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2SLGBTQIA+ Families' Unique Perinatal Mental Health Concerns

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DALLA LANA SCHOOL OF PUBLIC HEALTH

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**Land
Acknowledgement**



Positionality

-Who are we

Agenda

- Questions from our previous webinar
- Prevalence of perinatal mental health concerns (PMHC) in Two-Spirit, lesbian, gay, bisexual, trans, queer, intersex, asexual (2SLGBTQIA+) individuals and parents
- Risk and protective factors
- Impact on partner(s)
- Supportive resources for your practice



Question From Our Previous Webinar

Do you have any information about gendered infant growth charts, or intersex children and how to document this information?

Prevalence of Perinatal Mental Health Concerns in 2SLGBTQIA+ People



- Very limited research; most studies focus on lesbian and bisexual women.
- Compared to heterosexual women, SMW have:
 - An elevated risk of adverse mental health and increased antidepressants use.
 - Increased stress during pregnancy.
 - Elevated risk of depression.

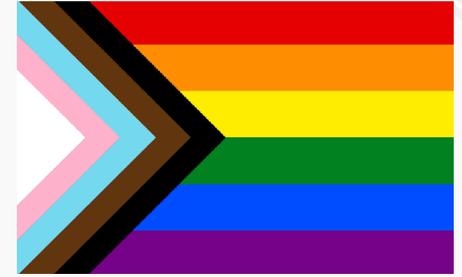
(Soled et al., 2024; Marsland et al. 2022)

Prevalence of Perinatal Mental Health Concerns in 2SLGBTQIA+ People



- Bisexual women appear to be at higher risk for PMHC compared to lesbians. (Soled et al., 2024; Marsland et al. 2022; Ross et al. 2012)
- Postpartum SMW are less likely to use antidepressants until symptom severity severe, thus, repeated mental health screening is recommended. (Soled et al., 2024)

Prevalence of Perinatal Mental Health Concerns in 2SLGBTQIA+ People



- No studies have yet examined the prevalence of PMHC among **transgender and non-binary people**.
- Recent review articles suggest they may experience increased vulnerability given higher rates of mental health challenges outside of the perinatal period. (Brandt et al., 2019; Greenfield & Darwin, 2020)
- Lifetime prevalence of depression among transgender and gender non-conforming individuals is as high as 50% to 67%, most of it related to experiencing discrimination and lack of social support. (Carmel & Erickson-Schroth, 2016; Nuttbrock et al., 2010; Rotondi et al., 2012)

Prevalence of Perinatal Mental Health Concerns in 2SLGBTQIA+ People

- No studies have yet examined the prevalence of PMHC among **Two-spirit people**.
- Nevertheless, the Trans PULSE Canada survey found:
 - 51% of participants had unmet healthcare needs in the past year
 - 54% identified themselves as a psychiatric survivor or person with a mental health concern
 - 19% did not have a primary healthcare provider

(Merasty et al., 2021)

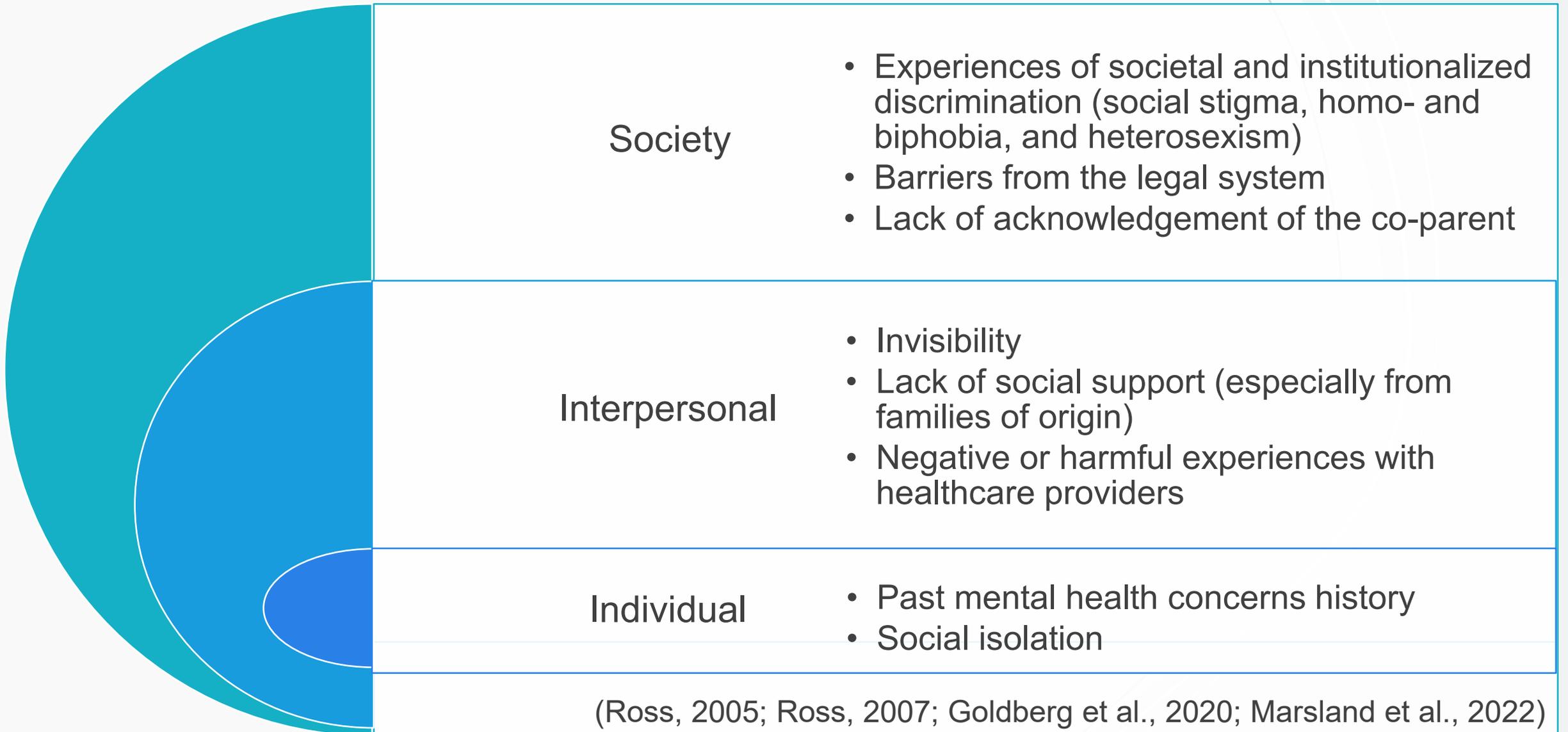


Risk Factors

In addition to stressors faced by the general population, 2SLGBTQIA+ people face:



Major Risk Factors in Sexual Minority Women

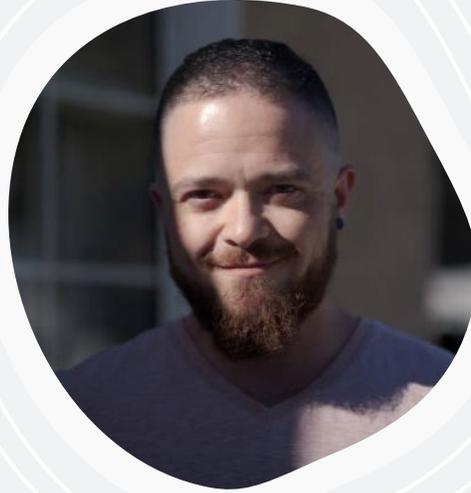


Distinct Risk Factors for Bisexual Women



- Lack of social support and community, and experiences of invisibility.
 - Lack of social support correlates with higher symptoms of depression and anxiety during pregnancy and at six months postpartum.
- Compared to lesbians, bisexual women have more risk of perinatal depression and lack of partner and family support.

(Ross, 2012; Goldberg et al., 2020; Leal et al 2021; Marsland et al., 2022)



Additional Risk Factors for Transgender and Nonbinary Individuals

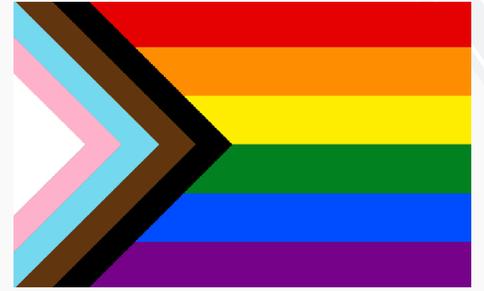
A small number of studies have focus on the perinatal experiences of transgender men or transmasculine people.



Gender Dysphoria

- A term used to characterize experiences of distress within gender minority people. (Davy & Toze, 2018)
- It does not look the same for every transgender person. (Kirczenow et al., 2020)
- What can trigger GD during the perinatal period:
 - Bodily changes due to pregnancy, childbirth, postpartum, nursing.
 - Direct experience of birthing a baby through the vagina, exposure of genitals, assumptions about the reproductive organs as 'female'.
 - Use of incorrect pronouns or other acts of misgendering.

Additional Risk Factors for Transgender and Nonbinary Individuals



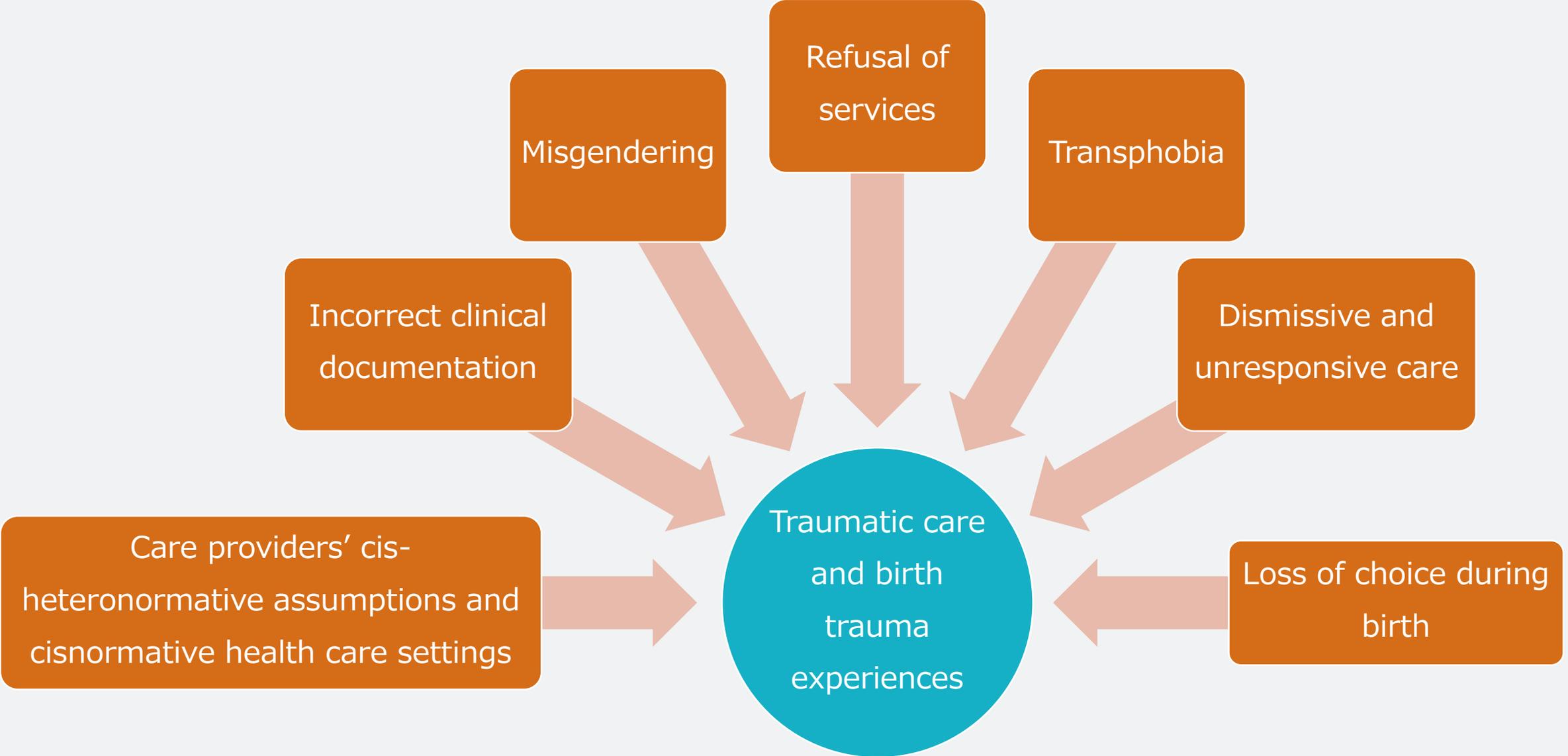
- Increased vulnerability to birth trauma and PMHC due to:
 1. Provision of health care that does not consider the needs of transgender people (e.g., lack of inclusive and affirmative perinatal care and support in the context of perinatal loss, fertility treatment, labour and delivery, and the postnatal period).
 2. Social isolation, exclusion, invisibility, lack of social support.
 3. Gender dysphoria.

(Greenfield & Darwin, 2020; Hafford-Letchfield et al., 2019; Wolfe-Roubatis & Spatz, 2015; Obedin-Maliver & Makadon, 2016)

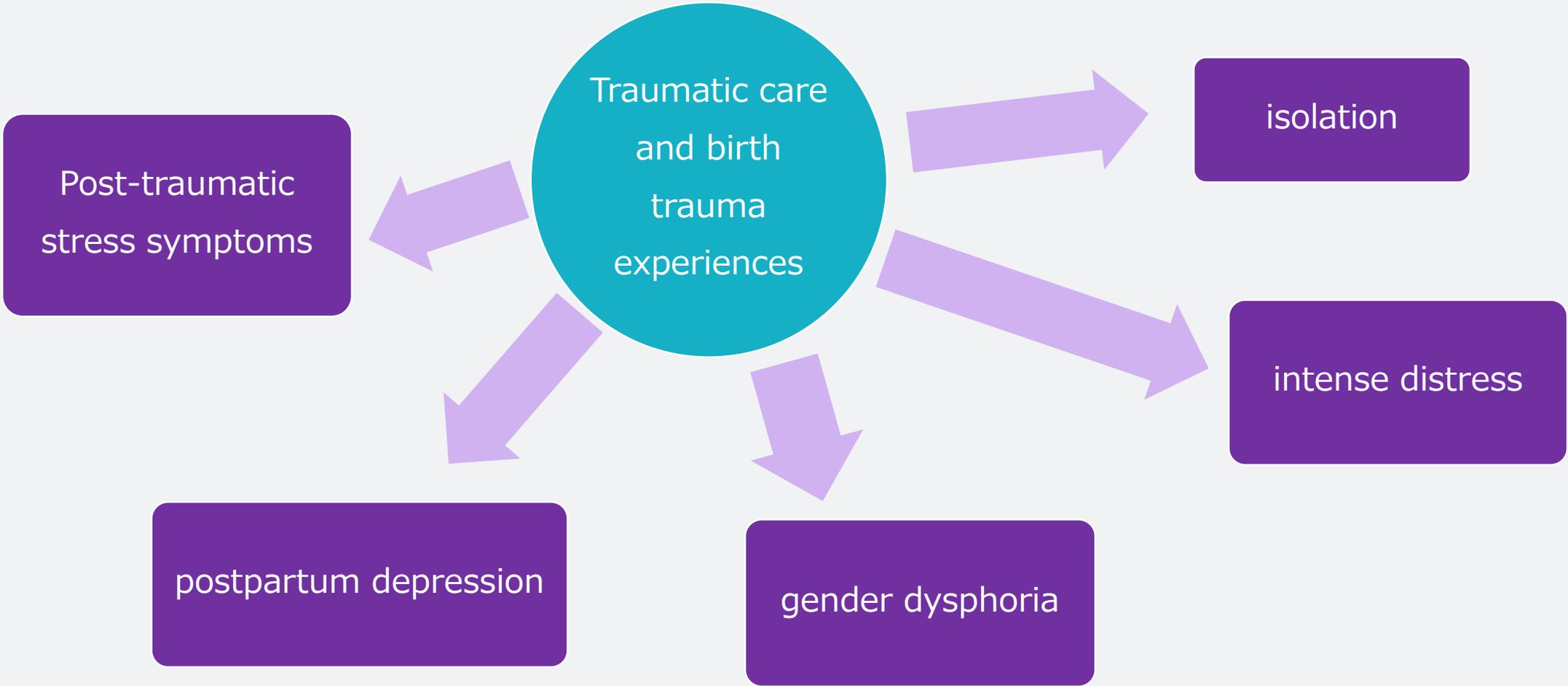
Trauma-Informed Care Approach

- Recognizes the prevalence of **trauma history** and the diverse effects of trauma that 2SLGBTQIA+ people may experience. (Tam et al., 2022; Substance Abuse and Mental Health Services Administration, 2014)
- Discrimination in health care can lead to trauma in 2SLGBTQIA+ individuals.
- Working from a **strengths-based perspective** to recognize people's resilience and that people are coping the best way they can. (Tam et al., 2024 in press)
- Aims at **addressing barriers** to care and the potential for re-traumatization in service provision. (Tam et al., 2024 in press)

Additional Risk Factors for Transgender and Nonbinary Individuals



Additional Risk Factors for Transgender and Nonbinary Individuals



Additional Risk Factors for Nonbinary Individuals

- Compared to their transgender counterparts who identify with a binary gender (i.e., transgender men or transgender women), nonbinary individuals experience:
 - Higher rates of discrimination, and chronic stress due to experiences of invisibility.
 - Greater risk for negative mental health outcomes including higher risk of suicidality, psychological distress, anxiety, and depression.



(Matsuno & Budge, 2017)

Additional Risk Factors for Two-spirit Individuals

- Lack of support and available resources (Ross et al., 2012)
- *“There's nothing for Two-Spirited bisexual moms! [laughs] Not around here. And I don't think there's even a whole lot of people I'd go telling that to around here, because they'd probably be calling Children's Aid Society on me! (Jesse, Two-Spirit-identified biological mother)” (Ross et al., 2012, p. 148)*

Protective Factors

- Social support from families of origin, chosen family, other 2SLGBTQIA+ parents, and the 2SLGBTQIA+ community.
- For gender minority people - inclusive and affirming perinatal care experiences.
 - E.g., Inclusive and affirming birth experience, including language used by healthcare providers towards the birth parent and partner(s).

(Ross et al., 2005; Kirubarajan et al., 2022; Obedin-Maliver & Makadon, 2016; Wolfe-Roubatis & Spatz, 2015).



Impact on Partner(s), Non-birthing Parent(s) and/or Co-parent(s)

Limited research has mainly focused on the experiences of lesbian, bisexual, and queer non-birthing parents.



Factors that impact include:

Worries related to their lack of biological relationship

Experiences of infertility for parents who want to conceive

Discrimination and social invisibility as a parent (family, strangers, institutions)

Legal issues (e.g., donors changing their minds and desiring a parenting role)

Lack of legal recognition (e.g., birth certificates)

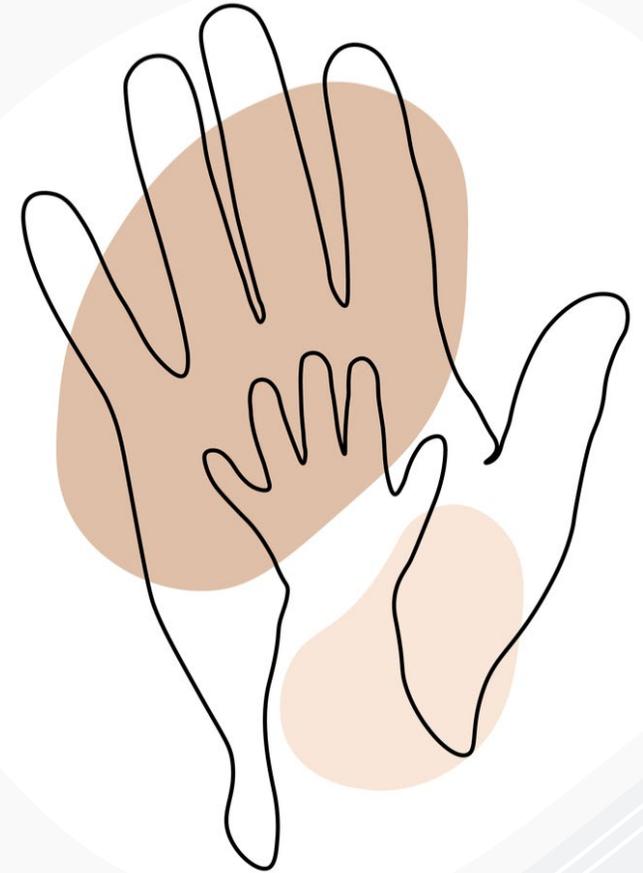
Lack of services for non-birthing parents

Legal Recognition of Non-birthing 2SLGBTQIA+ Parents

- Birth registration is regulated by province or territory.
 - 2SLGBTQIA+ parents and their children will have varying legal protections depending on the province/territory where the birth is registered.
 - In some provinces/territories, non-birthing parents are only legally recognized after second-parent adoption.
 - Only some provinces/territories include gender-neutral parenting terms.
- In Canada, being a legally married partner does not ensure that birth registration includes the non-birthing or non-biological parent as a legal parent of their child.

Legal recognition of Non-birthing 2SLGBTQIA+ Parents

- Lack of legal parent status can prevent non-birthing parents from making medical decisions for their child during an emergency or hospital visit.
- Lack of gender-neutral language can force trans and non-binary parents to identify themselves in ways that are incongruent with their gender identity.



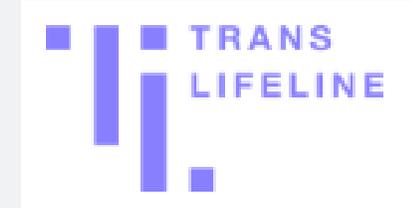
Final Notes

- It is essential to acknowledge the historical harm and trauma that psychiatry has caused to the 2SLGBTQIA+ community.
 - Some people are not going to immediately embrace a biomedical model regarding an approach to mental health concerns.
- A way to support 2SLGBTQIA+ people with PMHC involves referring them to 2SLGBTQIA+ community support groups, including parenting-specific supports if available in the local community or online.
- The most important way to support 2SLGBTQIA+ people is through continuous learning about their needs and taking a trauma-informed care approach in your daily practice.

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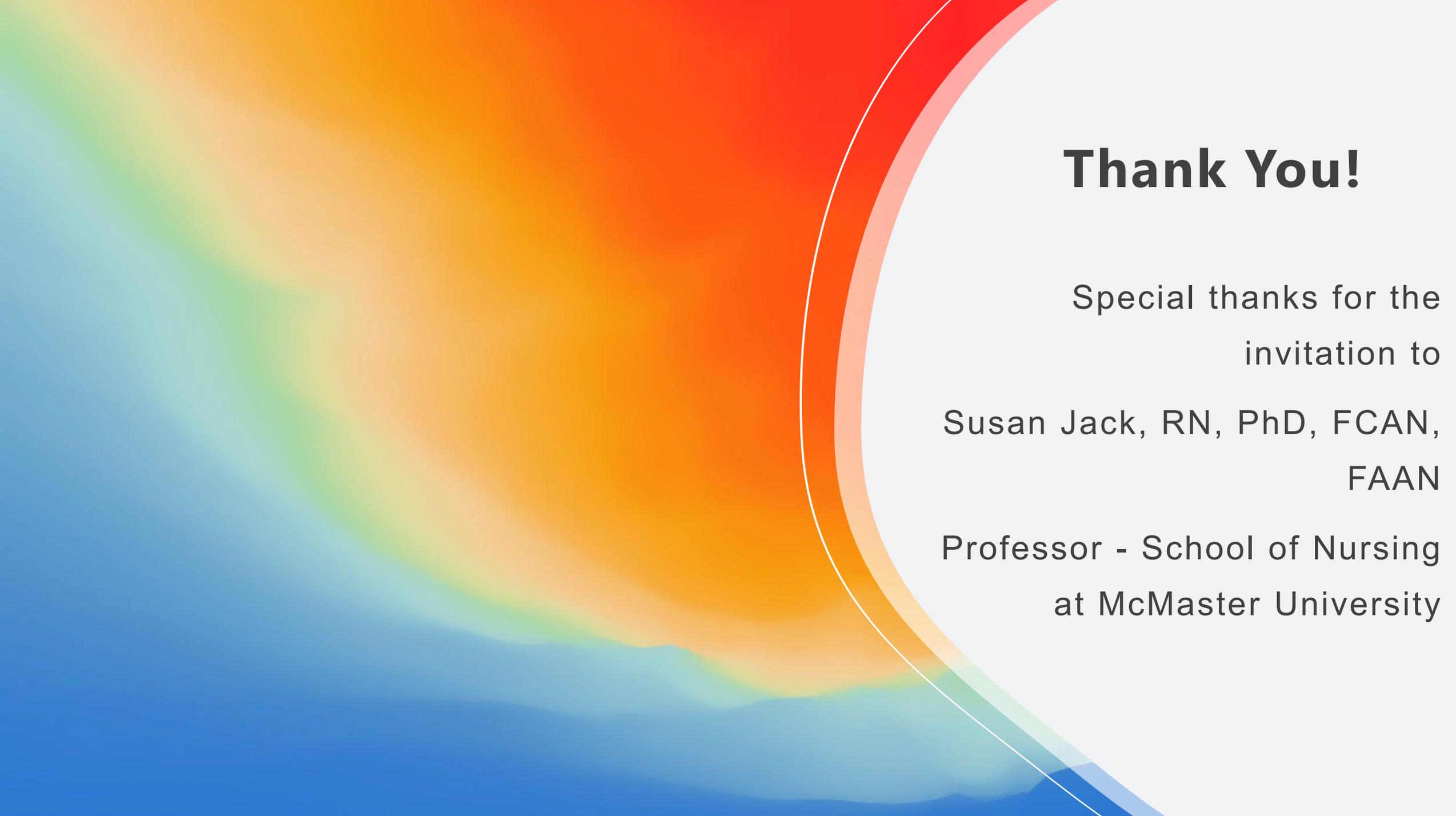
Supportive Resources



- <https://lgbtqhealth.ca/resources/generalmentalhealthresourcesandinformation.php>
- <https://www.maternalmentalhealthnow.org/>
- <https://www.maternalmentalhealthnow.org/wp-content/uploads/2022/08/MMHN-QueerTrans-PMH-Toolkit-2.pdf>
- <https://www.thetrevorproject.org/resources/category/mental-health/>
- https://translifeline.org/resources/?_topics=mental-health
- <https://www.queercarekit.com/post/bisexuality-and-mental-health/>

Supportive Resources

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Thank You!

Special thanks for the
invitation to
Susan Jack, RN, PhD, FCAN,
FAAN
Professor - School of Nursing
at McMaster University

Questions

We will now answer questions placed in the chat



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<https://www.istockphoto.com/photo/portrait-of-a-confident-transman-gm1340512572-420566466> – the author has a standard license for the use of this image.
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