

# Assessing Mental Health and Substance Use among Sexual and Gender Minority Populations Presenting to a Sexual Health Clinic



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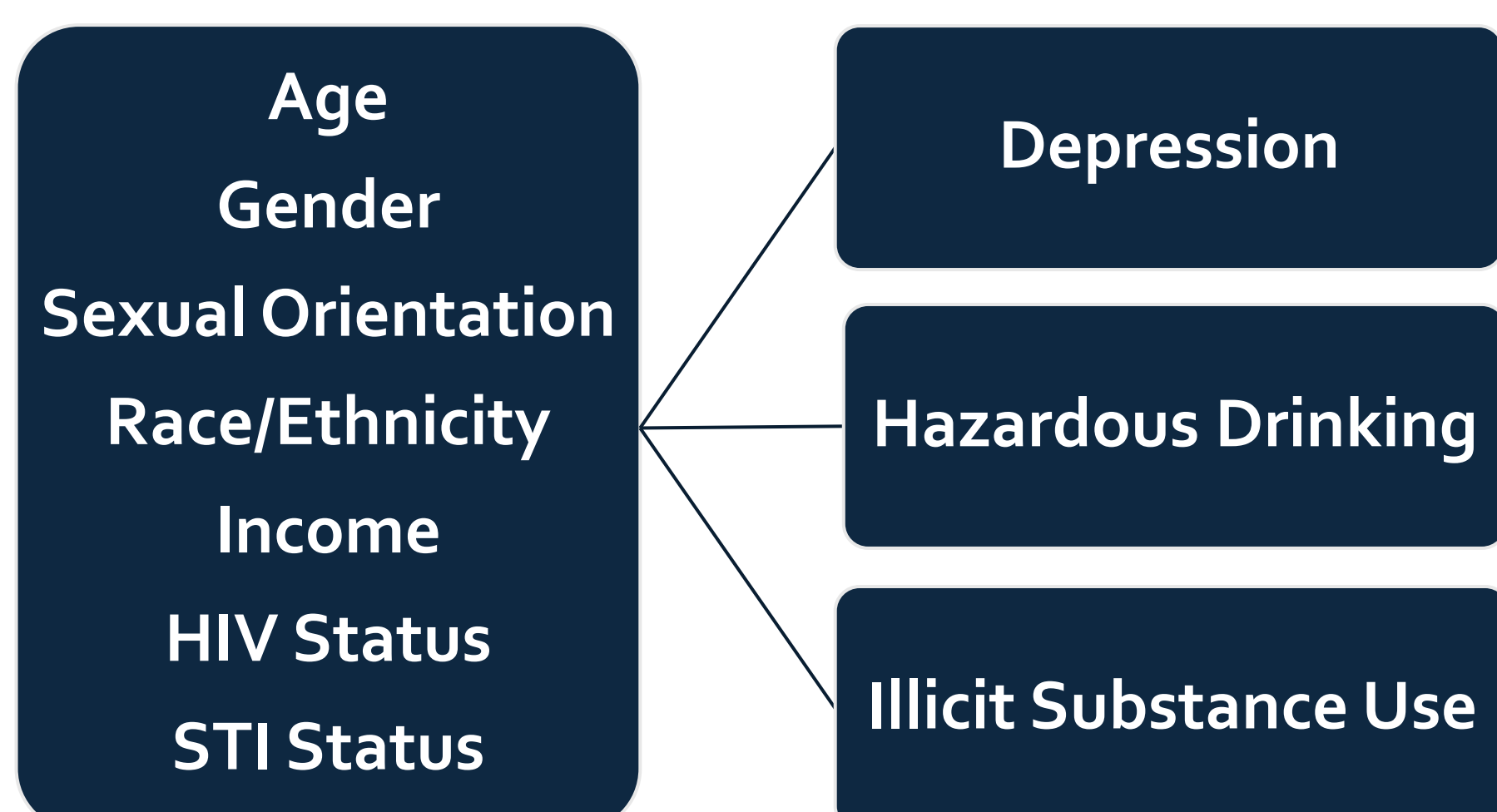
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## BACKGROUND

- Sexual and gender minority groups (SGM) are disproportionately impacted by mental health challenges and substance misuse.
- Given the high co-occurrence of sexually transmitted infections (STIs), mental health conditions, and substance misuse, sexual health clinics may be one way to identify those living with behavioral health challenges and link individuals to treatment.
- The current study examines data from a sexual health clinic that implemented a behavioral health screener to better understand needs among SGM subgroups for implementing effective behavioral health services.

## METHODS

- We reviewed demographic and behavioral data of patients who presented to a sexual health clinic for HIV/STI testing between March 2021 and April 2023.
- Patients were screened for depression (PHQ-2  $\geq 3$ ), alcohol (AUDIT-C  $\geq 3$ ) and past 12-mo illicit substance use (adapted ASSIST  $\geq 1$ ).
- Three logistic regressions were conducted to examine associations between social identities and sexual behaviors as independent variables and depression, alcohol use, and illicit substance use as outcomes.



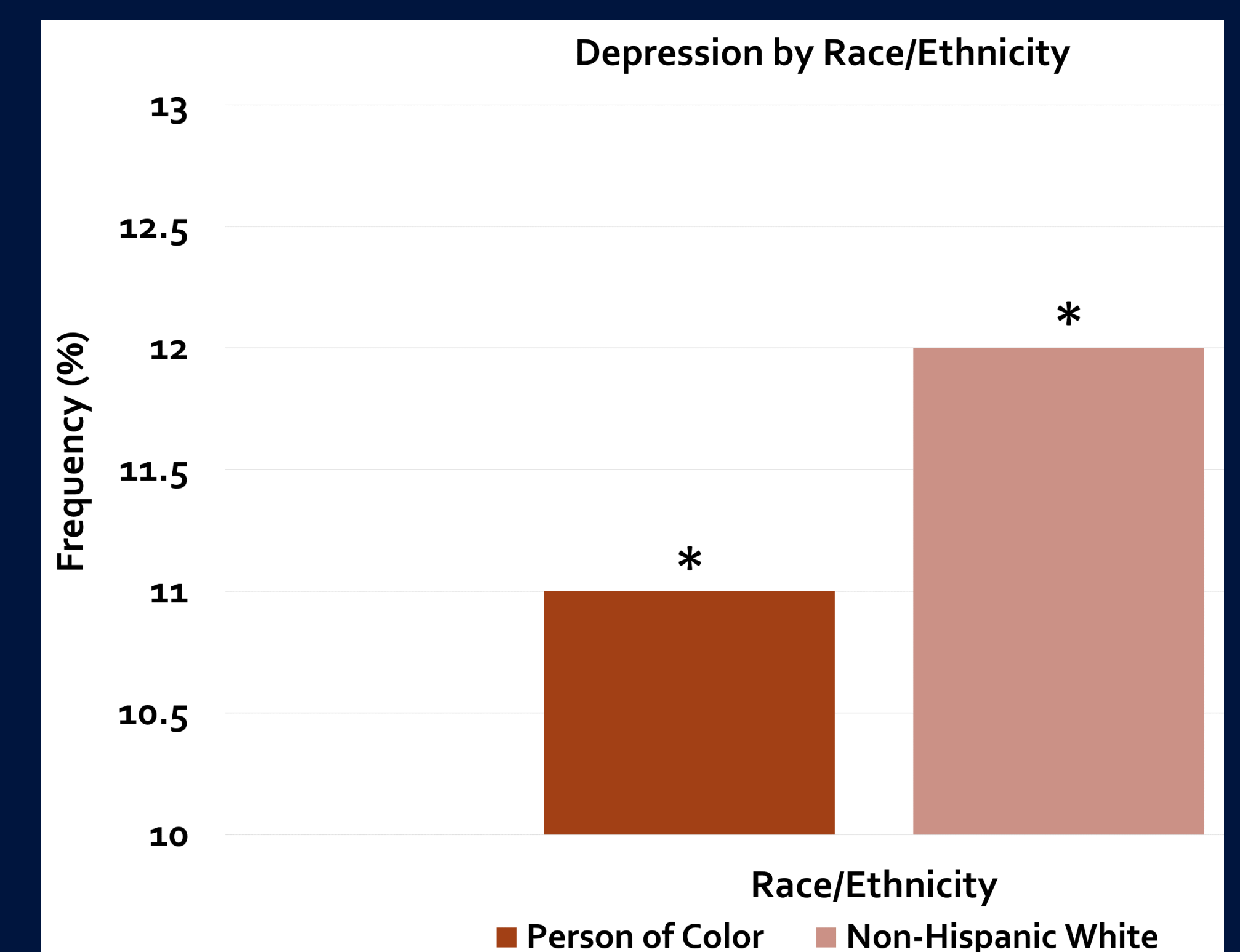
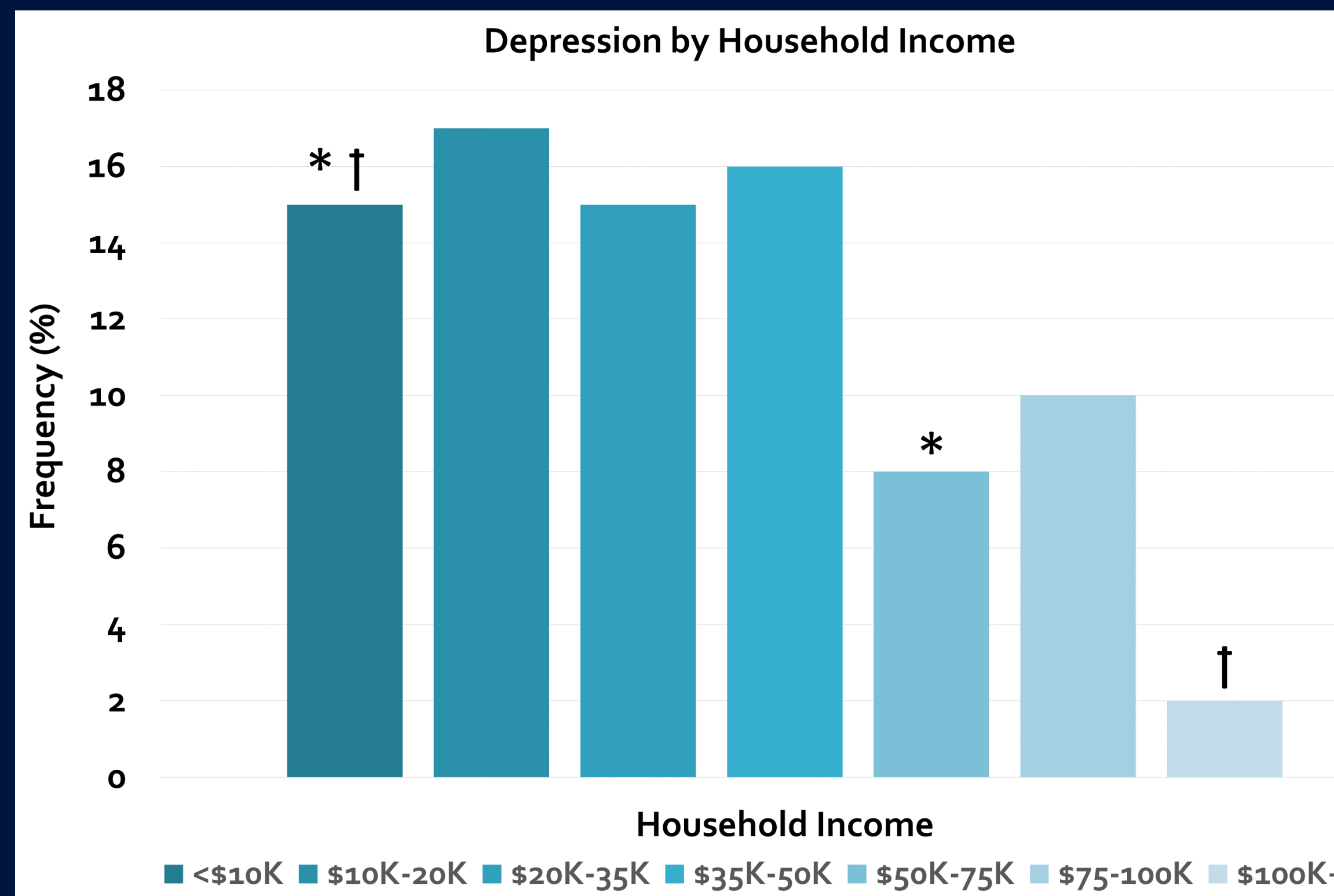
### Participant Sociodemographics (N=1277)

Variable	Results (n, %)
Age	<18=15, 1%
	18-29=666, 52%
	30-39=393, 31%
	40-49=117, 9%
	50+=86, 7%
Household Income	<\$10,000=147, 12%
	\$10,001 – 20,000=127, 10%
	\$20,001 – 35,000=174, 14%
	\$35,001 – 50,000=155, 12%
	\$50,001 – 75,000=153, 12%
	\$75,001 – 100,000=99, 8%
	\$100,001+=111, 9%
Gender	Cisgender Man=800, 63%
	Cisgender Woman=301, 24%
	Trans/Gender Diverse=151, 12%
Race-Ethnicity	White=634, 50%
	Hispanic/Latino/a/x=300, 24%
	Black/AA=271, 21%
	Not listed=63, 5%
	Multiracial=59, 5%
	Asian=51, 4%
Sexual Orientation	Gay/Lesbian=361, 28%
	Straight=472, 37%
	Bisexual+=383, 30%
Sexual Health	Living with HIV=28, 2%
	Past 12-month STI=168, 13%
Behavioral Health	Depression=142, 11%
	Hazardous alcohol use=635, 50%
	Illicit substance use=326, 26%

## RESULTS

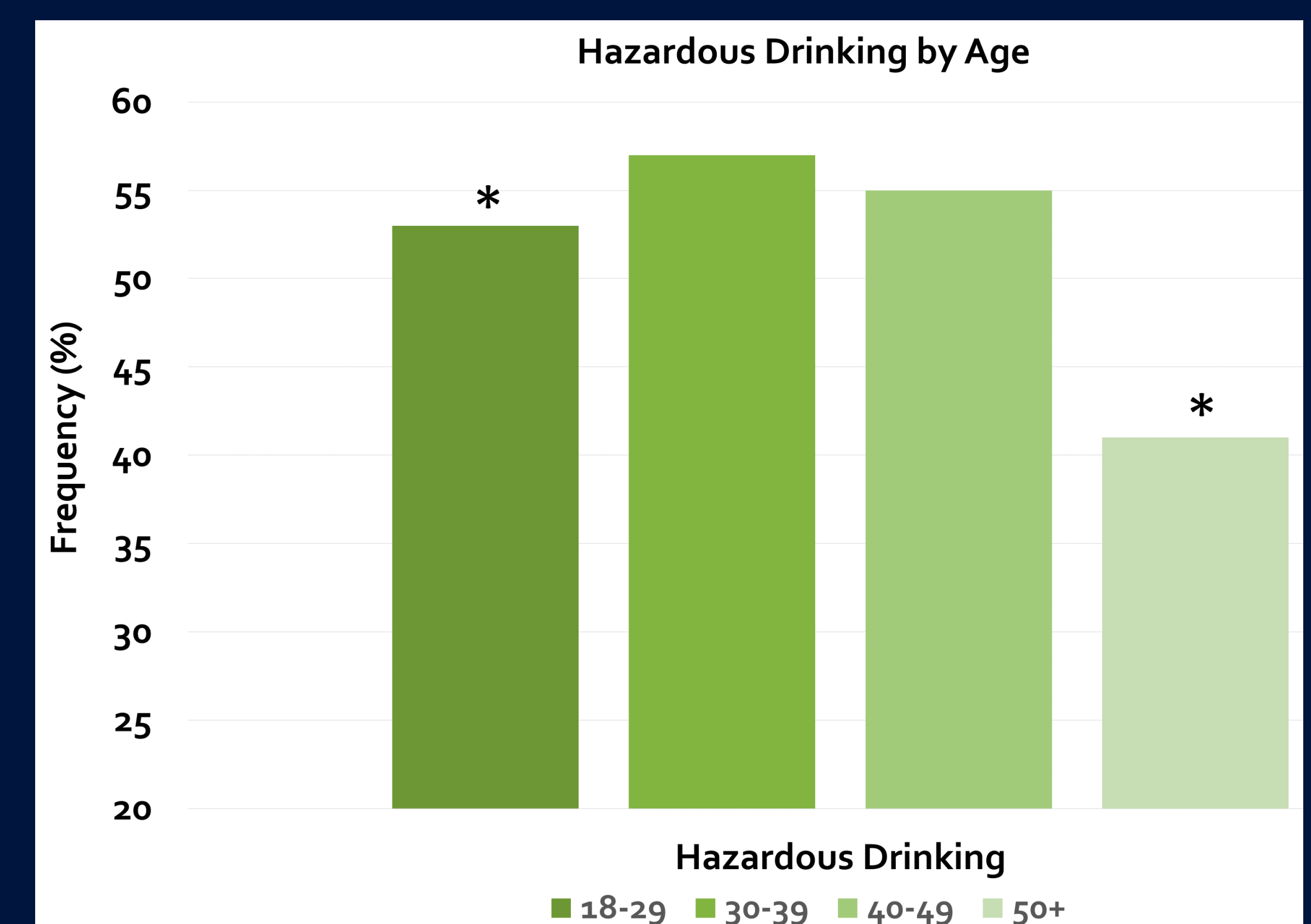
### DEPRESSION MODEL

- Obtaining a yearly household income of under \$10K was associated with greater odds of depression compared to those making \$50K - \$75K (OR=6.67, 95% CI [1.31, 34.48]) or >\$100K (OR=14.29, 95% CI [1.41, 166.67]) (p=.043).
- Identifying as a person of color was associated with reduced odds (OR=.31, 95% CI [.12, .79]) of having depression (p=.014).



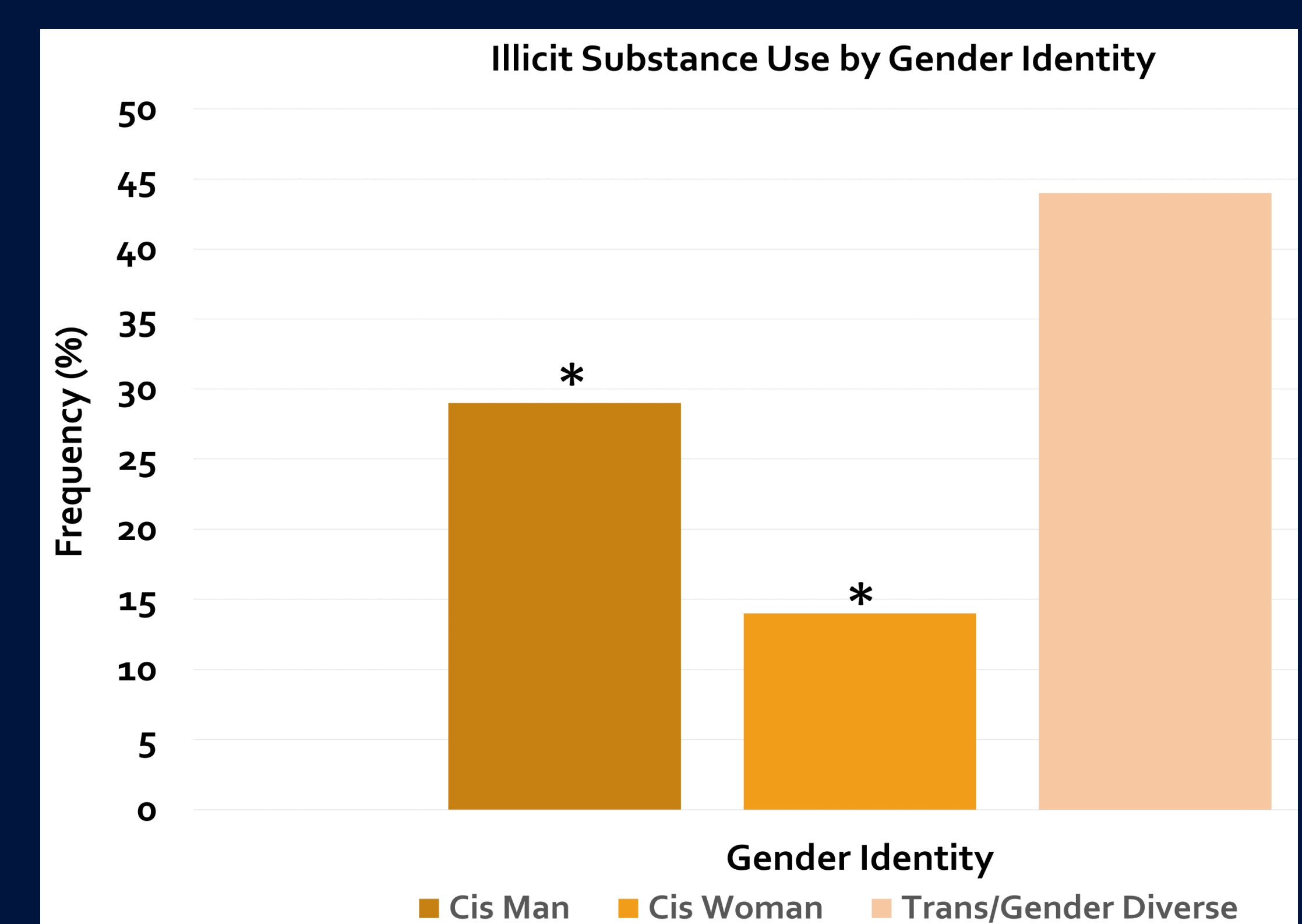
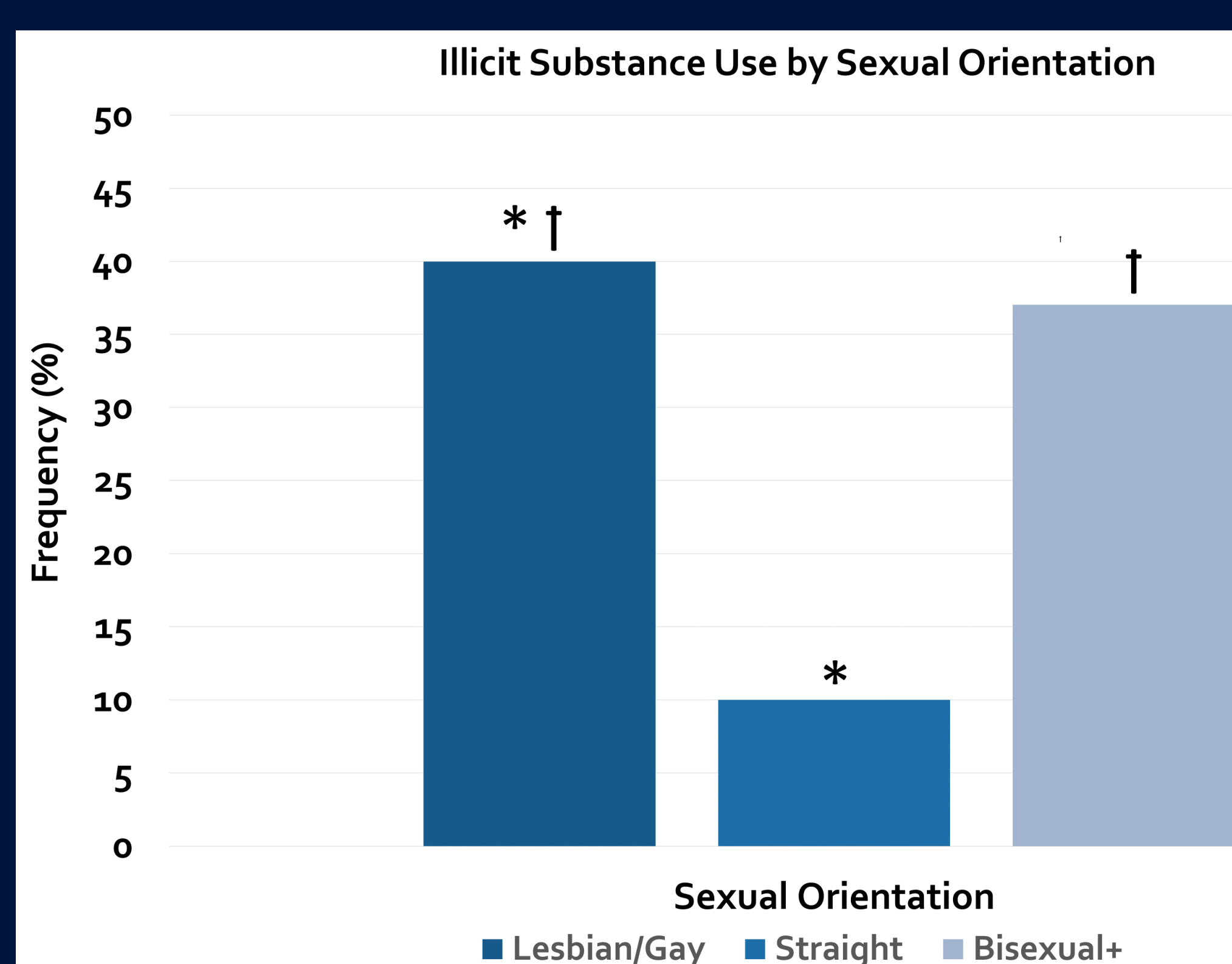
### HAZARDOUS DRINKING MODEL

- Being a young adult aged 18-29 was associated with 4.02 times greater odds (95% CI [1.51, 10.75]) of hazardous drinking compared to adults aged 50+ (p=.038).



### ILLICIT SUBSTANCE USE MODEL

- Identifying as lesbian/gay was associated with 5 times greater odds of use (95% CI [1.89, 13.33]) compared to straight individuals (p<.001). Identifying as bisexual+ was associated with 2.14 greater odds (95% CI [1.11, 4.16], p<.001).
- Cisgender men had 6.71 greater odds of use (95% CI [2.32, 19.23]) compared to cisgender women (p=.002).



## LIMITATIONS

- Data are from a single sexual health clinic located in an urban setting and may not be generalizable to other sexual health clinics.
- Given this study's cross-sectional design, we cannot determine causal relationships between social identities, sexual behaviors, and behavioral health outcomes.
- This study focuses on depression, which is known to disproportionately impact SGM individuals. Clinics might also consider implementing the GAD-2, given current medical recommendations to screen for anxiety.

## DISCUSSION

- SGM would benefit from increased access to treatment for illicit substance use.
- Clinicians should take an intersectional approach to screening for behavioral health needs, given the multiple social identities that may impact an individual.
- Implementing behavioral health screeners at sexual health clinics is a promising method to identify SGM in need of behavioral health services to link them to care.
- Future studies should examine linkage to care and receipt of services following referrals from clinics.