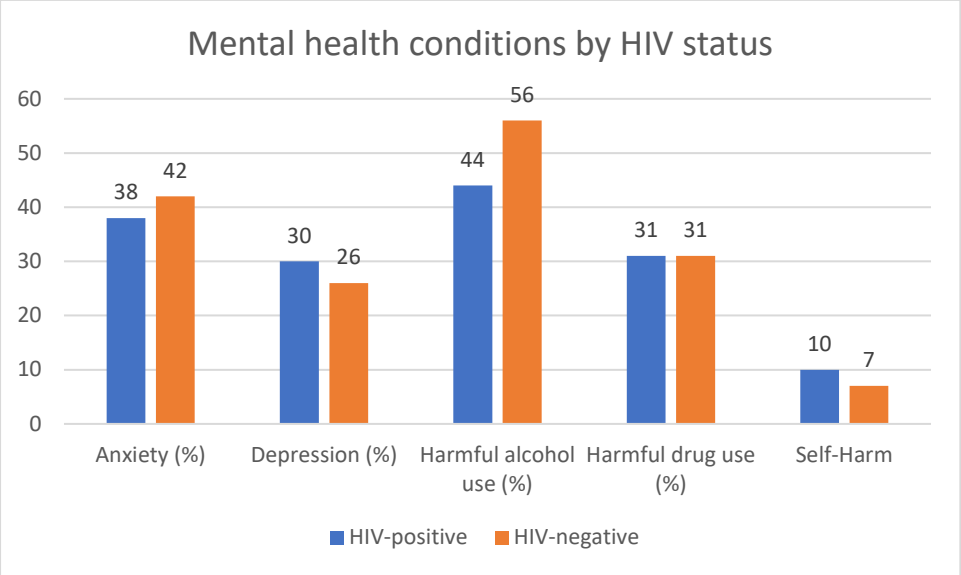

Figure 8 Comparison of possible mental health conditions in HIV-positive and HIV-negative MSM

Based on screening results, Jozi Program staff referred MSM who had a high probability of underlying mental health conditions (Figure 6) to the in-house Social Worker for counselling –.

> *(Thulani) "the Social worker Taurai availed himself to listen to all our cries, problems and mental health challenges. He had ways to show how to deal with problems and also assisted in choosing the right ways to take, which helped me so much. I feel the counselling sessions are very important to the LGBTI community and they are important that they are there as without them we will not be able to survive the outside world".*

Employment status

More unemployed MSM scored high for possible mental health conditions than employed MSM, except for alcohol use. It is possible that unemployed MSM could not afford to buy alcohol.

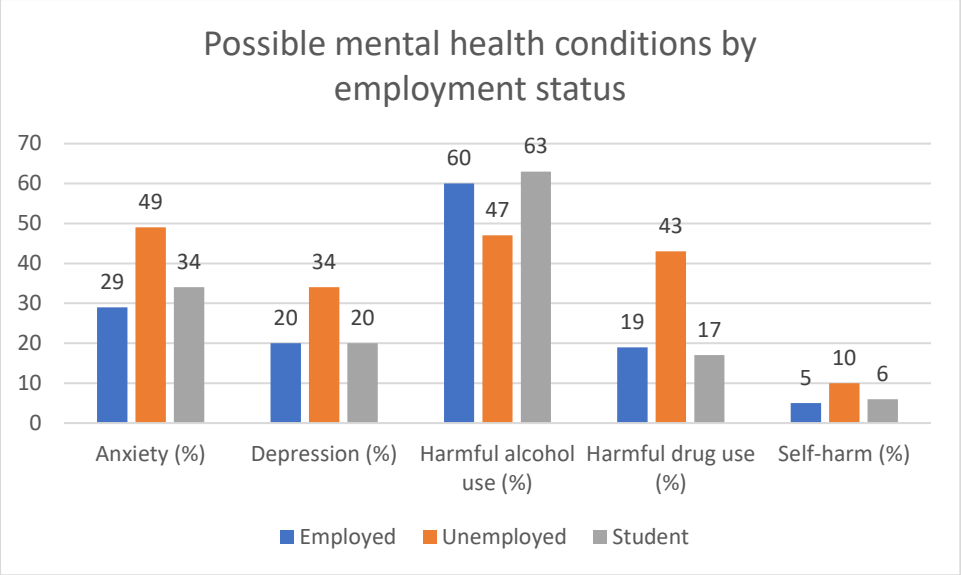

Figure 9 Comparison of possible mental health conditions by employment status

Unemployed MSM, including those staying in shelters, were offered Job Skills Workshops and were invited to join different recreational Leisure Activities (Safe Spaces).

> *(Ray) "When the (Jozi) Program became more involved in my life I decided to take advantage of their free counselling sessions as I had just came out of suicidal thoughts. I was also with them at hiking, it was amazing to go along with not only people like myself but also Jozi Program people coming along with us and educating us and raising awareness as well. Giving us safe spaces to share to others who are not like us about our lives and upbringing".*

Safe spaces

At the safe spaces, MSM were offered therapeutic leisure activities, such as hiking and reflection workshops. Several MSM reported these outings as life changing experiences:

> *(Thulani) "… there was one (Safe space) we attended in Magaliesburg which was made in a form of hiking. It was so much fun with the facilitators who made it so educational yet fun while walking on the mountains. This allowed us to express ourselves in a calm and peaceful environment, that safe space made a great impact in my life".*

> *(Sipho) "They (Jozi Program) took us out for a safe space at Magaliesburg, I was going hiking for the very first time the hiking helped me explore life more, meet new people and share my life experiences with them. I felt so free the hiking made me to be able to dream again and wish for better things for myself".*

> *(Thulani) "When we were taken out to Majakaneng it was my first hike. It was a good environment and refreshing being out from the shelter away from noise. We were able to meditate and connect with nature. Also, the hikes were the best outing".*

Figure 10 Safe spaces and leisure activities

Skills Development Workshops and employment

Unemployed MSM were invited to attend workshops where they were taught how to improve their chances of finding jobs. Workshop attendees were also linked to job opportunities arranged through employment partners.

> *(Thulani) "The program gave me an opportunity in skills development, which was very fun and very informative as it is very difficult to get job opportunities without any skills. But before that I was granted an opportunity to take part in the HIV Testing and Counselling skills where I obtained a Lay Counselling certificate. After attending my counselling session with the social worker, Londeka linked me with an organisation called Parents, Families and Friends of the South African Queers. I started volunteering with them but now, now I work full time as a facilitator. This really changed my life because I managed to move from the shelter and find my own space".*

Figure 11 Skills development workshops

Policy implications

At national level, we gave input on South Africa's National Strategy for HIV, TB and STIs 2023-2028 and the National Mental Health Strategy 2023-2030. We also raised awareness of the importance of adding mental health interventions to integrated services for MSM through social media and at conferences.

Dissemination

The Jozi Program will continue to include mental health messages as part of the social media campaign for all its programs to increase awareness of mental health conditions and create interest in accessing services among MSM, through social media.

We managed to get abstracts accepted for oral presentation at the South African AIDS Conference (June 2023) – See Annex 2 Abstract accepted for SA AIDS Conference 1, and at the South African Mental Health Conference (May 2023) – Annex 3 Abstract accepted for SA Mental Health Conference.

We will also host a breakfast meeting with key stakeholders, including Department of Health, Department of Social Development, implementers of mental health programs in South Africa to disseminate the results, and a Community Advisory Group meeting in May 2023. At the Community Advisory Group meeting, MSM will be asked to respond to the results of the program and advise on potential improvements.

Sustainability

The Jozi Program aligned with national policies and strategies, for example it fits within the National LGBT Plan of the South African National AIDS Council (SANAC, 2017b). The program also influenced development and is aligned with South Africa's Nation Strategic Plan for HIV, TB and STIs 2023-2028 and the National Mental Health Strategy 2023-2030. This alignment enables SA government to subsidise or co-fund comprehensive services for MSM.

Program staff, especially the Program Manager attended relevant SANAC meetings, those of the LGBTI Sector as well as those with civil society. The focus was on advocacy for comprehensive HIV programs and funding thereof. Program staff also attended national and provincial technical working groups on mental health and meetings with government departments.

Through trainings of Department of Social Development shelters, these facilities were able to provide competent care to MSM beyond the lifespan of the Program.

OUT will continue to apply for funding for MSM programming beyond March 2023 and promote the inclusion of non-clinical services for MSM through advocacy.

This report and alignment with national strategies provides a sustainable model for tailored MSM services beyond biomedical interventions.

Discussion

Next steps

Based on our results, services for mental health conditions will be integrated into our health programs and will be offered as standalone services.

Screening for mental health conditions

A facilitator guide will be developed to guide the screening tool (Annex 1 Mental health screening questionnaire).

Counselling

To standardise delivery of mental health services by all cadres, we will develop scripts for recruitment and pre- and post- test counselling.

Sensitisation training

We will finalise sensitisation material for and continue to offer sensitisation training to different stakeholders.

Lessons learned

In addition to limited access to services, MSM in the shelters face complex intersectional challenges, which can lead to hopelessness:

> *(Thulani) "…being in the shelter I participated in a (Jozi Program) safe space group where I met other people with almost the same situation. I felt welcomed for the first time and when people were sharing, I had hope again that everything is going to be okay. I liked how the facilitator was conducting the session. It allowed people to share willingly especially when we did the looking-in-looking-out activity. It was the best for me because it made me feel that no matter what I went through, I can gain strength on my own with the support of others. I will say I find a family that I never had with safe spaces".*

Our program shows how critical it is to link mental health with job-seeking and employment opportunities, as well as leisure activities such as hikes being effective.

> *(Learnmore) I attended the safe space through hiking which was such a wonderful experience and I feel we need more of those kind of safe spaces because it also helped with our mental and phycological being, meeting new people and learning about their experiences was so eye opening.*

> *(Ray) "The (Jozi) Program got an accommodation for me at Wembly shelter and at that point I decided that I needed to take charge of my life again and need to work on my mental health. I started having sessions with them and so far, I had 3 sessions and I have another one coming up soon, the counsellor helped me a look at things from a different point of view".*

Limitations and recommendations

Because we used focused recruitment of MSM our results cannot be applied to MSM nationally.

We underestimated the effect of self-stigma in our program design. Self-stigma detection and counselling should be included as integral to mental health programming.

Limited funding to include the specific considerations of sexualised drug use among MSM.

Difficulty of transitioning staff perceptions from offering biomedical services to more comprehensive programming.

Conclusion

Life can be tough for MSM in Soweto. To address the issues that compete with health and well-being, it is firstly important to integrate mental health and social services into existing biomedical programs.

> *(Thulani) "Regarding the Mental Health in South Africa, I feel we do not have enough Organisations that support the LGBTIQ+ community. We need more Organisations like the Jozi Program to bring hope back to people's life".*

The Jozi Program shows that in low- and middle-income countries such as South Africa, it is feasible to add mental health and structural interventions to complement biomedical services. After training on the mental health screening tool, peer educators were able to screen for mental health conditions and refer MSM in need of additional support. By creating awareness on the unique needs of MSM through social media and sensitization training, it was possible to create an enabling environment for MSM in government programs

Secondly, it is critical to raise awareness about the unique challenges faced by MSM in South Africa and to work towards creating a more inclusive and accepting society. This can involve advocating for policies and laws that protect the rights of MSM and other LGBTQ+ people, promoting education and awareness about LGBTQ+ issues, and providing support and resources for homeless and unemployed LGBTQ+ people.

(Ray) "We need to make a lot of people aware that the services are available for them to use".

Annex 1 Mental health screening questionnaire

MSM mental health questionnaire[1] - CONFIDENTIAL

CIB:

DATE:

[A] Anxiety (Generalised anxiety disorder GAD-2)

Over the past two weeks, how often have you been bothered by any of the following problems?

		Not at all	1-7 days	8-11 days	12-14 days	
1	Feeling nervous, anxious or on edge	0	1	2	3	
2	Not being able to stop or control worrying	0	1	2	3	

TOTAL SCORE: (add the number for each question to get your total score)
Scoring: A cut off score of ≥3 is screen positive

[B] Depression (The patient health questionnaire – PHQ-2)

Over the past 2 weeks, how often have you been bothered by any of the following problems?

		Not at all	1-7 days	8-11 days	12-14 days	
1	Little interest or pleasure in doing things	0	1	2	3	
2	Feeling down, depressed, or hopeless	0	1	2	3	

TOTAL SCORE: (add the number for each question to get your total score)
Scoring: A cut off score of ≥3 is screen positive

[C] Suicide risk (Data Collection for LGBTI)

		No	Yes	
1	In the past, have you ever attempted suicide?	0	1	
2	Are you having suicidal thoughts right now?	0	1	

TOTAL SCORE: (add the number for each question to get your total score)
Scoring: A cut off score of ≥2 is screen positive

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[1] Bhana et al., 2019. Validation of a brief mental health screening tool for common mental disorders in primary healthcare. http://www.scielo.org.za/scielo.php?script=sci_arttext&pid=S0256-95742019000400022

[D] Alcohol (Alcohol use disorders identification test (AUD-C)

1. **How often have you had a drink containing alcohol in the last year? A "drink" can be a bottle of beer, a glass of wine, a wine cooler, or one cocktail or shot of hard liquor (like whiskey, gin or vodka)**

Never	Monthly or less	Two to four times a month	Two to four times per week	Four or more times per week	
0	1	2	3	4	

2. **How many drinks containing alcohol did you typically have on a typical day when you were drinking in the last year?**

Do not drink	1-2 drinks	3-4 drinks	5-6 drinks	7-9 drinks	10 or more	
0	0	1	2	3	4	

3. **How often in the last year have you had 6 or more drinks on one occasion?**

Never	Monthly or less	Monthly	Weekly	Daily or almost daily	
0	1	2	3	4	

TOTAL SCORE: (add the number for each question to get your total score)
Scoring: A cut off score of ≥4 is screen positive

[E] Substance Abuse (Mainline SMDT)

		Not at all	Several days	More days than not	Nearly every day	
1	Over the past month how often have you used drugs?	0	1	2	3	
2	During the past 3 months, how often has your use of drugs led to health, social, legal or financial problems?	0	1	2	3	
3	During the past 3 months, how often have you failed to do what was normally expected of you because of your drug use?	0	1	2	3	

TOTAL SCORE: (add the number for each question to get your total score)
Scoring: A cut off score of ≥3 is screen positive

If a client scores above the cut off score for any category, refer for further support

REFERRAL: ☐ Internal ☐ External ☐ Not Referred

Interviewer Remarks:

Interviewer Name and Surname: _____

Annex 2 Abstract accepted for SA AIDS Conference 1

"Mental health is not an issue, it is a huge problem": Mental health challenges among men who have sex with men (MSM) living with HIV in Johannesburg, South Africa

Background: Social-cultural and structural risk factors, including intersectional stigma and discrimination, restrict the ability of men who have sex with men (MSM) to access and adhere to health services. Minimal research is available on the mental health needs and challenges faced by MSM in South Africa, particularly MSM living with HIV (MSMLHIV). With funding from Gilead, OUT LGBTI Well-being conducted a mental health needs assessment among MSM in Johannesburg. The purpose of the assessment was to better understand mental health challenges faced by MSM to designed and provide improved mental health services to support health seeking and retention within the OUT Engage Men's Health (EMH) HIV programme.

Method: Between June 2022 – January 2023, trained OUT peer educators used the Brief Mental Health (BMH) questionnaire to screen 2040 MSM in Johannesburg for common mental health disorders. This ten-item questionnaire assessed symptoms of depression, anxiety, alcohol use and was adapted to include substance use and suicide. Item scores of 3 or higher were used to identify symptoms of a possible mental health disorder. Individual counselling, job and skills workshops, social and recreational upliftment activities, and referrals to shelters and/or health services were offered to all clients.

Results: Of those screened, 690 (43%) were recruited from within the EMH HIV programme and had a documented HIV status, of whom 223 (32%) were MSMLHIV. Among MSMLHIV, 43% had symptoms of anxiety; 42% alcohol abuse; 36% substance abuse; 34% for possible depression; and 12% suicidal risk.

Conclusion: To support and improve health seeking and retention within the EMH programme, mental health issues faced by MSM must be addressed with tailored, cost-effective scalable evidence-based interventions. In 2023, EMH will integrate mental health interventions in HIV programming, including screening of mental health needs to provide tailored interventions including brief-term focussed counselling and appropriate psycho-education groups.

Annex 3 Abstract accepted for SA Mental Health Conference

16 March 2023

Dear Ms Clayton,

Re: Abstract acceptance letter to speak at the SA Mental Health Conference 2023

Thank you for the submission of your abstract paper for the SA Mental Health Conference 2023. The Conference is scheduled to take place from 24-25 April 2023 at Emperors Palace, Gauteng.

It gives us great pleasure to inform you that your abstract has been accepted for an oral presentation as follows:

Presentation Topic:	**Mental health is not an issue, it is a huge problem: Mental health challenges experienced by men who have sex with men (MSM) in Johannesburg, South Africa**
Session Title:	**Integrating care and targetting support: mental health care in pregnancy, at work, for PLHIV, and for MSM**
Date:	**Tuesday, 25 April 2023**
Session Time:	**11h00 – 12h30**
Presentation Time:	**12:00 – 12:15 (10 Min Presentation & 5Min Q&A)**
Venue:	**Hall 3**

Mental health is not an issue, it is a huge problem: Mental health challenges experienced by men who have sex with men (MSM) in Johannesburg, South Africa

Background: Social-cultural, and structural risk factors, including stigma and discrimination restrict the ability of men who have sex with men (MSM) to access health services, contributes to poor social and economic status, and fuels human rights violations. These factors decrease the agency of MSM in decision-making around male sexual health. Minimal research is available on mental health challenges among MSM in South Africa. With funding from Gilead, OUT LGBTI Well-being conducted a needs assessment to better understand the mental health of MSM to design and provide appropriate mental health services to MSM through OUT's Engage Men's Health (EMH) USAID/PEPFAR-funded HIV programme.

Method: Between June 2022 – January 2023, trained OUT peer educators used the Brief Mental Health (BMH) questionnaire to screen MSM in Johannesburg for mental health conditions. MSM were recruited from the EMH health clinic in Johannesburg, small group events, and outreach events such as Soweto Pride. The questionnaire focused on screening symptoms of depression, anxiety, alcohol and was adapted to include substance use and suicide. Item scores of 3+ were used to identify symptoms of a possible mental health disorder. Individual counselling, job and skills workshops, social and recreational upliftment activities, and referrals to shelters and health services were offered to screened clients.

Results: 2040 MSM were screened for possible mental health disorders. Of those screened, 31% (n=642) had symptoms of anxiety, 22% (n=441) symptoms of depression, 51% (n=1050) harmful alcohol use, and 24% (n=491) harmful drug use. 7% (n=149) were identified as at risk of suicide. Of those with employment data, 56% reported to be unemployed.

Conclusion: MSM require targeted support focusing on emotional wellbeing and harmful substance use. OUT will integrate the provision of support services such as: counselling, social and group activities, psycho-educational sessions, skills building opportunities, and formalized referrals to available external services.

Annex 4 Marketing materials developed

The following materials and content were produced for the programme:

- Flyer postcards, posters and pull-up banners promoting the services.
- "You in Mind" logo to give a friendly and light brand identity to the counselling services.
- Promotional "You in Mind" branded water bottles.
- An initial social media campaign introducing and promoting the services.
- Ongoing monthly online and social media campaigns on Facebook, Instagram and Twitter. These consisted of 33 social media posts as well as 11 easy-to-understand articles/resources that were published on the Engage Men's Health website. One post per month was "boosted" (paid promotion) on Facebook with the call to action being to either WhatsApp/call the EMH mental health line or to click to read an article.

These campaigns and articles addressed various topics and themes, including:

- Mental health stigma
- Mental health when living with HIV
- Mental health when diagnosed with HIV
- Dealing with depression
- Dealing with anxiety
- The benefits of counselling
- Coming out of the closet
- The seven pillars of a healthy relationship
- Staying positive in challenging times
- Looking at isolation and loneliness
- Dealing with infidelity

Images can be downloaded at this link:

https://drive.google.com/drive/folders/14_dOQIFHeW8QvqhOsdWwKj-pVx2f1JaZ?usp=share_link

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