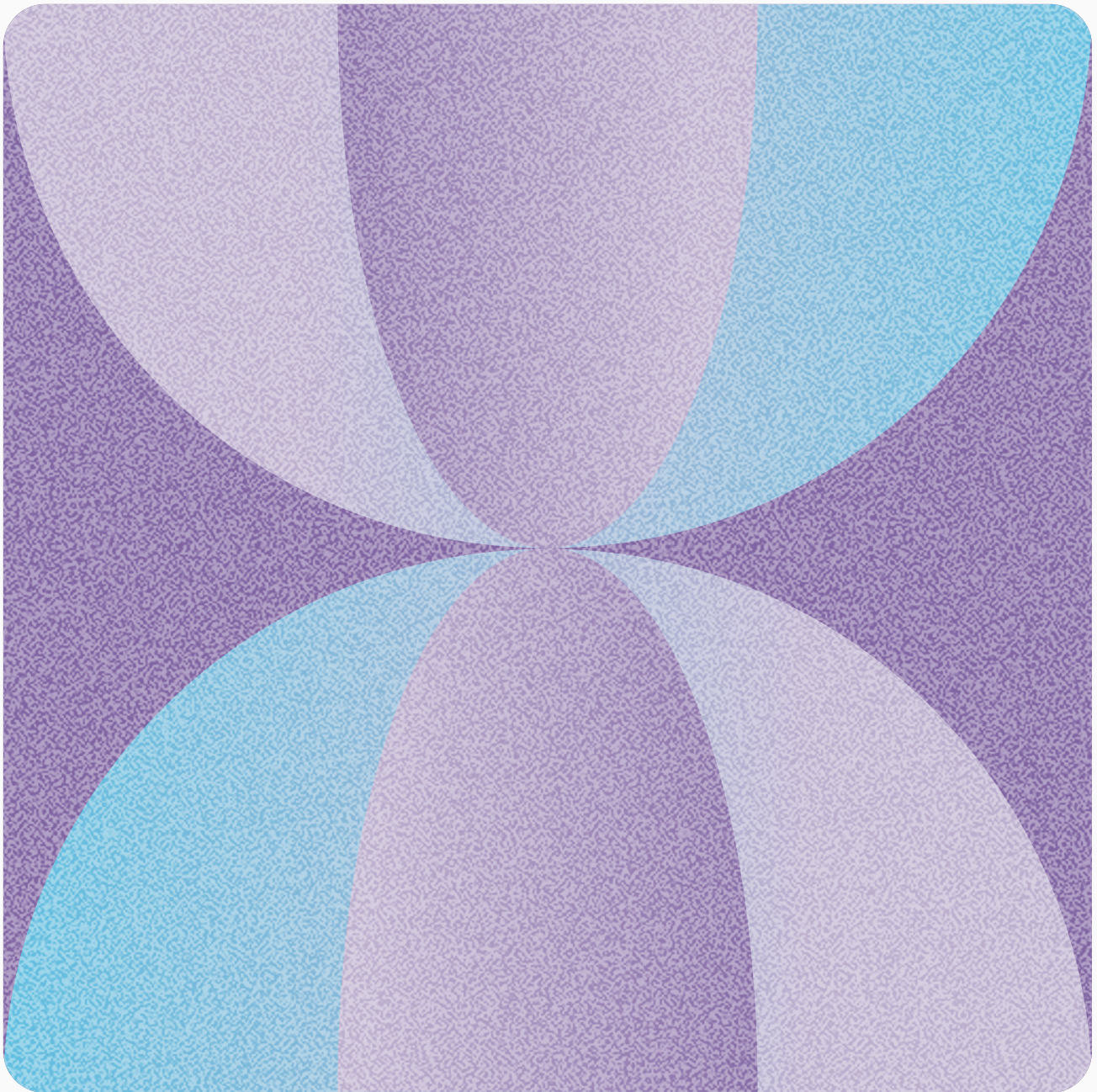


EMPOWERING PROVIDERS SERIES

Supporting Mental Health While Transitioning



Acknowledgments

Territorial Acknowledgment

PolicyWise respectfully acknowledges that we are located on Treaty Six and Treaty Seven territories and the Métis homeland – the travelling route and the gathering place for many Indigenous Peoples. This includes the Nehiyaw, Denesúłiné, Nakota Sioux, Anishinaabe, Haudenosaunee, Siksikaitsitapi, comprised of the Siksika, Kainai, and Piikani First Nations, the Tsuut’ina First Nation, and the Îyârhe Nakoda, including the Chiniki, Bearspaw, and Goodstoney First Nations. We also acknowledge the Métis and Inuit who have lived on and cared for these lands. We recognize this land as an act of reconciliation and express our gratitude to those whose territory we reside on or are visiting.

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This guide was created by PolicyWise for Children & Families

[PolicyWise for Children & Families](#) is a non-profit that works to improve policies and practices to benefit well-being. We partner with many diverse groups—like gender-diverse youth and their caregivers—to help create a better future for children, youth, families, and communities. Our skilled team focuses on evaluation, data management, implementation, and knowledge mobilization across Alberta and Canada. We created this guide in December 2024 as a part of our Empowering Providers [series](#). For more information, please contact us at info@policywise.com.

Introduction



Helpful terminology is highlighted in blue and defined in pop-outs throughout the guide.



Gender Transition

The process of discovering and affirming one's gender identity.¹ This can, but does not always, include medical transition, like taking hormones or having surgeries.

Gender transition is the process of changing one's gender. The journey of gender transition includes many parts, such as social, legal, and medical changes.

It can be hard for families of Two Spirit, trans, and gender-diverse (2S/T/GD) youth to navigate the available information and services. PolicyWise has created a [series](#) of guides to support service providers as they help youth and their caregivers in Alberta. Service providers can direct caregivers to the services and information linked in these guides or provide them with the guides themselves.

This guide covers ways service providers can support the mental health of 2S/T/GD youth and their caregivers. It includes research, mental health information, and experiences of caregivers of 2S/T/GD youth. While this guide offers helpful information and tools, keep in mind that each family is unique, and not all resources will apply to everyone. Because services, best practices, and legislation can change, it's important to seek out current information from local organizations or mental health experts. This guide isn't a substitute for professional medical or mental health advice, but it gives service providers knowledge and tools to support 2S/T/GD youth and their caregivers.

Understanding Mental Health

2S/T/GD youth often face higher levels of psychological distress and mental health issues compared to their **cisgender**, **heterosexual** peers and cisgender, **sexual minority** peers.³⁻⁵ Indigenous, Black, and people of colour 2S/T/GD youth often experience additional mental health challenges due to factors such as racism, discrimination, violence, and others.⁶ The upcoming sections describe common mental health concerns and what signs caregivers and service providers can look for.

Self-Harm

Self-harm includes behaviours like hitting, biting, burning, or cutting parts of the body without intending to die. 2S/T/GD youth may self-harm more often due to feelings of social isolation, low self-esteem, poor body image, problems in relationships, and stigma from others.³ They may also struggle with higher rates of depression, anxiety, and other mental health issues that lead to self-harming. Discomfort with their body can contribute to the desire to self-harm. Studies show that between 37% and 53% of trans people have self-harmed at least once in their lifetime, with higher rates among trans youth and **transmasculine** people.⁹ Although self-harm can look a lot like suicide attempts, it is distinct, so it's important to talk to youth about what they're experiencing to help them find the right care. Check out this [resource](#) from the Children's Hospital of Eastern Ontario to learn more about self-harm and how to support youth who are struggling. CMHA Alberta Division also has a helpful [brochure](#) on how to spot warning signs of self-harm in youth and how caregivers can support them.

Cisgender

A person whose gender identity matches their birth-assigned sex.¹

Heterosexual

A person who is attracted to those of another sex, gender identity, or expression.¹

Sexual Minority

Individuals whose sexual orientation differs from the societal norm of heterosexuality.¹ This includes those who identify as lesbian, gay, bisexual, queer, or asexual, among other non-heterosexual identities.

Transmasculine

People who transition from a more feminine gender presentation to a more masculine one.¹ It most commonly refers to people assigned female at birth but can also include some intersex people.

Depression and Anxiety

2S/T/GD youth often experience higher levels of depression and anxiety compared to their cisgender peers.³ Depression can cause a young person to feel sad, down, or irritable, even if there's no clear reason.⁷ Other signs of depression include slowed thinking, trouble sleeping, changes in appetite, feeling more tired or sluggish, losing motivation, and struggling with daily routines like hygiene and self-care. In severe cases, depression can lead to feelings of hopelessness and thoughts of suicide.

2S/T/GD youth might also experience more anxiety than their peers due to societal discrimination and trauma.³⁻⁵ Even if they have supportive caregivers, they may fear rejection or violence because of their gender identity or expression. Their anxiety can increase if they feel unaccepted, uncomfortable in their body, or unable to get the care they need. High or constant anxiety can affect their daily life and overall well-being.^{3,8}

Eating Disorders

Many 2S/T/GD youth experience disordered eating. This can be an attempt to stop the development of **secondary sex characteristics** during puberty or to change their body shape.³ Recent studies suggest that trans adults may be up to eight times more likely than cisgender women to report having an eating disorder.³ For 2S/T/GD youth, their reasons for disordered eating or excessive exercise might be different than for their cisgender peers. Disordered eating often overlaps with feelings of **gender dysphoria** and a strong desire to control their body shape, size, or appearance.¹²

Secondary Sex Characteristics

A gendered characteristic of the body that develops during puberty.¹ Gender-diverse people may take hormones to help them develop secondary sex characteristics of their desired gender.

Gender Dysphoria

Feelings of discomfort about one's body or assigned gender.¹ Gender dysphoria is also a mental health diagnosis that is defined as a "sense of discomfort in one's body and with one's own gender identity."^{2 (p.512)}

2S/T/GD youth may also engage in eating disorder behaviours to feel a sense of control that they don't experience in their lives due to barriers like **medical gatekeeping**, **fatphobia**, or strict gender expectations.^{3,12} Check out the Eating Disorder Support Network of Alberta's [website](#) for more information on support, education, and treatment for youth with eating disorders.

Suicide

Many 2S/T/GD youth experience suicidal thoughts and attempts.^{3,4,8,10} On average, half of trans people have thought about suicide, and a third have tried to die at least once.³ Suicide rates are much higher among 2S/T/GD youth compared to cisgender youth, often because of their experiences of discrimination, trauma, and rejection.³ Experiencing difficult life events can increase youths' chances of depression, low self-worth, social isolation, and substance abuse, all of which are risk factors for suicide.^{3,8} If a young person has other marginalized identities, such as being racialized or disabled, they may face even more challenges and have higher rates of suicide attempts.³

Some youth may have active suicidal thoughts, while others experience passive suicidal ideation. Passive suicidal ideation means having thoughts about suicide without a specific plan to act on them.¹¹ Examples might be thinking, "I wish I could just go to sleep and not wake up," "I wish I could disappear," or, "I wish the world would end tomorrow."

For more information on identifying and helping youth experiencing passive suicidal ideation, check out [Embark Behavioural Health](#). For more information about suicide prevention for 2S/T/GD youth, check out this [guide](#) from the BC Ministry of Children and Family Development or this [toolkit](#) from SPECTRUM and Wisdom2Action. Resources like [Trans Lifeline](#) and [Brite Line](#) offer gender-affirming crisis helpline services.

Fatphobia

The fear, dislike, or discrimination against people who are perceived as being overweight or having a larger body size.¹ It involves biased attitudes, stigmatization, and negative stereotypes about fatness, often equating it with laziness, lack of self-control, or poor health.

Medical Gatekeeping

The barriers and restrictions people face when trying to access certain medical treatments or services, often imposed by governments, health care providers, or systems.¹

"We don't think about the mental health risk of forcing somebody to live a life that doesn't belong to them. We talk lots about nutrition and body image and that kind of thing, but we're all freaked out about diabetes, so we scare kids about sugar, right? But far more kids suffer from eating disorders and body dysmorphia than they ever suffer from diabetes, which you actually can't get from eating sugar. We just don't think about mental health as a risk. I think there are statistics about the suicidality in gender-diverse kids, and it's crazy. I feel like there's always risk [associated with a treatment], but [suicidality is] a real risk. That's the bigger risk in my mind."

– Caregiver of a 2S/T/GD youth

Minority Stress

Minority Stress Theory helps explain why 2S/T/GD youth have increased rates of mental health challenges compared to cisgender people.¹⁶ This theory says that, besides the usual stress everyone faces, minority groups also deal with unique stressors that can harm their mental health. 2S/T/GD youth face both external stressors, like bullying and rejection, and internal stressors, like worrying about discrimination or hiding parts of their identity to avoid conflict.³ Here's how stigma and discrimination can affect the mental health of 2S/T/GD youth:

- **Family Rejection:** 2S/T/GD youth often face higher rates of rejection from their families compared to their cisgender peers. This can lead to increased risk for homelessness, addiction, being a victim of violence,¹⁷ and worse mental health outcomes.³
- **Peer Victimization:** 2S/T/GD youth are more likely to be bullied by their peers, often because of how they identify or present themselves. Studies show they are more likely to be physically bullied, threatened with weapons at school, sexually assaulted, or experience physical and sexual dating violence.¹⁸ Exposure to peer violence is strongly associated with depression for 2S/T/GD youth.
- **Non-Affirmation:** 2S/T/GD youth can also face non-affirmation, where their gender identity is not recognized or respected. This might include being misgendered, using incorrect pronouns, or being given gendered gifts that don't fit their identity.²¹

Minority Stress Theory

A psychological theory that suggests that those who belong to oppressed, marginalized, or minority communities, including 2S/T/GD communities, are at greater risk of mental health issues.¹ This is because of their higher risk of being subjected to chronic stress, stigma, discrimination, violence, and prejudice.

"I feel like I almost set them up to fail. I feel like I failed them as a parent, because they have no friends, because the peers that they have to choose from are [not as aware of mental health], and they come home and they go, 'I have never had a best friend mom,' and I'm like, [hug gesture] I can't say that you have, because... you're not gonna find your people in the fishbowl that we're stuck in. When you are able to branch out and be able to move your mental health bubble to [more] people, you'll be able to see that the ocean has more for you to swim in."

– Caregiver of a 2S/T/GD youth

- **Discrimination:** Besides being bullied and facing anti-trans slurs, 2S/T/GD youth often face systemic discrimination, such as having trouble accessing resources like public bathrooms or identity documents that match their gender identity. They report more discrimination than their cisgender peers.¹⁴ 2S/T/GD youth may experience persistent negative thoughts, insomnia, and gastrointestinal issues after exposure to news about legislation restricting the freedoms of 2S/T/GD people.²⁰

Overall, societal, cultural, and community stigma can harm 2S/T/GD youth's mental health by affecting how they think about their futures and themselves. They and their caregivers may worry about past experiences but also fear future rejection and discrimination.

Post-Traumatic Stress Disorder

2S/T/GD youth often face trauma and difficult experiences throughout their childhood and teenage years.^{13, 14} These traumatic events can lead to mental health problems like trouble feeling safe, depression, anxiety, substance abuse, and post-traumatic stress disorder (PTSD).¹⁴ Research shows that 2S/T/GD communities have much higher rates of PTSD due to discrimination and other daily traumatic experiences.³

Experiencing trauma, especially during childhood, can seriously affect a young person's mental and physical health. For example, family rejection can make it hard for them to feel safe in friendships or close relationships.^{13, 14} Having more adverse life events in childhood can increase the risk of problems like substance abuse, risky sexual behaviour, suicide attempts, and depression in adulthood.¹⁵

"It must be really hard to go through something like [being trans] at that age when life is a dumpster fire anyways. Our kid was very, very suicidal, and had really poor mental health for a while there. I just worry about their mental health [while] traveling and stuff, some of the [terrible] things that happen because you look different than somebody else... And I just worry about them having to go through that... there's potentially a lot of terrible things that could happen, and that's one of my biggest fears."

- Caregiver of a 2S/T/GD youth



Empowering Affirming Adults

Service providers play an important role in supporting caregivers to be affirming of the 2S/T/GD youth in their lives.²² Having access to accurate, high-quality information about transition can make a big difference for caregivers of 2S/T/GD youth.^{22, 23} Resources like Egale’s Affirming Adults [guide](#), Central Toronto Youth Services’ Families in TRANSition [resource guide](#), or Outright Vermont’s Handling With Care [toolkit](#) can help caregivers learn more about how to be affirming and supportive. A [report](#) from MacEwan University shares the lived experiences of trans and non-binary youth in Alberta. It is a helpful tool for service providers and caregivers to learn what supports youth might need.

Caregivers often recognize that being 2S/T/GD can be difficult in our society, and they may be concerned about their youth’s mental health.²³⁻²⁵ Service providers can help caregivers navigate mental health crises, learn to identify the signs of mental health concerns in youth before they reach that level, and improve their communication. Resources like [MyHealth Alberta](#) or [211 Alberta](#) offer comprehensive lists of mental health organizations and services across the province that caregivers and youth can access. Over time, caregivers may come to see their youth’s transition as an opportunity for their own personal growth as they learn about their youth’s lived experience, expand their understanding of gender, and overcome a challenging experience as a family.^{23,25,26}

For many 2S/T/GD youth, feeling accepted by their family, connected to friends and their community, and having a supportive environment at school can improve their mental health and even prevent suicide.⁷ Across many studies, support from parents and other relatives has been found to be a strong positive influence on 2S/T/GD youths’ mental health, reducing suicide risk and the impact of peer victimization.²⁷⁻³⁰

“Because the data about mental health and trans kids is devastating, we also try to talk about the protective factors a little bit more. What’s a protective factor for their mental health? This [gestures around the room] is a protective [factor], that all [our youth] have someone. I think that’s something to think about too, because otherwise it can get really disheartening.”

– Caregiver of a 2S/T/GD youth

“Exposing our kids to that risk and harm of the world that doesn’t love them, that stuff that I think most kids don’t have to deal with. They go to online, and then there’s lots of ugliness online. Or they think that every family is familiar with the [gender] stuff, and talk freely and openly about it, and then put themselves at risk that way and are shunned.

It’s just [about] finding how to spot safe people, safe pockets to talk. Because mental health isn’t just professionals.... It’s like waiting ‘til your heart’s gonna explode to go to the doctor about that blood pressure problem... Mental health, yeah, the protective factors are at home and in our community.”

– Caregiver of a 2S/T/GD youth

2S/T/GD youth report valuing continuous support from their caregivers that doesn't change just because they transitioned.³¹ Service providers can highlight to caregivers their important role in improving mental health outcomes for their 2S/T/GD youth.

When caregivers learn their child is 2S/T/GD, they may feel a complex mix of grief, denial, concern, stress, and confusion, and they may need time to process this information.^{22-24, 26} They may also need more information about gender diversity before they can support their youth's transition.^{22, 23} Service providers can help direct parents to appropriate resources and services to learn more. [Skipping Stone](#), [Centre for Sexuality](#), and [The Rainbow Pages](#) offer programs for caregivers of 2S/T/GD youth focused on learning and building their knowledge and skills to be affirming adults. Other organizations like the [Fyrefly Institute](#), [Camp Dragonfly](#), or the [Centre for Sexuality's Camp fyrefly](#) offer 2S/T/GD youth and their families opportunities to connect and build supportive systems.

Service providers can help caregivers reflect on the transition from their youth's perspective. Caregivers who have difficulty accepting that their youth didn't choose to be 2S/T/GD may find it helpful to reflect on whether their youth would choose this path, given how challenging it can be.²⁰ Service providers can encourage caregivers to take care of their own mental well-being. Rainbow Health Ontario has a [resource](#) that provides information on how caregivers can support themselves during their child's transition.

"You can't pour from an empty cup... Yes, of course we understand that that our kids are going through something very difficult. But we have to make sure that we acknowledge that we are going through a difficult time as well."

- Caregiver of a 2S/T/GD youth



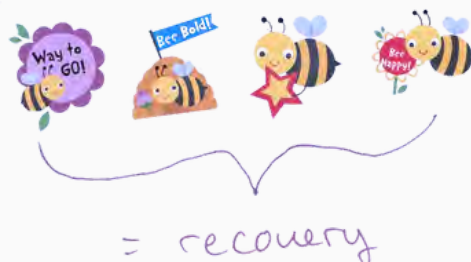
A common source of conflict in families of 2S/T/GD youth is a discrepancy between what youth and caregivers are feeling about the transition.^{22,26} For example, when youth **come out** as 2S/T/GD to their caregivers, they may feel a sense of relief because they no longer have to hide their identity. For caregivers, their youth coming out can feel like a shocking change in their reality and understanding of their child. For youth, transition may feel like a path to authenticity and self-expression, so they may want the transition process to move quickly before their caregivers are ready.^{22,26} Another common reason for conflict between youth and their caregivers is when caregivers try to control their youth's transition. In some families, caregivers may be the ones wanting to hurry their child's transition.²⁶ Some caregivers may wish to progress quickly to improve their youth's mental health, while others may want to move their child towards a gender expression that conforms more closely to the gender binary.^{26,32}

Service providers can remind parents that, while stressful, conflict is a normal part of family dynamics and an opportunity to build connections based on honesty and understanding. Conflict may fade as caregivers get more comfortable with their child's gender identity, grow to understand their role as a support and advocate, and see transition as an opportunity to develop a closer relationship with their child.

Come Out

To take a risk by sharing one's identity, sometimes to one person in conversation, sometimes to a group or in a public setting.

to parents
even if you think your kid hasn't reached their final self - trust the process and how they will get to know themselves through exploration. if you stay open and loving and on their side - you will get to watch them grow and reach their best self!





Caregivers may find the experience of advocating for their child exhausting.^{22, 24, 33} They may also experience conflict in their relationship with their partner if they disagree about how to support their child.^{23, 31} Other sources of stress for caregivers may include receiving unwanted advice or rejection from friends, family, and community.^{25, 33} Caregivers without peer support can feel isolated.^{22, 23} Accessing support groups can help caregivers feel less alone.^{23, 24} [pflag](#), [Centre for Sexuality](#), [Skipping Stone](#), [End of the Rainbow Foundation](#), [OUTreach Southern Alberta](#), and [Pride YMM](#) have virtual and in-person support programs for parents of 2S/T/GD youth. Through community, caregivers can meet 2S/T/GD adults living happy, healthy lives, which can be a source of hope for them.²⁴ Service providers can leverage their partnership networks to connect caregivers of 2S/T/GD youth to 2S/T/GD adults and to other caregivers.

In response to legislative changes impacting 2S/T/GD youth, caregivers may be concerned for their young person's mental well-being.^{34, 35} Increased rates of youth suicide attempts have been linked to anti-trans legislation.³⁶ Exposure to news about anti-trans legislation can cause mental and physical health symptoms for 2S/T/GD youth.²⁰ Although engaging with discriminatory news and social media can be tempting for 2S/T/GD youth and caregivers, service providers can encourage youth and their families to take breaks when they find themselves getting overwhelmed. Service providers can help 2S/T/GD youth and their caregivers connect with opportunities for local activism.³⁷ This can build connections within the 2S/T/GD community, support resilience, and build confidence in youths' identities. Many Albertan communities have pride societies that are a great way to connect with the local 2SLGBTQIA+ community.

meeting a trans adult
for the first time. realizing
that we do grow up, we
do thrive, and we do have
the ability to create beautiful
lives for ourselves.

to youth
- be weird! do weird
things! some things will
feel right, some things
will feel wrong - that's
okay! stick with the things
that feel good, let other
things become the past.
allow yourself to explore
what gender means to you
and don't feel ashamed if
you don't "stick" with
something. life is about
trying new things

Transition can support the mental health of 2S/T/GD youth.^{4, 29, 39} Accessing hormone therapies has been shown to reduce levels of depression and suicidal ideation among 2S/T/GD youth.⁴ Studies show that social and legal transition can help alleviate depression among 2S/T/GD youth, bringing their mental health more in line with that of their cisgender peers.^{38, 39} Changing identification documents to the correct name and gender marker can reduce suicide ideation and attempts for 2S/T/GD youth.³⁰ Beginning to see positive changes in their youth's mental health as they transition can help reinforce for caregivers that they made the right choice.²² For more information about social, legal, and medical transition, check out the other PolicyWise resources in this [series](#).

Bathrooms and other gendered spaces can be a significant source of discrimination and harassment for 2S/T/GD youth.⁴⁰ Bathroom discrimination has been associated with depression, suicidal ideation, and suicide attempts among 2S/T/GD youth.⁴¹ Being forced to use the bathroom of their sex assigned at birth can expose 2S/T/GD youth to an increased risk of being sexually assaulted, especially for **transfeminine** youth.⁴⁰ For a more detailed exploration of how bathrooms impact the lives of 2S/T/GD youth, check out this [report](#) from YouthREX. To help caregivers of 2S/T/GD youth advocate for safe and inclusive bathrooms for their children at school, service providers can work with caregivers to find the relevant policies for their district. For example, the [Calgary Board of Education](#) and [Edmonton Public Schools](#) have policies requiring schools to have gender-inclusive bathrooms and allowing youth to use the washrooms and change rooms that align with their gender identity.

Concrete actions service providers can take to support caregivers of 2S/T/GD youth are:

Building their capacity to work through stresses as a family unit rather than individually, express love and care regularly, and communicate openly even in times of conflict.⁴²

Supporting them to connect with their youth in similar ways as before their transition.³¹

Encouraging caregivers to be open-minded, use active listening, and to ask youth questions about their gender and their experiences to show youth they're a safe person to talk to. Knowing they have supportive adults in their life can help 2S/T/GD youth deal with external challenges like discrimination or feeling misunderstood.⁴³

Empowering them to take an active role in protecting their youth from peer victimization by having regular conversations with their 2S/T/GD child about their peer relationships and advocating for them at school and community activities.⁴⁴

Transfeminine

People who transition from a more masculine gender presentation to a more feminine one.¹ It most commonly refers to people assigned male at birth but can also include some intersex people.

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