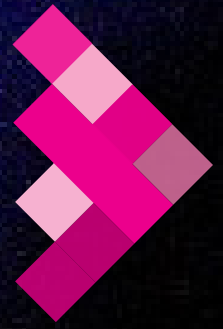


**SYNCHRONIZING  
OUR IMPACT**



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**GAY MEN'S  
MENTAL  
HEALTH  
SUMMIT  
REVIEW**

---

# LETTER FROM THE PROJECT COORDINATOR

Dear Reader,

It was an absolute honour to be the project coordinator for this event. Over the short 3-month timeline, I heard time and again how it was well past time that someone organize such an event. As is apparent from the increasingly large volume of research, gay men experience unique challenges managing their mental health and accessing culturally competent supports. Despite a host of champion organizations and practitioners, as exhibited by the high level of expertise among the speakers and attendees of this event, accessing care is still a challenge. It takes researchers, front line workers, practitioners, administrators, and educators to meet this challenge.

Over the two days, we had the privilege of hearing from some of the leading experts in the field of mental health for gay men. As you will read in this review, three main themes emerged:

1. We have access problems – and this needs to be an absolute priority,
2. Early experiences of homophobia can lead gay men to seek inclusion in maladaptive ways, which can complicate identifying their mental health needs and accessing care, and
3. HIV is one part of the picture and integration is key – we can no longer accept siloed work as acceptable.

Though there was some representation of racialized, ACB, trans & non-binary, two-spirit, and rural communities, we can do better. There is still a need to acknowledge and present the unique positions of intersectional members of the queer community and provide tailored support systems.

Overall, it was incredible to see the passion and energy each person brought to this event. The willpower for change and eagerness to synchronize our impact was evident.

I would like to extend my heartfelt thanks to the incredible GMSH team for their tireless efforts. Thank you to our host organization the Ontario AIDS Network and our funder the AIDS Bureau of the Ontario Ministry of Health and Long-Term Care for granting us the ability to host this event. I am grateful to the staff at the DoubleTree for showing exquisite levels of hospitality. Lastly, special thanks to Jean Bacon, David Brennan, Trevor Hart, Tim Guimond, Rahim Thawer, Enrique Garcia, Barry Adam, and Daniel Pugh for helping to make this Summit come to fruition.

I hope you enjoy this review of our 2018 Summit and look forward to seeing you at future GMSH events.

Sincerely,

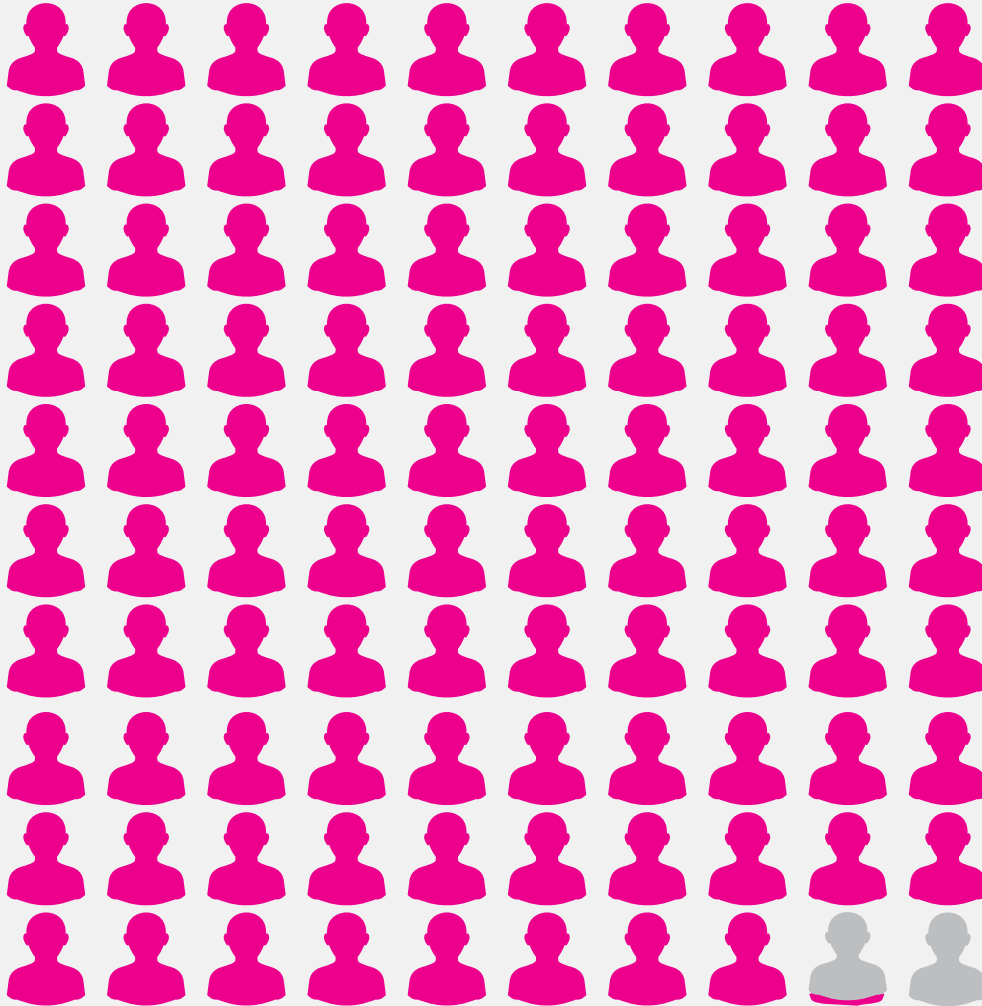


**Ryan Stevenson**  
Project Coordinator





**EXTREMELY WELL-ORGANIZED AND THOUGHT PROVOKING  
SUMMIT; PRESENTERS OFFERED A WIDE RANGE OF INTERESTING  
AND RELEVANT TOPICS; BRINGING SYNDEMICS BACK TO AGENCY  
TO EXPLORE MORE PROACTIVE APPROACHES TO CARE.**



**98.21%**

**OF PARTICIPANTS ARE INTERESTED IN BEING PART OF  
FUTURE INITIATIVES THAT COME OUT OF THIS SUMMIT**

# GAY MEN'S MENTAL HEALTH SUMMIT

The first event of its kind in Ontario, the inaugural 2018 Gay Men's Mental Health Summit drew social workers, psychotherapists, community support workers, and mental health professionals for two days of expert speakers and collaborative discussion. Hosted this past March 14th and March 15th at the DoubleTree by Hilton Toronto Downtown, the beautiful venue became the site of huge step forward in the health of cis & trans gay, bi, queer, 2 Spirit, and other men who have sex with men.

This year's theme, **"SYNCHRONIZING OUR IMPACT"**, set out to present **INNOVATIVE** and forward-thinking solutions to the issues gay men face with their mental health and promote **INTEGRATION** of the incredible work being done by practitioners across sectors to ultimately improve the province's **IMPACT** in caring for the health of gay men.

## OPENING & WELCOME



**CLICK TO WATCH**

### Indigenous Welcome **Kim Wheatley – Cultural Consultant**

After receiving the traditional gift of tobacco as a symbol of gratitude and respect from the GMSH, Kim greeted the audience in Anishinaabe, her people's language. "Aaniin boozhoo" - my spirit recognizes your spirit. She acknowledged that the conference was being held on the Traditional and Treaty Territory of the Mississaugas of the Credit. A smudge of white buffalo sage, a beating drum, and her powerful Unity Song were offered to the spirit world. At the end of the song, audience members cried out with an enthusiastic buffalo yell.

“ **YOU HAVE TO GIVE UP SOME SPACE TO MAKE SPACE FOR NEW WISDOM, KNOWLEDGE, LEARNING, AND UNDERSTANDING.** ” -KIM WHEATLEY



**CLICK TO WATCH**

### Opening Remarks **Dane Griffiths**

As the acting director of the GMSH, Dane highlighted the need for a more systematic response to reduce the incidence of HIV and improve treatment outcomes in gay men. Gay/bi/queer men require timely, person-centred and culturally responsive services across all aspects of health. As he noted, intersectoral collaboration is one way that we can advance shared goals of reducing stigma, promoting health, and increasing access to care.

“ **BARRIERS SUCH AS STIGMA AND MARGINALIZATION ARE STILL CENTRAL TO THE STORIES OF OUR DIVERSE COMMUNITIES, BUT SO TOO ARE STRENGTH AND RESILIENCE.** ” -DANE GRIFFITHS



## Welcome from the Ministry of Health and Long-Term Care **Ken English**

Ken English, the Senior Program Consultant of the AIDS Bureau, spoke on behalf of MOHLTC. Ken pointed out that theme of this summit is timely, as the Ontario Provincial HIV/AIDS Strategy to 2026 is being rolled out. Some of the Strategy's many focuses include targeting priority populations like gay/bi/trans MSM and mitigating the impact of the social determinants of health and syndemics in these populations. While challenges exist, opportunities to share experience and knowledge such as this summit, will move us in the direction of ending the epidemic in Ontario.

# PLENARY PANELS MINORITY STRESS IN THE MODERN DAY

**83.41%**

OF PARTICIPANTS FOUND THE MORNING PANEL SESSIONS TO BE APPLICABLE TO THEIR WORK WITH GAY, BI, TRANS, AND QUEER MEN.



## Novel Approaches for Treating Stigma to Improve Mental Health and HIV outcomes in Black Gay Men **Dr. LaRon E. Nelson**

Dr. Nelson started off the panel discussing HIV stigma and homophobia as major obstacles to seeking and accessing mental health services. His research on Accelerated Resolution Therapy, a brief treatment for PTSD, promises rapid and sustained recovery from HIV symptoms by alleviating the psychological and physiological repercussions of stress on the body.

[CLICK TO WATCH ONLINE](#)



## How Stigma and Discrimination Affects the Mental Health of Gay Men Living with HIV **John McCullagh**

John referenced his personal experience living with HIV professional background working in the sector to articulate how stigma of HIV, intersecting forms of discrimination, and current legal approaches create barriers to service access and informed conversation around sexual health. He outlined that engagement of people living with HIV, communities, service providers, religious organizations, and policy makers is a starting point for reducing stigma.

[CLICK TO WATCH ONLINE](#)



[CLICK TO WATCH VIDEO](#)

## Casual Sex vs. Long Term Relationships: Tensions and Implications

**Rahim Thawer**

Queer men must navigate both dominant and sub- cultures when navigating relationships, which Rahim unpacked in his presentation. Conflicting messages, where casual sex and long-term relationships are either revered or criticized, create internal tension that should be addressed by considering reconciled scripts.



[CLICK TO WATCH VIDEO ONLINE](#)

## Hooked Up for Hooking Up: Minority Stress and Mental Health Disparities Among Gay Men Online

**David Brennan**

In exploring online contexts, David Brennan's iCruise study found that gay men who experienced everyday discrimination were more likely to report anxiety and depression, as well as search for mental health resources online. Though guys expressed interest in receiving resources through apps, many like Grindr are resistant to the integration of mental health initiatives on their platforms.

David ended with a call to action: app users can directly message these platforms to persuade them otherwise.

“**YOU HAVE POWER. YOU’RE A MEMBER;  
YOU CAN VOTE WITH YOUR FEET.**”  
**-DAVID BRENNAN**

# NAVIGATING THE LANDSCAPE OF GAY MEN'S MENTAL HEALTH

In our afternoon panel, the conversation shifted to the challenges gay men face accessing and navigating mental health systems, incorporating provincial perspectives from across Canada.

**73.66%**

OF PARTICIPANTS FOUND THE AFTERNOON PANEL SESSIONS TO BE APPLICABLE TO THEIR WORK WITH GAY, BI, TRANS, AND QUEER MEN.



[CLICK TO WATCH VIDEO ONLINE](#)

## **Navigating Services and Partnerships in Ottawa** **Roberto Ortiz and Derek Cassidy**

Roberto and Derek shared MAX Ottawa's experiences connecting guys into guys with competent mental health services. By providing an assessment and through a referral service, partnerships are built to address the gaps in services for MSM.

## **Gay and Other MSM Living Outside the Urban Metropolis** **Dr. Paul MacPherson**

Using data from a recent survey of MSM living in and around Ottawa, the physical and mental health and healthcare needs of men were compared as they live in the urban core, the suburbs and the surrounding smaller towns.



[CLICK TO WATCH VIDEO ONLINE](#)

**“ YOU HAVE POWER. YOU'RE A MEMBER; YOU CAN VOTE WITH YOUR FEET -DAVID BRENNAN ”**



[CLICK TO WATCH VIDEO](#)

## **Why We Need a More Systematic Approach to Syndemics in Toronto** **Barry D. Adam**

This presentation reviewed the evidence for a gay men's health hub that could more systematically address syndemic conditions and thereby impact HIV, STBBI, and mental health issues. As Barry passionately articulates, a gay-friendly therapeutic community of practice will be one critical piece in developing this response.

## Gay and Bisexual Men's Experiences Accessing Mental Health Services in Toronto Preliminary Findings from the Engage Qualitative Study

**Mark Gaspar**

Mark presented the results of the study Engage, which sought to understand gay and bisexual men's experiences accessing mental health services. The main results of the 24 Toronto-based qualitative interviews included the barriers that these individuals experienced in terms of mental health services and the competing narratives about the biomedical advancements in HIV and their impact on mental health.



## Centering the Margins at Health Initiative for Men in Vancouver

**Aaron Purdie**

For gay/bi/queer guys (particularly intersectional guys), finding mental health care that is safe, non-judgemental, and sex positive is a challenge. As Aaron presents, the concept of 'centering the margins' represents the way HIM aims to structure their mental health programs.

**CLICK TO WATCH VIDEO**

**THANKS TO EUGENE NAM FOR EXPERTLY MODERATING BOTH OUR**







**THESE WERE EXCELLENT. I REALLY APPRECIATED THE INTERSECTIONAL APPROACH THAT INCLUDED ISSUES OF CULTURE, RACE, AND MARGINALIZATION. I LIKED THE VOICES OF LIVED EXPERIENCE THAT WERE SHARED.**



## KEYNOTE AND PLENARY SPEAKERS

Each of our keynote and plenary speakers brought distinct knowledge and experiences to the forefront, demonstrating the incredible potential of multidisciplinary collaboration.

**85.71%**

85.71% OF PARTICIPANTS FOUND THIS TO BE APPLICABLE TO THEIR WORK WITH GAY, BI, TRANS, AND QUEER MEN.



### **Syndemic Service Integration: How Can Sexual Health Clinics Address Population Inequities in Access to Mental Health Services?**

**Travis Salway**

The scarcity of queer mental health programs is a result of organizational and professional silos which, as Travis’s work at BCCDC suggest, can be resolved by leveraging public health infrastructure built around HIV care and prevention. He further posits that existing STI clinics focused on multidisciplinary care could provide screening for common mental health issues, as well as on-site mental health professionals and mental health support navigators. Since many Canadian sexual health providers are queer-affirming, low-barrier points of access for care already, these sites are optimal for integrating sexual health and mental health interventions.



**CLICK TO WATCH VIDEO ONLINE**

## **Positively Forked** **Ryan Kerr**

Ryan shared how his HIV diagnosis shaped him to be a complex, but always positive person. His personal stories illustrated how his struggles with the healthcare system, shame, self-disclosure, resentment, and relationships impacted his mental health. Throughout his stories two themes emerged: questioning a sense that being gay prescribed him to a set narrative, and the impact of his drive to find belonging born out of homophobic bullying. After many bad experiences with mental health practitioners, he was able to find one who could offer strategies for coping. Ultimately, his experiences led him to a professional career within the HIV/AIDS sector.

**“ WHAT IS SPECTACULAR ABOUT AIDS IS THAT THERE IS MORALITY BUILT RIGHT INTO THE NAME; THE FIRST LETTER OF AIDS IS ACQUIRED - WE DON'T TALK ABOUT DIABETES AS BEING ACQUIRED. IF YOU'VE GOT IT, IT'S BECAUSE YOU DID SOMETHING TO DESERVE IT” -RYAN KERR**



## **Exploring Black Gay Men's Mental Health - Contexts for Treatment** **Antoine B. Craigwell**

Our closing keynote was Antoine Craigwell, president of DGBM in New York City. Mental health treatment for black gay men requires an acknowledgement of structural and historical contexts. The intergenerational effects of slavery combined with heteronormative cultural pressures create unique barriers to service access. Service providers must be ready and willing to understand black history, social determinants of health, and other unique issues facing the black community in order to build trust with black gay clients. Antoine integrated poetry, history, video, and prose to communicate these messages to the audience, leaving us on a reflective closing note.

**“ I GOT THOSE SAD OLD WEARY BLUES.  
I DON'T KNOW WHERE TO TURN.  
I DON'T KNOW WHERE TO GO.  
NOBODY CARES ABOUT YOU  
WHEN YOU SINK SO LOW.  
-EXCERPT FROM LANGSTON HUGHES'S POEM  
“TOO BLUE”, READ OUT BY ANTOINE**

# SESSION HIGHLIGHTS

Our diverse breakout sessions embodied the summit’s core principles of **INNOVATION**, **INTEGRATION** and **IMPACT**. We have highlighted some of the stand-out sessions below.

To see all the session descriptions and access presentation pdfs and video recordings, click [here](#).

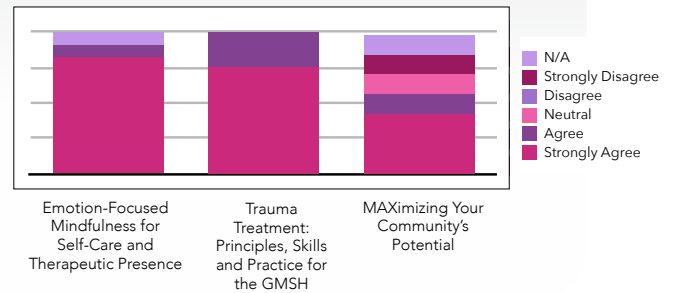
“ **RAHIM DID A GREAT JOB AT PRESENTING THE CONTENT, ENGAGING THE PARTICIPANTS, AND RELATING THE INFORMATION BACK TO OUR WORK AND OUR COMMUNITIES.** ”

## INNOVATE

### Emotion-Focused Mindfulness for Self-Care and Therapeutic Presence Bill Gayner

Emotion-focused mindfulness integrates compassion and self-awareness to help people cope with internalized stigma around sexual orientation and HIV. As workers involved in caring for the emotional well-being of others, it can be a challenge to take care of ourselves. Mindfulness, through meditation and journaling, can help deepen one’s understanding of emotions, while improving the capacity to help others.

Figure: Attendees’ responses when asked to what extent they agreed with the statement: “This session provided strategies for improving my work with GBMSM”



### Trauma Treatment Principles, Skills and Practice for the GMSH Dr. Anne Wagner

Trauma focused therapy encourages and supports conversation about the traumatic event and the triggers in everyday life that make the client return to the event in their mind. PTSD is a complex trauma diagnosis. The sooner a person gets into trauma care the better the prognosis. Creating a different meaning of the event can “unstick” someone from their own interpretation of the event. The therapist must be congruent with their reactions and should attend supervision sessions to talk about the client’s trauma and its effect on the therapist.

“ **DR. WAGNER WAS EXCELLENT AND HELPFUL IN DEVELOPING SKILLS IN QUESTIONING CLIENTS.** ”

### MAXimizing your Community’s Potential Robert Alsberry Matthew Harding

MAX Ottawa’s unique program, Community MAXimizers, actively engages guys into guys to be community leaders. Project proposals submitted to MAX by community leaders are selected, granted funding, piloted, and evaluated. Successful projects are granted long-term funding and are integrated into MAX’s program plan. This program puts power in the hands of communities through mobilizing their available resources and allowing community members to build strong connections.

“ **“OUR PROGRAMS ARE EMPOWERING AND RESPOND TO WHAT PEOPLE ASK FOR.”**  
-ROBERT ALSBERRY & MATTHEW HARDING ”

# INTEGRATE



**RAHIM DID A GREAT JOB AT PRESENTING THE CONTENT, ENGAGING THE PARTICIPANTS, AND RELATING THE INFORMATION BACK TO OUR WORK AND OUR COMMUNITIES.**



## Mirror, Mirror: Queer Men and Body Image Rahim Thawer

The gay community uses images to subject its members of all ages to the stress of having a body that will be appealing to other gay men. Gay men experience social stress determinants, which provoke anxiety, depression and suicidal thoughts and acts. Gestalt therapy uses the 'here and now' and body work to help clients understand these stressors and their impact on the client's self-esteem and self-image. The gay therapist should attend supervision sessions to speak to the impacts that the therapy work with clients suffering from body dysmorphia has on their own self.



**EMOTIONAL PROCESSING IS CHALLENGED BY TRADITIONAL EXPECTATIONS -DANIEL PUGH**

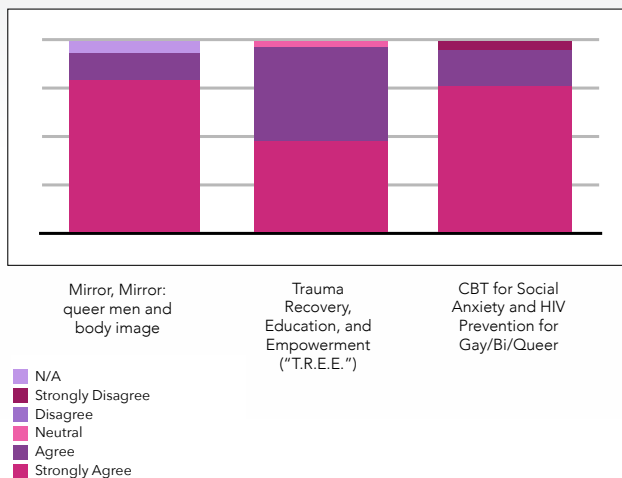
## Trauma Recovery, Education, and Empowerment ("T.R.E.E."): A Mental Health Group That Connects Sex and Gender to Trauma Recovery & Skills Building for Male/Two-Spirited/Non-Binary People

**Daniel Pugh  
Faith Chaput**

Due to systemic discrimination, male/two-spirit/non-binary people experience higher rates of anxiety, depression, PTSD, and suicide than the general population. TREE is a unique, trauma recovery skills group for male/two-spirit/non-binary people. The program actively responds to gender binaries present in trauma programs and services. The focus of this work is to develop a 'community of practice' in trauma, while recognizing the relationship that sex and gender play in trauma processes and responses.



**Figure : Attendees' responses when asked to what extent they agreed with the statement "The presenter(s) demonstrated strong knowledge of the topic."**



## Cognitive Behavioural Therapy for Social Anxiety and HIV Prevention for Gay/Bi/Queer Men Dr. Trevor A. Hart

Social anxiety predicts risky sex among MSM, and is highly responsive to CBT. Integrated mental health/HIV prevention interventions help clients understand their goals for sexual relationships, identify barriers, address negative thoughts, create coping skills, review progress, and prevent relapse. The adapted CBT framework can be efficient for substance use management in interpersonal situations, sexual risk behavior reduction, and the promotion of sexual well-being.

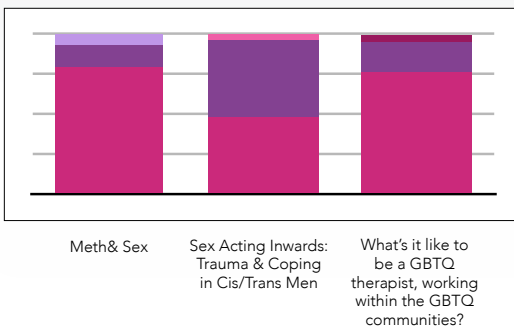
# IMPACT

“ **OUR PROBLEMS ARE TREES, AND WE CREATE PATHS THROUGH THE FOREST ALL THE TIME. AMETH USER HAS A HIGHWAY ACROSS THIS FOREST. ONCE YOU ARE ON IT, IT IS VERY DIFFICULT TO LEAVE THIS HIGHWAY AND REENTER THE FOREST. -VINCENT FRANCOEUR** ”

## Meth & Sex Vincent Francoeur

Meth allows the user to participate in novel forms of sex, which can increase the transmission of HIV, Hepatitis C, HPV and other STIs. Targeted campaigns to improve the holistic health of gay, bisexual and queer men who use meth are lacking. Mental health practitioners should focus on reducing meth use, while also addressing the underlying reasons for use, such as trauma or self-esteem.

Figure : Attendees’ responses when asked to what extent they agreed with the statement “This session was relevant to my work with



## Acting Inwards: Trauma & Coping in Cis/Trans Men Sly Sarkisova

The training session analyzed how masculine spectrum folks of all backgrounds seek space to heal and address self-identified issues of concern around isolation, body image, substance use, desirability, and negative sexual coping strategies. Some of the themes that therapists face with their clients include the impact on their self-worth, strategies for coping, and how to connect from a self-nurturing perspective in relationality with self and others. It is important as a therapist to offer compassion.

“ **“SLY’S PRESENTATION WAS INCREDIBLE! VERY PRACTICAL. I LEARNED SO MANY SKILLS. RARELY DO I GET THE CHANCE TO ATTEND A PRESENTATION WHERE I LEARN SO MUCH.** ”

“ **THE REALITY OF BEING A GAY MAN NAVIGATING THE EMOTIONAL RELATIONSHIPS WITH GAY CLIENTS WHILE MAINTAINING BOUNDARIES AND LIVING MY LIFE WITHIN THE GAY COMMUNITY. -SCOTT BOWLER & MAX ADILMAN** ”

## Let’s Talk: What’s It Like to be a GBTO Therapist, Working Within the GBTO Communities?

**Scott Bowler  
Max Adilman**

Through facilitated and guided discussions, participants were invited to discuss and reflect upon the strengths that their lived experiences can bring to their work with GBTO clients. As well, to explore challenges and vulnerabilities that GBTO therapists encounter working within their communities. The workshop demonstrated the importance of supporting a self-reflective practice for mental health practitioners with a space for reflection where we can speak openly and honestly as queer practitioners living and working in the GBTO community, respecting boundaries and engaging in supervision.

## GROUPWORK

In the spirit of integration and collaboration, the 2018 summit incorporated sessions for attendees to implement and share their expertise as a group.

## CASE WORK

Attendees had the opportunity to apply the skills they learned throughout the Summit to two case studies. Primary presenting issues, and strategies to address these issues were discussed. Referrals and follow-up were also considered, as well as specific areas of concern that applied to each case.



**84.6%** of participants felt that the case studies were relevant to their work with GBMSM



**83.33%** of participants thought that the moderators promoted thoughtful group-work within the case studies



**81.08%** of participants felt that the case studies allowed them to practice skills they learned at the summit.

## BREAKOUT DISCUSSION

Following case work, attendees were invited to a moderated discussion regarding overcoming barriers to mental health service access for GBMSM as well as developing communities of practice to improve mental health outcomes. Responses to these discussion questions from the case study groups are synthesized below.

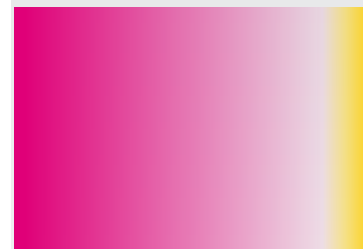
### OVERCOMING BARRIERS

#### What barriers do you see to implementing what you have learned at this Summit?

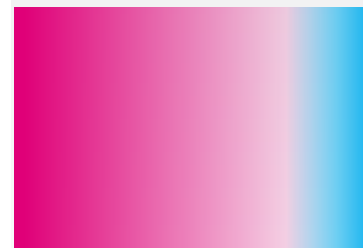
Some of the barriers mentioned were the lack of peer support groups as well as the lack of a directory of certified supervisors to provide the academic/practice support that therapists need to avoid burnout and to be available for their client's needs.

#### What are creative ways you and your colleagues could work on to overcome these barriers?

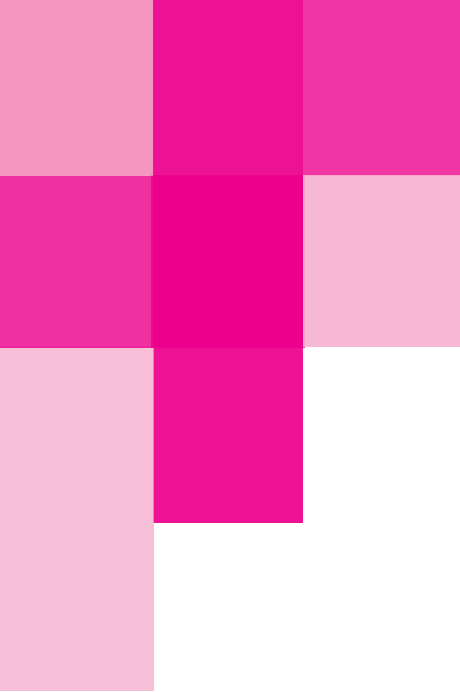
Assessment and referrals should be practiced hand in hand: clients should not be referred without a formal assessment and shared documentation. A mental health network that provides continuous training and development opportunities as well as peer supervision will allow for opportunities to network and foster partnerships towards responsible referrals and follow-up procedures. More self-identified gay friendly mental health practices can help create partnerships and develop a network with common subcategories such as trauma, HIV, abuse, CBT, and addictions.



**87.5%** of participants felt that the moderator facilitated thoughtful discussion on Overcoming Barriers to Implementing Strategies.



**84.38%** of participants felt that the discussion on Overcoming Barriers to Implementing Strategies helped them understand some solutions to overcoming the barriers to implementing strategies presented at this Summit.



**90.32%** of participants felt that the moderator facilitated thoughtful discussion on Conceptualizing Community of Practice.



**90.91%** of participants felt that the discussion on Conceptualizing Community of Practice helped them understand some solutions to overcoming the barriers to community of practice.

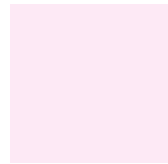
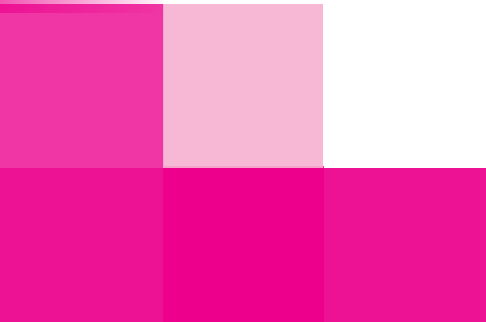
## CONCEPTUALIZING COMMUNITIES OF PRACTICE

### **In what ways could warm referrals, referral follow-up, and communities of practice improve the mental health outcomes of queer men?**

Clients are not always aware of services that are available. Once rapport is established, warm referrals, follow-ups, and communities of practice can help open doors for your client. These are good ways of promoting a professional relationship, removing barriers for the client, and ensuring the client is retained within the support system. It is important to verify the competency and availability of referral sources, and remember that it is difficult to follow-up with large amounts of referrals

### **How could you foster this idea of communities of practice with your local mental health providers?**

Communities of practice can build capacity and provide links with other service providers/agencies for support. Building lists of existing service providers for referrals, creating a centralized database of these providers, emphasizing the value of networking among frontline workers, and capacity building summits are some ways to fill service gaps.



# CLOSING



## Closing Reflections Ryan Stevenson

Project Coordinator Ryan Stevenson brought a concise and forward-thinking close to the summit. He spoke to the new connections attendees had made in expanding their networks and gave thanks to all the people who helped run this event. As he pointed out, the fact that many attendees were still present by the end spoke volumes about their passion and dedication. He left off hinting of future initiatives to come and invited the room to attend the post-summit social, hosted at Buddies in Bad Times Theatre.



**IT HAS BEEN TRULY INSPIRING TO SEE THE PASSION, THE EXPERTISE,  
AND THE COMRADERY THAT EACH OF YOU BROUGHT INTO THIS SPACE.  
I KNOW THAT YOU WILL CARRY IT WITH YOU WHEN YOU LEAVE.**



**-RYAN STEVENSON**



# NEXT STEPS



## Closing Reflections

**Ryan Stevenson**

OurSpace organized a showing of Still Here (<https://stillhereproject.ca>) a photo project featuring LGBTQ2S+ folks affected by suicide, to promote suicide awareness as a fundraiser for Youth Line at Buddies in Bad Times Theatre. Attendees from the summit were invited to join us Thursday evening to listen to spoken poetry, take-in the moving photography, and reflect over the summit.

To learn more about OurSpace, visit their [website](#).

“

**SO HAPPY THAT SOMETHING LIKE THIS WAS FINALLY DONE! THIS NEEDS TO HAPPEN REGULARLY TO HELP FOSTER STRONGER COMMUNITIES OF PRACTICE**

”

# SESSION HIGHLIGHTS

Already several meetings have been called in the aftermath of this event to discuss what next steps will look like. We are carefully considering all your thoughtful feedback to inform future initiatives.

Though there is much to be done to bring to fruition a gay men’s mental health network, we can confirm that this work is underway. As we progress further along this path, those who have indicated their interest will be contacted to help shape the structure and function of this network. **If you are interested in providing input on this network, please email us at [office@gmsh.ca](mailto:office@gmsh.ca).**

Our goal is to form network that develops and enhances your professional skills, improves access to services for gay, bisexual and queer men, promotes collegial relations, and provides support.

It is unlikely that we will host a Gay Men’s Mental Health Summit each year however, we will be planning for and delivering activities that keep you engaged in this important area of focus for the GMSH. The summit was a starting point and we look forward to welcoming you back for future gatherings in various formats.

“

**I DEEPLY THINK THAT THIS SUMMIT HAS “DONE SOMETHING”, AND I THINK THAT THE IMPACT WILL BE FELT FOR THE MONTHS TO COME!**

”

“

**GREAT SUMMIT! MORE BIPOC / TRANS INCLUSION**

”

“

**WHAT I MOST WANT AND NEED IS SPACE TO SHARE TOGETHER WHAT WE KNOW AND BUILD MORE CONNECTIONS**

















”

“

**SUMMIT FOCUSED TOO HEAVILY ON URBAN ISSUES, NEEDS TO EXPAND THAT KNOWLEDGE IF A LARGER NETWORK OF MENTAL HEALTH PROFESSIONALS IS TO BE VIABLE.**

”

**THIS EVENT DREW ATTENDEES FROM ORGANIZATIONS  
ACROSS THE PROVINCE! CLICK ON THE LOGOS TO  
LEARN MORE ABOUT WHO CAME TO THIS EVENT!**

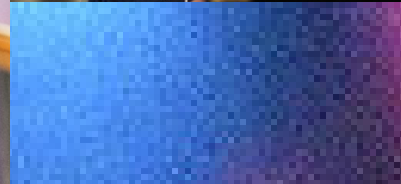
# **CURIOUS WHO CAME TO THIS EVENT?**

(insert infograph(s) for attendees by LHIN info)

(caption:) We had representation from across the province – but there is room to grow and improve!

(insert infograph(s) for attendees by professions info)

(caption:) The diversity of professional backgrounds at this event was very promising, as intersectoral collaboration is vital for the success of future initiatives.



**THANKS TO OUR PHOTOGRAPHER, JAKE PETERS,  
FOR EXPERTLY CAPTURING THE SPIRIT OF OUR EVENT!**



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Sexual Health  
Alliance

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Follow us on Twitter and 'like' on Facebook [@GMSHAlliance](#)