Prevention and Treatment of Depression and Suicidality among Gender Minority Youth: An Introduction and Review of the Health Sciences Literature

Michael P. Marshal, Ph.D.
marshalm@upmc.edu

Brian Thoma, Ph.D.
thomabc2@upmc.edu

University of Pittsburgh
Department of Psychiatry

Special thanks to NIDA: DA026312, DA030385
And especially DA037958
Terms and Definitions

Sexual and Gender Minority Youth (SGM)

Sexual Minority Youth:
Youth who have a same sex sexual orientation (attraction, behavior, identity)

Gender Minority Youth:
Youth whose true gender identity is different than gender “assigned at birth” (e.g., transgender youth)
Transgender Youth – On the Binary

Gender Assigned at Birth

Boy

Like a boy

Internal Feelings

Like a girl

Gender-Related Behavior

As a boy

As a girl
“Nonbinary” Youth: Genderqueer, Genderfluid, Gender-nonconforming, Transmasculine, etc.

Gender Assigned at Birth

Boy
Like a boy
Like a girl

Internal Feelings

Gender-Related Behavior

As a boy
As a girl
Transgender is an umbrella term for people whose gender identity, gender expression, or behavior differs from the gender they were assigned at birth...

Gender Identity: If a person feels or considers themselves to be “female” then their gender identity is female, regardless of the gender assigned at birth...

Gender Expression: External manifestations of one’s gender, expressed through one’s name, pronouns, clothing, haircut, behavior, voice or body characteristics
Health disparities refers to the variation in rates of disease occurrence and disabilities between socioeconomic and/or geographically defined population groups.”

National Library of Medicine
Three Major Goals of Disparities Research among Adolescents

1. To “Detect” disparities by conducting research that compares groups on health outcomes.
2. To “Explain” disparities by using research to identify the causal mechanism that “drive” the disparities.
3. To determine whether disparities “persist” over time as youth transition to young adulthood.
Three Major Goals of Disparities Research among Adolescents

1. To “Detect” disparities by conducting research that compares groups on health outcomes.
2. To “Explain” disparities by using research to identify the causal mechanism that “drive” the disparities.
3. To determine whether disparities “persist” over time as youth transition to young adulthood.
Substance use disparities

Overall Odds Ratio: 2.89

Girls: 5.02

Bisexual Youth: 4.42

Suicidality disparities

Overall Odds Ratio: 2.92

Bisexual Youth: 4.92

History of Suicidality

Heterosexual: 12%

SMY: 28%

LGB disparities studies
How many TGY disparities studies?
TGY Disparities Studies

Original article

The Health and Well-Being of Transgender High School Students: Results From the New Zealand Adolescent Health Survey (Youth’12)
Terryann C. Clark, Ph.D., M.P.H., N.Z.R.N. a,*; Mathijs F. G. Lucassen, Ph.D., N.Z.R.O.T. b; Pat Bullen, Ph.D. c; Simon J. Denny, Ph.D., F.R.A.C.P. d; Theresa M. Fleming, Ph.D. b,d; Elizabeth M. Robinson, M.Sc. e; and Fiona V. Rossen, Ph.D. f

Original article

Mental Health of Transgender Youth in Care at an Adolescent Urban Community Health Center: A Matched Retrospective Cohort Study
Sari L. Reisner, Sc.D., M.A. a,b,*; Ralph Vettes, M.D., M.P.H. c; M. Leclerc, M.P.H. d; Shayne Zaslav, M.A., M.S. b; Sarah Wolfrum, M.P.H. b; Daniel Shomer, M.D. e; and Matthew J. Mimiaga, Sc.D., M.P.H. a,b,f

Gender Minority Social Stress in Adolescence: Disparities in Adolescent Bullying and Substance Use by Gender Identity
Sari L. Reisner
Department of Epidemiology, Harvard School of Public Health and Center for Innovative Public Health Research
Summary of Results

Compared with Cis-Gender Youth, TGY:

1. Reported 2-3 times higher rates of alcohol, marijuana, and other illicit drug use.

2. Depression and anxiety diagnoses, suicidal ideation and attempts, and non-suicidal self-harm.
Three Major Goals of Disparities Research among Adolescents

1. To “Detect” disparities by conducting research that compares groups on health outcomes.
2. To “Explain” disparities by using research to identify the causal mechanism that “drive” the disparities.
3. To determine whether disparities “persist” over time as youth transition to young adulthood.
Minority Stress Hypothesis

Minority Status
- sexual orientation
- race/ethnicity
- gender

Minority Identity (gay, lesbian, bisexual)
- prominence
- valence
- integration

General Stressors

Minority Stress Processes (distal)
- prejudice events (discrimination, violence)

Minority Stress Processes (proximal)
- expectations of rejection
- concealment
- internalized homophobia

Coping and Social Support

Mental health outcomes

Sources of stress among SMY

Potential Sources of Discrimination, Victimization, and Stress

- Government
- Family rejection
- Parent’s Cultural Naïveté
- School apathy
- Peer Bullying
- Rejection by church
- Internalized Homophobia
- Cyber-bullying
Sexual Orientation → Explanatory Variables? (Mediators) → Substance Use and Mental Health Outcomes
Reisner et al 2015

- Transgender Identity
- Bullying Experiences
- Substance Use Disparities

Arrow a: from Transgender Identity to Bullying Experiences
Arrow b: from Bullying Experiences to Substance Use Disparities
Three Major Goals of Disparities Research among Adolescents

1. To “Detect” disparities by conducting research that compares groups on health outcomes.
2. To “Explain” disparities by using research to identify the causal mechanism that “drive” the disparities.
3. To determine whether disparities “persist” over time as youth transition to young adulthood.
Longitudinal Trajectories of Depression

Aim 1. To identify and describe substance use disparities and associated mental and behavioral health problems (e.g., HIV risk behavior, depression, suicidality) over time among TGY.

Aim 2. To identify and explore potential risk & protective factors (mediators and moderators) of substance use disparities among TGY (e.g., victimization, social isolation, depression, family and friend support).
The "GEM" Study

Figure 1. Proposed heuristic model of risk for substance use and mental health problems among transgender youth.

<table>
<thead>
<tr>
<th>A. Transgender Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender Role Conformity</td>
</tr>
<tr>
<td>Gender Fluidity and Questioning</td>
</tr>
<tr>
<td>Transgender Identity</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Covariates and Contextual stressors</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, race, SES</td>
</tr>
<tr>
<td>Sexual Orientation/Identity</td>
</tr>
<tr>
<td>Family structure</td>
</tr>
<tr>
<td>Family health history</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Gender-Related Stress, Violence, &amp; Victimization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family</td>
</tr>
<tr>
<td>Peer</td>
</tr>
<tr>
<td>School</td>
</tr>
<tr>
<td>Societal</td>
</tr>
<tr>
<td>Legal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D. Potential Pathways to Substance Use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stress &amp; Negative Affect</td>
</tr>
<tr>
<td>Social Marginalization</td>
</tr>
<tr>
<td>Gender-Based Bullying</td>
</tr>
<tr>
<td>Gender Nonconformity &amp; Identity Development</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Substance Use and Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>F. Associated Mental Health Problems &amp; HIV Risk Behavior</td>
</tr>
</tbody>
</table>

G. Potential protective/moderating factors: Social support from family/friends, coping skills, self-esteem, extra-curricular activities, physical activity, academic achievement.
The “GEM” Study

1. Two-Site Study: Pittsburgh and Columbus

2. Recruitment from adolescent medicine, endocrine, and LGBT venues (GLCC, Persad)

3. Ages 14-20 at baseline; Mean age = 17.0

4. 47 (68%) Assigned female at birth

5. Repeated measures of psychosocial health and wellness measures every 6 months

6. 56% have 2 Waves of data; 36% have 3 Waves
The “GEM” Study

1. Approximately 50% of youth identified “on the binary”

2. Most youth used several different labels to describe their gender identity

3. Some interesting labels/comments youth provided to the identity label question are:
   “Gender is a social construct”
   “Transmasculine”
   “Demiboy”
   “Androfemme”
## Past Six Months Substance Use

<table>
<thead>
<tr>
<th></th>
<th>Non-TGY (N=170)</th>
<th>TGY (N=69)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Cigarette Use</td>
<td>14%</td>
<td>20%</td>
<td>n/s</td>
</tr>
<tr>
<td>Any Alcohol Use</td>
<td>38%</td>
<td>39%</td>
<td>n/s</td>
</tr>
<tr>
<td>5+ Drinks in One Sitting</td>
<td>18%</td>
<td>22%</td>
<td>n/s</td>
</tr>
<tr>
<td>Gotten “Drunk” on Alcohol</td>
<td>25%</td>
<td>28%</td>
<td>n/s</td>
</tr>
<tr>
<td>Any Marijuana Use</td>
<td>31%</td>
<td>28%</td>
<td>n/s</td>
</tr>
</tbody>
</table>
## Mental Health Disparities

<table>
<thead>
<tr>
<th>Measure</th>
<th>Non-TGY (N=170)</th>
<th>TGY (N=69)</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>CESD Depression Score 16+</td>
<td>20%</td>
<td>64%</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>SCARED Anxiety Score 25+</td>
<td>25%</td>
<td>67%</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Lifetime Any Suicidality</td>
<td>24%</td>
<td>79%</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Lifetime Suicide Attempt</td>
<td>3%</td>
<td>26%</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Past Six Months Suicidal Ideation</td>
<td>14%</td>
<td>54%</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>
# Support and Victimization

<table>
<thead>
<tr>
<th></th>
<th>Effect Size*</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self-Esteem</td>
<td>1.10</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Gay-Related Victimization</td>
<td>0.80</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Gender-Related Victimization</td>
<td>1.06</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Mom Support</td>
<td>0.53</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Dad Support</td>
<td>0.60</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>“Family” Support</td>
<td>0.71</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>“Friend” Support</td>
<td>0.22</td>
<td>n/s</td>
</tr>
<tr>
<td>“Family” Support</td>
<td>0.8</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>
Gender dysphoria is defined as distress caused by the incongruence between one’s expressed or experienced (affirmed) gender and the gender assigned at birth based on external genital structures.
Stages of a “social” gender transition for TGY

1. **Wondering:** Questioning one’s gender identity but not out to anyone (but maybe out anonymously online).

2. **“Out” to a parent and close friend:** Disclosure to parent and/or a close friend that they are transgender or gender questioning.

3. **Out to close friends, immediate family, and healthcare provider:**
   May disclose to more friends, other parent and/or family members.

4. **Out to extended network members:** May disclose to school teachers and staff, extended family, and distal peer network members.

5. **Permanent and public social transition:** Youth identifies in most all social contexts as their true gender.
Challenges Coming Out to Family

1. Unaccepting and transphobic parents and extended family.

2. Parent disagreement about supporting identity and transition.

3. Two accepting and well-intended parents but naïve.

4. Accepting parents and safe home environment but conservative extended family preventing full social transition.

5. Accepting parents but resistant to transition due to younger siblings.
Challenges Coming Out to School

1. Accepting parents but conservative school preventing school transition.

2. Accepting parents, and school administration, but conservative climate.

3. Accepting parents and school administration but legal challenges regarding bathroom use and course requirements (e.g., swim class).

4. Accepting parents, but large group of conservative parents in the district who urge school district to adopt restrictive and unsupportive stance.

5. Unaccepting parents, but youth makes a social transition in school with peers, forcing parents to reconcile incongruities between home/school.

6. Unaccepting parents, and conservative school climate, but patient has one or two adult confidants in school to rely on for support.
Logistical Challenges Within the School

1. Bathroom access.

2. Locker room options.

3. Dress codes for formal events in school (orchestra, dances...).

4. Sports team participation (hormones can complicate this).

5. Any other activity that is gender-centric...
Navigating Bathroom Access

1. Many youth simply avoid using the bathroom all day putting them at risk for health problems.

2. If youth have not made a full social transition in school (i.e., not out to anybody or only a few friends...) they use bathroom aligned with their biological sex.

3. If youth are out to most people in school, they typically use a single occupancy bathroom. (We can provide education/support to school...).

4. Most local school districts do not have an explicit bathroom policy but that landscape is changing rapidly...
Case Example: Elizabeth

- First session: 16 year old assigned male at birth
- Primary caregiver was her mother, and they lived with her grandmother
- Elizabeth reported positive mental health
- Was very confident in her female gender identity
- Was out to mother but had not begun transition
- Grandmother was very rejecting upon hearing of her gender identity
- Started to change appearance rapidly, including hair, clothes, and weight – did not have to ask others to use preferred pronouns
- Mother remained supportive, and consented to hormone blocker
- Would not consent to other components of HRT
- Planned to have gender confirmation surgery upon turning 18
Resolving Common Misconceptions about Transgender Identities

1. Gender Identity is not the same as Sexual Orientation.
2. Gender identity is not considered a choice or changeable.
3. Transgender identity is not a “disorder.”
4. There is no evidence that transgender youth are dangerous or more likely to be perpetrators of violence.
5. Transgender identities are often stable and begin at a young age.
6. Some transgender or genderqueer youth might not understand it, or talk about it, until adolescence or adulthood.
7. “Reparative” therapies do not work, and can cause harm
Major Health Challenges for Transgender Youth

1. Lack of acceptance of their gender identity by family/peers/schools
2. Not being allowed to express their true gender identity
3. Bullying and victimization from peers, caregivers, and others
4. Discrimination by individuals and institutions such as churches, employers, schools, and more
5. Access to proper health care with knowledgeable providers
Recommendations to Improve Health Outcomes

1. Be accepting and supportive of all youth, e.g. transgender, intellectually gifted, physically disabled, emotionally challenged

2. Provide all youth with equal opportunities and access to resources

3. Seek advice and guidance from knowledgeable health professionals

4. Meet and talk with other families with transgender youth for social support and guidance

5. Provide "safe spaces" for all youth who need support if/when they experience discrimination or victimization