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## SHORT RESEARCH COMMUNICATION | GAY & BISEXUAL HEALTH

# Striking Differences in Physical and Mental/Behavioral Health Status Between Homeless Bisexual and Gay Young Men in New York City, United States

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## ABSTRACT

Although many studies have been conducted on Human Immunodeficiency Virus (HIV) infection and treatment among homeless bisexual and gay young men, few have focussed on their overall health status. This study was conducted as a comparative assessment of self-reported physical and mental health status between homeless bisexual and gay young adult men in New York City, United States. Face-to-face interviews were conducted with a purposive sample of 30 subjects in a homeless drop-in program. Bisexual men reported more physical and mental/behavioral health concerns than gay men. More large-scale research is needed to understand how bisexual men accessed healthcare as compared to gay men.

**Keywords:** • Health • Homeless • Bisexual • Gay • Mental health • Physical Health

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## 1. Introduction

Young Black bisexual and gay men have experienced higher rates of HIV infection than other youth groups.<sup>1</sup> According to the Centers for Disease Control and Prevention (CDC), if current HIV diagnoses rates persist, about 1 in 2 Black men who have sex with men (MSM) and 1 in 4 Latino MSM in the United States will be diagnosed with HIV during their lifetime.<sup>2</sup> While many research studies have been focused on HIV infection and prevention, studies pertaining to overall health status of homeless bisexual and gay young men are limited. The purpose of this study was to examine the physical and mental/behavioral health

status of homeless bisexual and gay young men in New York City (NYC), United States.

## 2. Methods

This was a cross-sectional study design using a convenience sample of 30 participants during June 2017 through August 2017. Participants were recruited from a drop-in homeless program in NYC that provides services to homeless lesbian, gay, bisexual, transgender and queer (LGBTQ) youth. Recruitment occurred during Sunday dinners and during case management hours in the week. Interviews were recorded and transcribed verbatim. Transcriptions were then uploaded to NVivo 11

(QSR International Pty Ltd. Version 12, 2018) for coding and data analysis. This study was approved by Rutgers University Institutional Review Board.

### 3. Results

The researcher found that, on average, bisexual men ( $n=17$ ) reported more physical and mental health problems than gay men ( $n=13$ ). Bisexual men reported an average of 3.5 (61%) physical health problems, whereas gay men reported about 3 (39%) physical health problems. From the significant proportion of participants 29 (97%) who reported mental/behavioral needs in the study, only one participant disclosed no mental/behavioral health concerns with respect to mental/behavioral issues. The average mental/behavioral conditions reported by bisexual men were greater compared to gay men—4 and 2 respectively. Twelve (71%) bisexual men indicated they had more than one mental/behavioral health condition versus 7 (54%) of gay men. Furthermore, bisexual men were shown to have a greater mental health disease burden in the following conditions compared to gay men—substance use (6:1), bipolar disorder (6:3), attention deficit hyperactivity disorder (5:1), and schizophrenia (5:1).

The mental/behavioral health results found by the researcher added a different dimension to healthcare needs. Unlike the recurrent brief encounters with HIV testing and sexually transmitted infection (STI) screenings described by the research participants, only a few discussions on access to mental health service were reported. Study participants seemed to struggle immensely with managing mental health problems, most of which they reported having before homelessness. Nonetheless, the hardship of homelessness intensified mental health issues as 40% reported feelings of stress and being overwhelmed as a result of homelessness.

With respect to behavioral health, both bisexual and gay men expressed problems with justice-involved activities, substance use, and a history of incarceration. Jumping the subway turnstile seemed like a common behavior with study participants putting them at risk for arrests, summons, and encounters with the justice system. Study participants were also found to have other unmet specialty medical needs, such as dental care, nutritional care, and ophthalmological care.

### 4. Discussion, Conclusion, and Implications for Translation

Consistent with other studies that examined mental health, participants in this study also reported a history of treatment for depression.<sup>3,4,5</sup> Within this group, bisexual men were overrepresented, accounting for 75% (9) of participants with a history of depression versus 25% (3) of gay men. Both groups appeared to struggle with comorbid mental health conditions. Nevertheless, very few participants spoke openly about the details of accessing mental health services and/or treatment. In conclusion, this study contributes to the growing literature on the physical and mental health disparities of homeless bisexual and gay young men and their need for healthcare access.

#### Limitations

The study was limited by time, as more time would have allowed the researcher to study the long-term impact (s) of homeless bisexual and gay young men in NYC. Participants may have recall bias since they self-reported health status. Additionally, this study was conducted at only one homeless program in NYC which limits its generalizability.

#### Recommendation for further studies

Despite having healthcare programs that specifically targets LGBTQ young adults, considerable attention should be given to bisexual men, specifically with mental healthcare access and utilization of mental health services. Additionally, more healthcare providers should receive specialized education and training on three core areas: bisexual health, homelessness health and youth/young adult health.

#### Compliance with Ethical Standards

**Conflicts of Interest:** The author declares no conflict of interest. **Financial Disclosure:** None. **Funding/Support:** None. **Ethics Approval:** This study was approved by Rutgers University-Newark. **Acknowledgments:** I would like to acknowledge the participants in this study who dedicated their time and shared their personal story. Additionally, I would like to acknowledge Sabrina Chase, PhD, Arthur Powell, PhD, Rubab Qureshi, PhD and Paul Edelson, MD for their tremendous support and guidance through this project. **Disclaimer:** None.

### Key Messages

- ▶ Homeless bisexual young men experience more mental health problems than homeless young gay men. More emphasis on the root causes of mental health status of homeless bisexual young men and their access to healthcare are needed.
- ▶ Specific attention should be given to bisexual health services among programs that provide healthcare services to lesbian, gay, bisexual, transgender and queer young adults.

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