transmitted infections (STI). Providers struggled to differentiate event-specific anxieties from more chronic, underlying anxiety-related conditions. Three barriers constrained the providers’ abilities to effectively address MHSU service needs: 1) clinic mandates or funding models (specific to STI/HIV or reproductive health); 2) ‘silo-ing’ (i.e., physical and administrative separation) of services; and, 3) limited familiarity with MSHU service referral pathways. In response to these barriers and acknowledging the prevalence and prominence of MHSU concerns among clients, participants described actionable solutions. 1) Reduce silos, by clarifying referral pathways from sexual health clinics to MHSU providers. 2) Co-locate sexual health and MHSU services. 3) Assess the broader health needs of high-anxiety and low-STI risk clients who frequently access sexual health services.

Conclusion Sexual health clinicians in British Columbia generally affirm the results of previous, quantitative and client-focused research showing high rates of MHSU-related needs among sexual health clinic clients. Providers prioritized specific short-term (referral-focused) and long-term (healthcare re-organization) solutions for improving access to MHSU for those using sexual health services.

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