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Session: **KP4**: Saturday May 2 – 11:00:12:30 – Sexual and Gender Minorities

Track:	Social Sciences
Subject:	Intersecting Identities and HIV
Presentation Type:	Oral
Title of Abstract:	**The role of perceived discrimination on suicidal ideation among gay, bisexual and other men who have sex with men in Montreal**
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Abstract

Background: Suicidal ideation (**SI**) in gay, bisexual and other men who have sex with men (GBM) is more common among those living with HIV (GBM-LWH); postulated to be driven by discrimination. Similarly, racial microaggression is associated with **SI**. For many GBM, these axes of discrimination intersect. We determined **SI** prevalence for such GBM and examined the effects of intersectional membership, defined by ethnicity and HIV status on **SI**, operating through discrimination.

Methods: Baseline data (02/2017-06/2018) involving computer-assisted self-interview of sexually-active GBM aged≥16 years recruited via respondent-driven-sampling (RDS) from the Engage-Montréal study were analyzed. Four intersectionalities were defined: white & HIV-negative(**G1**); white & HIV-positive(**G2**); visible-minority & HIV-negative(**G3**); visible-minority & HIV-positive(**G4**). RDS-weighted proportions estimated **SI** prevalence for each group. Using causal mediation intersectionality analysis (Bauer et al, 2019), we evaluated the total, direct and indirect effects of being in each group on **SI (any vs none), in the prior 6-months**; mediated by perceived discrimination (**PD**), measured using the Everyday Discrimination Scale. Parameters were estimated using logistic natural effect models adjusting for potential confounders (age, gender identity).

Results: Of 1089 GBM participants, 17% were GBM-LWH, 77% were white, median age was 34 years (IQR: 27-49). RDS-adjusted prevalence[%(95%CI)] of SI were: **G1(n=686)**:34.8(28.5,41.1); **G2(n=152)**:23.6(10.8,36.4); **G3(n=219)**:34.5(24.4,44.6); **G4(n=32)**:21.3(0,100). Mean (SD) **PD** scores were highest for **G3**:1.91(0.98) and lowest for **G1**:1.50(0.74). Relative to the impact of **PD** in G1, **PD** increased the odds (95%CI) of **SI** by 1.18(1.05,1.31) in G3, and by 1.08(0.97,1.22) in G2. No direct effects were significantly associated with **SI**, indicating observed **SI** was largely attributable to **PD**.

Conclusion: **PD** appears to affect **recent SI** across intersections and within intersections to be ethnicity or HIV-status related. Future analytical plans include sensitivity analyses for robustness of estimates, extending analyses to other Canadian cities and exploring mechanisms to explain lower than expected SI and PD in G4.