Transgender people and suicide prevention

2 in 3 surveyed transgender 14-18 year

olds had seriously considered suicide in the previous year (Veale et al., 2017).

Transgender (trans) people face unique stressors and experience higher rates of discrimination and harassment than cisgender people. This can result in poorer mental health outcomes and a greater likelihood that they may consider suicide (Kingsbury et al., 2022).

TRANSGENDER refers to people whose gender identity differs from assigned sex at birth (Veale et al., 2015).

GENDER IDENTITY refers to a personal conception of one's place on the gender spectrum; as woman or man, man and woman, or neither man nor woman (Ontario Human Rights Commission, n.d.).

There are many other terms, such as genderqueer, non-binary, and genderfluid that people may use to describe their gender identity.

Why are trans people at risk?

Transgender people experience mental distress at significantly higher rates than the general population. **This is not because of their gender identity but because of the unique stressors they face**, including stress from being part of a minority group and stigma. All of these experiences and stressors can increase suicide risk (Valentine & Shipherd, 2018).

STIGMA

Trans people can be affected by many different forms of stigma. This stigma causes stress and can include external factors like discrimination, prejudice, and violence, and internal factors such as internalized identity concealment (Lick et al., 2013).

INDIVIDUAL STIGMA

People who belong to stigmatized and minority groups may conceal their true identities even to themselves; this is a form of internalized stigma against oneself as a result of exposure to stigma from the outside world (Puckett & Levitt, 2015).

Why are trans people at risk? (cont'd)

FAMILIAL STIGMA

When family and friends do not accept a person's gender identity it can be extremely distressing to the individual and can lead to isolation, depression, and hopelessness (Dickey et al., 2016).

STRUCTURAL STIGMA

Structural stigma manifests as laws and policies which create inequalities and/or fail to protect trans people from discrimination; for example, policies that make gender-affirming care more difficult to access. Trans people may also face discrimination in workplaces, academic institutions, and health and social services (Hatzenbueheler et al., 2024).

PUBLIC STIGMA

This kind of stigma affecting trans people is caused by the general public's lack of knowledge and understanding about gender identity, gender fluidity, and transgender people (which can lead to isolation and discrimination).

INTERSECTIONAL STIGMA

Intersectionality refers to when people belong to or identify with more than one social group. People experiencing intersectionality will feel the effects of identifying with their different groups (Turan et al., 2019). For example, a white transgender person may be exposed to less discrimination than a Black transgender person, who may be experiencing racial discrimination as well as gender discrimination. These complexities need to be considered in any suicide prevention effort designed to support people experiencing intersectionality.

EXPERIENCE OF DISCRIMINATION (TRANSPHOBIA)

Transphobia refers to the rejection of trans identity and a refusal to acknowledge that it is real and valid (TransActual, 2024). It can manifest as physical or verbal harassment, or physical or sexual assault. Transphobia can be perpetrated by individuals or on an institutional or societal level (see above "Structural stigma").

STRESS RELATED TO TRANSITIONING

A person who has chosen to medically transition to the gender with which they identify may experience stress related to the transition. These stressors include: life disruption, potential backlash from friends, family, and employers, as well as the risks and sometimes lengthy time period involved in medical transitioning (Dickey et al., 2016).

LACK OF ACCESS TO GENDER-AFFIRMING MENTAL HEALTH CARE AND HEALTH CARE

Trans people often face discrimination in healthcare settings, yet access to healthcare is vital for trans people as those who seek to medically transition require specialized care (Taylor et al., 2020).

HOMELESSNESS

2SLGBTQIA+ youth are greatly overrepresented in the youth population who are experiencing homelessness in North America (McCann & Brown, 2021). The shelter system needs to foster safe spaces for all youth and staff should be trained on "issues relating to [2SLGBTQIA+] youth culture, terminology, needs, homophobia and transphobia" (Abramovich et al., 2022).

(P) Warning signs

A significant change in behaviour or mood can be a warning sign that someone may be thinking about suicide. Look out for signs such as:

- Statements that indicate hopelessness or being a burden
- Threatening suicide or talking about wanting to die*
- Looking for ways to die*
- Suicide attempt
- Increased substance use
- No sense of purpose in life or evident reason for living
- Withdrawal from friends and family
- Rage, anger, irritability
- Recklessness
- Dramatic mood changes

(American Association of Suicidology, n.d.)

* These warning signs indicate immediate suicide risk. Stay with the person who is exhibiting these signs and connect them to help. In Canada, call or text the Suicide Crisis Helpline at **9-8-8**.

Trans people are



more likely to think about and attempt suicide than lesbian, gay, or bisexual people (McNeil et al., 2017).

What can we as individuals do to help reduce suicide among trans people?

Respect trans people by affirming their gender identity

Normalize pronoun sharing by sharing your own when introducing yourself or as part of your identification (e.g., in an email signature, on video calls). Use their pronouns and chosen name, as well as inclusive language that is gender neutral. If you're not sure what terms to use, listen to how individuals refer to themselves or

ask directly (Russell et al., 2018).

Educate yourself

Educate yourself about what it means to be trans, what challenges are faced by trans people, as well as learning more about the 2SLGBTQIA+ community.

Keep information private

If anyone discloses anything to you about their gender identity or sexual orientation, be supportive and keep that information private and confidential unless they've indicated otherwise. Thank them for telling you and let them know that you're there to support them.

Have an open, non-judgmental conversation

If someone you know is exhibiting warning signs for suicide, have an open, non-judgmental conversation with them. You can find a guide to having this conversation in the <u>About suicide</u> <u>prevention toolkit (bit.ly/4f1f1Q)</u>.

What can healthcare, government, and other sectors do to help reduce suicide among trans people?

SCHOOLS

Schools need to play an active role in ending trans harassment and discrimination, and many Canadian schools have policies and programs to ensure 2SLGBTQIA+ students and staff feel safe, respected, and included. It's important for schools to:

- Implement comprehensive sexual orientation and gender identity policies and procedures, which specifically address transphobia and gender-based harassment, violence, and discrimination.
- Educate students about gender and sexuality (Russell et al., 2021).
- Support the efforts of students to start Gender-Sexuality Alliances (GSAs) or Queer-Straight Student Alliances (QSAs) (Peter et al., 2021; Saewyc et al., 2014).

To learn more about how schools can prevent suicide among 2SLGBTQIA+ students – including strategies for creating safe and inclusive environments, establishing support systems and mentorship programs, promoting mental health literacy and staff training, improving access to resources and representation, and encouraging identity affirmation – refer to Chapter 6 of <u>Suicide</u> <u>Prevention and Life Promotion in Schools –</u> <u>A National Guide for System Leaders</u> (bit.ly/4j0UucV).

HEALTHCARE

Trans people who choose to medically transition require specialized healthcare, and yet, they are often faced with discrimination in healthcare settings (Taylor et al., 2020). Trans people need to be able to access nonjudgmental, accepting, and affirming care. It is important for healthcare workers to be trained in gender diversity concepts, education, and gender-affirming care (Strauss et al., 2017). Gender-affirming care positively affects a trans patient's healthcare experience and mental well-being (Bhatt et al., 2022).

GOVERNMENT

Governments are uniquely positioned to support trans communities. A good example of this is Canada's <u>Federal 2SLGBTQI+ Action Plan</u> (<u>bit.ly/4fdscJQ</u>) which "takes a holistic approach to addressing the substantial and persisting inequities faced by [2SLGBTQIA+] individuals and communities" (Government of Canada, 2022).

WORKPLACES AND OTHER INSTITUTIONS

The wellbeing of trans people can be greatly affected by the characteristics, norms, practices, and spaces of institutional environments. Trans people can experience greater wellbeing when they feel safe and can accurately express their gender identity. Institutions, including workplaces and campuses, can support trans people by:

- Ensuring that trans people have access to all-gender bathrooms (Seelman, 2016).
- Normalizing the practice of sharing pronouns (e.g., by providing pronoun pins or adding pronouns to name tags and email signatures).
- Allowing for gender variety on forms of identification (such as ID cards).
- Educating staff in using inclusive communication (e.g., avoiding the use of 'ladies and gentlemen' when addressing a group).

What strategies can trans people use to care for their mental health?

Consider transitioning

Consider if and how to transition (socially, medically, or both) (Dickey et al., 2016). A social transition could include using a different name and pronouns, and/or altering your appearance through choice of clothing and hairstyle. A medical transition could include altering your appearance by using hormones and/or through medical procedures. Choosing if and how to transition is unique to each individual and depends on personal preference as well as what is accessible.

Create a network of support

Surround yourself with supportive, affirming people and consider reaching out to other trans people or groups to expand your network of support (Lucassen et al., 2022).

A 2022 US survey found that

94%

of transgender individuals feel satisfied with their lives after transitioning (James et al., 2024).

Find an inclusive and affirming healthcare provider (Bhatt et al., 2022)

Trans people may consider seeking out support for navigating the healthcare system and finding an inclusive and affirming healthcare provider through peer navigation or other services. 211.ca has a listing of navigation services.

Reach out to community supports

Reach out to community or non-profit groups that support trans people. Visit <u>211.ca</u> to find a listing of 2SLGBTQIA+ groups in your area.

Ask for help when needed

When you need help, talk to a loved one or call or text <u>9-8-8</u>, the Suicide Crisis Helpline, or the <u>Trans Lifeline</u> at 1-877-330-6366.

Adopt positive coping strategies

Positive coping strategies are important for everyone. For 2SLGBTQIA+ young people, strategies that incorporate elements of Cognitive Behavioural Therapy (CBT) are the most effective (Lucassen et al., 2022).

Resources

211 is a nation-wide directory of local government and community-based, non-clinical health and social services.

<u>211.ca</u>

988 is the Suicide Crisis Helpline, call or text 24/7.

<u>988.ca</u>

Trans Lifeline connects trans people to the community support and resources they need to survive and thrive.

translifeline.org

Kids Help Phone provides 24/7 mental health support for youth, including 2SLGBTQIA+ youth, through phone, text, and live chat. Their **Resources Around Me** tool helps young people locate local well-being resources such as mental health, housing, and social services.

<u>kidshelpphone.ca</u>

Camp FYrefly is a Canadian leadership retreat for queer and trans youth.

ualberta.ca/en/camp-fyrefly

Egale Canada works to improve the lives of 2SLGBTQIA+ people in Canada by informing public policy, inspiring cultural change, and promoting human rights and inclusion through research, education, awareness, and legal advocacy.

<u>egale.ca</u>

Native Youth Sexual Health Network

is an organization by and for Indigenous youth that works across issues of sexual and reproductive health, rights, and justice throughout the United States and Canada.

nativeyouthsexualhealth.com

Resource: You are made of medicine: <u>A mental health peer support manual</u> for Indigiqueer, two-spirit, LGBTQ+, and gender non-conforming Indigenous youth (bit.ly/4jDcbQe)

PFLAG Canada is an organization that helps 2SLGBTQIA+ people and loved ones connect with resources and find a supportive community.

<u>pflagcanada.ca</u>

It Gets Better Canada uplifts and empowers 2SLGBTQIA+ youth through storytelling and building community.

itgetsbettercanada.org

Rainbow Health Ontario offers evidence-based health resources across Canada for 2SLGBTQ+ community members, service providers, and the general public. *bit.lv/*42BiLkr The lifetime prevalence of attempted suicide for trans people is estimated to be between



(Mak et al., 2020).



References

Abramovich, A., Pang, N. & Moss, A. (2022). Experiences of family violence among 2SLGBTQ+ youth at risk of, and experiencing, homelessness before and during the COVID-19 pandemic. *Journal of Gay and Lesbian Mental Health*, 26(3), 265-288. <u>bit.ly/4gBuPFx</u>

American Association of Suicidology. (n.d.). Know the Warning Signs of Suicide. <u>bit.ly/3PWU8aa</u>

Bhatt, N., Cannella, J. & Gentile, J. (2022). Gender-affirming care for transgender patients. Innovations in Clinical Neuroscience, 19(4–6), 23–32. <u>bit.ly/4hAomeU</u>

Dickey, L., Karasic, D. & Sharon, N. (2016). Mental health considerations with transgender and gender nonconforming clients. UCSF Transgender Care. <u>bit.</u> <u>lv/4hv6kKV</u>

Government of Canada. (2022). *Canada's first* federal 2SLGBTQI+ action plan: Building our future, with pride. <u>bit.ly/4fdscJQ</u>

Hatzenbuehler, M., Lattaner, M., McKetta, S. & Pachankis, J. (2024). Structural stigma and LGBTQ+ health: A narrative review of quantitative studies. *The Lancet Public Health*, 9(2), e109-e127. <u>bit.ly/410jvNF</u>

James, S., Herman, J., Durso, L. & Heng-Lehtinen, R. (2024). Early insights: A report of the 2022 U.S. Transgender Survey. <u>bit.ly/40W67Lp</u>

Kingsbury, M., Hammond, N., Johnstone, F. & Colman, I. (2022). Suicidality among sexual minority and transgender adolescents: a nationally representative population-based study of youth in Canada. *CMAJ*, 194(22), E767-74. <u>bit.ly/42FocyF</u>

Lick, D., Durso, L. & Johnson, K. (2013). Minority stress and physical health among sexual minorities. *Perspectives on Psychological Science*, 8(5), 521-548. <u>bit.ly/3PZm9y1</u> Lucassen, M., Nunez-Garcia, A., Rimes, K., Wallace, L., Brown, K. & Samra, R. (2022). Coping strategies to enhance the mental wellbeing of sexual and gender minority youths: A scoping review. *International Journal of Environmental Research and Public Health*, 19(14), 8738. <u>bit.lv/3WJtDc2</u>

Mak, J., Shires, D., Zhang, Q., Prieto, L., Ahmedani, B., Kattari, L., Becarra-Culqui, T., Bradlyn, A. et al. (2020). Suicide attempts among a cohort of transgender and gender diverse people. American *Journal of Preventive Medicine*, 59(4), 570-577. <u>bit.ly/3CN9JpI</u>

McCann, E., & Brown, M. (2021). Homeless experiences and support needs of transgender people: A systematic review of the international evidence. *Journal of Nursing Management*, 29(1), 85-94. <u>bit.ly/3Q1rzZ9</u>

McNeil, J., Ellis, S. & Eccles, F. (2017). Suicide in trans populations: A systematic review of prevalence and correlates. *Psychology of Sexual Orientation*, 4(3), 341–353. <u>bit.ly/4hWqrC0</u>

Ontario Human Rights Commission. (n.d). Gender identity and gender expression. <u>bit.ly/3CA9RJc</u>

Peter, T., Campbell, C, & Taylor, C. (2021). Still in every class in every school: Final report on the second climate survey on homophobia, biphobia, and transphobia in Canadian schools. Egale Canada Human Rights Trust. <u>bit.ly/3Ejmo5Z</u>

Puckett, J. & Levitt, H. (2015). Internalized stigma within sexual and gender minorities: Change strategies and clinical implications. *Journal of LGBT Issues in Counseling*, 9(4), 329-349. <u>bit.ly/4jJzKqH</u>

References (cont'd)

Russell, S., Pollitt, A., Li, G. & Grossman, A. (2018). Chosen name is linked to reduced depressive symptoms, suicidal ideation, and suicidal behavior among transgender youth. Journal of Adolescent Health, 63(4), 503-505. bit.ly/4hkff2p

Russell, S., Bishop, M., Saba, V., James, I. & Ioveno, S. (2021). Promoting school safety for LGBTQ and all students. Policy Insights from the Behavioral and Brain Sciences, 8(2), 160-166. bit.ly/4aHZO1c

Saewyc, E., Konishi, C., Rose, H., & Homma, Y. (2014). School-based strategies to reduce suicidal ideation, suicide attempts and discrimination among sexual minority and heterosexual adolescents in western Canada. International Journal of Child and Youth Family Studies, 5(1), 89-112. bit.ly/3Cy8ESO

Seelman, K. (2016). Transgender adults' access to college bathrooms and housing and the relationship to suicidality. Journal of Homosexuality, 63(10), 1378-1399. bit.ly/3WK4jmu

Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D. & Lin, A. (2017). Trans Pathways: the mental health experiences and care pathways of trans young people. Summary of results. Telethon Kids Institute, Perth, Australia. bit.ly/4hC7NPC

Taylor, A., Chan, A., Hall, S, Saewyc, E., & the Canadian Trans & Non-binary Youth Health Survey Research Group. (2020). Being Safe, Being Me 2019: Results of the Canadian Trans and Non-binary Youth Health Survey. Vancouver, Canada: Stigma and Resilience Among Vulnerable Youth Centre, University of British Columbia. bit.ly/40WdMcK

TransActual. (2024). Transphobia. bit.ly/4hivZab

Turan, J., Elafros, M., Logie, C., Banik, S., Tuan, B., Crockett, K., Pescosolido, B. & Murray, S. (2019). Challenges and opportunities in examining and addressing intersectional stigma and health. BMC Medicine, 17(7). bit.ly/4aJb9y5

Valentine, S. & Shipherd, J. (2019). A systematic review of social stress and mental health among transgender and gender nonconforming people in the United States. Clinical Psychology Review, 66, 24-38. bit.ly/4gp41Iz

Veale, J., Watson, R., Peter, T. & Saewyc, E. (2017). The mental health of Canadian transgender youth compared with the Canadian population. Journal of Adolescent Health, 60(1), 44-49. bit.ly/3X9bUez

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