



Public Health  
England

# Promoting the health and wellbeing of gay, bisexual and other men who have sex with men

Summary Document



# 1 Health and wellbeing of men who have sex with men

This summary sets out Public Health England's (PHE) initial findings on the health and wellbeing of gay, bisexual and other men who have sex with men (MSM)<sup>1</sup> and commits PHE to a range of actions. To guide this work to date, PHE has held two listening events for stakeholders and has established an Advisory Working Group, made up of subject matter experts and academics. PHE will extend this work further in a strategic framework, to be published later this year.

Gay, bisexual and other MSM constitute an estimated 5.5% of the male population in the United Kingdom (UK). This diverse population continues to experience inequalities in health and wellbeing and in other areas – such as the experience or fear of stigma and discrimination, despite significant improvements in social attitudes and laws that protect and uphold the rights of lesbian, gay, bisexual and transgender (LGBT) people.

MSM are a diverse population. They include people from different faith groups and ethnicities and people with disabilities – with potential for these minority groups to experience marginalisation and isolation. The types of relationships MSM experience vary considerably and sexual identity may change over a lifetime.

Notwithstanding this diversity, there are three distinct but overlapping areas in which MSM bear a disproportionate burden of ill-health. These are: sexual health and HIV; mental health; and the use of alcohol, drugs and tobacco.

There is an opportunity for a new approach: one that focuses on these three areas of greatest need and places them in the context of the life course.

PHE believes this approach will be effective at achieving an overall vision for MSM to enjoy long, healthy lives, to have respectful and fulfilling social and sexual relationships and to significantly reduce the annual number of new HIV infections in MSM by 2020.

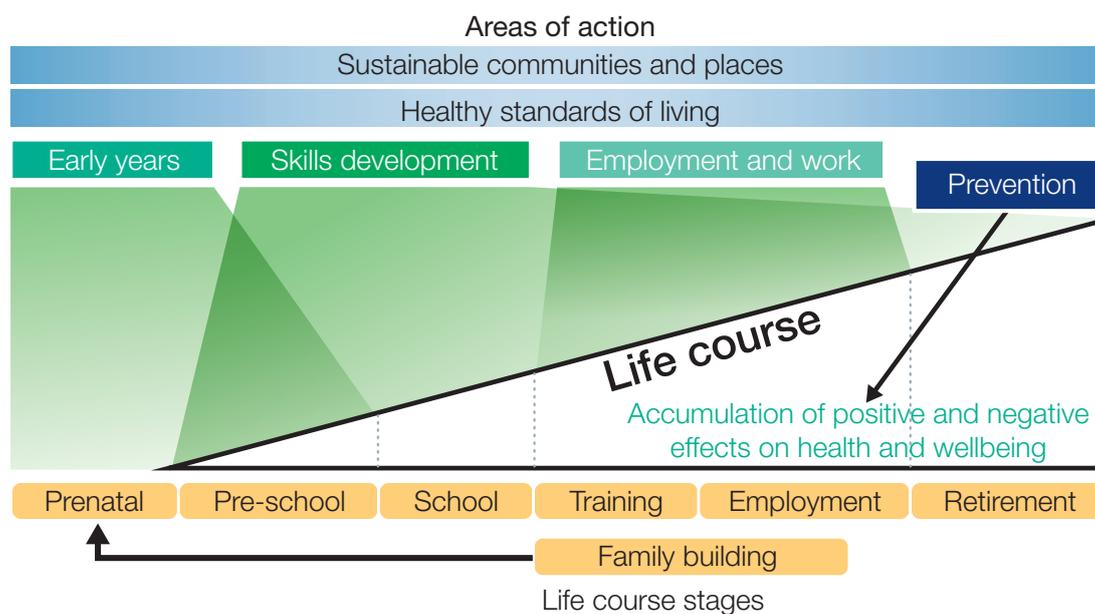
## 2 What we know: trio of inequalities across life course

We are committed to the life course approach which recognises that people's health partly reflects the accumulation of risks and protective factors through different life stages, and is significantly influenced by the experiences in childhood (Figure 1). For MSM, it is vital to recognise specific key events that relate to the development of sexual identity, relationships and behaviours over a lifetime. This includes the awareness of sexuality, development and acceptance of gay or bisexual identity, first same-sex experiences and relationships and coming out initially to close friends and/or family, then wider acquaintances. How this evolves may vary considerably across settings and environments. The relative ease with which MSM transition through key life stages will largely depend on men feeling accepted and supported from an early age and into adulthood.

The life course approach provides a useful tool through which appropriate health promotion and prevention messages can be delivered, in the settings and facilities with which MSM have the most contact, to address the health inequalities experienced by MSM.

1. We use the phrase men who have sex with men to define men who have ever had male-male sexual contact. This definition is used because it describes sexual behaviour, regardless of how men perceive their sexual identity. We acknowledge that it is not necessarily a term with which the male gay community identifies but believe its use is helpful in ensuring we are as inclusive as possible.

Figure 1: Life Course Approach

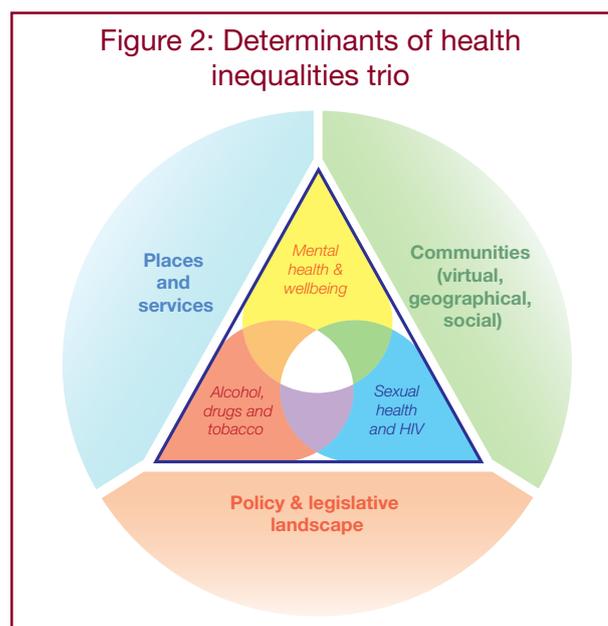


Source: Fair Society, Healthy Lives The Marmot Review 2010

These health inequalities are substantial. Compared with the general population, MSM have worse sexual health including HIV and sexually transmitted infections (STIs). They are at risk of worse mental health and wellbeing and are more likely to use alcohol, drugs and tobacco. These health inequalities frequently co-exist and influence each other.

These health issues are shaped by the wider socio-economic and cultural context in which MSM grow, live and age and by a vast number of influences - including family and friends, schools, workplaces, faith organisations, the media, legislation and communities (Figure 2).

Figure 2: Determinants of health inequalities trio



## Key facts

It is important to consider the cumulative and interrelated impact of these inequalities across the life course.

## Sexual health including HIV

- the number of adult MSM newly diagnosed with HIV each year continues to rise because of increased HIV testing and on-going transmission
- it is likely the HIV epidemic among MSM is largely due to on-going incidence from men unaware of their infection: of the estimated 41,000 MSM living with HIV in the UK at the end of 2012, nearly one in five was unaware of his infection
- 85% of MSM report not receiving information about same sex relationships at school
- in 2012, about 78% of syphilis, 58% of gonorrhoea and 17% of chlamydia diagnoses were reported among MSM

## Mental health and wellbeing

- MSM are twice as likely to be depressed and/or anxious compared to other men
- 55% of young LGBT students say they have experienced homophobic bullying
- at least 36% of older men report hiding their sexual identity throughout their lives
- one in six lesbian, gay and bisexual people has been the victim of a homophobic hate crime or incident over the last three years
- LGBT adolescents are at greater risk for depressive symptoms and suicidal ideation compared with their heterosexual counterparts

## Alcohol, drugs and tobacco

- MSM were twice as likely to be dependent on alcohol compared with the rest of the male population, according to a 2008 study
- smoking rates are higher for MSM compared to their heterosexual counterparts
- young LGBT are almost twice as likely to use drugs and alcohol compared to their heterosexual peers

## 3 Public Health England's aspirations

Our overall vision is that all gay, bisexual and other men who have sex with men (MSM) in England will enjoy long healthy lives, have respectful and fulfilling social and sexual relationships, within which the annual number of new HIV infections will be significantly reduced. In achieving this we want to work with men, the wider community and our partners towards:

- all MSM feeling safe and supported as they develop their sexual identity and are empowered to make healthy choices as they become sexually active
- for MSM to feel respected and valued by the community and to have the control and opportunity to make healthy choices about their lives
- for older MSM to lead longer, healthier lives, to feel supported by the community and receive appropriate health and social care support as they age

## 4 Next steps

This summary document represents the first in a trio of PHE documents which will collectively set out our vision, our evidence base and recommendations for action with a range of partners. Additional documents will comprise:

- 'Initial Findings' Document: This will be available in July 2014 and sets out the scope of the challenge ahead, our strategic direction, and the evidence we have gathered through literature review and stakeholder engagement
- Framework & Implementation Plan: This will further define the priorities for both PHE and a wide range of stakeholders from across government as well as the community and voluntary sector. This document will set clear objectives, priorities and actions to achieve our vision by 2020

At this stage in the process, PHE has identified a number of areas where it could take action:

#### **Data and surveillance: PHE will**

- support alcohol, drug and tobacco and mental health services to collect data about sexuality
- enhance data and intelligence on prevalence of alcohol and drug use (including “chemsex”) across the lifecourse
- monitor both HIV incidence and prevalence in MSM and rates of STIs and identify and manage outbreaks
- monitor the clinical outcomes and quality of life of MSM living with HIV
- provide data through its national mental health intelligence network on the mental health of young LGBT
- support the inclusion of sexual identity data to be collected in the audit and evaluation of services for older people

#### **Evidence: PHE will**

- provide evidence to inform appropriate use of HPV vaccines among MSM
- publish guidance to support local areas aiming to achieve large scale changes in health outcomes for adults and older MSM
- make recommendations on anal cancer screening in HIV positive men based on findings of the ANALOGY study
- publish and promote briefings to support local authorities to meet the needs of MSM involved in “chemsex”
- develop and disseminate the evidence base and learning from community development programmes aimed at reducing HIV and STI risk

#### **Public health interventions and implementation: PHE will**

- develop the FRANK and Rise Above drug education and prevention campaigns and ensure they are relevant to the needs of young MSM
- ensure social marketing programmes and information campaigns are relevant and appropriate for MSM across the lifecourse
- use its leadership role to champion community approaches which are inclusive and respond to the needs of diverse groups of MSM across the lifecourse
- be an exemplar in promoting and supporting an inclusive and diverse workplace

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