



## Original article

## Mental Health Disparities Among Canadian Transgender Youth

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Article history: Received June 1, 2016; Accepted September 6, 2016

Keywords: Transgender; Mental health; Suicide; Depression; Self-harm

## A B S T R A C T

**Purpose:** This study documented the prevalence of mental health problems among transgender youth in Canada and made comparisons with population-based studies. This study also compared gender identity subgroups and age subgroups (14–18 and 19–25).

**Methods:** A nonprobability sample of 923 transgender youth from Canada completed an online survey. Participants were recruited through community organizations, health care settings, social media, and researchers' networks. Mental health measures were drawn from the British Columbia Adolescent Health Survey and the Canadian Community Health Survey.

**Results:** Transgender youth had a higher risk of reporting psychological distress, self-harm, major depressive episodes, and suicide. For example, 65% of transgender 14- to 18-year olds seriously considered suicide in the past year compared with 13% in the British Columbia Adolescent Health Survey, and only a quarter of participants reported their mental health was good or excellent. Transgender boys/men and nonbinary youth were most likely to report self-harm and overall mental health remained stable across age subgroups.

**Conclusions:** Although a notable minority of transgender youth did not report negative health outcomes, this study shows the mental health disparities faced by transgender youth in Canada are considerable.

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IMPLICATIONS AND  
CONTRIBUTION

This study found considerable mental health disparities across gender identity subgroups. These findings underscore the need for policies and laws protecting transgender people from discrimination, training for transgender competency for mental health-care providers, and further development of transgender-specific interventions to reduce mental health problems among transgender youth.

Transgender youth are those whose gender identity does not align with society's expectations for the sex that they were assigned at birth. Many transgender youth report discrimination, bullying, and violence as a result of their gender identity, and those who experience these are more likely to report mental health difficulties [1,2]. Increasingly, attention is being paid to the prevalence of these mental health difficulties in comparison to the general population.

**Conflicts of Interest:** The authors have no conflicts of interest to declare.

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A few studies have documented high rates of depression and anxiety symptoms, self-harm, and suicide among transgender youth [1–3]. An online Australian study of transgender 14- to 25-year olds found that 44% reported they had an anxiety disorder, 40% reported depression, and 38% reported suicidal thoughts [4]. A study of U.S. college students found that transgender students had markedly increased risk of depression, self-harm, suicidal ideation, and suicide attempts compared with cisgender students (those whose gender identity aligned with their gender assigned at birth) [5].

Two population-based adolescent health studies have asked participants if they were transgender. A study conducted with New Zealand high school students found 1.2% identified as transgender and a further 2.5% reported not being sure. Around

41% of transgender students reported significant depressive symptoms, 20% had attempted suicide in the past year, and 46% had self-injured in the past year. These rates were much higher than the cisgender youth in the sample [6]. Studies using nonpopulation-based clinical samples have also reported a high prevalence of mental health difficulties among transgender youth [7,8]. A recent study of 12- to 29-year-old transgender patients at a community health center found that they had more than three times the risk of depression or anxiety diagnosis, suicide ideation, or attempt and more than four times the risk of self-harm than cisgender patients [8].

Only two population-based adolescent health studies have asked youth if they were transgender, and in both, around 1% of their samples report that they were [6,9]. Given this prevalence, population-based studies would require a very large sample for there to be sufficient numbers of participants to make accurate comparisons between transgender and cisgender youth and comparisons across demographic groups within the sample of transgender youth. It is also unclear what the effect of false positive responses to a question about being transgender might have on the data. Only a small proportion of cisgender respondents would need to falsely report that they are transgender (perhaps due to misunderstanding the question or any other reasons) for this to have a marked effect on the findings. For this reason, larger nonprobability samples of transgender youth are useful in providing an accurate picture of the mental health status of transgender youth. The objective of our study was to use a large nonprobability sample of transgender youth to assess the prevalence of mental health concerns among transgender youth in Canada and make comparisons with population-based estimates. We also aimed to explore differences in the prevalence of mental health problems across gender identity subgroups. Consistent with previous studies, we hypothesize that transgender youth in Canada will experience significantly greater mental health problems than cisgender youth.

## Methods

### Sampling

The Canadian Trans Youth Health Survey was available online in English and French, and participants were recruited through transgender and queer community organizations, distributing a call for participants through social media, and the study's research team, and network which included pediatric endocrinology clinics across Canada. Approval for this study was obtained from the University of British Columbia Behavioural Review Ethics Board. A more detailed description of the study methodology is available elsewhere [10].

### Survey and comparisons

There were two versions of the survey, one for 14- to 18-year-old participants which had health questions taken from the British Columbia Adolescent Health Survey (BCAHS) [9]. The 2013 BCAHS cohort was used for population comparisons to youth in grades 7–12 in British Columbia schools (ages 12–18). The 2013 BCAHS surveyed 29,832 youth in randomly selected classrooms across the province and grade range and data were weighted to ensure population estimates were based on a representative sample [11]. Participants who identified as transgender in the BCAHS survey (fewer than 1% of the sample) were excluded from

the present study. The other version of the survey, completed by 19- to 25-year olds, had health questions primarily taken from the Canadian Community Health Survey (CCHS) 2012 Mental Health component [12]. The 2012 survey had a sample of 25,113, with a response rate of 69%. Sample weighting was used for estimates of the general population in Canada and these estimates were used for comparisons in the present study.

### Participants

A nonprobability sample of 923 transgender 14- to 25-year olds living in Canada was recruited for this study. Participants were sampled across the breadth of Canadian province/territories in similar proportions to the general population. Most participants identified their ethnicity as white only (74%), and the most common ethnic minority groups were Indigenous (10%) and Asian (9%). Most participants also reported living in Canada their entire life (87%) and speaking English only at home (76%, with 14% speaking French at home). Our final sample included 839 transgender youth.

*Youth aged 14–18 years (n = 323).* The younger youth sample included 32 youth who identified as transgender girls/women (11%), 140 transgender boys/men (47%), and 128 (42%) nonbinary youth. A total of 23 youth aged 14–18 years did not answer this question and were excluded from our gender identity comparison analyses.

*Youth aged 19–25 years (n = 600).* The older youth sample included 107 youth who identified as transgender girls/women (20%), 216 transgender boys/men (40%), and 216 nonbinary youth (40%). A total of 61 youth who were 19–25 years old did not answer this question and were excluded from our gender identity comparison analyses.

### Measures

*Gender identity.* To categorize participants into gender identity subgroups, we used an item that asked: "When a person's sex and gender do not match, they might think of themselves as transgender. Sex is what a person is born. Gender is how a person feels. Which one response best describes you?" Response options were, "I am not transgender," "I am transgender and identify as a boy or man," "I am transgender and identify as a girl or woman," and "I am transgender and identify in some other way." We categorized participants into three subgroups based on this item: transgender girls/women, transgender boys/men, and nonbinary. We used the term nonbinary, to refer to this broad group participants who did not identify as either boys/men or girls/women.

*Mental health. Emotional distress.* To measure emotional distress, 14- to 18-year-old participants were asked about levels of stress/strain/pressure and discouragement/hopelessness in the past month using a five-point response scale (see Table 1).

For 19- to 25-year-old youth, emotional distress was measured using several measures. First, the 10-item Kessler Psychological Distress Scale (K10) [13] was used. In addition, depressive symptomatology was measured among 19- to 25-year olds by asking if in the past year they "felt sad, blue, or depressed for 2 weeks or more in a row." Those who answered yes were given additional questions asking whether during those two weeks

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