

Inequities in the Mental Health Concerns of Alberta's SGM Community

Background

- Research is consistently showing that sexual (gay, lesbian, and bisexual) and gender minorities (transgender and gender non-binary people; SGM) experience poorer mental health than heterosexual and cisgender individuals (Ross et al., 2018).
- Within the Canadian SGM population, there are important differences in mental health symptomology and help-seeking behavior between each minority group (Ferlatte, Salway, Rice, Olliffe, Knight & Ogrodniczuk, 2019).
- In particular, transgender and non-binary individuals report higher instances of depression and suicide compared to sexual minority groups (Ferlatte et al., 2018).
- Additionally, trans individuals have an elevated risk of suicide and suicide attempts (Haas et al., 2011).
- These mental health inequities have been attributed to an integration of the minority stress model and intersectionality perspectives, which take a much-needed dimensional approach towards understanding the multiple intersecting identities of SGM and their accompanying mental health experience.

Study Aim

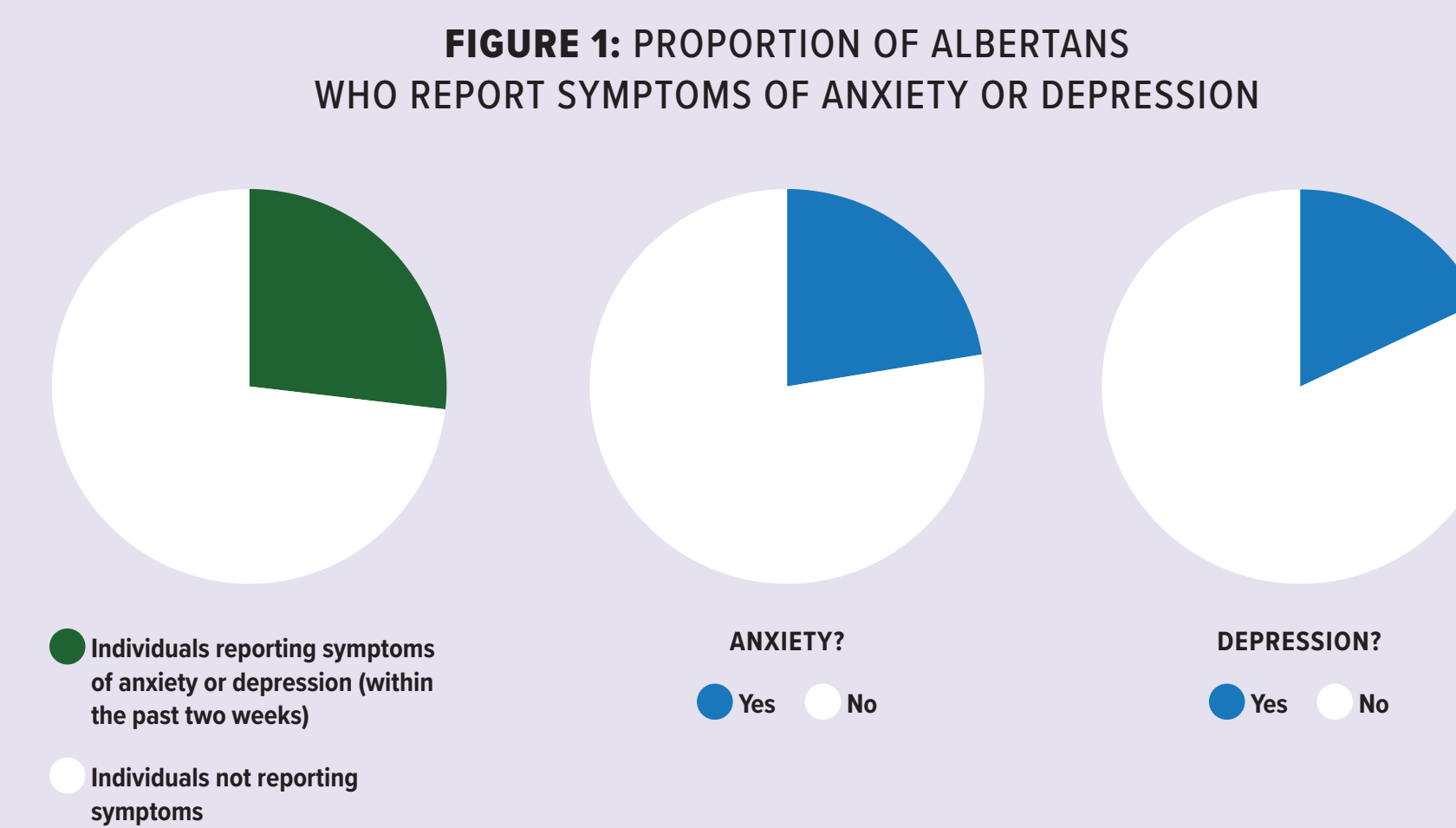
- Examine the mental health of Edmonton's queer population and estimate the proportion who are experiencing anxiety and/or depression, as well as a variety of specific mental health concerns.
- Examine the experience of mental health among trans people in particular, including both the issues they want help with and the health resources they are accessing.

Methods

- Data for this study were derived from the 2018 Sex Now survey, and analysis focused on participants who reported living in Alberta.
- Mental health scores were calculated using the PHQ-2 for depression and GAD-2 for anxiety.
- Clinically significant scores on both the PHQ-2 and GAD-2 were combined, and respondents were grouped according to whether they reported symptoms of either anxiety or depression during the past two weeks.
- Trans people were identified by their response to the question: "Do you have trans experience?"
- Participants who answered "No" to the question "Do you have trans experience?" were grouped into the "Cis*" group, reflecting a combination of cisgender people and non-binary and Two Spirit people who do not identify as trans.
- An odds ratio (OR; $\alpha = .05$) was calculated to determine their likelihood of belonging to the mental health group (anxiety and/or depression).
- Further ORs were then calculated to estimate the likelihood of trans people wanting help with certain mental health issues, as well as accessing certain health resources, relative to non-trans people.

Results

Among Edmonton's queer and trans population, 145 individuals reported symptoms of anxiety or depression, while 395 individuals reported no such symptoms.



IN TERMS OF ISSUES THEY WANT HELP WITH, COMPARED TO CIS* FOLKS, TRANS FOLKS WERE:

- 2.10x more likely to want help with depression
- 2.23x more likely to want help with anxiety
- 3.32x more likely to want help with body image
- not significantly more likely to want help with coming out
- 77.01x more likely to want help with gender dysphoria
- 4.69x more likely to want help with eating disorders
- not significantly more likely to want help with relationships
- 4.08x more likely to want help with suicidal thoughts
- 33x LESS likely to want no help for any mental health concern

IN TERMS OF RESOURCES ACCESSED WITHIN THE PAST YEAR, COMPARED TO CIS* FOLKS, TRANS PEOPLE WERE:

- 7.43x more likely to have accessed an Elder
- 6.15x more likely to have accessed a psychiatrist
- 3.06x more likely to have accessed a counsellor
- 5.24x more likely to have accessed a social worker
- 26.64x more likely to have accessed a knowledge keeper
- 2.73x more likely to have accessed a psychologist
- 6.36x more likely to have accessed a peer counsellor
- not more likely to have accessed a sex therapist
- 4.35x LESS likely to have accessed no supports
- not more likely to have accessed a family doctor

Trans individuals were 3.28x more likely than non-trans individuals to experience anxiety and/or depression.

FIGURE 1: PROPORTION OF TRANS RESPONDENTS WHO REPORT SYMPTOMS OF ANXIETY OR DEPRESSION



FIGURE 3: TRANS FOLKS AND THEIR LIKELIHOOD OF WANTED HELPING WITH MENTAL HEALTH ISSUES COMPARED TO CIS* RESPONDENTS

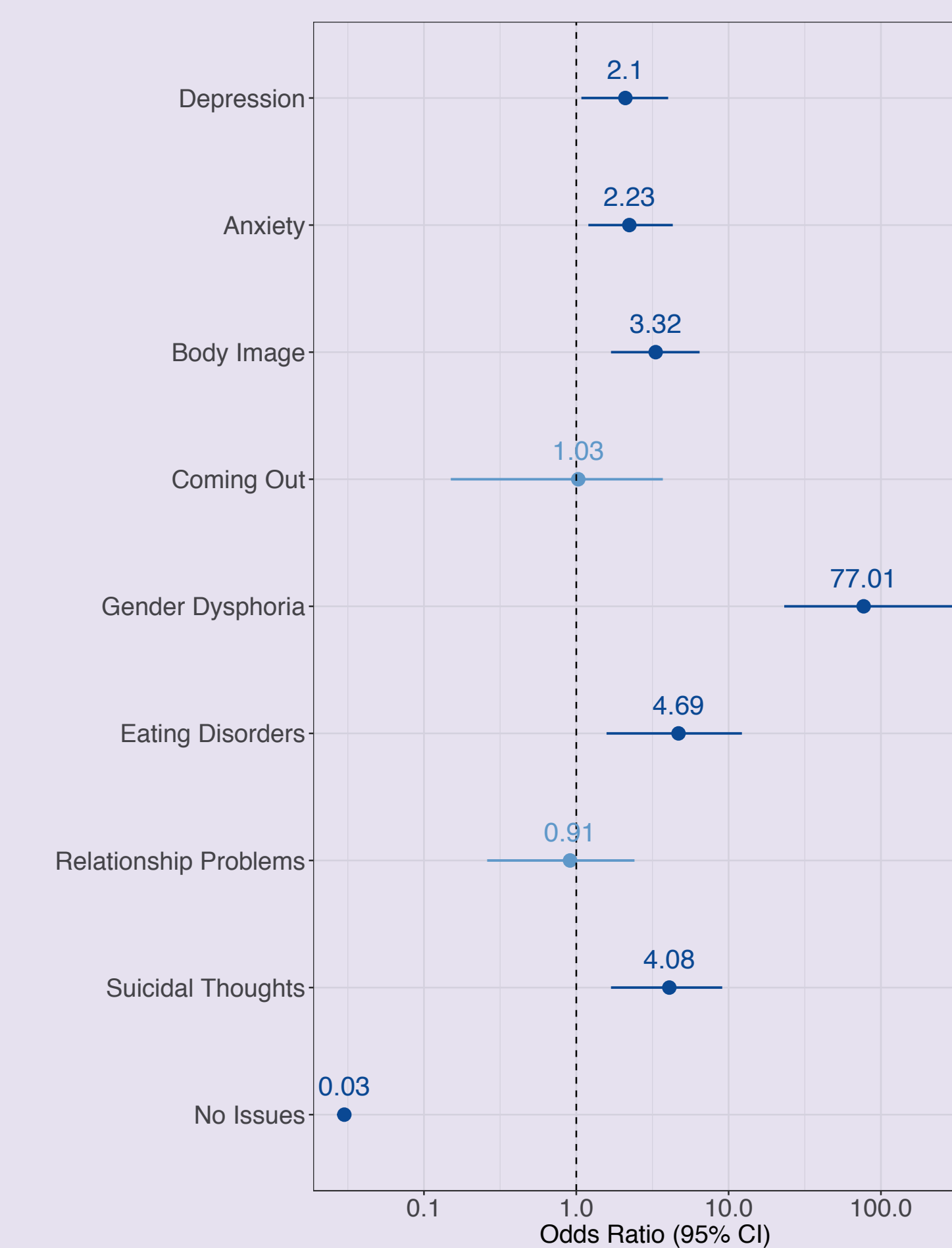
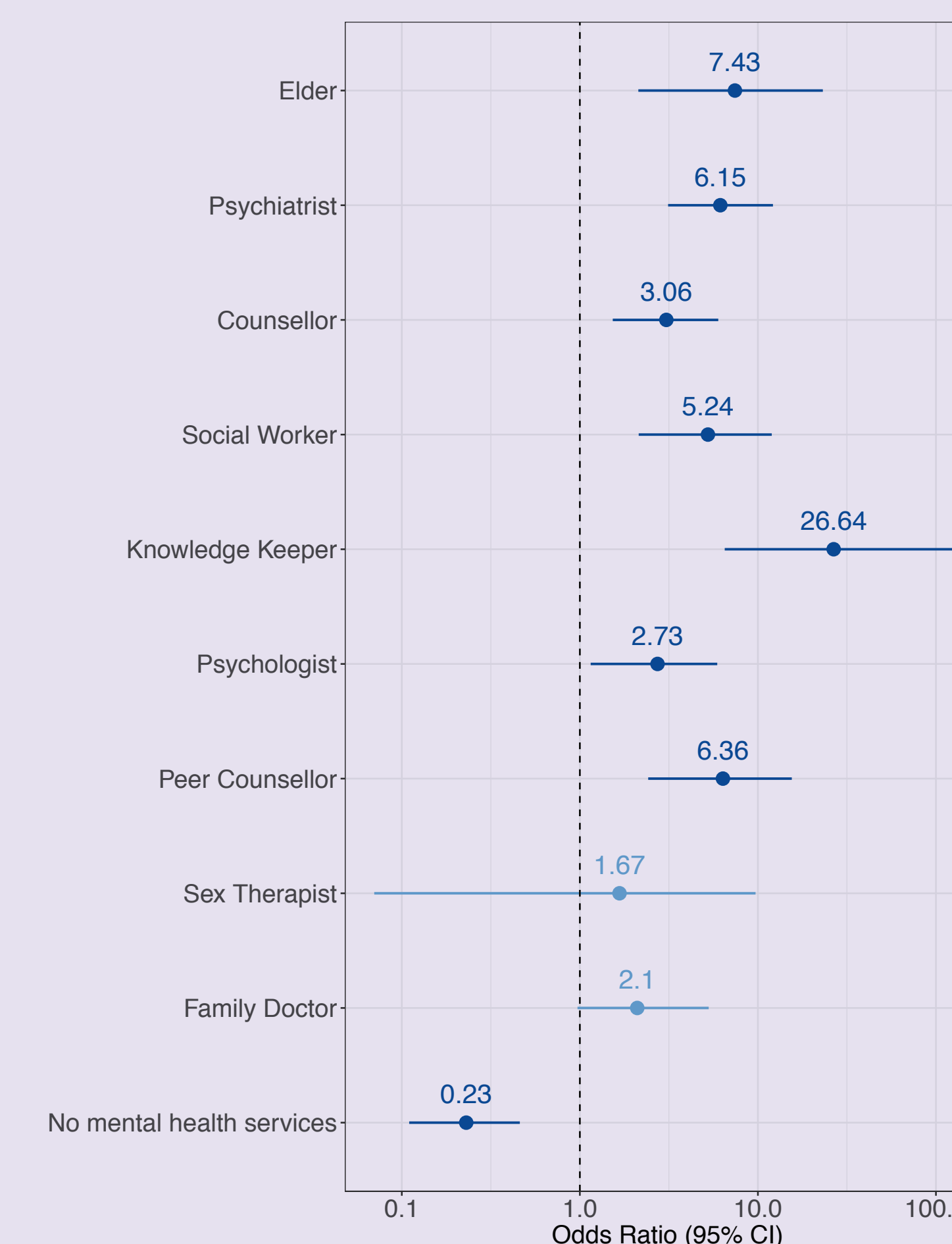


FIGURE 4: TRANS FOLKS AND THEIR LIKELIHOOD OF ACCESSING SPECIFIC MENTAL HEALTH RESOURCES COMPARED TO CIS* RESPONDENTS



Conclusions

Together, these results suggest that trans folks are clearly very invested in their mental health and know where to get help.

They are accessing supports at a much higher rate than cis* folks, and this might mean that:

- They're experiencing more pain than cis* folk
- They have better awareness than cis* folks of where to get help
- They're more willing than cis* folks to get help

Future research should examine whether trans folks are more likely to have accessed several mental health supports vs. a single support.

Viewing these results from a strengths-based perspective, the trans community might function as a fountain of knowledge about mental health issues and available resources, highlighting the importance of involving trans folks in mental health programming.

Trans folks also appear to be highly interested in getting help, and there is likely a large benefit to creating trans-inclusive mental health programming within the gbMSM community.

References

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