

# Mental Health of Transgender and Nonbinary Children and Youth: Informing Service Needs

A Research Report

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*At the Children’s Health Policy Centre, we acknowledge that we live and work on the ancestral lands of the xwməθkwəy’əm (Musqueam), Skwxwú7mesh (Squamish), Səłílwətał (Tsleil-Waututh), qíc’əy’ (Katzie) and kwikwəłəm (Kwkwetlem) Nations. We understand and commit to the ongoing work of reconciliation that is required to honour all Indigenous Peoples.*

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## Executive Summary

Many transgender and nonbinary children and youth face added challenges compared with their cisgender counterparts, including more frequent adverse experiences, peer victimization and harassment. These avoidable hardships cause harm in and of themselves and also raise risks for secondary mental health problems. Knowing the prevalence of mental health concerns for transgender and nonbinary young people is therefore crucial as the numbers of those in need can and should inform service planning to ensure both adequate mental healthcare and greater equity.

To provide the most accurate estimate, we conducted a systematic review of studies on the prevalence of mental disorders in transgender and nonbinary young people. The two studies that met inclusion criteria, were both conducted in the United States (US). The first study assessed overall prevalence, finding that 56.6% of transgender young people had experienced at least one mental disorder in the previous six months – a proportion between 5.9 and 13.0 times higher than cisgender counterparts. As well, for individual disorders as well as disorder groups, prevalence was higher for transgender children and youth compared with cisgender counterparts. The second study focused exclusively on eating disorders, finding that 4.2% of transgender youth had this diagnosis – a proportion approximately 200% higher than expected according to studies in general populations of young people.

We also identified two studies that assessed suicidal ideation and self-harm including one of the previously cited American studies. This US study found that 3.2% of transgender youth experienced a self-inflicted injury in the previous six months according to health records – a rate at least 17 times higher than cisgender counterparts. As well, health records noted suicidal ideation for 6.3% of transgender youth – a rate approximately 24 times higher than cisgender counterparts. A Canadian study found even higher rates according to an anonymous survey. Researchers found that nearly 80% of transgender and nonbinary youth reported engaging in self-harm in the past year, approximately five times the rate for cisgender peers. As well, 65.2% of transgender and nonbinary youth reported suicidal ideation in the past year, five times the rate for cisgendered peers.

The high prevalence of mental health concerns for transgender and nonbinary young people underscores the need for easily accessible and effective mental health treatments with these populations. It is also imperative that public mental health services be provided with intensity that is proportionate to the needs, and be delivered by practitioners within settings and systems that are sensitive to the experiences of these young people. This approach aligns with the World Health Organization's recognition of mental health as a basic human right. It is equally crucial to address the unacceptable and preventable adverse experiences that many transgender and nonbinary young people face and that can contribute to the development of mental health conditions. Ensuring mental wellbeing for these young people also requires adequate monitoring of service use in relation to the needs, as well as monitoring of social determinants including preventable adversities. Such monitoring plays a vital role because “what gets counted counts.” In other words, comprehensive collective efforts encompassing mental healthcare, prevention and monitoring are needed to bring about mental health equity for transgender and nonbinary young people in BC.

# I. Background

## I.1 Extra challenges facing transgender and nonbinary young people

Many transgender and nonbinary children and youth face added challenges compared with their cisgender counterparts. (The sidebar defines the terms we use in this report. We also use the term *trans*, instead of *transgender*, for brevity from here on. We are also being specific when we refer to trans, nonbinary or both.) These added challenges involve more frequent adverse experiences, peer victimization and harassment as well as greater levels of homelessness and injuries.<sup>4-7</sup>

Adverse experiences were examined in a survey of approximately 3,500 teens in the United States (US) and Canada.<sup>4</sup> The authors found that trans and nonbinary youth reported significantly more of these experiences than cisgendered peers. As well, 42.8% of trans and nonbinary youth experienced four or more adverse experiences, suggesting concentrated hardships.<sup>4</sup> The perpetration of emotional neglect and emotional abuse by a parent or other adult in the home were particularly frequent problems.<sup>4,8</sup>

Peer victimization is another common experience for trans young people. A study of nearly 2,800 high school students in the US found that these youth were significantly more likely to report peer victimization compared with cisgender peers.<sup>5</sup> These findings included significantly more: bullying; verbal harassment (e.g., being called gay or a lesbian as an insult); sexual victimization (e.g., being threatened or verbally pressured to engage in sexual activity); sexual harassment (e.g., being the focus of sexual jokes or receiving sexual pictures, relative to cisgender boys but not cisgender girls); threats by a dating partner (relative to cisgender boys but not cisgender girls); and sexual abuse by a dating partner. Overall, 86% of trans youth reported at least one form of peer victimization in the past year.<sup>5</sup> Trans youth were also significantly more likely to face multiple forms of peer victimization than cisgender counterparts.

Trans teens also frequently experience verbal harassment in Canadian schools. In a national survey of more than 3,700 secondary students, 79.2% of trans youth reported hearing comments about males not acting masculine enough while 62.2% reported hearing about females not acting feminine enough – on a daily or weekly basis.<sup>9</sup> As well, 64.8% reported being verbally harassed due to their gender expression/gender identity in the past year. Given these experiences, it is not surprising that 29.9% of trans youth reported sometimes feeling "very depressed" about school.<sup>9</sup>

Adversities also often extend beyond homes and schools and into communities. A US survey of nearly 6,000 teens found that trans youth were significantly more likely to experience sexual harassment in a

### Because words matter

*Transgender* or *trans* individuals' gender identity and/or expression do not coincide with the sex they were assigned at birth.<sup>1</sup> For example, an individual born as a boy may identify as a girl. *Nonbinary*, in relation to gender and sexual identity, refers to not being limited to two options, such as female and male or girl and boy.<sup>2</sup> As well, *Two-Spirit* is used in some Indigenous communities to identify people with a sexual and/or gender identity that is not limited to male or female but instead is considered a separate gender.<sup>3</sup> *Cisgender* individuals are those whose gender identity and assigned sex coincide.<sup>1</sup>

variety of locations.<sup>10</sup> Reported experiences ranged from sexual rumours being spread to receiving unwanted sexual pictures or obscene messages. Trans youth had 15 times greater odds of experiencing distressing sexual harassment in the past year relative to heterosexual male youth. Distressing sexual harassment was defined as incidents resulting in youth being uncomfortable in the place where the events occurred and/or incidents that interfered with their relationships or responsibilities, for instance, at school or work.<sup>10</sup>

Detrimental experiences such as homelessness also disproportionately affect trans and nonbinary young people. A survey of more than 1,000 unhoused young people from 10 Canadian provinces and territories found that 1.8% identified as trans, higher than in the general population.<sup>6</sup> (BC's 2023 Adolescent Health Survey, which included more than 38,000 students between ages 12 and 19 years, found that only 1% identified as trans.<sup>11</sup>) The Canadian study also found that unhoused trans and nonbinary youth were more likely to report child protective service involvement than cisgender peers – 70.8% versus 56.9% – providing evidence of added adversities for these young people.<sup>6</sup>

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*... [My counsellor] advocates to hell and back for a lot of us,  
just to make sure that we are receiving the care that we need.”*

*— Trans youth from BC<sup>7</sup>*

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Trans and nonbinary young people who receive public services that are deemed reviewable by BC's Representative of Children and Youth may also be at greater risk of experiencing injuries than their peers.<sup>7</sup> This population includes those in government care and those receiving youth justice and selected mental health services. A recent review of critical injury reports found that only 4.5% of all children and youth receiving such services identified as gender diverse including Two Spirit, transgender and nonbinary. Yet 9.0% of critical injury reports were about these young people, or double what was expected, reflecting much higher risks.<sup>7</sup>

The research identifying added challenges for trans and nonbinary youth is highly concerning as no young person should face severe adversities such as victimization in their home, school or community. These experiences are particularly unacceptable given that many can also be prevented.<sup>12</sup> Beyond the collective ethical issue of reducing avoidable adversities so that all young people can flourish, reducing such adversities can also lower the risks for secondary mental health problems.<sup>13</sup> As well, knowing the prevalence of mental disorders for trans and nonbinary young people is a crucial starting point for ensuring adequate mental healthcare. Identifying the numbers in need, which may be greater in these populations, can and should in turn inform service planning to ensure greater equity.

## 1.2 Goals of this research report

For this systematic review (SR), we aimed to identify and summarize the best available research examining the prevalence of mental disorders in trans and nonbinary children and youth. Our overarching goal was to provide population estimates to inform BC policy-makers in better meeting the mental health needs of these young people – given that all children and youth with mental health diagnoses need effective treatment services.<sup>14</sup>

## 2. Methods

We used methods adapted from the *Cochrane Collaboration* and the Preferred Reporting Items for Systematic Review and Meta-Analyses guidelines.<sup>15–16</sup> We first determined that no existing SRs achieving our aims were published or registered in PROSPERO. We then sought peer-reviewed publications and grey literature using four research databases – CINAHL, ERIC, Medline and PsycINFO – since their starting points. This approach allowed us to identify all potentially-relevant publications. We supplemented initial database searches by hand-searching relevant SRs to identify additional studies. We also searched for related publications for all accepted studies using the Web of Science database. Table 1 summarizes our search strategy.

**Table 1. Search Strategy**

<b>Databases</b>	• CINAHL, ERIC, Medline and PsycINFO
<b>Search Terms</b>	• Nonbinary, transgender, gender diverse, gender identity or gender dysphoria <i>and</i> prevalence <i>and</i> mental disorders
<b>Limiters</b>	• Participants aged 18 years or younger

To be included, studies had to focus on participants aged 18 years or younger. As well, a qualified mental health professional had to make and document all diagnoses. We also required studies to include at least 100 participants because studies with smaller sample sizes may not be able to estimate the frequency of outcomes of interest with acceptable precision.<sup>17</sup> For example, if even a single child in a sample of 100 met diagnostic criteria for less common conditions, such as obsessive-compulsive disorder, prevalence would exceed typical population estimates.<sup>14</sup> Table 2, on the next page, summarizes our inclusion criteria.

## Table 2. Study Inclusion Criteria

- 
- Focused on children and youth ≤18 years
  - Provided data on prevalence of mental disorders for transgender and/or nonbinary young people
  - Included 100 or more participants
  - All diagnoses made and documented by a qualified mental health professional
- 

Our searches yielded 720 potentially-relevant articles. From these, we identified 112 potentially-relevant abstracts. After screening, we retrieved and assessed 59 articles. Following independent assessment of abstracts and articles by two authors, we identified two studies that met all inclusion criteria.<sup>18–19</sup> Given so few studies, we supplemented information on disorder prevalence by examining a Canadian survey of trans and nonbinary young people which provided data on other relevant mental health concerns, namely self-injury and suicidal ideation.<sup>20</sup> One author completed data extraction and interpretation; these were then verified by at least one other author. Any differences were resolved by consensus involving the larger team. Figure 1, on the next page, shows our search process.

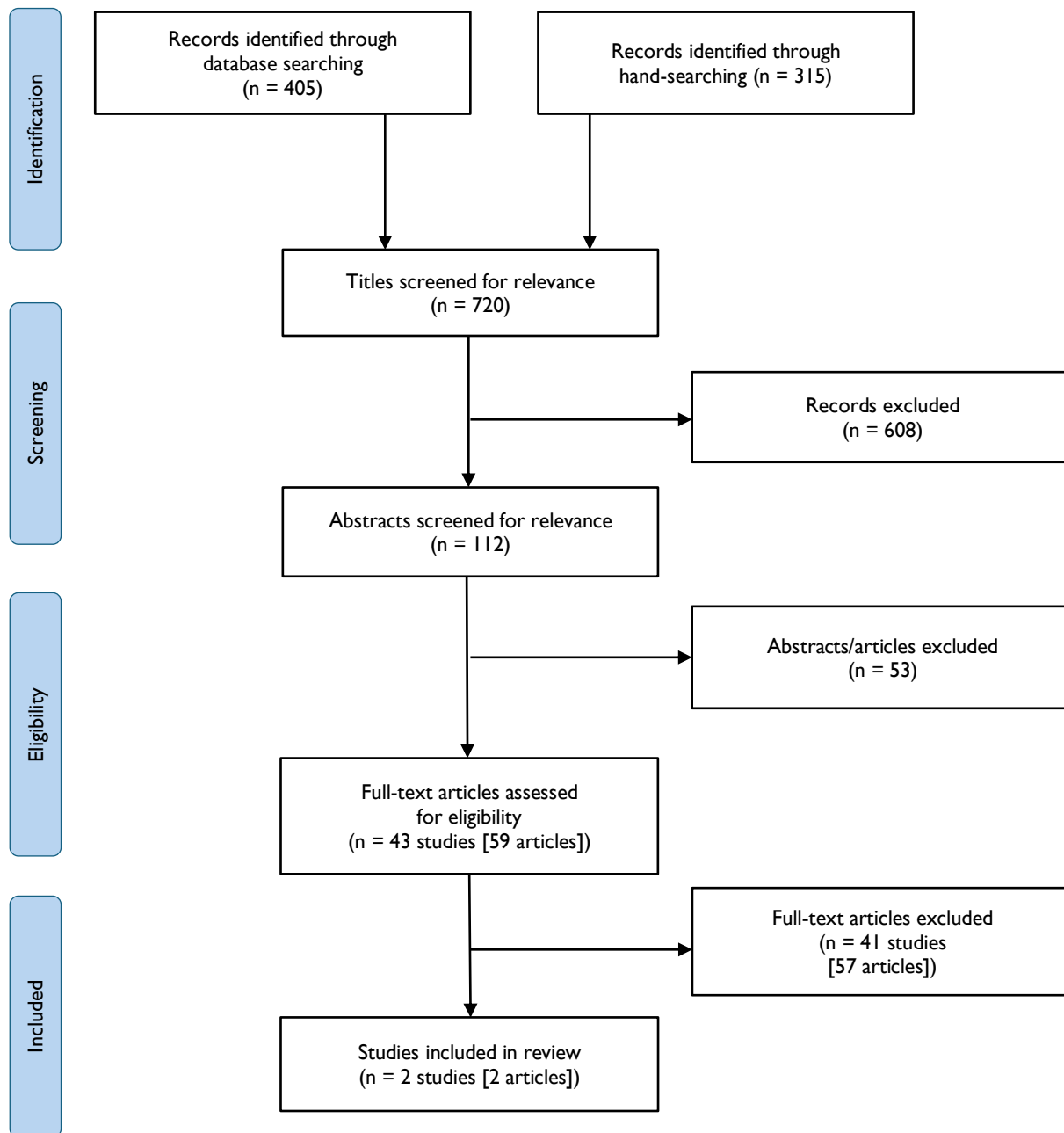
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“... In being able to transition I have become a happier and more confident person...  
I hope that stories like mine are becoming more common and that depression  
and addiction are no longer high-risk issues for trans youth.”  
— Trans young person from Ontario<sup>21</sup>

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**Figure I. Search Process for Identifying Prevalence Studies\***



\* Adapted from Preferred Reporting Item for Systematic Reviews and Meta-Analyses.<sup>16</sup>

## 3. Findings

### 3.1 Prevalence of mental health diagnoses

Two studies met inclusion criteria, both conducted in the US. The first study examined prevalence of mental health conditions/diagnoses for trans three- to-17-year-olds enrolled in one of three large health maintenance organization (HMO) sites in Georgia and Northern and Southern California.<sup>18</sup> HMO membership was socio-demographically diverse.<sup>18</sup>

To calculate prevalence, researchers began by gathering information from child and youth electronic health records.<sup>18</sup> In searching these records, they identified 1,333 trans young people using codes from the *International Classification of Diseases (ICD), Ninth Edition*, and specific keywords, such as transgender.<sup>22</sup> Authors then matched each trans young person with 10 cisgender females and 10 cisgender males by birth year, race/ethnicity, HMO site and membership year. This approach yielded records for 26,300 cisgender young people as comparators. The authors then extracted data on common childhood mental health conditions/diagnoses as well as suicidal ideation and self-inflicted injuries.<sup>18</sup>

The authors reported prevalence separately for “transmasculine” and “transfeminine” three- to-nine-year-olds and 10- to-17-year-olds. We combined the rates for these four groups to determine prevalence for trans children and youth as a whole – to facilitate comparison with recent rigorous epidemiological data.<sup>14</sup> The authors also calculated prevalence ratios to identify differences between trans and cisgender young people. These ratios were calculated separately for each of the cisgender comparison groups, which varied by age (i.e., three- to-nine- and 10- to-17-year-olds) and gender (i.e., females and males).

Overall, 56.6% of trans young people had experienced a mental disorder in the previous six months – a proportion between 5.9 and 13.0 times higher than for cisgendered counterparts in this study.<sup>18</sup> (The reported range is based on the lowest and highest prevalence ratios among the eight comparison groups.) This prevalence of 56.6% for trans young people was also 4.5 times higher than the 12.7% identified in a recent systematic review of studies that included 61,000 children and youth, including 6,537 from Canada.<sup>14, 23</sup>

As well, for both individual mental disorders and disorder groups, reported prevalence was higher for trans children and youth compared with their cisgender counterparts.<sup>18</sup> This included the most common group of conditions for trans children and youth – depressive disorders – being diagnosed nearly nine times more frequently than for cisgender comparators (even by the lowest prevalence ratio).<sup>18</sup> Table 3, on the next page, presents overall mental disorder prevalence as well as data for nine individual disorders and disorder groups.

**Table 3. Prevalence of Mental Disorders for Trans Young People<sup>18</sup>**

Disorder or disorder group*	Ages (Years)	Prevalence	Prevalence ratio estimates <sup>†</sup>
Depressive disorders	3–17	38.4% (512/1333)	8.8 – 43.0
Anxiety disorders <sup>‡</sup>	3–17	22.9% (305/1333)	8.7 – 23.3
Attention-deficit disorders	3–17	13.0% (173/1333)	2.5 – 12.6
Substance use disorders	10–17	5.4% (58/1082)	4.5 – 8.9
Conduct and disruptive behaviour disorders	3–17	4.6% (57/1243) <sup>§</sup>	5.3 – 83.0
Autism spectrum disorders	3–17	3.8% (50/1333)	3.4 – 260.8
Bipolar disorders	10–17	3.2% (35/1082)	11.3 – 18.1
Eating disorders	3–17	2.6% (30/1172) <sup>§</sup>	6.1 – 27.5
Schizophrenia spectrum disorders	10–17	1.5% (10/655) <sup>§</sup>	14.8 – 99.8
<b>Any disorder</b>	3–17	56.6% (754/1333)	5.9 – 13.0

\* Disorders were classified using *International Classification of Diseases, Ninth Edition*

† Prevalence ratio estimates indicate how much more prevalent the disorder was among trans children and youth relative to cisgender comparators. Reported estimates include the comparison groups with the lowest and highest prevalence ratio estimates.

‡ Obsessive-compulsive disorder and posttraumatic stress disorder were included in anxiety disorders.

§ The denominator used in calculating prevalence was lower than the total number of children for the given age range because authors did not calculate prevalence when there were <5 trans children with the disorder in any of the four groupings (i.e., by gender identification and ages).

The second US study focused on eating disorders in 3,264 trans youth identified through their parents who were receiving health insurance through employers.<sup>19</sup> The database did not include information on race/ethnicity or socioeconomic status. Specifically, researchers identified trans youth who were receiving gender-affirming care using codes from the *ICD, Tenth Edition*.<sup>24</sup> They then identified the proportion of these youth who met diagnostic criteria for an eating disorder (i.e., anorexia nervosa, bulimia nervosa, binge eating disorder, avoidant/restrictive food intake disorder and/or other specified and unspecified eating disorders).<sup>19</sup>

Among trans youth aged 18 years or younger, 4.2% had an eating disorder diagnosis.<sup>19</sup> This proportion was approximately 60% higher than the 2.6% found in the previously-noted US study, and 200% higher than the 0.2% found in the previously-cited systematic review.<sup>14, 18</sup> Study authors offered suggestions as to why the rate might be so high – including trans young people possibly trying to affirm gender identity through the suppression of secondary sex characteristics or trying to cope with stress related to gender identity.<sup>19</sup>

### 3.2 Other mental health concerns

Beyond diagnoses, the first US study noted other markers of mental distress – namely self-inflicted injuries and suicidal ideation documented in the health records of 10- to-17-year-old participants.<sup>18</sup> Among trans youth, 3.2% experienced a self-inflicted injury in the previous six months, a proportion at least 17 times higher than for cisgender counterparts. Suicidal thoughts were also much more common for trans youth – noted in the health records for 6.3% of these youth, a proportion approximately 24 times higher than for cisgender counterparts.<sup>18</sup> Notably, because health records may not capture all self-inflicted injuries and suicidal ideation, these figures are likely underestimates.

A Canadian study also assessed the frequency of self-injury and suicidal ideation.<sup>20</sup> For this study, researchers recruited 323 trans and nonbinary young people aged 14- to-18-years through community organizations, social media and pediatric endocrinology clinics. The comparison group included approximately 29,000 youth who were representative of BC public secondary students.<sup>20</sup> Youth responses were anonymous. The study found that nearly 80% of trans and nonbinary youth reported engaging in self-harm in the past year, more than 4.5 times the proportion for cisgender peers. Suicidal ideation was also common with 65.2% of trans and nonbinary youth reporting this experience in the past year, five times more than for cisgendered peers.<sup>20</sup> Table 4, below, summarizes the data on self-harm and suicidal ideation from both studies.

**Table 4. Mental Health Concerns Among Trans and Nonbinary Young People**

<b>US trans young people (10–17 years)<sup>18</sup></b>		
<b>Experiences</b>	<b>Proportion</b>	<b>Prevalence ratio estimates*</b>
Self-inflicted injuries in past 6 months documented in health records	3.2%	17.5 – 143.7
Suicidal ideation in prior 6 months documented in health records	6.3%	24.9 – 54.2
<b>Canadian trans and nonbinary youth (14–18 year)<sup>20</sup></b>		
<b>Experiences</b>	<b>Proportion</b>	<b>Risk ratio<sup>†</sup></b>
Self-harm in past year documented in anonymous survey	74.9%	4.5
Suicidal ideation in past year documented in anonymous survey	65.2%	5.0

\* Prevalence ratio estimates indicate how much more common the experience was among trans youth relative to cisgender comparators.  
† Risk ratios indicate the increased probability of the experience occurring for trans and nonbinary youth relative to cisgender comparators.

The Canadian study also assessed additional markers of emotional distress. Trans and nonbinary youth reported feeling more stress and more discouragement in the past month than their cisgender peers. As well as being statistically significant, group differences were clinically meaningful with large effect sizes (Cohen's  $d = 0.97$  and  $0.95$ , respectively).<sup>20</sup> Trans and nonbinary youth also rated their general mental health less positively (with typical responses being between “poor” and “fair”) compared with cisgender peers (with the typical response being “good”).<sup>20</sup>

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... “[My therapist] is good... He’s not patronizing at all...

[My] anxiety has gotten a lot better.”

— Trans youth from the US<sup>25</sup>

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## 4. Discussion

According to this review, trans and nonbinary young people are more likely to experience mental health concerns than their cisgender peers in the general population. For example, the one study that assessed the prevalence of any mental health diagnosis found that approximately half of trans youth met criteria for at least one disorder. This proportion was 4.5 times higher than for the general population, and between 5.9 and 13.0 times higher than for cisgendered counterparts in this particular study.<sup>14, 18</sup> As well, across the studies prevalence was higher for trans youth regarding each assessed diagnosis, including depressive and anxiety disorders. Experiences with self-harm and suicidal ideation were also more common for both trans and nonbinary youth.<sup>18–20</sup> These findings suggest that mental health concerns are causing an unacceptable burden for trans and nonbinary young people.

The high prevalence of mental health concerns for trans and nonbinary young people underscores the need for easily accessible and effective mental health treatments with this population. It is also imperative that public mental health services be provided with an intensity that is proportionate to the needs, and be delivered by practitioners within settings and systems that are sensitive to the experiences of these populations of young people. This approach aligns with the World Health Organization's recognition of mental health as a basic human right for all people – including the right to accessible, acceptable and good-quality care.<sup>26</sup> It is equally crucial to address the unacceptable and preventable adverse experiences that many trans and nonbinary young people face that can contribute to the development of mental health conditions.<sup>4–6, 9–10</sup> Ensuring mental wellbeing for these young people also requires adequate monitoring of service use in relation to needs, as well as monitoring social determinants including preventable adversities. Such monitoring plays a vital role because “what gets counted counts.”<sup>27</sup> In other words, comprehensive collective efforts encompassing mental healthcare, prevention and monitoring are needed to foster mental health equity for trans and nonbinary young people in BC.

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*I hope that one day me, and those like me, will no longer feel shame about our identities.*

*That the world can somehow wake up and recognize the beauty in diversity  
and learn to value the full spectrum of it.”*

— Trans youth from Australia<sup>28</sup>

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