TRANS COMMUNITIES AND MENTAL HEALTH SERVICE ACCESS

The Pathways Project

BACKGROUND

The Pathways Project is a community-based research project studying access to effective depression treatment for women and/or trans people of diverse sexual orientations and gender identities across Ontario. The goal of this research was to use the knowledge gained to inform service delivery to improve mental health in these communities. An intersectional approach was used in this research; questions were asked not only about lesbian, gay, bisexual, trans and queer (LGBTQ) identities, but also its intersections with other identities and experiences that may be associated with oppression and/or privilege (e.g., experiences of being racialized, living in poverty). For more information on the project, visit: **http://www.lgbtqhealth.ca/projects/pathways.php**

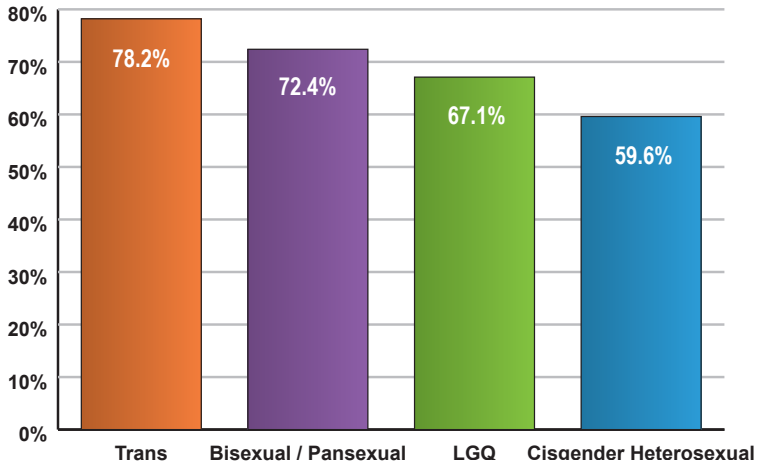
APPROACH

Our online questionnaire asked about participants' demographic information, relationships and social support, health and mental health symptoms, and use of and satisfaction with mental health services. The survey was completed by 704 people from across Ontario – and 26 of those met with researchers for follow-up interviews to discuss their experiences in more detail. We studied the experiences of four groups that we made mutually exclusive; trans people, bisexual / pansexual women, lesbian and queer women, and cisgender (non-trans) heterosexual women. We recognize individuals can have overlapping identities (e.g trans people also identifying as bisexual, lesbian or queer); however, few studies exist that look at the specific experiences of bi and trans people, so we made each group distinct to more closely explore their unique experiences. There were 192 trans participants in this study. Trans was defined as identifying as a trans woman, a trans man, a person of trans experience, a person whose gender identification is Two-Spirit, genderqueer, intersex, or indicating that the survey didn't have a gender option that applied to the participant.

KEY FINDINGS

Our study examined the rates of people's perceived unmet need for mental health care – times during the past 12 months where they experienced a need for treatment, services, resources or support that was not fulfilled. While all groups had high rates of unmet need for mental health care, our results show that trans people had the highest rate of unmet need (78.2%), followed by bisexual/pansexual women (72.4%), lesbian and queer identified women (67.1%), and cisgender heterosexual women (59.6%).

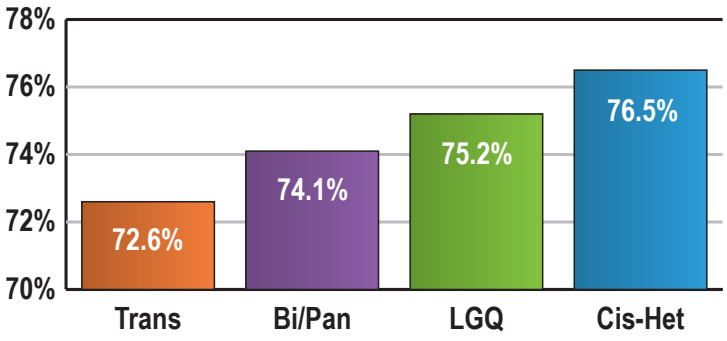
Preceived unmet need for mental health care by sexual orientation/gender identity



KEY FINDINGS (CONTINUED)

When asked about social supports – friends, family, and community members who people feel able to reach out to – trans people indicated having significantly less support than either cisgender heterosexual or LGBQ people surveyed.

Total perceived level of social support by sex/gender identity group



After accounting for rates of depression, trans people still had almost twice the rate of unmet need as cisgender heterosexual participants. However, after accounting for experiences of discrimination and low social support, trans people no longer had a significantly higher rate of unmet need than the cisgender heterosexual group. This suggests that discrimination and a lack of social support had a relationship with trans people's perceptions of unmet need. The elevated rate of trans people's unmet need for mental health care is probably also explained in part by lower socio-economic status, alongside experiences of discrimination.

Trans respondents had nearly twice the rate of untreated depression than cisgender heterosexual participants, and that rate stayed consistent, even after accounting for age and low socio-economic status. Respondents were asked about experiences of systemic exclusion – barriers to accessing services normally available to others as a result of discrimination, including the failure of others to recognize trans identities and experiences. People who had reported experiences of systemic exclusion had nearly twice the rate of untreated depression than those who did not experience systemic exclusion. When the rate of systemic exclusion was factored in, rates of untreated depression were similar between groups.

"There is no trans specialist. I looked, and looked and looked."

– white heterosexual trans woman participant, living in a rural, northern community

"Sometimes when I go to the hospital, they would say 'she'. And I would say 'I go by the pronoun he. I am trans. I would like to be called [name], instead of what it says on my birth certificate"... Some would, like, call me the other name."

– Black heterosexual trans man participant

"Some students have told us that in 4 years of medical school, they have never touched on the transgendered aspect of things."

– French-Canadian heterosexual trans woman participant who facilitates workshops for medical students on trans issues

IMPLICATIONS

The present structure of the health care system makes it difficult for trans people to access needed mental health services and supports. As a psychiatric diagnosis (or the financial means to pay) is required for individuals in Ontario to get transition-related care, the mental health system is structured in a way that pathologizes trans people, rather than embracing and supporting their identities and experiences. This pathologizing also shapes how able trans people are to get care that is not related to their gender identity, as well. For example, people may not feel comfortable to share other health-related questions or concerns with their provider if they know their provider will link those concerns to being trans, even if they are unrelated. They also may not be able to find mental health support in their community if the only service providers in town are transphobic.

The issue of systemic exclusion from the health care system must be addressed before trans people can access adequate health care. A move away from present models of pathologizing trans lives and experiences will improve access to health care for trans people. Service providers' increased understanding of trans peoples' identities and experiences through access to continuing education will help, as will trans-inclusive changes to educational materials and programming for those studying to become health care providers.

We all can play a role in making change. Service providers need to work to educate themselves and their colleagues, and advocate for inclusion, understanding and celebration of trans identities and experiences in their workplaces. If community members feel it's safe to do so, they can speak out about transphobia and discrimination, or join friends, family and community groups to organize, protest and speak out together. We can all work to advocate for change in our government, social service organizations, and communities to increase support and accessibility for trans people. We can also advocate to make our schools and workplaces inclusive and understanding of trans people's identities to eliminate the barriers trans people experience in accessing education or finding work.

"It was the whole binary model, you know, and if you're not fully transitioning to a man, then you are less than. And I thought '[if group therapy is] going to be run in that kind of construct, I don't know that I'm overly inclined to show up.'"

– white lesbian non-binary trans participant

This study is funded by the Canadian Institutes of Health Research (CIHR), Co-principal Investigators: Dr. Lori Ross, Dr. Leah Steele, and Punam Khosla. Co-Investigators: Dr. Andrea Daley, Loralee Gillis, Dr. Charmaine C. Williams, and Dr. Deone Curling. Partner Organizations: Rainbow Health Ontario, Women's Health in Women's Hands Community Health Centre, York University and the University of Toronto. Project Coordinator: Heather McKee (Year 1), datijie green (Year 2). We also acknowledge the essential contributions of our participants and Advisory Committee members. Please see **www.lgbtqhealth.ca** for details.