

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

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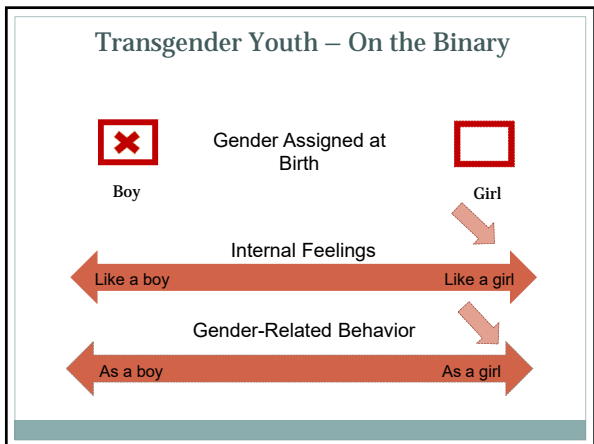
**Special thanks to NIDA: DA026312, DA030385
And especially DA037958**

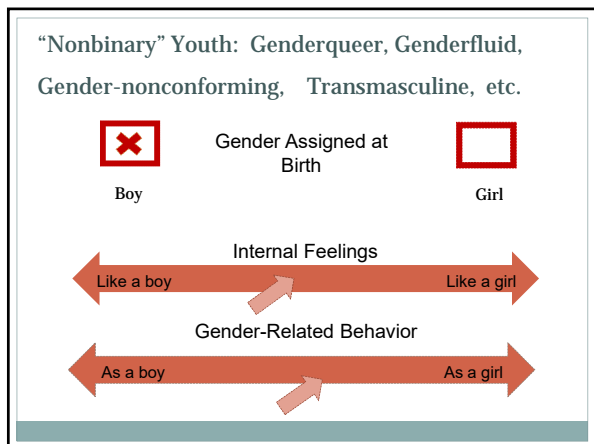
Terms and Definitions

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)





Terms and Definitions

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

Definition of Disparities

“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.

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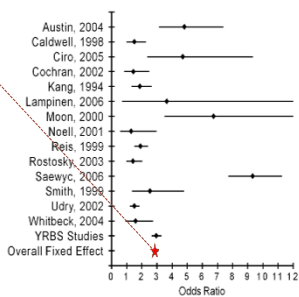
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Substance use disparities

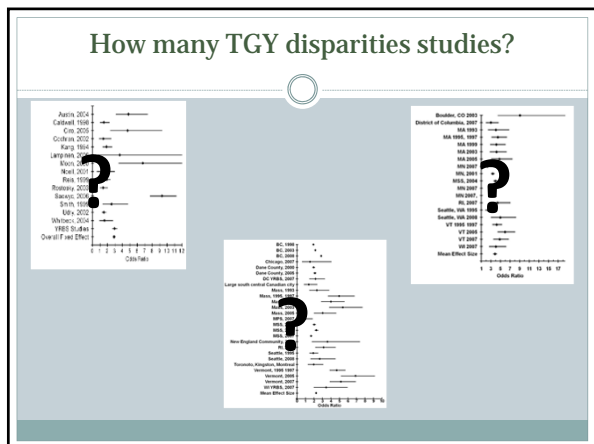
Overall Odds Ratio:
2.89

Girls:
5.02

Bisexual Youth:
4.42



Mirshahi, M. P., Friedman, M. S., Stall, R., King, K. M., Miles, J., Gold, M. A., Bukstein, O. G., & Morise, J. G. (2008). Sexual orientation and adolescent substance use: A meta-analysis and methodological review. *Addiction, 103*, 546-556.



TGY Disparities Studies

Original article
The Health and Well-Being of Transgender High School Students: Results From the New Zealand Adolescent Health Survey (Youth12)
 Terryann C. Clark, Ph.D., M.P.H., N.Z.R.N.^{1,2}, Mathijs F. G. Lucassen, Ph.D., N.Z.R.O.T.³, Pat Bullen, Ph.D.⁴, Simon J. Denny, Ph.D., F.R.A.C.P.⁵, Theresa M. Fleming, Ph.D.^{1,6}, Elizabeth M. Robinson, M.Sc.⁷, and Fiona V. Rossen, Ph.D.¹

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.^{1,2,3,4}, Ralph Vetter, M.D., M.P.H.⁵, M. Leclerc, M.P.H.⁶, Shayne Zaslav, M.A., M.S.⁷, Sarah Wofford, M.P.H.⁷, Daniel Shumer, M.D.⁷, and Matthew J. Mimiaga, Sc.D., M.P.H.^{1,2,3,4}

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

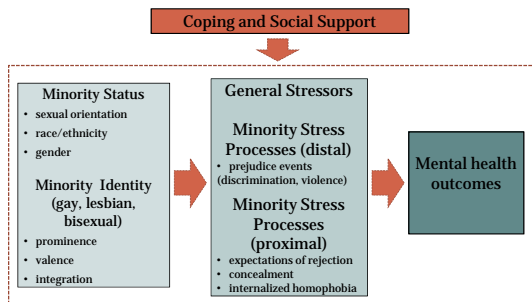
Compared with Cis-Gender Youth, TGY:

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

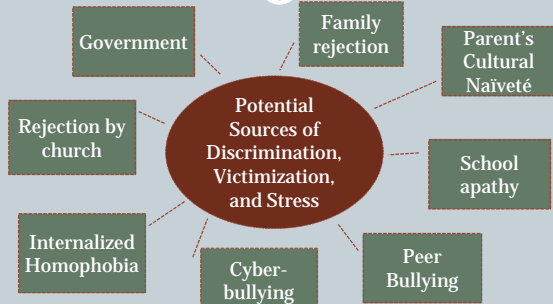
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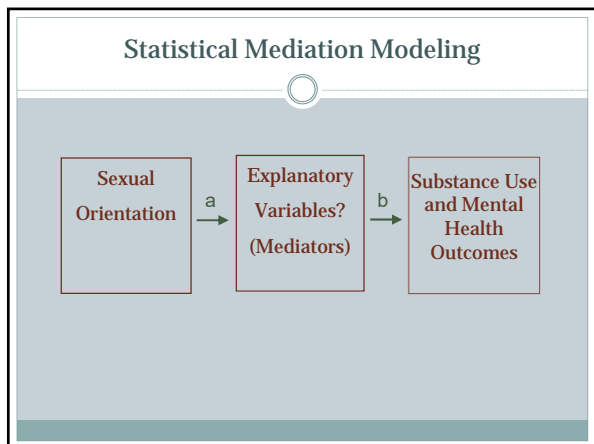
Minority Stress Hypothesis

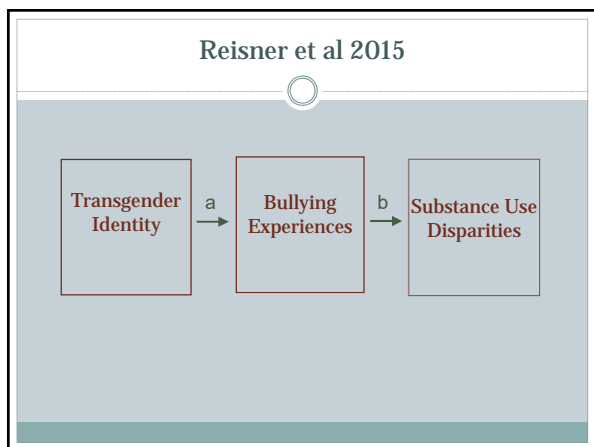


Meyer, I. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674-697.

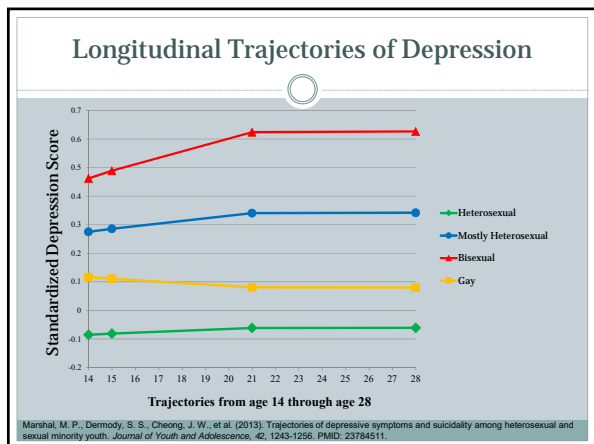
Sources of stress among SMY







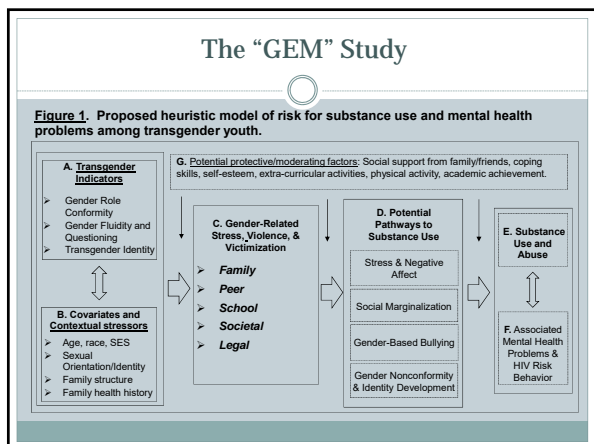
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Gender Expression and Mental Health Study

The “GEM” Study

- **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

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

| | Non-TGY (N=170) | TGY (N=69) | P-Value |
|----------------------------------|--------------------|---------------|---------|
| Any Cigarette Use | 14% | 20% | n/s |
| Any Alcohol Use | 38% | 39% | n/s |
| 5+ Drinks in One Sitting | 18% | 22% | n/s |
| Gotten "Drunk" on Alcohol | 25% | 28% | n/s |
| Any Marijuana Use | 31% | 28% | n/s |

Mental Health Disparities

| | Non-TGY (N=170) | TGY (N=69) | P-Value |
|--|--------------------|---------------|---------|
| CESD Depression Score 16+ | 20% | 64% | <0.0001 |
| SCARED Anxiety Score 25+ | 25% | 67% | <0.0001 |
| Lifetime Any Suicidality | 24% | 79% | <0.0001 |
| Lifetime Suicide Attempt | 3% | 26% | <0.0001 |
| Past Six Months Suicidal Ideation | 14% | 54% | <0.0001 |

Support and Victimization

| | Effect Size* | P-Value |
|-------------------------------------|--------------|---------|
| Self-Esteem | 1.10 | <0.0001 |
| Gay-Related Victimization | 0.80 | <0.0001 |
| Gender-Related Victimization | 1.06 | <0.0001 |
| Mom Support | 0.53 | <0.0001 |
| Dad Support | 0.60 | <0.0001 |
| "Family" Support | 0.71 | <0.0001 |
| "Friend" Support | 0.22 | n/s |
| "Family" Support | 0.8 | <0.0001 |

What happens when assigned gender does not match gender identity?

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.

Vance SR Jr, Ehtemoff D, Rosenthal SM. Pediatrics. 2014;134:1184-92

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
