

Dear Premier Smith,

The Alberta Psychiatric Association (APA) which is inclusive of the Alberta Medical Association's Sections of General Psychiatry and Child and Adolescent Psychiatry, wishes to express deep concern around recently announced policies that directly affect transgender individuals in the province of Alberta. These policies have the potential to lead to significant negative mental health outcomes amongst an identifiable, already marginalized population.

Transgender and gender non-conforming youth often experience higher levels of depression, suicidal ideation, and other mental health concerns, with literature showing an 2-3 fold increase risk of depression, anxiety disorder, suicidal ideation, suicide attempts, self-harm without lethal intent, and both inpatient and outpatient mental health treatment.

In considering the possible effect of these proposed policies, it is important to note that similar restrictive policies and legislation passed in the United States resulted in increased levels of anxiety, depression and suicide amongst 2SLGTBQ+ individuals along with increased presentations to hospital. A 2016 study suggested that inclusive policies and discrimination protection are associated with 26% decreased odds of mood disorders and 43% decreased odds of self-directed violence. A 2023 US national survey revealed that nearly 33% of LGBTQ youth reported poorer mental health in response to anti-LGBTQ policies and legislation. Potential harms can have broad societal impact including increased homelessness, substance use, and increased use of mental health resources will impact public health resources and the local communities of all Albertans.

Access to appropriate affirming care in adolescence results in individuals having fewer thoughts of suicide, being less likely to experience major mental health disorders, and having fewer problems with substance use when compared to individuals that only accessed treatment in adulthood. This was shown in the 2015 U.S Transgender survey which was comprised of responses from 27,715 transgender individuals nationwide and a similar result was noted in a more recent prospective study from 2022 of 104 individuals.

From a medical treatment standpoint, The Canadian Pediatric Association notes the following:

"For adolescents with marked and sustained gender diversity who express a clear goal of medical transition, hormone blockers may be prescribed to suppress or slow physical changes or gendered experiences. Hormonal suppression is reversible and sex steroid production will resume if blockers are discontinued.

Initially, the clinical objective of prescribing hormone blockers is to provide a young person with time to further explore their gender identity without pressure or distress related to ongoing development of secondary sex characteristics. An emphasis on parental support around hormone blockers is already part

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of the standard of care, as it is recognized that TGD youth with supportive parents have been shown to have markedly better mental health outcomes, including lower risk of suicide.

Should a young person continue to express gender dysphoria over time and eventually wish to pursue other gender-affirming treatments, hormone blockers may also prevent the development of secondary sex characteristics that may make medical and surgical transition riskier and more difficult."

They also note:

"While gender-affirming surgeries are less commonly performed for adolescents, TGD youth may identify surgery as one of their transition goals. It should also be made clear that 'bottom' or 'lower' surgeries are already limited to individuals 18 years of age and older. As every individual has unique needs and circumstances, medical decisions need to be made through informed and confidential discussions between healthcare professionals and the patient/family, guided by best-available evidence to support physical and mental well-being."

Parents and guardians play an important role in a child's development and wherever possible are involved in discussions around gender identity. This has always been the case and should continue to be a goal of care. Unfortunately, not everyone is privileged to have these supports and these policies appear to have the potential to further isolate a population already at higher risk of negative mental health outcomes. It does not acknowledge the very real possibility that the home life of a transgender individual may already be challenging and does not make that environment any safer. It further takes away a potentially safe space in schools and with health care providers. Safe and inclusive environments are a basic need for all children and youth in Alberta; it provides the best opportunities to understand themselves, their relationships, and their roles, and supports their mental health as they move into adulthood. We would suggest that government increase investment in mental health resources that support access to family therapy to open up communications and help shift challenging dynamics that may be blocking important discussions at such a critical time in a child's development.

As physicians, we take seriously our responsibilities in providing appropriate evidenced based care in a safe, non-judgmental environment. The current standard of care includes multiple opportunities for assessment of the concerns raised and the capacity of the individual having these concerns, discussion of treatment options including risks and benefits, and support in that decision-making process along with the involvement of individuals identified as support persons, including accompanying family/guardians. This process is nuanced and should be carried out by qualified health professionals, accountable to their respective regulatory bodies. The announced policies limit medical choices for youth based on general principles rather than allowing patients, parents, and clinicians to support decisions based on the best available current evidence, and detailed knowledge of the youth's particular symptoms, circumstances, and preferences. The uniqueness of every individual deserves an approach that can be tailored to best support and protect that individual.

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We would strongly urge the Premier and her government to reconsider their approach with regard to these policies. As always, we would suggest taking the opportunity to consult broadly with front-line professionals, including the Alberta Psychiatric Association, who provide direct care to transgender individuals to develop a policy suite that acknowledges the challenges noted above and in other position statements that may have already been released. We look forward to having discussions on this topic and on other relevant and related topics such as access to comprehensive acute and community psychiatric care, ER wait times, support from primary care, and access to appropriate evidenced based treatments in which we can work together for the betterment of all Albertans.

Sincerely,

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