

2SLGBTQIA+ Youth Advisory Committee – February 28, 2025

Discussion 1: Mental Health and Healthy Relationships

1. Identifying Gaps in the Data

- Does data reflect your lived experiences? If not, what feels missing or misrepresented?
- Is there anything in this data that surprises you? Why?
- Do any numbers feel too low or too high based on what you know from your community?
- What health issues do you or other 2SLGBTQIA+ youth experience that you don't see here?
- Are there any specific intersections of identity (e.g., racialized 2SLGBTQIA+ youth, disabled 2SLGBTQIA+ youth, newcomers, low-income youth) that aren't being captured well?

2. Exploring Causes, Barriers, and Facilitators

- From your perspective, what are the root causes of the disparities we see in this data?
- How do school environments impact mental, emotional, and physical health?
- How do social or community environments impact mental, emotional, and physical health?

GROUP DISCUSSION SUMMARY:

Many experiences do align with the data presented:

- The group feels the data is not surprising and aligns well with their personal experiences/ what others in the community experience.
- Within friend groups, know of these barriers in high school, college, and after (e.g. challenges/delays with getting name changed when attending post-secondary education).

Data that was surprising:

- WEC stats good generally for cis gendered and heterosexual youth, but not for LGBTQIA students. Suggestion to look at what makes WEC a good place for other youth?

Challenges specifically related to the school environment:

- Discussed experiences of schools being unsupportive and outing students.
- Teachers can choose to respect identity or not; however, educators should be neutral, unbiased. It is better for them to at least try, it is appreciated very much by students.
- Some schools are supportive, thoughtful and educated.
- Some felt more support in school environment with queer and trans friends coming together, but less with administration and non-LGBTQ students.
- Lack of support for name changes
- Lack of support, consequences for bullying at school
- Lack of curriculum content around 2SLGBTQIA+ individuals/relationships, sexual health

Mental health concerns:

- Self-harm and suicide ideation is very common and getting worse, fear growing with change in politics and growing conservatism across North America.
- There are intersecting issues of mental health, how they are accepted in community and treated compared to hetero/cisgender individuals.

Specific challenges for individuals who are also in other minority groups such as people of colour, newcomers, religious families:

- Minority stress and other social determinants of health also impact this population.
- Fear of discriminatory actions/can come from countries who kill trans/queer people.

Other experiences in the community/society:

- Generationally some older age groups are less understanding, use derogatory terms without understanding impact.

Data that is missing:

- Missing data reflecting experiences of sexual harassment, youth relationship violence
- All data is congregate for gender and sexual orientation, would be good to look at data stratified by individual identities. Not enough research being done.
- E.C. can share additional data from UWindsor Pride, Run for Rocky, Trans Wellness, PrideFest, Rainbow Sports Alliance, Queer & Trans Migrant Advocacy Alliance (case study with UWindsor).

Discussion 2: Substance Use, Physical Health, and Accessing Care**GROUP DISCUSSION SUMMARY:*****Data regarding access to healthcare does align with lived experiences:***

- Trans-competent and affirming care is not prevalent in WEC, including understanding diversity and terminology
- Experiences with HCPs have created a lack of trust from LGBTQ individuals.
- Consent for treatment for gender-affirming care is/should be different from the standard model of care.
- There is a lack of services to get help overall.
- Overall feeling from group is that, “This world is not built for the LGBTQ community”.

Many individual and systemic barriers affect access to care:

- Barriers exist for access as many times parents have control over care, travel, access.
- Systemic issues – education about Q&T health, not being complete, ability to access employment, affects access to care/opportunities
- Having to pay for joining local events sometimes, no access to adult spaces
- Financial barriers

- Could be multiple hours for travel to city community health centres. Even as a social, extroverted person, it is hard to afford time and money to socialize.
- Mental health causes – isolation, many people don't have a community to join, feeling of belonging (can be limited to online interactions which are not the same as in-person).
- Challenges faced at many stages of life and transitioning
- Individuals who are LGBTQ and low income, homeless have an especially difficult time.

Family/home environment challenges experienced:

- School-aged youth in particular, before 18, need safe adult to be able to access services, supports.
- Kids can be kicked out of their homes.
- For school aged youth, home and school are where they spend most of time.
- Often the lack of acceptance from parents/caregivers comes from a place of worry of challenges for their child. They do not understand they can have a role to be the one to help their child overcome any challenges.
- Youth experience “all or nothing” levels of support.

Lack of education, knowledge in the community:

- When someone comes out, they can be the one to have to answer all the questions from friends and others who are questioning or transitioning. This can be very exhausting and difficult when dealing with your own challenges.