



# 2SLGBTQIA+ Youth Advisory Committee: *Identifying Health Inequities*

February 28, 2025

# Agenda

1. Icebreaker
2. Recap of Last Meeting
3. Health Equity Data Review
  - Mental Health and Healthy Relationships
  - Discussion of local needs and root causes

## **BREAK**

- Substance Use, Physical Health, Access to Care
  - Discussion of local needs and root causes
4. Next Steps & Closing

## Ice Breaker

**If you could have any  
superpower, what  
could it be?**



# Recap of Last Meeting

Does anyone have any questions or comments about the forms or documents:

- 1) Committee Terms of Reference
- 2) WECHU Advisory Committee Oath of Confidentiality
- 3) Member Responsibilities and Consent Form for Participation
- 4) Advisory Committee Member Information Form

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# Participant Safety Plan

## PURPOSE:

- Protects the physical, emotional, and psychological well-being of participants.
- Identifies potential risks and establishes clear protocols to address any distress or harm that may arise from participation.

**Potential Risks:** Emotional distress, disclosure of trauma, experiences of discrimination, conflicts with others, or external safety concerns from visibility.

**Common Triggers:** Discussing sensitive topics (mental health, trauma, or identity); interpersonal conflicts; exposure to discriminatory behavior.

## WHERE TO GO FOR HELP (KEY CONTACTS)

<i>Designated Safety Officer</i>	<i>Mental Health Crisis Support</i>	<i>Emergency Services</i>
<u>Name:</u> Kelly Farrugia <u>Phone:</u> 519-258-2146 Ex. 1369 <u>Email:</u> kafarrugia@wechu.org	<u>Organization:</u> Hotel Dieu Grace Urgent Crisis Centre <u>Phone:</u> 519-973-4435	<u>Phone:</u> 911

# Useful Links

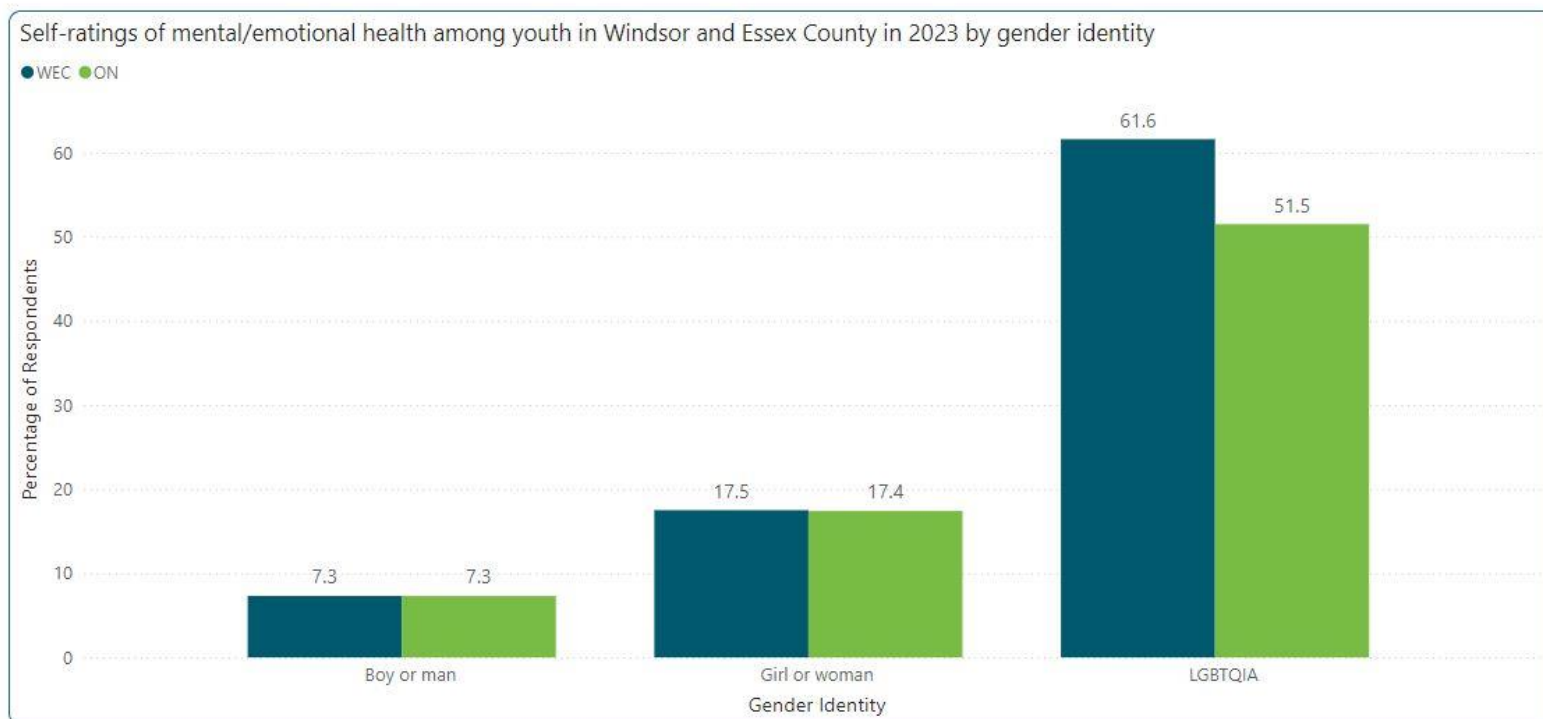
- [2023-2024 GECDSB Student Census](#)
- [Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada: A research report](#)
- [The Link between LGBTQ-Supportive Communities, Progressive Political Climate, and Suicidal Behaviour Among Sexual Minority Adolescents in Canada](#)

# Mental Health

# Rating of Mental Health- Gender Identity

Self-Rated Mental/Emotional Health

Poor



Note: The following should be interpreted with caution, due to low sample sizes

- Percentage of youth in WEC and ON in the "excellent" self-rated mental/emotional health category who identify as being part of the LGBTQIA community
- Percentage of youth in ON in the "very good" self-rated mental/emotional health category who identify as being part of the LGBTQIA community
- Percentage of youth in WEC in the "fair" self-rated mental/emotional health category who identify as being a boy/man

Data Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2023



# Rating of Mental Health- Sexual Orientation

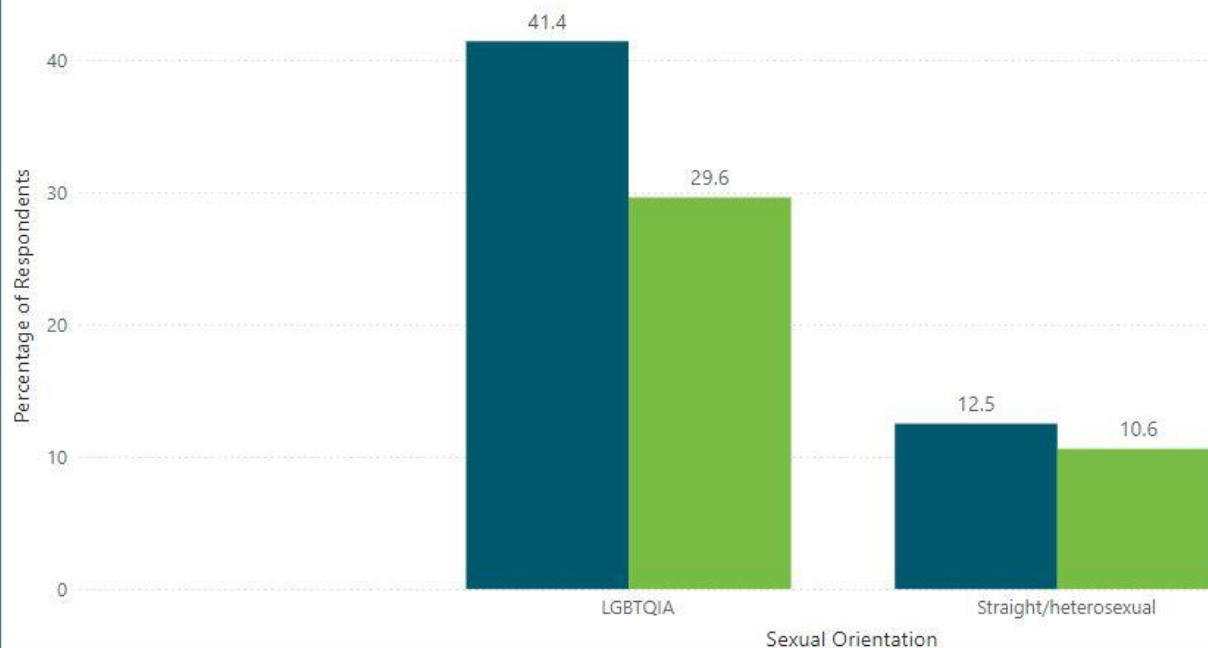
Self-Rated Mental/Emotional Health

Poor



Self-ratings of mental/emotional health among youth in Windsor and Essex County in 2023 by sexual orientation

● WEC ● ON



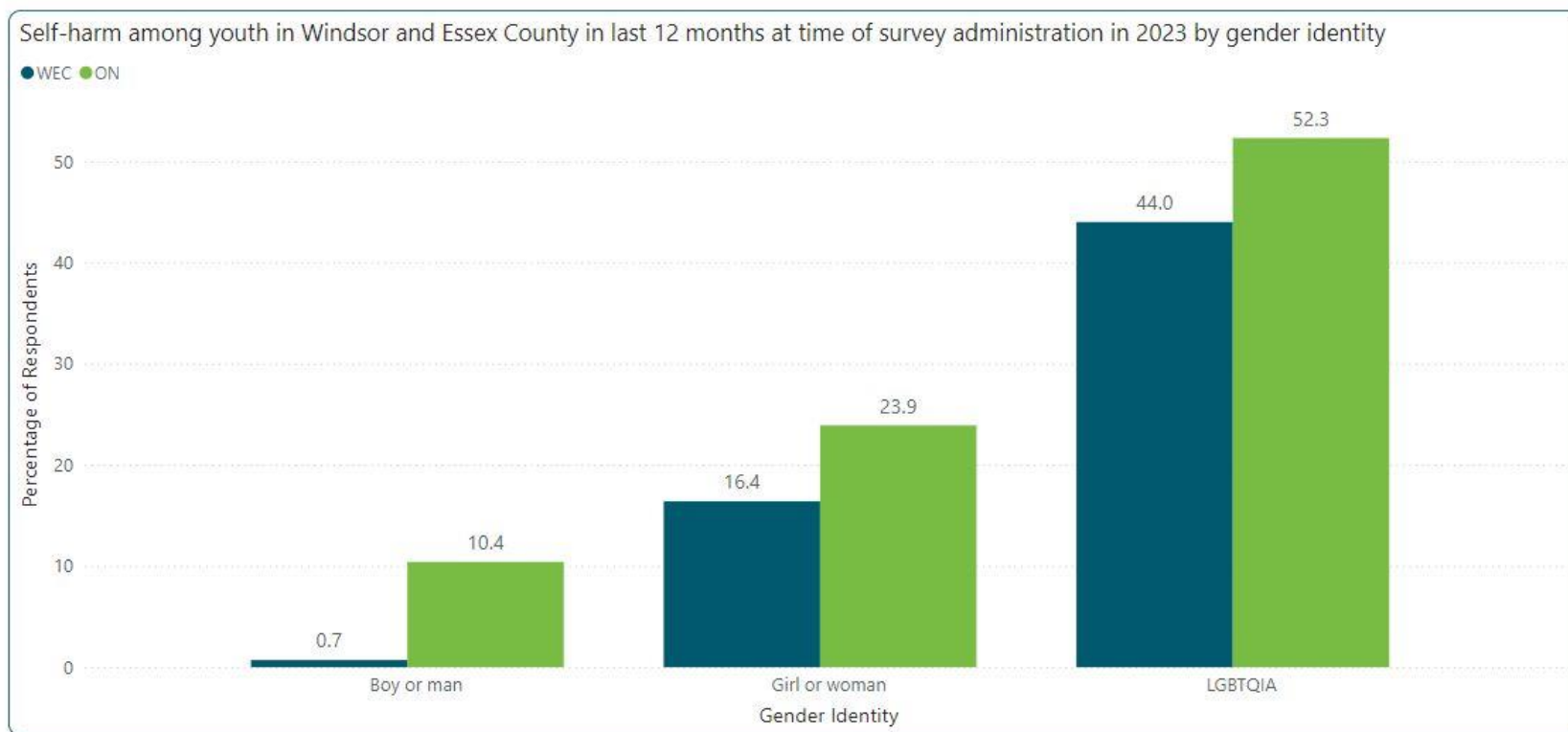
Note: The percentage of youth in WEC in the "excellent" self-rated mental/emotional health category whose sexual orientation falls within the LGBTQIA should be interpreted with caution, due to low sample size

Data Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2023

# Acts of Self Harm- Gender Identity

Acts of Self-Harm

Committed acts of self-harm



Note: The percentage of youth in WEC in the "committed acts of self-harm" category who identify as being a boy/man should be interpreted with caution, due to low sample

Data Source: Ontario Student Drug Use  
and Health Survey (OSDUHS) 2023

# Acts of Self Harm- Sexual Orientation

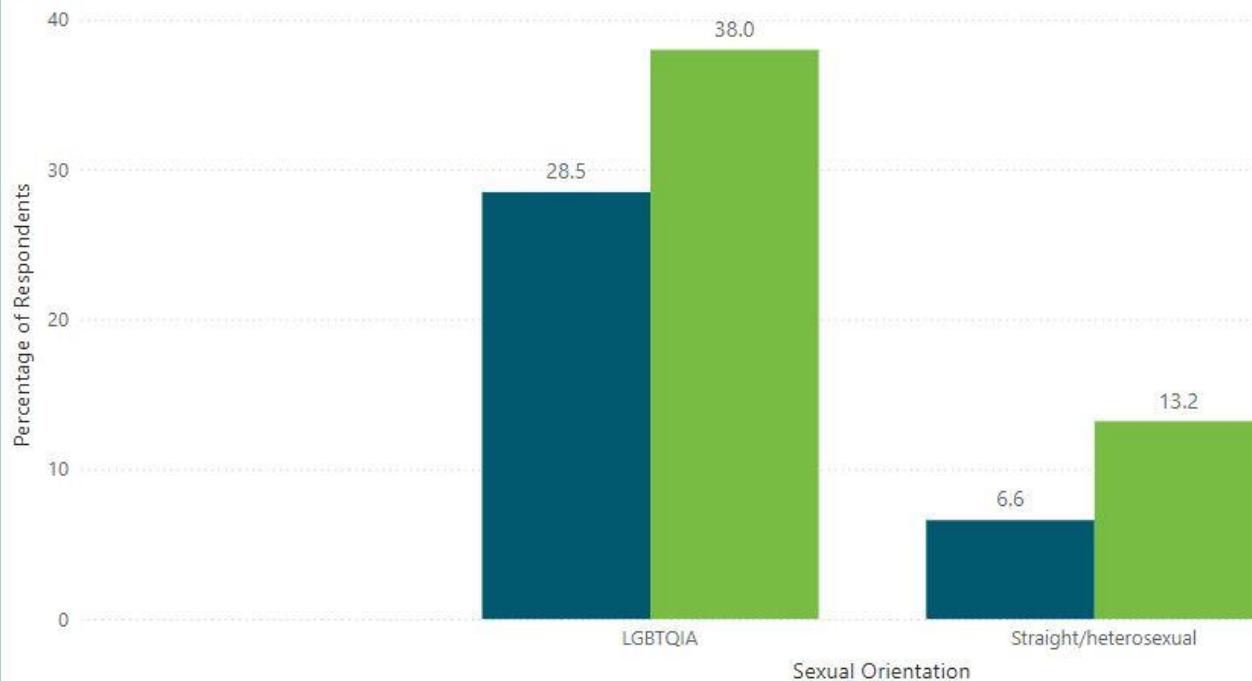
Acts of Self-Harm

Committed acts of self-harm



Self-harm among youth in Windsor and Essex County in last 12 months at time of survey administration in 2023 by sexual orientation

● WEC ● ON



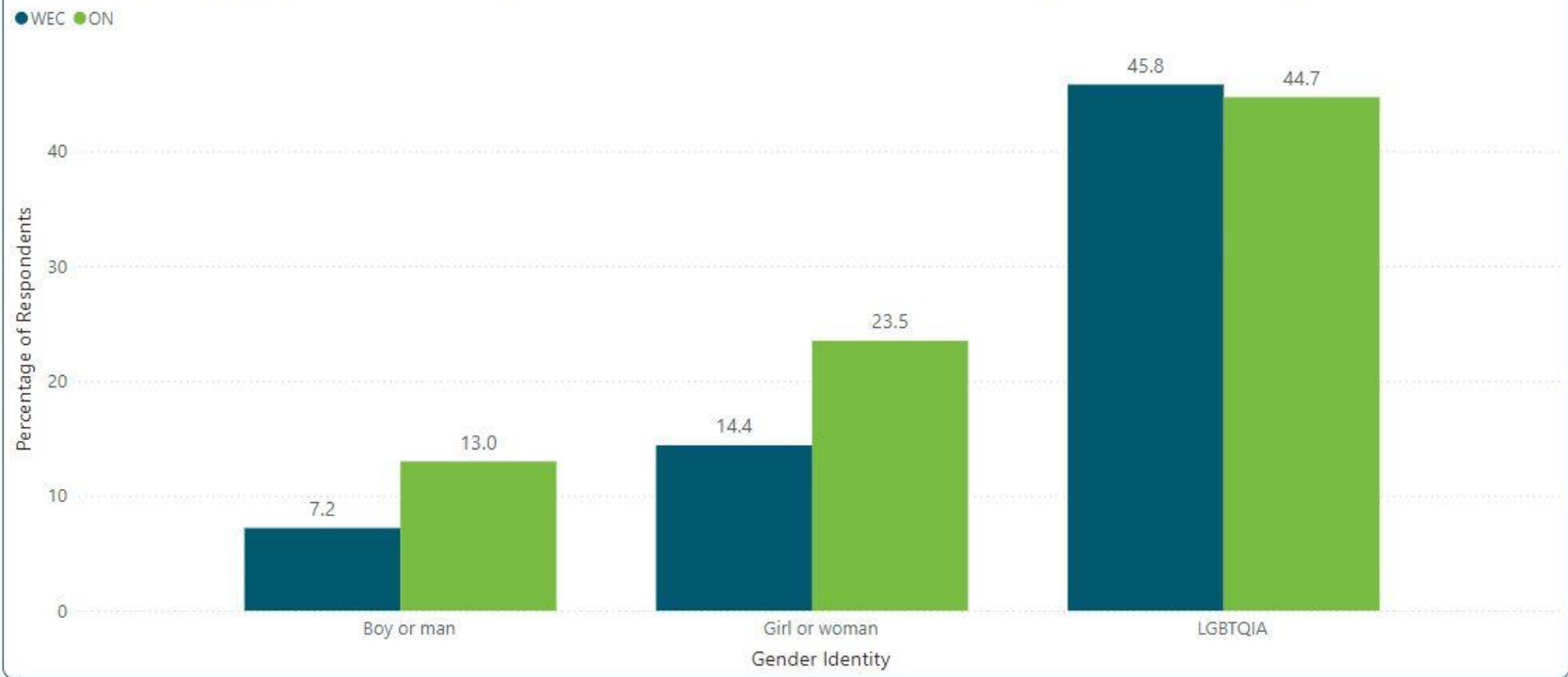
Data Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2023

# Suicidal Thoughts: Gender Identity

## Suicidal Thoughts

Considered attempting suicide

Suicidal thoughts among youth in Windsor and Essex County in last 12 months at time of survey administration in 2023 by gender identity



Note: The percentage of youth in WEC in the "considered attempting suicide" category who identify as a boy/man should be interpreted with caution, due to low sample size

Data Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2023

# Suicidal Thoughts: Sexual Orientation

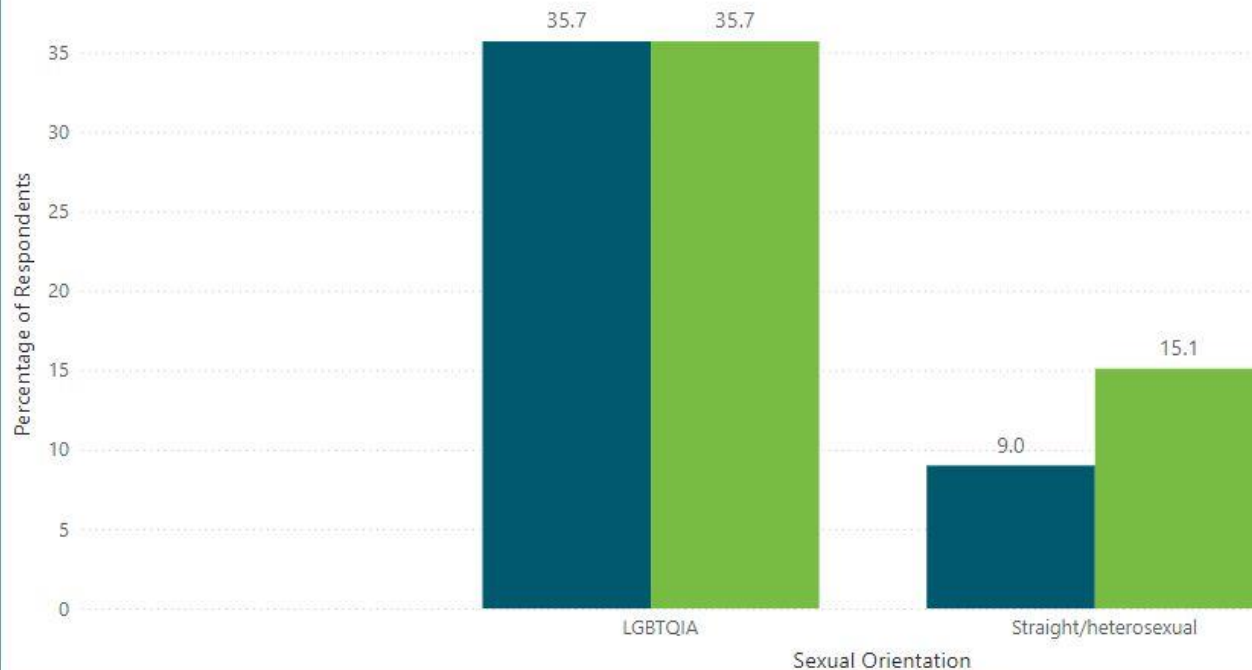
## Suicidal Thoughts

Considered attempting suicide



Suicidal thoughts among youth in Windsor and Essex County in last 12 months at time of survey administration in 2023 by sexual orientation

● WEC ● ON



Data Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2023

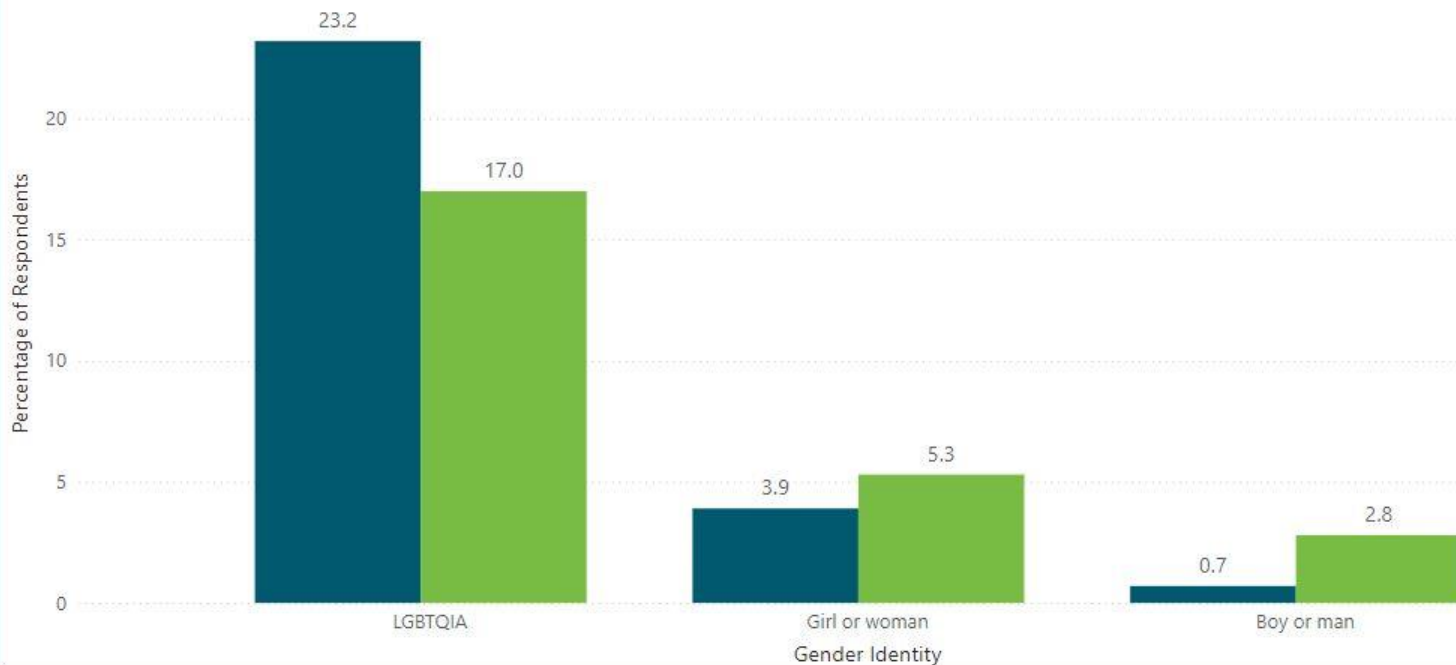
# Attempted Suicide- Gender Identity

## Suicide Attempts

Attempted suicide

Suicide attempts among youth in Windsor and Essex County in last 12 months at time of survey administration in 2023 by gender identity

● WEC ● ON



Note: The percentages of youth in WEC in the "attempted suicide" category who identify as a boy/man or girl/woman should be interpreted with caution, due to low sample sizes

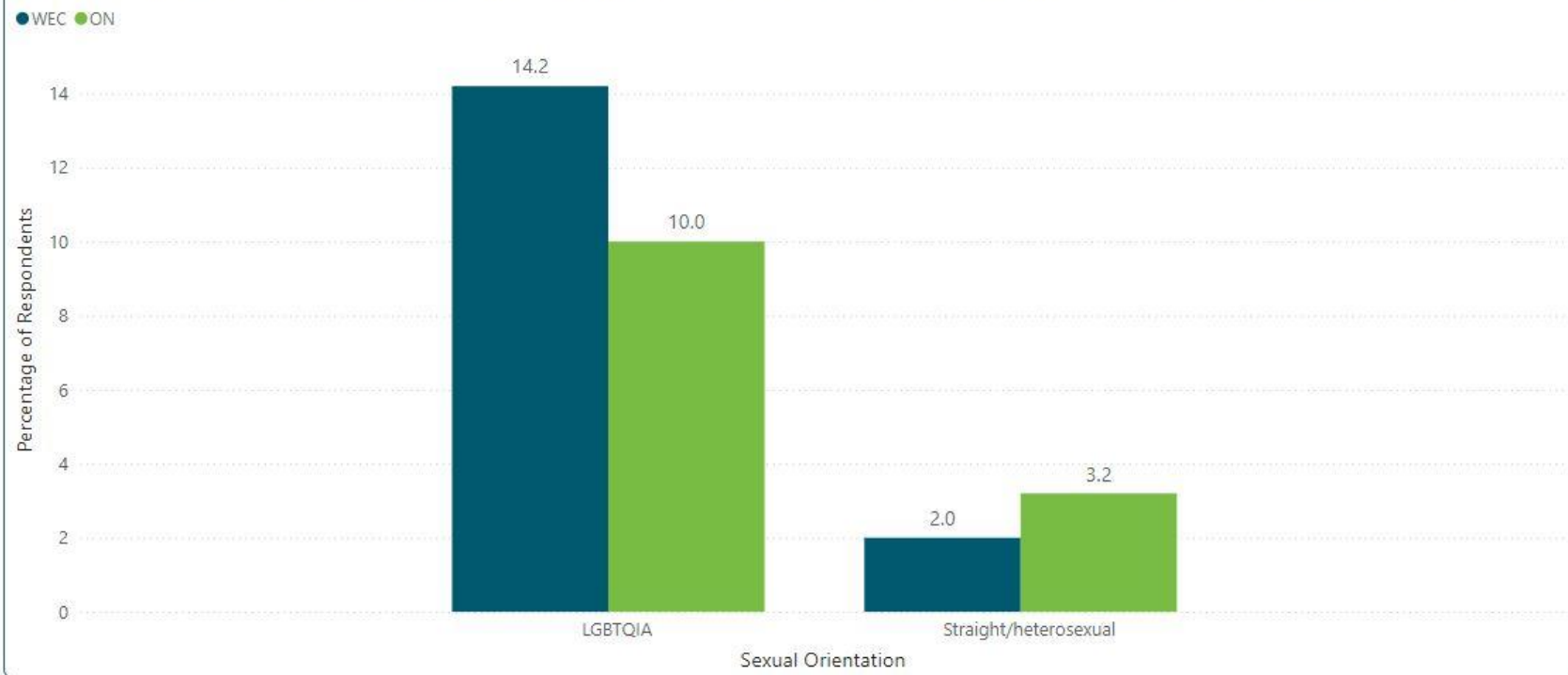
Data Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2023

# Attempted Suicide- Sexual Orientation

Suicide Attempts

Attempted suicide

Suicide attempts among youth in Windsor and Essex County in last 12 months at time of survey administration in 2023 by sexual orientation



Note: The percentage of youth in WEC in the "attempted suicide" category who are straight/heterosexual should be interpreted with caution, due to low sample size

Data Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2023

# Summary of Mental Health Data: By Gender Identity

Mental Health Measure	LGBTQIA+ (WEC)	LGBTQIA+ (ON)	Cis Girls (WEC)	Cis Boys (WEC)
Self Rated Mental Health- Rating of Poor	61.6%	29.6%	17.5%	7.3%
Acts of Self Harm- past 12 months	44.0%	52.3%	16.4%	0.7%
Suicidal thoughts- past 12 months	45.8%	44.7%	14.4%	7.2%
Suicide attempt- past 12 months	23.2%	17.0%	3.9%	0.7%

- Youth who are not cis gendered more likely to report poor mental health outcomes



# Summary of Mental Health Data: By Sexual Orientation

Mental Health Measure	LGBTQIA+ (WEC)	LGBTQIA+ (ON)	Hetrosexual Youth (WEC)
<b>Self Rated Mental Health-</b> Rating of Poor	41.4%	51.5%	12.5%
<b>Acts of Self Harm-</b> past 12 months	28.5%	38.0%	6.6%
<b>Suicidal thoughts-</b> past 12 months	35.7%	35.7%	9.0%
<b>Suicide attempt-</b> past 12 months	14.2%	10.0%	2.0%

- Youth who identify as LGBTQIA+ more likely to report poor mental health outcome than their heterosexual peers.

# Healthy Relationships

# Bullying and Discrimination

*Data Source: Greater Essex County District School Board (GECDSB)  
2023-2024 Student Census*

## **Bullying and Discrimination (Student Survey Results)**

- **High rates of bullying:** 2SLGBTQIA+ students reported significantly higher rates of verbal, social, electronic, and physical bullying.
- **Bullying specific to gender and sexual identity:**
  - 33% reported being bullied because they were outed as 2SLGBTQIA+.
  - 35% reported being bullied due to gender expression.
  - 43% reported being bullied due to appearance.
- **Normalization of homophobia/transphobia:** Many students reported being regularly deadnamed, misgendered, and hearing slurs.

# Bullying and Discrimination

*Data Source: Greater Essex County District School Board (GECDSB) 2023-2024 Student Census*

## Bullying and Discrimination (Student Consultation Responses)

- **Lack of support from staff and peers:** Some students feel that teachers and administrators do not intervene in cases of bullying.
- **Lack of disciplinary action:** Concerns that students and staff do not face consequences for homophobic or transphobic behavior.
- **Fear of visibility:** Many 2SLGBTQIA+ students do not feel safe being open about their identity or joining GSAs.
- **Unsupportive parents:** Some students do not feel safe at home and rely on school as a safe space.

# Social Support and Isolation

*Data Source: 2SLGBTQIA+ Youth Advisory Committee  
Member Discussions and Survey Responses*

## **Social support and isolation:**

- Need for more social support in community as a whole.
- Need for opportunities for this group to learn of others with lived experiences to help with isolation, misinformation.
- Queer youth need platform to share voice.
- Advocacy and awareness raising – importance of general public to understand and support Trans and Queer individuals.
- Diversity in community not being accepted – intersecting of islamophobia, transphobia, racism, etc.

# Discussion 1 – Mental Health & Healthy Relationships

## 1. Identifying Gaps in the Data

- When you look at the data, does it reflect your lived experiences? If not, what feels missing or misrepresented?
- Is there anything in this data that surprises you? Why?
- Do any of these 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?

# Discussion 1 – Mental Health & Healthy Relationships

## 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?

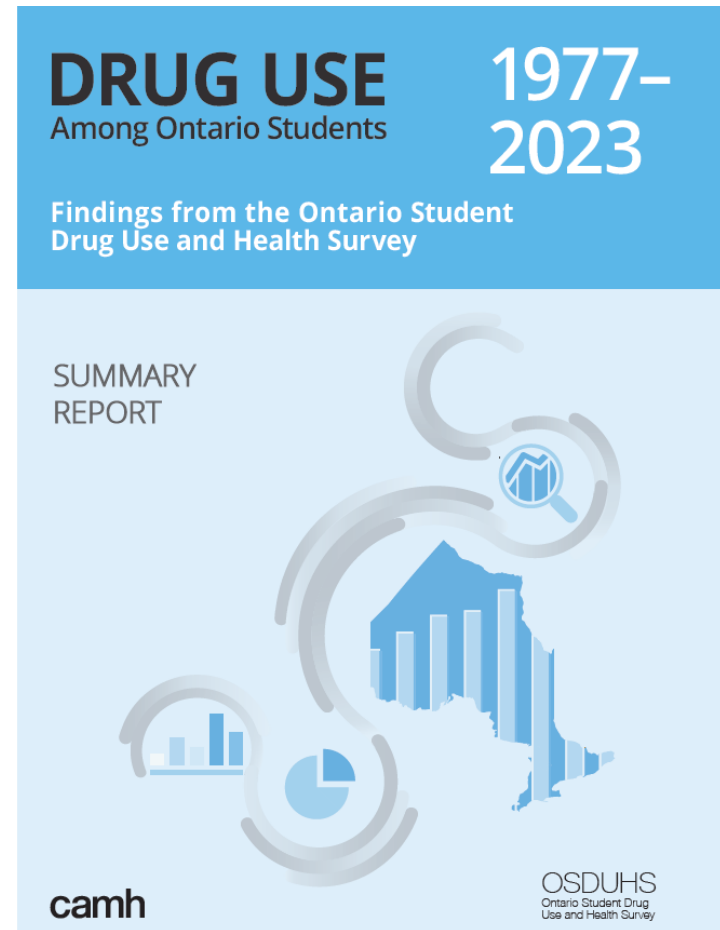
# Substance Use



# Alcohol, Smoking, Vaping, Cannabis

**LGBTQIA GENDER youth show significantly higher rates of use\* or riskier use for:**

- **Alcohol**
  - 35% vs 8% cis-boys, 3% cis girls drink 1-3 times per week (all reported drinking)
- **Smoking**
  - 12.8% vs 0% cis-gender smoke 3 or more cigarettes daily (of those who smoke)
- **Vaping**
  - 39% vape daily vs 23% cis-gender (of those who vape)
- **Cannabis**
  - 39% vs 27% cis-boys, 16% cis-girls used cannabis 40 or more times in past 12 months (of those who use it)



***\*rates are based on use in last 12 months***

# Alcohol, Smoking, Vaping, Cannabis

**LGBTQIA SEXUALITY youth show significantly higher rates of use\* or riskier use for:**

- **Alcohol**

- 19% vs 4.6% straight/heterosexual drink 1-3 times per week (all reported drinking)

- **Smoking**

- 9% vs 0% straight/heterosexual smoke 3 or more cigarettes daily (of those who smoke)

- **Vaping**

- 21% vape daily vs 17% straight/heterosexual (of those who vape)

- **Cannabis**

- 43% vs 14% straight/heterosexual used cannabis 40 or more times in past 12 months (of those who use it) *\*rates are based on use in last 12 months*

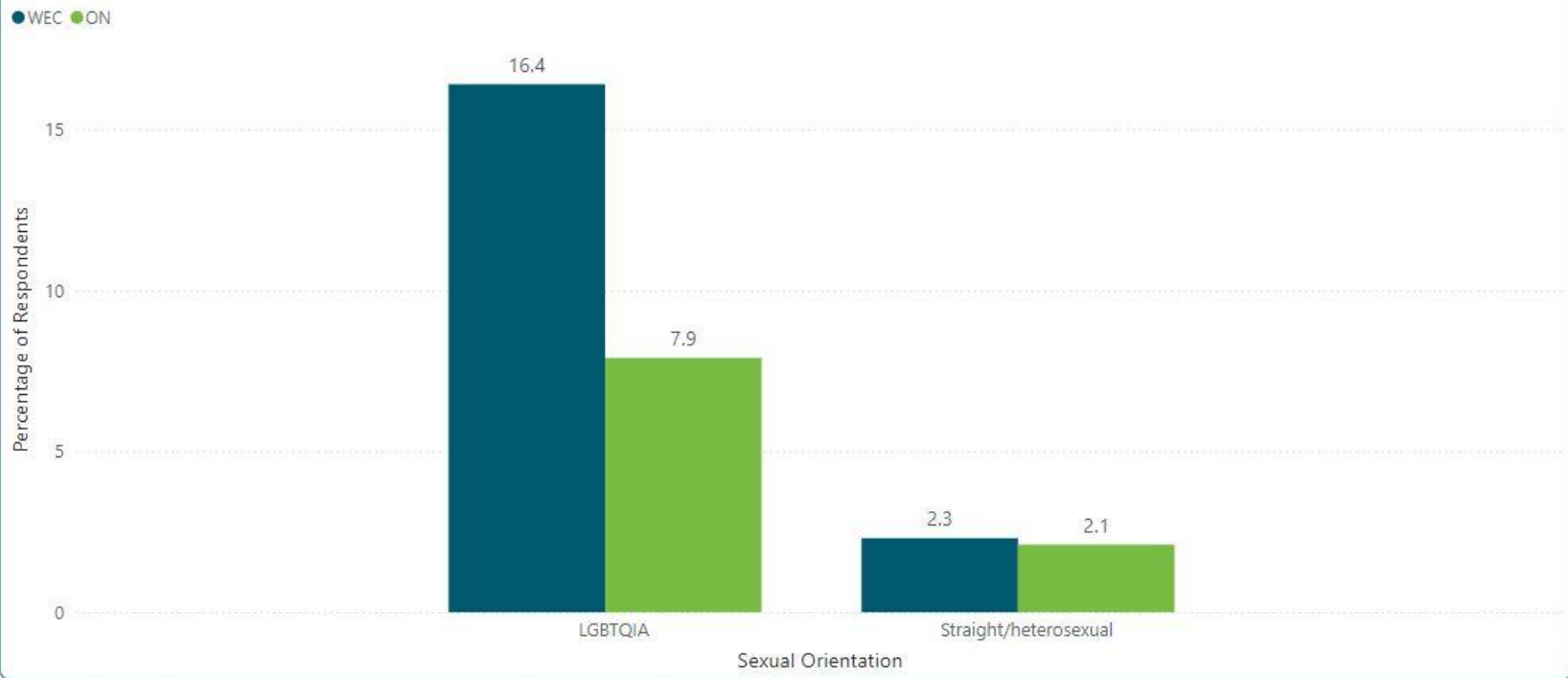
# Physical Health

# Data Source: Ontario Student Drug Use and Health Survey (OSDUHS) 2023

Self-Rated Physical Health

Poor

Self-ratings of physical health among youth in Windsor and Essex County in 2023 by sexual orientation

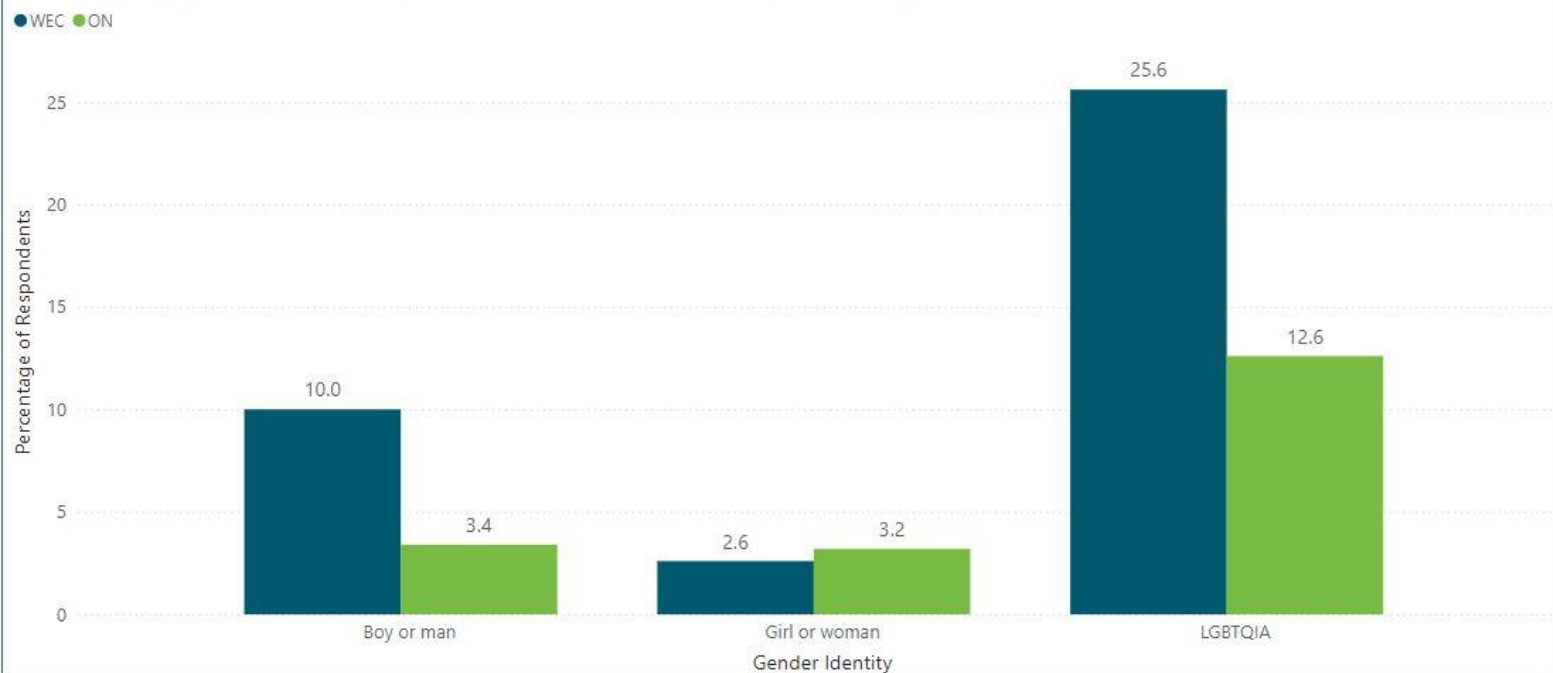


Note: The following should be interpreted with caution, due to low sample sizes

## Self-Rated Physical Health

Poor

Self-ratings of physical health among youth in Windsor and Essex County in 2023 by gender identity



Note: The following should be interpreted with caution, due to low sample sizes

- Percentage of youth in WEC in the "excellent" self-rated physical health category who identify as being part of the LGBTQIA community
- Percentage of youth in WEC in the "fair" self-rated physical health category who identify as being a boy/man
- Percentages of youth in WEC in the "poor" self-rated physical health category who identify as being a boy/man or girl/woman

# Accessing Care

# Needs for Equitable, Inclusive Healthcare

*Data source: 2SLGBTQIA+ Youth Advisory Committee Member Discussions and Survey Responses; Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada: A research report (Egale Canada, 2023)*

## The Experience of Accessing Care

- Efforts and exhaustion of accessing care prior to medical appointment; later, lasting impacts.
- Healthcare providers being dismissive (medical gaslighting), or invalidating lived experience/ knowledge.
- Stigmatization, marginalization, and discrimination from ageism, racism, sexism, and cis-sexism.
- Providers inappropriately diagnosing identity as a mental health issue; being unaccepting of identity or sexuality.
- Ability of service providers to talk to diverse patients, be accepting of all and offer same level of care and respect as other patients.
- Service provider capacity to create a safe, private space to disclose issues.

# Needs for Equitable, Inclusive Healthcare

*Data source: 2SLGBTQIA+ Youth Advisory Committee Member Discussions and Survey Responses; Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada: A research report (Egale Canada, 2023)*

## Access to Appropriate Primary Care and Healthcare Services

- Finding/known where to go and what is available, who to call.
- Options for alternative supports (e.g. texting, telephone).
- Access to appropriate healthcare services and healthcare providers (including for mental health, sexual health and reproductive health).
- Cost-related barriers to access care and treatment.
- Use of emergency room care – importance of access; prejudices faced by patients in emergency room settings, especially if from marginalized communities.



# Mental Health Care

*Data source: 2SLGBTQIA+ Youth Advisory Committee Member Discussions and Survey Responses; Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada: A research report (Egale Canada, 2023)*

## **Access to inclusive mental health care:**

- High costs of private mental health care.
- Locally, need for more counsellors who have the knowledge and training to help Trans and Queer individuals to talk through challenges with HRT or surgeries, family issues, hate crime, inclusive language, gender identity, etc.
- Locally, Trans Wellness is only/best place that can address mental health for this population.

# Gender Affirming Medical Care

*Data source: 2SLGBTQIA+ Youth Advisory Committee Member Discussions and Survey Responses; Healthcare access experiences and needs among LBQ women, trans, and nonbinary people in Canada: A research report (Egale Canada, 2023)*

## **Access to gender affirming medical care:**

- Lack of available local services for accessing gender affirming care, hormone replacement therapy (HRT) and surgeries; availability of telehealth services.
- Barriers of long wait times, travel expenses, out-of pocket expenses.
- Awareness and knowledge/training of local HCPs to provide HRT and other support for trans individuals. Need for more health professionals who specialize/are trained.
- Inadequate support; misinformation of options, what individuals will encounter when seeking gender affirming care (including physical, mental and emotional effects).
- Feeling anxious, fearful, and stressed about accessing care as a trans or nonbinary person.

# Discussion 2 – Substance Use, Physical Health, and Accessing Care

## 1. Identifying Gaps in the Data

- When you look at the data, does it reflect your lived experiences? If not, what feels missing or misrepresented?
- Is there anything in this data that surprises you? Why?
- Do any of these 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?
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# Discussion 2 – Substance Use, Physical Health, and Accessing Care

## 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?
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