

# The State of Mental Health for PWHs of Color in the LGBTQ+ Community during the COVID-19 Pandemic

Presenter: Antoine B. Craigwell, DBGGM, Inc.

# Disclosures

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# We'll discuss:

- Where we are – HIV and COVID-19's combined impact on LGBTQ+ People of Color communities;
- LGBTQ+ People of Color's experience - SARS COVID-2 (2019) and HIV;
- Surviving and Living - LGBTQ+ People of Color Mental Health during two pandemics - HIV & COVID-19.

**NOTE:** HRSA requirements prefer using People With HIV (PWH) instead of People Living With HIV (PLWH); throughout this presentation, references and acronyms used on slides are direct source quotes.

# ICAP Launches Study to Assess Impact of COVID-19 Among New York City's LGBTQ+ Community - June 23, 2021

“...lesbian, gay, transgender, and queer (LGBTQ+) community who potentially face greater risk of COVID-19 exposure and associated outcomes due to economic and health disparities, with **greater risk for LGBTQ+ people of color.**”

Preliminary studies have shown that LGBTQ+ individuals are more likely to work in jobs affected by COVID-19 and reported higher prevalence of severe underlying health conditions associated with severe outcomes from COVID-19. During the pandemic, they have been especially vulnerable to poor mental health consequences, partially due to barriers in access to health care due to stigma, including COVID-19 diagnostic testing.”

ICAP works to transform the health of populations through innovation, science, and global collaboration. Based at Columbia Mailman School of Public Health, ICAP has projects in more than 30 countries, working side-by-side with ministries of health and local governmental, non-governmental, academic, and community partners to confront some of the world's greatest health challenges

Source: <https://icap.columbia.edu/news-events/icap-launches-study-to-assess-impact-of-covid-19-among-new-york-citys-lgbtq-community/>

## HIV by the numbers – CROI February 2016

- **1 in 2:** The number of gay Black men who will be diagnosed with HIV if the current rate continues. The CDC used diagnoses and death rates from 2009-2013 to project the lifetime risk of HIV diagnosis in the United States by sex, race and ethnicity, state, and HIV risk group,
- **1 in 4:** The number of gay Latino men
- **1 in 6:** The overall average of all gay and bisexual men who will be affected by the HIV epidemic in the U.S. at current rates.
- **1 in 11:** The rates for white gay men.
- **1 in 99:** The overall lifetime risk of HIV diagnosis in the United States, an improvement from 2004-2005 when it was 1 in 78.
- Overall, African Americans are by far the most affected racial or ethnic group with a lifetime HIV risk of **1 in 20 for men** (compared to 1 in 132 for whites) and 1 in 48 for women (compared to 1 in 880 for whites).
- People living in the South are more likely to be diagnosed with HIV over the course of their lifetime than other Americans, with the highest risk in Washington, D.C. (1 in 13), Maryland (1 in 49), Georgia (1 in 51), Florida (1 in 54), and Louisiana (1 in 56).



# Adult and Adolescent Black/African American\* Gay and Bisexual Men With HIV

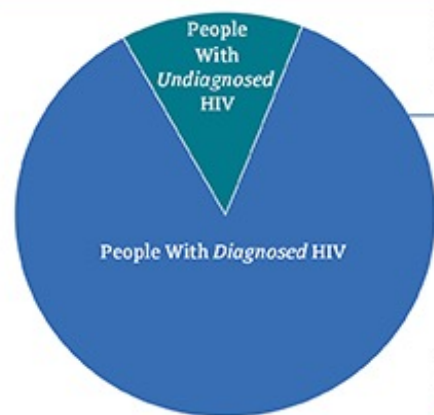


At the end of 2018, an estimated **1.2 MILLION AMERICANS** had HIV in 50 states and the District of Columbia. Of those, 235,100 were Black/African American gay and bisexual men.

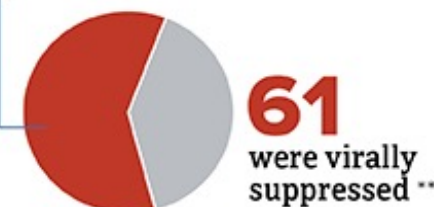
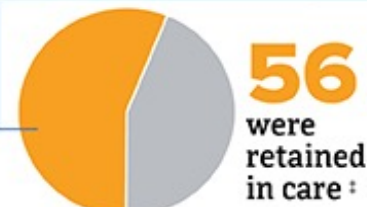
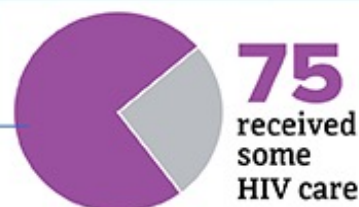
**4 in 5**  
Black/African American gay and bisexual men knew they had the virus. †



It is important for Black/African American gay and bisexual men to know their HIV status so they can take medicine to treat HIV if they have the virus. Taking HIV medicine every day can make the viral load undetectable. People who get and keep an undetectable viral load (or stay virally suppressed) can live a long and healthy life. They also have effectively no risk of transmitting HIV to HIV-negative sex partners.



Compared to all *people with diagnosed HIV* in 41 states and the District of Columbia, Black/African American gay and bisexual men have lower viral suppression rates. More work is needed to increase these rates. For every **100 Black/African American gay and bisexual men with diagnosed HIV** in 2018:



For comparison, for every **100 people overall with diagnosed HIV**, **76 received some HIV care**, **58 were retained in care**, and **65 were virally suppressed**. ††

\*Black refers to people having origins in any of the Black racial groups of Africa. African American is a term often used for Americans of African descent with ancestry in North America.

† Includes infections attributed male-to-male sexual contact *only*. Among Black/African American men with HIV infection attributed to male-to-male sexual contact and injection drug use, 94% knew they had HIV.

‡ Had 2 viral load or CD4 tests at least 3 months apart in a year.

\*\* Based on most recent viral load test.

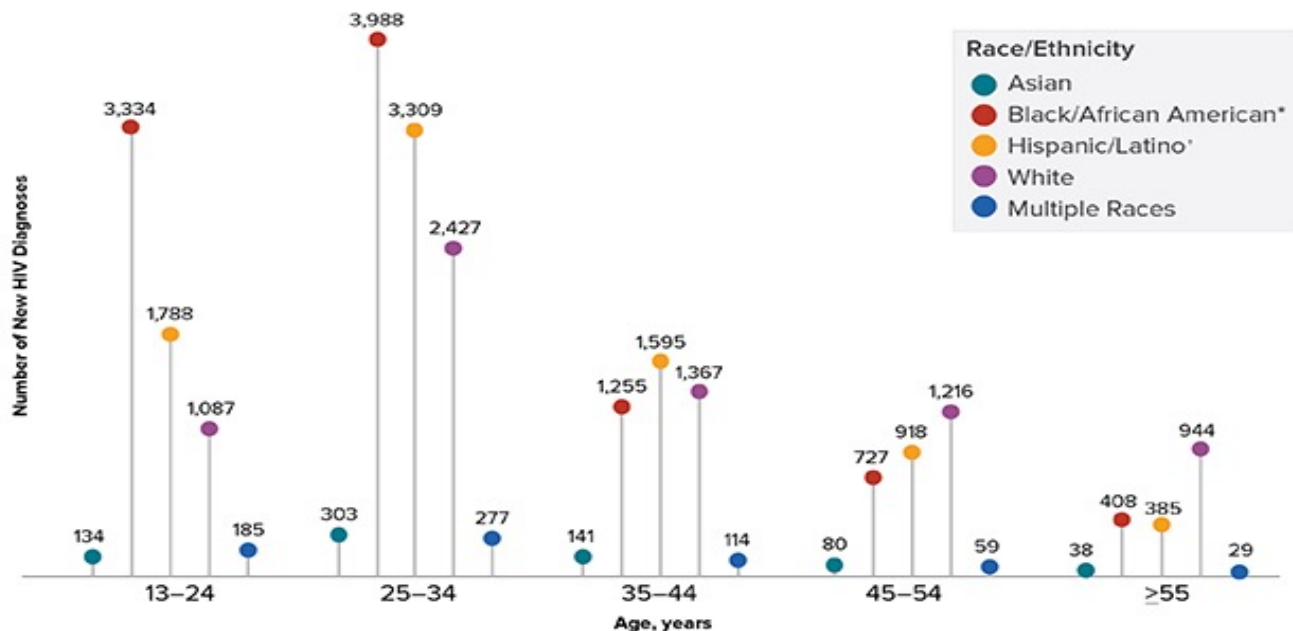
†† Learn more about CDC's two different HIV care continuum approaches at [www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf](http://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-care-continuum.pdf).

Source: CDC. Estimated HIV incidence and prevalence in the United States 2014–2018. *HIV Surveillance Supplemental Report*. 2020;25(1).

Source: CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 dependent areas, 2018. *HIV Surveillance Supplemental Report* 2020;25(2).

# New HIV Diagnoses Among Gay and Bisexual Men in the US and Dependent Areas by Age and Race/Ethnicity, 2018

About 3 out of 4 Black/African American gay and bisexual men who received an HIV diagnosis were aged 13 to 34.



Subpopulations representing 2% or less of HIV diagnoses among gay and bisexual men are not reflected in this chart.

\* *Black* refers to people having origins in any of the Black racial groups of Africa. *African American* is a term often used for Americans of African descent with ancestry in North America.

† Hispanics/Latinos can be of any race.

Source: CDC. Diagnoses of HIV infection in the United States and dependent areas, 2018 (updated). *HIV Surveillance Report* 2020;31.



# What You Need to Know About HIV and COVID-19

Written by Kristeen Cherney on March 10, 2021; Medically reviewed by Cameron White, M.D., MPH

- People with HIV may have an overall higher risk for developing infections. This is because of the way HIV destroys white blood cells that help fight infections.
- While research about COVID-19 is ongoing, people who have HIV may have an increased risk for severe COVID-19 if they're older, have other conditions, or have uncontrolled HIV infection.
- One of the best ways to protect against COVID-19 is to take HIV medications as directed.

## Risk factors for COVID-19 and HIV

- Untreated HIV increases the risk of opportunistic infections. These are infections that aren't as common or severe in people without HIV.
- Opportunistic infections occur as a result of a weakened immune system. Bacteria, parasites, fungi, and viruses can cause these infections.
- While opportunistic infections include viral infections, it's not yet clear whether having HIV automatically increases the risk of contracting the new coronavirus or developing severe COVID-19.
- So far, the [Centers for Disease Control and Prevention \(CDC\) Trusted Source](#) has reported that severe illness from COVID-19 in people with HIV is more likely in people who are older or have lower CD4 cell counts. Another risk factor is an ineffective HIV treatment regimen.

Nature Public Health Emergency Collection, [COVID-19 Among People Living with HIV: A Systematic Review](#), with a focus on COVID-19 among people with HIV also revealed the impact of coexisting conditions in severe illness. Some coexisting conditions people reported include:

- diabetes
- high blood pressure
- obesity
- high cholesterol
- chronic obstructive pulmonary disease (COPD)

### **The role of HIV medications**

Taking HIV medications as directed may help prevent infections and subsequent severe illnesses.

Thus far, limited research has shown that people with HIV who are receiving effective treatment have the same odds of getting sick with COVID-19 as those who don't have HIV.

On the flip side, researchers believe that people with HIV may have a greater risk of severe illness from COVID-19 if they're not currently taking antiretroviral therapy.

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Sources:

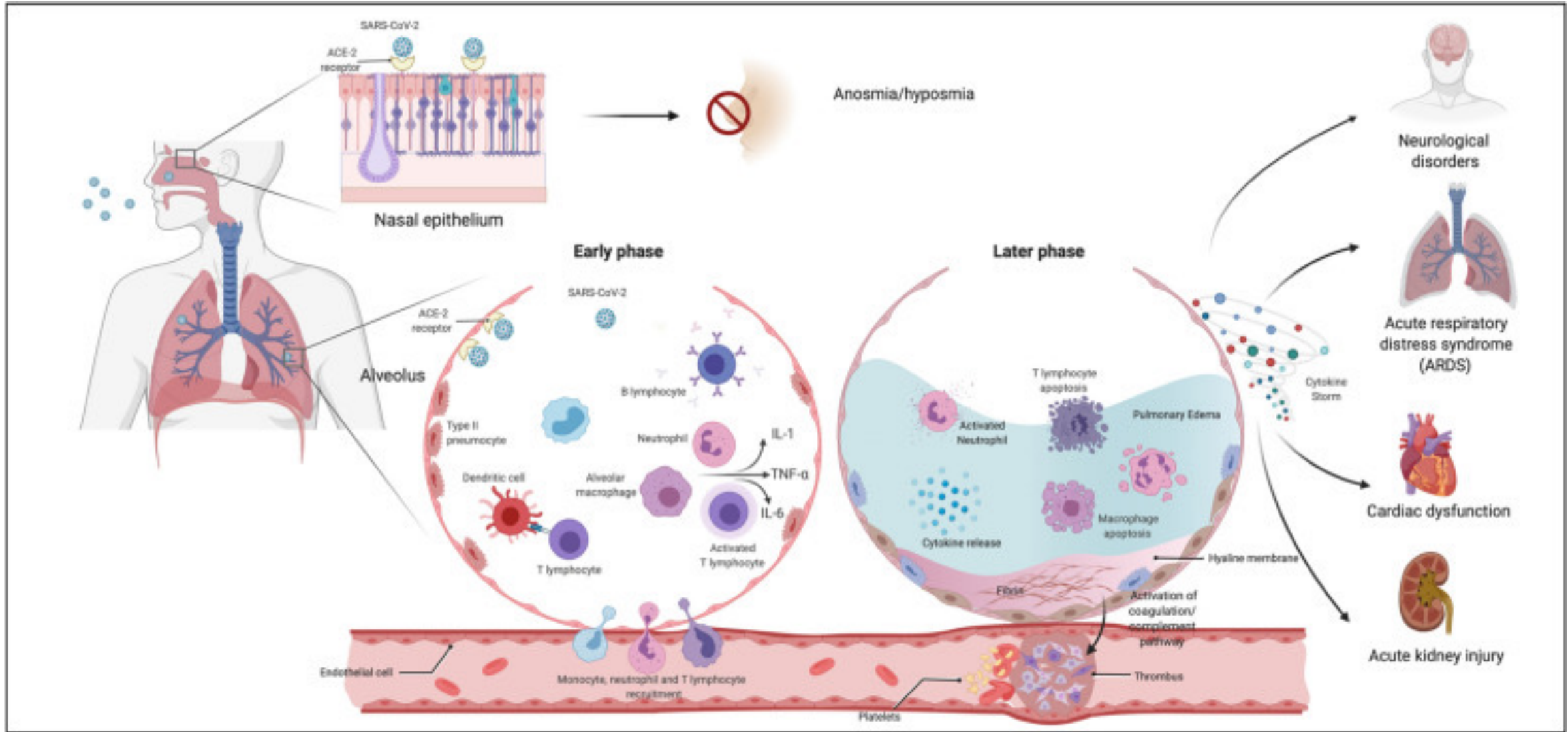
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7391049/>

<https://www.healthline.com/health/hiv/covid-19-and-hiv#the-role-of-hiv-medications>

## The comparison between SARS-CoV 2 and HIV characteristics

	<b>SAR-CoV 2</b>	<b>HIV</b>
Classification of virus	β coronaviruses	Lentiviruses
Virus size in diameter	60-140 nm	100 nm
Receptor binding domain	Angiotensin converting enzyme 2 (ACE2) receptor	CD4 T cell receptor and co-receptor CCR5, CXCR4
High expression of the receptor in human organ	lung, heart, ileum, kidney and bladder	Various lymphoid tissues
Primary affected cells	T cell lymphocytes	T cell lymphocytes
Immune activation	Acute cytokine storm	Chronic immune activation (with slow progressive immunodeficiency)
Transmission	Droplet, contact, airborne	Sexual transmission is the most common route, blood
Prevention	Mask, Social distancing	Condom use, Pre-exposure prophylaxis (PrEP), and treatment as prevention (TasP)
Vaccine	As of 17 March 2021, six vaccines are authorized for emergency use based on preliminary evidence that they are safe and effective, and seven vaccines are approved for full use in few countries*  *Available from <a href="https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html">https://www.nytimes.com/interactive/2020/science/coronavirus-vaccine-tracker.html</a>	Unlikely up-to-now

# COVID-19 and HIV Infection Co-pandemics and their Impact: A Review of the Literature

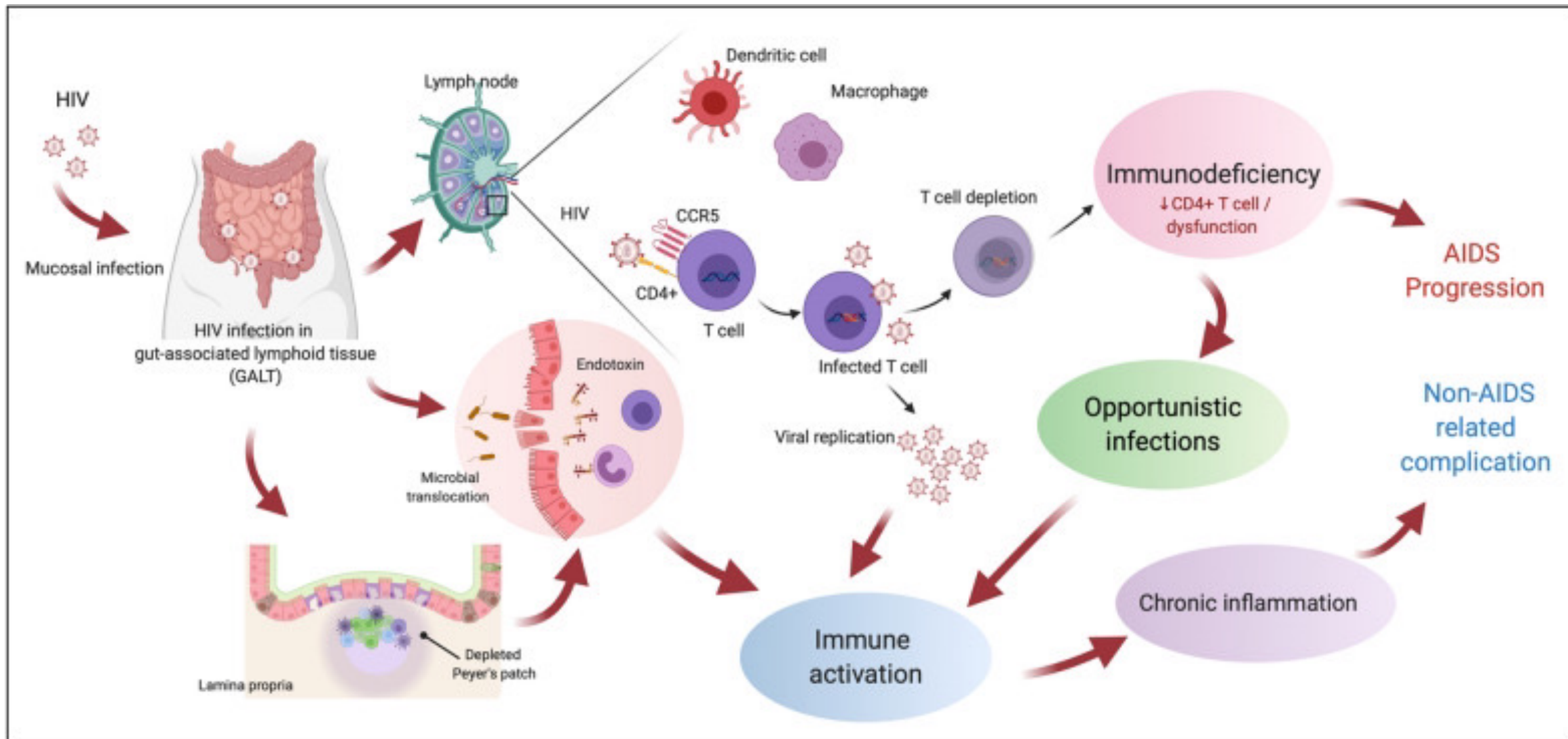


Pathophysiology and clinical manifestations of COVID-19.

Created with BioRender.com

Source: <https://pubmed.ncbi.nlm.nih.gov/33952300/>

# COVID-19 and HIV Infection Co-pandemics and their Impact: A Review of the Literature



Host immune response following exposure to HIV.

Created with BioRender.com

Source: <https://pubmed.ncbi.nlm.nih.gov/33952300/>



# COVID-19 and HIV Infection Co-pandemics and their Impact: A Review of the Literature

[Sivaporn Gatechompol](#), [Anchalee Avihingsanon](#), [Opass Putcharoen](#), [Kiat Ruxrungtham](#), and [Daniel R. Kuritzkes](#)

## ➤ HIV service during COVID-19 outbreak

“COVID-19 pandemic has had an unprecedented negative impact on HIV services and care across the globe. According to a WHO report, between April and June 2020, 73 countries faced the risk of antiretroviral therapy (ART) disruption affecting 17.7 million people receiving ART. A modelling study done by WHO and UNAIDS estimated that a six-month disruption of ART could lead to more than 500,000 extra deaths from AIDS-related illnesses in sub-Saharan Africa in 2020–2021...

“... Even though lymphopenia associated with COVID-19 may further decrease CD4+ T cell counts in PLWH, there are no differences in the clinical presentations, outcomes, morbidity and mortality between individuals who have SARS-CoV-2 with or without HIV infection. Several randomized control trials have shown that antiretroviral therapy has no beneficial effect among people infected with SARS-CoV-2 compared to standard of care.

To date, we still do not have any proven antiviral agents that reduce mortality among COVID-19 patients. Right now, the medical resources have shifted towards COVID-19 but it should be noted that we should not overlook the care for PLWH who still need ART and follow-up care. We should use several innovative service deliveries and MMD policy to help PLWH have continuous supply of ARV during this outbreak.”

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# Key Questions: HIV and COVID-19

[Lindsey Dawson](#) and Jennifer Kates (Kaiser Family Foundation); Published: May 20, 2021

## ➤ Sexual Orientation

While national data on COVID-19 cases and outcomes by sexual orientation is not available, LGBT people have been hard hit by the pandemic in other ways, including with respect to job loss and negative mental health effects.

LGBT adults compared to non-LGBT adults report:

- 56% versus 44% that they or someone in their household has experienced COVID-era job loss
- 74% (three-fourths) of LGBT people say that worry and stress from the pandemic has had a negative impact on their mental health, compared to 49% of those who are not LGBT, and
- 49% versus 23% LGBT people are more likely to say that the negative impact has been major.

People with HIV are more likely to be LGBT than those in the general population and thus could be especially vulnerable to these negative effects of the pandemic. Over half (53%) of people with HIV identify as lesbian, gay, bisexual, or have a sexual identity other than heterosexual. Separately, 2% identify as transgender. This compared to 4.5% of people in the general population who identify as LGBT.

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Source: <https://www.kff.org/coronavirus-covid-19/issue-brief/key-questions-hiv-and-covid-19/>

## COVID-19 Impact on LGBTQ+ People's Lives

The Kaiser Family Foundation (KFF) COVID-19 Vaccine Monitor examines how the COVID-19 pandemic has impacted the lives of LGBT people and finds that larger shares of LGBT adults report economic losses and mental health struggles than their non-LGBT counterparts.

Based on data gathered on self-identified LGBT and non-LGBT individuals over two months (as of March 2021), some of the key differences include:

- **Economic impact.** Most LGBT adults say that they or a household member lost a job or income due to the pandemic (56%), which compares to 44% of non-LGBT adults.
- **Mental health.** Three quarters (74%) of LGBT people say worry and stress from the pandemic has had a negative impact on their mental health, compared to half (49%) of non-LGBT people. LGBT people are also more than twice as likely to say this negative impact has been major (49% to 23%).
- **Vaccine intentions.** LGBT people are about as eager to get vaccinated as other Americans **but more view it as a part of everyone's responsibility to protect the public health (75%)** rather than a personal choice (24%). Non-LGBT individuals are about as equally likely to say it is part of everyone's responsibility (48%) and a personal choice (49%).

Emphasis: Presenter

Source: <https://www.kff.org/coronavirus-covid-19/press-release/kff-covid-19-vaccine-monitor-the-impact-of-the-covid-19-pandemic-on-lgbt-people/>

# Three-quarters of LGBT People Report Stress and Worry Related to the Coronavirus, Compared to 1 in 2 non-LGBT People.

Do you feel that worry or stress related to coronavirus has had a negative impact on your mental health, or not?



NOTE: See topline for full question wording  
SOURCE: KFF COVID-19 Vaccine Monitor

**KFF COVID-19  
Vaccine Monitor**

# COVID-19 Outcomes Among Persons Living With or Without Diagnosed HIV Infection in New York State

James M. Tesoriero, PhD; Carol-Ann E. Swain, PhD; Jennifer L. Pierce, BS; Lucila Zamboni, PhD; Meng Wu, PhD; David R. Holtgrave, PhD; Charles J. Gonzalez, MD; Tomoko Udo, PhD; Johanne E. Morne, MS; Rachel Hart-Malloy, PhD; Deepa T. Rajulu, MS; Shu-Yin John Leung, MA; Eli S. Rosenberg, PhD

## Question

Is there an association between prior diagnosis of HIV infection and coronavirus disease 2019 (COVID-19) diagnosis, hospitalization, and in-hospital death among residents of New York State?

## Findings

In a cohort study of linked statewide HIV diagnosis, COVID-19 laboratory diagnosis, and hospitalization databases, persons living with HIV were more likely to receive a diagnosis of, be hospitalized with, and die in-hospital with COVID-19 compared with those not living with an HIV diagnosis. After demographic adjustment, COVID-19 hospitalization remained significantly elevated for individuals with an HIV diagnosis and was associated with elevated mortality.

## Meaning

Persons living with HIV experienced poorer COVID-19 related outcomes (principally, higher rates of severe disease requiring hospitalization) relative to those without an HIV diagnosis.

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*Source: JAMA Network Open. 2021;4(2):e2037069. doi:10.1001/jamanetworkopen.2020.37069*

February 3, 2021



# COVID-19 Outcomes Among Persons Living With or Without Diagnosed HIV Infection in New York State

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“...Although the mechanisms underpinning increased risk are not fully understood, the intersection of HIV and COVID-19 has multiple implications. Because HIV infection is a marker for, and may play a direct role in, more severe COVID-19 outcomes, persons living with HIV (with any CD4 count) may warrant recategorization from “might be at increased risk” to “increased risk” in the Centers for Disease Control and Prevention’s underlying medical conditions list. This change may lead to higher prioritization of persons living with HIV for receipt of the COVID-19 vaccine, per national and state allocation plans. Finally, a syndemic association between these infections may act multiplicatively on affected persons and communities, which are more likely to involve persons of color and urban areas. Our findings present an opportunity to address health equity with regard to HIV and COVID-19 through a combination of prevention and treatment approaches.”

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# Managing HIV During COVID-19: Working to End One Epidemic While Confronting Another

Tina Hoff , Jennifer Kates, Lindsey Dawson, and Robbyn Kistler; published Apr 13, 2020

The question now is can efforts to end one epidemic be sustained while confronting another, particularly as the very systems and workforce needed to address HIV are being stretched thin to confront this new crisis?

## Maintaining access to care and medications:

- means better health outcomes for people living with HIV, and that HIV cannot be passed to sexual partners. Maintaining access to these medications can help fight both epidemics. Before the COVID-19 outbreak, only about half of the 1.1 million people living with HIV in America had their virus suppressed with treatment .
- Given that people living with HIV are undoubtedly among the record number of Americans losing jobs and employer-based coverage, the share of those sustained in HIV care could decrease, putting more at risk for serious illness from COVID-19. According to the CDC, people who are immunocompromised, including those with poorly controlled HIV or AIDS diagnoses, are among those who need to take extra precautions against COVID-19.

## Medicaid

- will be **an important safety** net to retaining care, but much less so in the 14 states that have not expanded eligibility under the Affordable Care Act (ACA). For others, the ACA offers a marketplace to purchase health coverage where individuals with HIV and other chronic conditions cannot be turned away – but even with subsidies this will be out of reach for some.
- The **Ryan White HIV/AIDS Program** funds grants to states, cities/counties, and local community-based organizations across the country to provide HIV related care and medications for people with HIV without health coverage or with coverage limitations. In response to COVID-19, some grantees are making eligibility procedures more flexible to allow for physical distancing among clients and staff, among other adaptations. The program could be stretched thin as more people join its rolls in the face of coverage loss or lapses, despite program efforts to shore up access and services.
- Recognizing increased need for those living with HIV, Congress included \$155 million for HIV programs in the *Coronavirus Aid, Relief, and Economic Security Act*, or the *CARES Act*, which was signed into law by the President on March 27, 2020. The CARES Act authorized \$90 million for the Ryan White HIV/AIDS Program response to COVID-19 and \$65 million for the Housing for People with AIDS (HOPWA) Program, the federal program dedicated to housing needs for this population.

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## Addressing increased risk of illness.

- Other factors compounding the risk of serious illness from COVID-19 among people with HIV, even those with controlled HIV through treatment, are [at] higher rates of certain comorbidities — cardiovascular disease, pulmonary disease, hypertension, diabetes, renal failure, and liver disease – than in the population overall. Also, disproportionate numbers of people with HIV are in the South where COVID-19 death rates are trending higher and health systems are strained to provide even basic care. If indicators from New York City extend to the rest of the country, poverty will likely correlate with greater COVID-19 prevalence, as it also does with HIV.

## Adjusting practices and protocols to address HIV and COVID-19.

- Health departments, clinics, and organizations that provide HIV services report that they are working hard to ensure access to HIV treatment and care is maintained during COVID-19. Even in the best of times, this work is difficult. Supported by guidance from the Health Resources and Services Administration (HRSA) , programs that can, are pivoting to telemedicine, extending monthly prescriptions fills to 60 or 90 days, and reaching out to HIV clients to check on other needs like food and housing. Drawing on HIV outreach experience, programs in some areas are now testing for coronavirus and assigning staff to trace contacts for those who are infected – familiar work they have done for years with HIV. But the rapid changes brought on from shifting to telehealth, retraining staff for new roles, redirecting HIV program staff to focus on COVID-19, and adopting new technologies to coordinate internal processes take time and bring their own challenges.

## **Managing HIV During COVID-19: Working to End One Epidemic While Confronting Another**

Tina Hoff , Jennifer Kates, Lindsey Dawson, and Robbyn Kistler; published Apr 13, 2020

- **Keeping HIV prevention efforts moving forward.**

HIV educational and testing events, fundamentals of prevention, are no longer viable with group gatherings not allowed in most areas. Some agencies are moving to social media and other online activities and virtual counseling sessions with at-home testing to maintain services in their communities. Programs to support PrEP, the HIV prevention pill, require a confirmatory HIV negative test to initiate a prescription, as well as ongoing lab work (typically every three months). Depending on the capacity of the healthcare workforce, these programs may also be limited in the months to come. Already, we have seen that while some clinics report they are providing PrEP-related services via telehealth, others report suspending services.

State and local health departments as well as providers, including HIV providers, are on the front lines of both the HIV and COVID-19 response. They have the expertise needed but are stretched thin and, while essential, addressing both epidemics simultaneously creates new challenges.

# Morbidity and Mortality Weekly Report (MMWR): Effectiveness of 2-Dose Vaccination with mRNA COVID-19 Vaccines Against COVID-19–Associated Hospitalizations Among Immunocompromised Adults — Nine States, January–September 2021

## ❖ What is already known about this topic?

- Studies suggest that people who are immunocompromised who receive COVID-19 vaccines might not develop high neutralizing antibodies or be as protected against severe COVID-19 outcomes as people who are not immunocompromised.

## ❖ What is added by this report?

- Effectiveness of the Pfizer and Moderna vaccines against confirmed COVID-19 hospitalization was lower (77%) among adults who are immunocompromised than among adults who are not immunocompetent (90%). Vaccine effectiveness varied considerably among subgroups of immunocompromised patients.

## ❖ What are the implications for public health practice?

- People who are Immunocompromised benefit from vaccination with the Pfizer or Moderna vaccine but are less protected from severe COVID-19 outcomes than people who are not immunocompromised. People who are immunocompromised who receive the Pfizer or Moderna vaccine should receive three doses and a booster, consistent with CDC recommendations, practice other COVID-19 prevention measures (such as wearing a mask), and, if infected, be monitored closely and considered early for proven therapies that can prevent severe outcomes.

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Originally presented at virtual monthly NYCDOHMH T2 & Vaccine CAB meeting -11/09/2021

Source: [https://www.cdc.gov/mmwr/volumes/70/wr/mm7044e3.htm?s\\_cid=mm7044e3\\_w](https://www.cdc.gov/mmwr/volumes/70/wr/mm7044e3.htm?s_cid=mm7044e3_w)



# COVID-19 and HIV Infection Co-pandemics and their Impact: A Review of the Literature

Sivaporn Gatechopol, Anchalee Avihingsanon, Opass Putcharoen, Kiat Ruxrungham, and Daniel R. Kuritzkes  
Published: May 5, 2021

## HIV service during COVID-19 outbreak

“... healthcare systems must develop effective strategies for balancing healthcare resources need by both PLWH\* and patients with COVID-19. ARV multi month dispensing (MMD) policy has been adopted in many countries in order to prevent disruptions of ARV supplies for PLWH and to reduce their exposure to COVID-19 when accessing HIV services. Telemedicine platforms have been proposed as a strategy for continued provision of healthcare to PLWH in response to COVID-19 during the lock-down period and have been implemented successfully in many settings. A multidisciplinary approach to help PLWH maintain their physical and mental health has never been more important than now, in the face of the COVID-19 pandemic. In addition, other services for prevention and treatment of opportunistic infection and sexually transmitted infections may be disrupted during COVID-19 pandemic. This lockdown related disruptions may increase in burden of TB and sexually transmitted infections.”

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Source: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8097669/>

(extracted from National Cancer Network's Open Letter to Media and Health Officials)

“As the spread of the novel coronavirus a.k.a. COVID-19 increases, many LGBTQ+ people are understandably concerned about how this virus may affect them and their increased vulnerability directly result from three factors:

1. The LGBTQ+ population uses tobacco at rates that are 50% higher than the general population. COVID-19 is a respiratory illness that has proven particularly harmful to smokers.
2. The LGBTQ+ population has higher rates of HIV and cancer, which means a greater number of them may have compromised immune systems, leaving them more vulnerable to COVID-19 infections.
3. LGBTQ+ people continue to experience discrimination, unwelcoming attitudes, and lack of understanding from providers and staff in many health care settings, and as a result, many are reluctant to seek medical care except in situations that feel urgent – and perhaps not even then.”

Source: March 2020 Open Letter to Media and Health Officials on COVID-19: <https://cancer-network.org/coronavirus-2019-lgbtq-info/>

## **Disability and self-care living strategies among adults living with HIV during the COVID-19 pandemic** (published Nov 19, 2021)

Kelly K O'Brien, Ahmed M Bayoumi, Soo Chan Carusone, Aileen M Davis , Rachel Aubry, Lisa Avery, Patricia Solomon, Kristine M Erlandson, Colm Bergin, Richard Harding, Darren A Brown, Jaime H Vera, Steven E Hanna

“Events associated with the COVID-19 pandemic, such as physical distancing, closure of community services, postponement of health appointments, and loss of employment can lead to social isolation, financial uncertainty, and interruption of antiretroviral adherence, resulting in additional health-related challenges (disability) experienced among adults living with chronic illness such as HIV. 'Living strategies' is a concept derived from the perspectives of people with HIV, defined as behaviors, attitudes and beliefs adopted by people with HIV to help deal with disability associated with HIV and multi-morbidity. Our aim was to describe disability among adults living with HIV and self-care living strategies used during the COVID-19 pandemic...

...People with HIV reported high levels of uncertainty and mental-emotional health challenges during the pandemic. Disability increased across all HDQ\* dimensions, with the greatest worsening in the mental-emotional health domain. Results provide an understanding of disability and self-care strategy use during the COVID-19 pandemic.”

\* **HDQ** - HIV Disability Questionnaire

Source: <https://pubmed.ncbi.nlm.nih.gov/34798881/>

## **Until The Pandemic Ends, Black Gay Men Must Ensure We Survive**

By Justin C. Smith – January 5, 2021

“...Receiving messages announcing the upcoming death rites for one of our brothers, followed by invitations to parties taking place in crowded, poorly ventilated, indoor venues—the most ideal conditions for spreading the virus that killed him—hurled me into cognitive dissonance and emotional despair. If my own community of Black gay men cannot be counted on to care for the health and well-being of our brothers, then who can?... The image of a Black man dying amid a sea of largely indifferent white men is a black mirror to the broader racial terrain of the pandemic, given the stark racial disparities we have observed in COVID-19 cases and deaths. (However, the man died of a drug overdose and not COVID-19).

Much has already been written about “COVID-shaming” and the proliferation of social media call-outs/dragging of gay men who attended large-scale parties during Atlanta Black Pride, Atlanta Pride, and the numerous New Year’s Eve circuit parties held in Atlanta, Miami, Houston, Rio de Janeiro, and Puerto Vallarta (including the dragging of several front-line healthcare workers who attended these circuit parties), and it is not my intention to pile on to what in my view is a largely unproductive conversation. Shaming is a less powerful tool to encourage responsible social behavior than coordinated COVID-related public policy. Shaming people online does not necessarily lead people to change their behaviors to comply with COVID restrictions, rather, it just leads them to adopt a stance of defensiveness about their decisions, and maybe post about it less on social media while continuing to “do what they do.”

## Until The Pandemic Ends, Black Gay Men Must Ensure We Survive

By Justin C. Smith – January 5, 2021

“...I do not wish to reify notions of Black gay bodies serving as vectors of contagion that should be subject to heightened epidemiologic surveillance and behavioral policing [see for reference city, state and federal governments response to Black gay men, who were demonized] compared to our non-Black counterparts, but rather, I am calling for Black folks, Black gay men, in particular, to center our community’s holistic health and well-being as the lens through which we make decisions about how we gather and hold space with one another during these challenging times.”

“Part of the damage that American individualism has done is that it saps our imagination for collective action in the service of one another. An antidote is the concept of **Ubuntu**, which is a Bantu phrase that roughly translates into “*I am because you are.*”

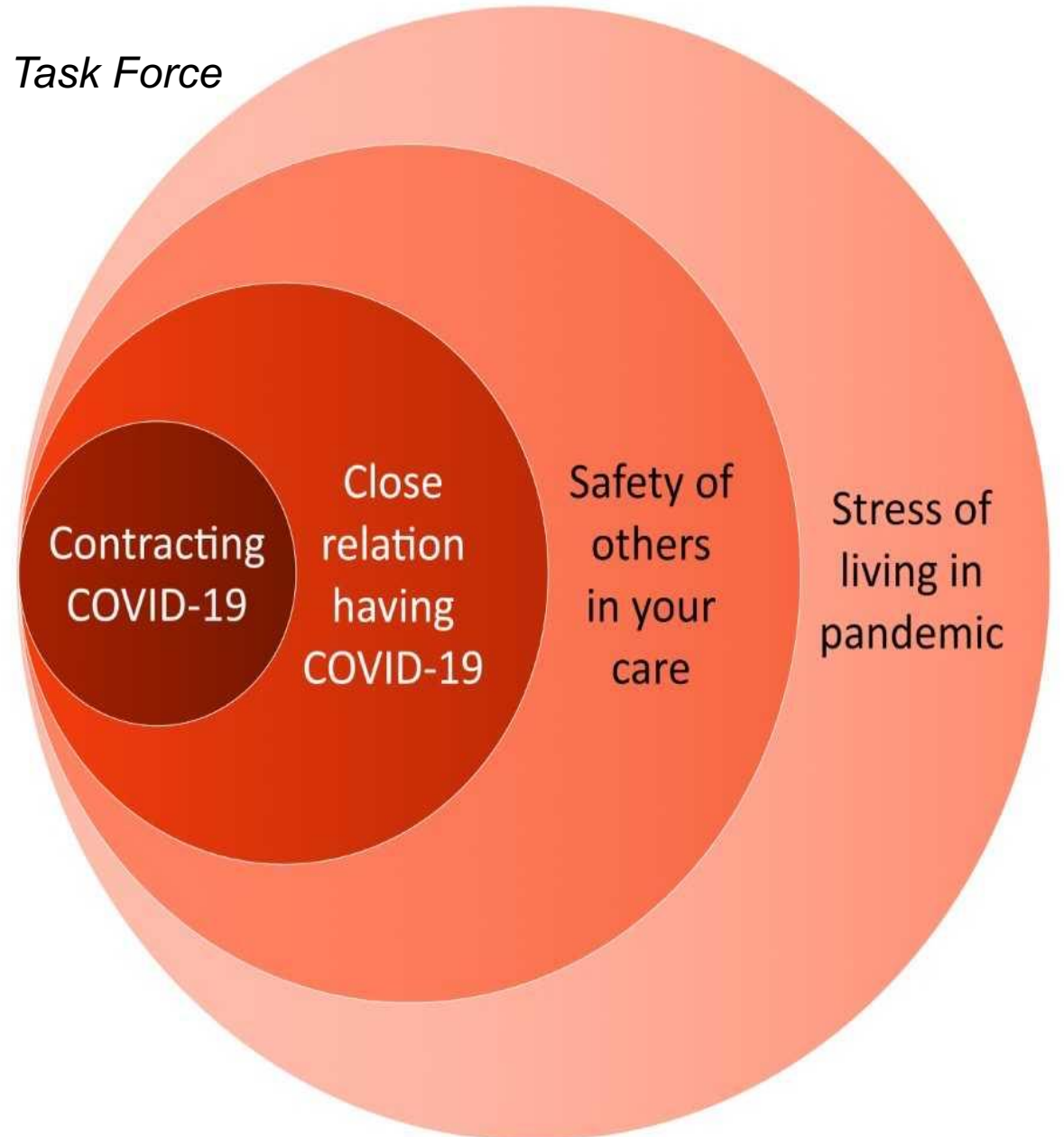
emboldened and italicized emphases: Presenter

Source: <https://www.thereckoningmag.com/the-reckoning-blog/until-the-pandemic-ends-black-gay-men-must-ensure-we-survive>

# Mental Health During the First Year of the COVID-19 Pandemic: A Review and Recommendations for Moving Forward

*The Lancet's COVID-19 Commission Mental Health Task Force*

**Figure 1.** Each circle represents a layer of potential stress during the COVID-19 pandemic that may accumulate to undermine mental health.



Source: <https://covid19commission.org/mental-health-wellbeing>



# **Mental Health During the First Year of the COVID-19 Pandemic: A Review and Recommendations for Moving Forward**

*The Lancet's COVID-19 Commission Mental Health Task Force*

## **Have average levels of psychological distress, self-harm, subjective well-being, and loneliness changed from pre-pandemic to during the pandemic?**

*Headline: A clear and consistent body of evidence suggests that psychological distress increased during the early months of the COVID-19 pandemic and that most (but not all) facets returned to pre-pandemic levels by mid-2020. While some components of subjective well-being showed signs of strain (e.g., increasing negative emotions), the data also reveal notable signs of resilience in life satisfaction, loneliness, social connection, and suicide.*

## **What factors predict greater risk or protection in psychological distress, self-harm, subjective well-being, and loneliness during the pandemic onset and progression?**

*Headline: Many pre-existing inequalities in psychological distress remain. The pandemic has also introduced new profiles of risk, with younger individuals, females, and those with children under the age of 5 years showing the largest increase in psychological distress.*

## **Mental Health During the First Year of the COVID-19 Pandemic: A Review and Recommendations for Moving Forward**

*The Lancet's COVID-19 Commission Mental Health Task Force (<https://covid19commission.org/mental-health-wellbeing>)*

**Looking at data collected after COVID-19 started, what experiences and behaviours are associated with higher or lower psychological distress, self-harm, subjective well-being, and loneliness during the pandemic?**

*Headline: Being near or experiencing COVID-19 infection, struggling with financial uncertainty introduced by COVID-19, and spending more time homeschooling, engaged in chores, or reading COVID-19 news has been associated with more psychological distress and worse subjective well-being.*

# Mental Health During the First Year of the COVID-19 Pandemic: A Review and Recommendations for Moving Forward

*The Lancet's COVID-19 Commission Mental Health Task Force*

## ❖ **Psychological distress:**

Some of the most rigorous evidence collected to date reveals that many of the pre-existing risk factors for psychological distress have persisted during the COVID-19 pandemic, and several new profiles of risk have emerged

## ❖ **Self-harm:**

Several large-scale datasets now suggest that suicide rates have not increased above predicted rates during the first several months of the pandemic (e.g., Pirkis et al., 2021). However, we are only aware of one paper examining how suicide patterns have changed for various demographic and occupational groups over time using data from Japan (Ueda et al., 2020). These data note an initial decline in suicides in April-May 2020, but a rise in July 2020 and afterward.

## ❖ **Loneliness and social connection:**

relatively little overall change in loneliness and social connection; people in younger age categories, living alone, and those experiencing one or more chronic health concerns reported greater loneliness. Age predicted greater *changes* in loneliness during COVID-19 onset, such that older adults reported greater increases in loneliness. Other data align with the general pattern of stability in loneliness and offer some insight into protective factors...having a romantic partner, being younger in age (<65 years, among women), as well as having lower social support and higher psychological distress predicted greater decreases in loneliness over time. The potential importance of living with a partner has been, suggesting that living with a romantic partner during this challenging time may offer unique benefits.

# **Mental Health During the First Year of the COVID-19 Pandemic: A Review and Recommendations for Moving Forward**

*The Lancet's COVID-19 Commission Mental Health Task Force*

Lara B. Aknin, Jan Emmanuel De Neve, Elizabeth W. Dunn, Daisy E. Fancourt, Elkhonon Goldberg, John F. Helliwell, Sarah P. Jones, Elie Karam, Richard Layard, Sonja Lyubomirsky, Andrew Rzepa, Shekhar Saxena, Emily M. Thornton, Tyler J. VanderWeele, Ashley V. Whillans, Jamil Zaki, Ozge Karadag Caman, Yanis Ben Amor

“COVID-19 has infected millions of people and upended the lives of most humans on the planet. Researchers from across the psychological sciences have sought to document and investigate the impact of COVID-19 in myriad ways, causing an explosion of research that is broad in scope, varied in methods, and challenging to consolidate. Because policy and practice aimed at helping people live healthier and happier lives requires insight from robust patterns of evidence, this paper provides a rapid and thorough summary of high-quality studies available through early 2021 examining the mental health consequences of living through the COVID-19 pandemic.

Our review of the evidence indicates that anxiety, depression, and distress increased in the early months of the pandemic. Meanwhile, suicide rates, life satisfaction, and loneliness remained largely stable throughout the first year of the pandemic.

In response to these insights, we present seven recommendations (one urgent, two short-term, and four ongoing) to support mental health during the pandemic and beyond.”

# Mental Health During the First Year of the COVID-19 Pandemic: A Review and Recommendations for Moving Forward

*The Lancet's COVID-19 Commission Mental Health Task Force*

## **Urgent**

**Recommendation 1.** Support immediate, large-scale research into the nature, treatment, and long-term consequences of COVID-19 on mental health.

## **Short-term**

**Recommendation 2.** Encourage physicians, nurses, and other mental health care professions to systematically screen for and monitor a range of short- and long-term mental health dimensions among COVID-19 survivors, close relations, as well those with greater exposure risk or burden of care.

**Recommendation 3.** Prioritize safe access to childcare and elementary schooling.

## **Ongoing**

**Recommendation 4.** Invest in mental health care such that someone with mental illness has equal access to evidence-based treatment as someone who has physical illness.

**Recommendation 5.** Specific mental health resources and actions should be tailored to the resources available, but at the very least should include online cognitive behaviour therapy treatments supplemented by locally trained, although possibly lay, mental health practitioners.

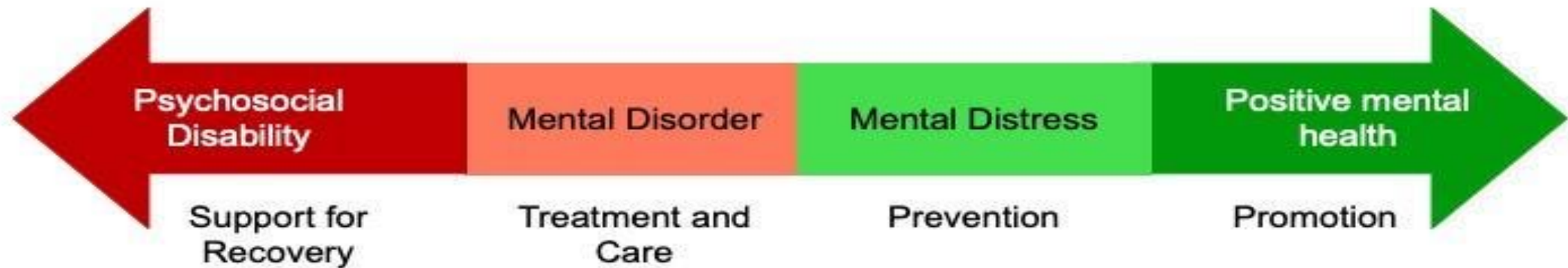
**Recommendation 6.** Individuals and organizations should supplement existing mental health care with well-being promotion.

**Recommendation 7.** Governments and organizations should facilitate access to mental health care and the promotion of well-being alongside social care.

# Mental Health During the First Year of the COVID-19 Pandemic: A Review and Recommendations for Moving Forward

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## The Mental Health Continuum



During the COVID-19 pandemic, people may move from right to left on this spectrum.



# Mental Health During the First Year of the COVID-19 Pandemic: A Review and Recommendations for Moving Forward

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“COVID-19 poses one of the largest collective challenges of our lifetime. While efforts to contain and defeat the virus have understandably been prioritized, mental health should not be ignored during the pandemic or afterward. The impact of the COVID-19 pandemic will likely extend into the future through secondary effects on employment levels, poverty, social inequality, and more (Banks, Fancourt & Xu, 2021).

Widespread vaccination and the return of pre-pandemic life is unlikely to be immediate, or fully address the mental health patterns reported here. In fact, **we recommend *increasing* (not lowering) attention to mental health over the next few years to prevent widening the gap between mental health and physical health care**, which could occur for at least two reasons.

First, large-scale vaccination will require substantial investment in physical health care. Adding this atop the need to reinstate routine physical care will involve significant human, economic, and coordination resources.

Second, with physical safety improving, policy makers and the public may assume that most people are prepared to return to a pre-pandemic routine without attending to the strains on mental health documented here. Thus, we encourage researchers and policy makers to continue monitoring and supporting mental health beyond virus containment and vaccination.”

Emphasis: Presenter

Source: <https://covid19commission.org/mental-health-wellbeing>

# Supporting Black LGBTQ Youth Mental Health

By: Tia Dole, Ph.D., Chief Clinical Operations Officer, The Trevor Project

## Common Feelings

- **Grief.** You may experience sorrow because of the senseless deaths of so many Black Americans, including numerous Black trans women over many years. This grief isn't simply about recent events. For many, this grief has compounded over time. Working through this feeling is an ongoing process—one that may result in many conflicting desires.
- **Sense of helplessness.** You might feel like there's nothing you can do because you're only one person. This helplessness can be rooted in the sense that you are a single person, with a single voice. We want to emphasize many people are feeling this as well. Being open and candid about it can make you feel vulnerable. This is something we understand very well.
- **Sense of hopelessness.** It's possible that the long history of systemic racism can make you feel as though things will never change. As a person who may hold multiple identities, sometimes it seems like we as a country may not do the work that needs to happen for there to be equality.
- **Disconnecting from white allies.** You may distance yourself from white allies who are supportive of the Black community. This may be because it can seem burdensome to share your experience or put your complex thoughts into words. Or it may be that you are feeling anger towards people who share that identity, in this moment.

Source: <https://www.thetrevorproject.org/blog/supporting-black-lgbtq-youth-mental-health/>

# Supporting Black LGBTQ Youth Mental Health

By: Tia Dole, Ph.D., Chief Clinical Operations Officer, The Trevor Project

## Common Feelings

- **Rage.** On social media and in the news, people are seeing coverage of Black Americans who were unjustly killed, and it can leave you feeling rage. This rage could be directed towards individuals or to institutions.
- **Desire to escape.** As certain towns experience unrest and protests, it's possible you may feel a desire to leave your area or change your life completely. We hear a lot of people talking about going to another country simply because circumstances here have become unbearable.
- **Fear.** You may be experiencing a great deal of fear. The things that are happening right now are scary. Fear is a normal reaction to these events; in fact, fear is a protective emotion that is your body's warning symptom that something is dangerous. Based on what is happening in the world right now, if you are feeling fear, that means that your body's warning system is working.
- **Numbness.** You may be feeling nothing. For some people, feeling nothing is worse than feeling intense emotions. The events of recent months and years may be too much to process. Numbness can be your body's reactions to being overwhelmed.

Source: <https://www.thetrevorproject.org/blog/supporting-black-lgbtq-youth-mental-health/>

# Supporting Black LGBTQ Youth Mental Health

By: Tia Dole, Ph.D., Chief Clinical Operations Officer, The Trevor Project

## What Can I Do to Take Care of Myself?

The biggest question on many minds is “what can I do to take care of myself?” Discovering what helps you feel cared for and relaxed can help people cope with everything that’s going on, and centers you.

- **Allow yourself to feel your emotions without judgement.** This is probably the most challenging one, because it can be difficult to not be judgmental towards oneself but also because of a lack of space and time to do so. You may have obligations that do not allow you to process all of your emotions, prohibiting them from decreasing on their own.
- **Work to decrease your emotional intensity.** Some people may not have the space or time to allow these intense emotions to run rampant. You can use some tools to decrease your intensity so you can simply make it through the day. When you have more time, you can process some of the recent events.
- **Pivot to action.** Feeling out of control or feeling a lack of control can lead to negative emotions. If you engage in action, you will likely experience a decrease in negative emotions. These actions could involve activism, donating to organizations, lending an ear to others or simply being helpful to someone else.
- **Seek support.** We also want to emphasize that we at The Trevor Project are here for you, 24/7 and for free. Visit [TheTrevorProject.org/Help](https://www.thetrevorproject.org/Help) to connect to a trained crisis counselor.

Source: <https://www.thetrevorproject.org/blog/supporting-black-lgbtq-youth-mental-health/>

# Supporting Black LGBTQ Youth Mental Health

By: Tia Dole, Ph.D., Chief Clinical Operations Officer, The Trevor Project

## Supporting Black & Brown Youth

Use the following tips to support yourself, and to care for the Black LGBTQ young people in your lives:

- **Check-in with Black LGBTQ youth.** Ask the Black LGBTQ youth in your lives what their support system looks like during this time. In some cases, you may want to explore whether they have access to therapy or professional support. You can also tell them about online peer support, like TrevorSpace.org, which can be a great way to build connectivity and community.
- **Use your platform.** While it might be difficult to translate your complex thoughts and feelings, it's okay to use your platform to speak out against racism and racial violence. Your feelings and experiences are valid, and can help educate others about current events. However, it is also important to know when to let others speak, and when to raise others' voices.
- **Center Black experiences and voices.** Black lives matter, and amplifying their voices is an authentic way to share their unique experiences with the world.

Source: <https://www.thetrevorproject.org/blog/supporting-black-lgbtq-youth-mental-health/>

# Supporting Black LGBTQ Youth Mental Health

By: Tia Dole, Ph.D., Chief Clinical Operations Officer, The Trevor Project

## Supporting Black & Brown Youth

- **Educate yourself.** Learning information about current events directly from reliable sources can put your mind at ease. It's also important to educate yourself about racism, violence against the Black and LGBTQ communities, and police violence.
- **Take a break from news and social media.** While it can be great to stay informed, the world might seem like too much right now. Ask yourself how it would feel to unplug for a bit, or minimize the amount of information you're taking in. Check-in with yourself around your mental health, set boundaries, and be honest about when you need to take a break.
- **Learn the difference between sympathy and empathy.** Empathy has the power to bring people together, connecting them over difficult emotions. Sympathy, while recognizing hardships in others' experiences, can drive disconnection. (Watch: [Brené Brown on Empathy](#))

Source: <https://www.thetrevorproject.org/blog/supporting-black-lgbtq-youth-mental-health/>



## **6 Ways to Support Your Mental Health with HIV**

Written by Natalie Silver; Medically reviewed by Cameron White, M.D., MPH  
(updated on May 24, 2019)

### **1. Talk to your healthcare provider**

Living with HIV will include regular visits with your healthcare provider. Make sure to be honest and open about changes to your mental outlook during your appointments. Your healthcare provider can determine the support you need and make recommendations based on your conversations. Some ways your healthcare provider can assist you with your mental health include:

- diagnosing a mental health condition
- prescribing a medication to treat the mental health condition, such as antidepressants
- determining if your medications are altering your mental health and adjusting the treatment plan if possible
- recommending a mental health professional to talk to

### **2. Seek counseling or cognitive behavioral therapy**

Your healthcare provider may recommend you see a mental health professional, or you may seek this help on your own. Psychiatrists, psychologists, and therapists are all professionals who may be able to help you work through your emotions.

One type of psychotherapy that may be useful is cognitive behavioral therapy. This type of therapy helps you recognize negative thoughts. It teaches you how to change them through your behavior.

Source: [https://www.healthline.com/health/hiv/support-your-mental-health?utm\\_](https://www.healthline.com/health/hiv/support-your-mental-health?utm_)

## **6 Ways to Support Your Mental Health with HIV**

Written by Natalie Silver; Medically reviewed by Cameron White, M.D., MPH  
(updated on May 24, 2019)

### **3. Talk to a family member or friend**

Reaching out to a family member or friend who you feel comfortable talking about your feelings with may help you cope with mental health symptoms.

It's normal to feel nervous at first about opening up and sharing. But friends and family members often know you better than anyone and can provide empathy and support.

### **4. Join a support group**

A support group can put you in touch with people going through similar life experiences or symptoms as you. Joining a support group for others living with HIV or for those with mental health conditions may improve your well-being.

These groups often meet regularly and are available in-person and online. You can discuss your feelings and challenges and listen to others living with HIV.

Support groups, as well as advocacy groups, can help you identify ways to cope with social stigma or discrimination that may be associated with living with HIV. Advocacy groups also play an important role in bringing awareness to social stigma and reducing it through education.

Source: [https://www.healthline.com/health/hiv/support-your-mental-health?utm\\_](https://www.healthline.com/health/hiv/support-your-mental-health?utm_)

# 6 Ways to Support Your Mental Health with HIV

Written by Natalie Silver; Medically reviewed by Cameron White, M.D., MPH  
(updated on May 24, 2019)

## 5. Practice good self-care

There are many ways to engage in healthy lifestyle activities to improve your mental health. These include:

- exercising regularly to release endorphins, process emotions, help you sleep, and keep your body active
- eating healthy, nutritious foods that support your dietary needs
- getting enough sleep by setting healthy nighttime routines like going to bed at a regular time, powering down electronic devices well before bedtime, and sleeping in a dark, comfortable space
- engaging in hobbies that you enjoy by signing up for a class, setting up space for the activity in your home, or connecting with others who enjoy that activity
- cutting back on or eliminating alcohol and drugs

## 6. Practice mindfulness and other relaxation methods

Mindfulness is a form of meditation that helps you live in the present. A 2014 systematic review found that mindfulness decreased emotional distress in those living with HIV.

- ❖ You can practice mindfulness by living in the present and enjoying your environment around you, accepting yourself for who you are, or sitting quietly for several minutes while paying attention to your breathing.
- ❖ You can also find classes for mindfulness or other forms of meditation to help you relax and review.
- ❖ Exercises like yoga, tai chi, and walks in nature may also help you destress and work through your thoughts and feelings.

# RECAP

- Where we are – HIV and COVID-19’s combined impact on LGBTQ+ People of Color communities;
  - LGBTQ+ People of color’s experience - SARS COVID-2 (2019) and HIV;
  - Surviving and Living - LGBTQ+ People of Color Mental Health during two pandemics - HIV & COVID-19.
- **1 in 2:** The number of gay Black men who will be diagnosed with HIV if the current rate continues.
  - In 2018, 3 of 4 Black gay men 18 to 34 received an HIV diagnosis
  - “COVID-19 pandemic has had an unprecedented negative impact on HIV services and care across the globe. According to a WHO report, between April and June 2020, 73 countries faced the risk of antiretroviral therapy (ART) disruption affecting 17.7 million people receiving ART. A modelling study done by WHO and UNAIDS estimated that a six-month disruption of ART could lead to more than 500,000 extra deaths from AIDS-related illnesses in sub-Saharan Africa in 2020–2021...
  - The Kaiser Family Foundation (KFF) COVID-19 Vaccine Monitor examines how the COVID-19 pandemic has impacted the lives of LGBT people and finds that larger shares of LGBT adults report economic losses and mental health struggles than their non-LGBT counterparts.
  - “...healthcare systems **must** develop effective strategies for balancing healthcare resources need by both PLWH and patients with COVID-19. ARV multi month dispensing (MMD) policy has been adopted in many countries in order to prevent disruptions of ARV supplies for PLWH and to reduce their exposure to COVID-19 when accessing HIV services...”
  - “Part of the damage that American individualism has done is that it saps our imagination for collective action in the service of one another. An antidote is the concept of **Ubuntu**, which is a Bantu phrase that roughly translates into “**I am because you are.**”

# Essex Hemphill

(1957 – 1995)



Photo by Jim Marks, Wikimedia Commons

## For My Own Protection

*'In The Life: A Black Gay Anthology'* (Edited by Joseph Beam) p. 174

I want to start an organization  
to save my life.

If whales, snails, dogs, cats  
Chrysler and Nixon can be saved,  
the lives of Black men are priceless  
and can be saved.

We should be able to save each other.  
I don't want to wait for the Heritage Foundation  
to release a study saying  
Black people are extinct.

I don't want to be the living dead  
pacified with drugs, sex and rock-n-roll.

If a human chain be formed  
around nuclear missile sites,  
then surely Black men can form  
human chains around Anacostia, Harlem  
South Africa, Wall Street, Hollywood  
each other.

If we have to take tomorrow with blood  
are we ready?

Do our s curls and dreadlocks and phillies  
make us any more ready than a bush or a conkline?

I'm not concerned  
about the attire of a soldier.

All I want to know  
for my own protection  
is are we capable  
of whatever  
whenever.

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- SLIDE 8 – ibid 7
- SLIDE 9 - <https://www.healthline.com/health/hiv/covid-19-and-hiv>
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- SLIDE 44 – Ibid 43
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- SLIDE 46 - <https://wocinsolidarity.tumblr.com/post/56979654664/for-my-own-protection-by-essex-hemphill>
- SLIDE 47 – Resources 1
- SLIDE 48 – Resources 2