Alarming levels of suicidal behavior and stigma and its impact in the quality of life of HIV-positive gay men and other men who have sex with men

Gerardo G. Jovet-Toledo, MS
Carlos E. Rodríguez-Díaz, PhD
Edda I. Santiago-Rodríguez, MPH, MA
Edgardo J. Ortiz-Sánchez, MPH
Ricardo L. Vargas-Molina, MA

University of Puerto Rico
Medical Sciences Campus
Graduate School of Public Health

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The stages of suicidal behavior

Ideation: Thinking about, considering or planning an attempt

Attempt: Non-fatal self-directed potentially injurious behavior with any intent to die as a result of the behavior

Completed Suicide

Source: CDC, 2010
Suicide: A global public health concern

**Globally**
- Over 800,000 suicide deaths each year
  - 11.4 suicide deaths per 100,000 population
  - One suicide death every 40 seconds
- 2nd leading cause of death for 15-29 year-olds

**USA**
- Over 41,000 suicide deaths each year
  - 12.1 suicide deaths per 100,000 population
  - One suicide death every 13 minutes
- 10th leading cause of death for all ages
  - 2nd leading cause of death for 15-34 year-olds
- $51 billion in combined medical and work loss costs

Suicidal behavior in USA

- **Ideation**: 9.3 million adults (3.9%) reported having suicidal thoughts in 2014
- **Plan**: 2.7 million people (1.1%) planned a suicide attempt
- **Attempt**: 1.3 million adults (0.6%) attempted suicide

Suicide rates in Puerto Rico

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<th>Year</th>
<th>Rate (per 100,000)</th>
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Suicidal behavior in Puerto Rico

- A sample of Puerto Ricans in Miami
  - 16.1% had history of suicide attempt
- A sample of patients receiving HIV/AIDS therapy in a university-related institution
  - 17.6% had history of suicide attempt
- An STI/HIV treatment clinic-based sample
  - HIV-positive: 23.4% vs. HIV-negative: 19.0%

Source: Akin, et al., 2008; Joven Toledo et al., 2014; Quintana-Ortiz, 2008

What is stigma?

“An attribute that is deeply discrediting within a particular social interaction.”

Diseases associated with the highest degree of stigma:
- Disease bearer is perceived as responsible
- Disease is perceived as contagious and not well understood
- Disease is degenerative and incurable
- Disease or its symptoms are not concealable and perceived as ugly or upsetting

Source: C. Goffman, 1963; Herek, 1999; Sontag, 1989

How is stigma experienced?

- Fear of discrimination
- Perception of being discriminated against
- Actual discrimination
- Unacceptability

Source: C. Goffman, 1963; Herek, 1999; Sontag, 1989
How do these play a role in suicidal behavior?

The interconnection of risk factors

- People living with HIV are more likely than the general population to develop depression
  - Often associated to stigma, discrimination and isolation
  - May impact the ability to follow treatment for HIV/AIDS, quality of life and lifespan

- High rates of suicide among vulnerable groups who experience discrimination
  - LGBT
  - HIV-positive individuals

Source: National Institute of Mental Health, 2011

Methodology
Methods

- Structured computer-assisted interviews in STI/HIV treatment clinics in San Juan metropolitan area (San Juan, PR).
- Eligibility criteria:
  - At least 16 years old male
  - Diagnosed with HIV
  - Sexually active (12 months) with another man (MSM)

Interview domains

- Sociodemographic characteristics
- HIV-related information
- Suicidal behavior
- Stigma and mental health measures

Results

Sample description (n=149)

- 38.8 years old (9.6 YOYWV)
- 67% homosexual
- 41% high school or less
- 31% history of incarceration
- 62% have a regular partner
- 55% exclusively unemployed
- 31% history of sex work
- 73% income less than $20,000
- 23% no income
- 80% lifetime drug use
Suicidal Behavior (n=149)

- No suicidal behavior: 85 participants (57.0%)
- Suicidal ideation (no attempt): 26 participants (17.4%)
- Suicide attempt: 38 participants (25.5%)

Mental health indicators (n=149)

- Depression symptoms (p=0.003):
  - Total: 58%
  - No suicidal behavior: 47%
  - Ideation only: 23%
  - Attempt: 42%

- Anxiety symptoms (moderate to severe) (p=0.007):
  - Total: 68%
  - No suicidal behavior: 68%
  - Ideation only: 29%
  - Attempt: 29%

Stigma

- Gay-related stigma (Scale: 20-80):
  - No suicidal behavior: 42.1
  - Ideation only: 43.2
  - Attempt: 43.6

- Internalized homophobia (Scale: 17-68):
  - No suicidal behavior: 37.6
  - Ideation only: 40.5
  - Attempt: 38.5

- Felt HIV stigma (Scale: 17-68):
  - No suicidal behavior: 33.2
  - Ideation only: 38.0
  - Attempt: 34.3
### Conclusions & Discussion

Conclusions

- High levels of suicidal behavior and depression were observed.
  - Higher than other studies with similar sample

- Stigma was present throughout the sample
  - May have contributed to the absence of association with suicidal behavior

- Suicidal behavior was associated with mental health symptomatology and poor quality of life.
**Discussion**

- There is a serious need for:
  - mental health services
  - individual and structural interventions that will reduce stigma and its consequences
  - public policy aiming at reducing stigmatizing practices at a systemic level

- People who reported suicidal ideation may have unmet needs

**Next steps**

- Continue the study of stigma, HIV, and its interconnection as risk factors for suicidal behavior.
  - Impact of suicidal ideation on health

- Explore protective factors such as resiliency and social support.

- Future research should focus on the specific mental health needs of HIV+MSM.

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Gerardo G. Jovet Toledo, MS
Sex* Team
Sociomedical Evaluation and Research Center
Graduate School of Public Health
University of Puerto Rico
Medical Sciences Campus
Tel. (787) 522-9034 x.3522
Fax. (787) 767-4146
Email. Gerardo.JovetToledo@upr.edu