



OPINION

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# Gender Minority Youth

Why They are Troubled:  
An Examination of Social Determinants of Mental Health

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doi:10.35493/medu.38.14

## ABSTRACT

Gender minority (GM) youths are disproportionately challenged by mental health and body image issues as a result of social discrimination and impediments. Media portrayal of gendered body ideals can have detrimental effects on GM youths' body image. To alleviate the effects of media-induced dysphoria and eating disorders, diversifying media representation of gender-nonconforming individuals and fostering a more fluid representation of gender are potential first steps. Additionally, despite the importance of healthcare professionals for GM youths, the quality of care that they receive is insufficient. Education sessions on transgender health issues and trauma-informed care can significantly improve the quality of care. As for academia, transgender individuals have historically been discriminated from studies and sexual orientation was often conflated with gender identity. In order to conduct culturally-sensitive research, surveys and questionnaires need to improve the language used. Overall, these factors should be examined together to help inform appropriate solutions.

## INTRODUCTION

In the United States, gender minority (GM) youth are four times more likely to have at least one mental illness compared to their cisgender counterparts.<sup>1</sup> 45% of transgender youth have attempted suicide in their lifetime, compared to a national average of 0.6% overall.<sup>2,3</sup> In contrast to cisgender individuals, GMs are people who identify with a gender different from their sex assigned at birth, which can include those who are transgender, non-binary, gender non-conforming, as well as two-spirit.<sup>4</sup> Consequently, GMs face prejudice and discrimination in their daily lives—including increased incidence of bullying, parental abuse, and health disparities.<sup>4,6</sup> This piece aims to examine and discuss social influences on mental health in GM youth, specifically the influence of the media, access to health care, and representation in research.

## MEDIA PORTRAYAL OF THE IDEALIZED BODY

Media portrayals of idealized bodies are often exaggerated and gendered. Gender binaries are prominent in the portrayal of role models, such as superheroes, where men are shown as powerful and muscular, while women are portrayed as beautiful and thin.<sup>7,8</sup> Unrealistic media representation of the idealized

body has a strong influence in shaping adolescents' body perceptions—especially when social grooming behaviors, such as viewing and commenting, are involved.<sup>7-9</sup> GM youth are more likely to identify with media portrayals that are incongruent with their bodies which can lead to gender dysphoria, suicidal ideations, and self-injury.<sup>10</sup> Due to body dissatisfaction, GM youth are at an increased risk of developing eating disorders (ED) compared to their cisgender peers.<sup>11-13</sup> Transgender youth may also use weight manipulation tactics to align their bodies with their gender, avoid menstrual periods, and delay the progression of puberty.<sup>11,12</sup>

There have been several recent efforts using mass media campaigns to build self-esteem and positive body image in women. For instance, companies such as Dove and Lane Bryant employed models of diverse body types.<sup>14</sup> Public reception of these efforts has been generally positive as people were hopeful that these shifts in advertising practices could improve future generations' body perceptions.<sup>14</sup> However, these body positive advertising efforts did not reach 2SLGBTQIA+ groups. Instead, there have been continuous criticism for the homogenous representation

of “muscular, shirtless, hairless, and youthful” gay men.<sup>15</sup> A more fluid representation of body types can help GM youth recognize their bodies as being accepted and celebrated.

## ACCESS TO HEALTHCARE

GM youth experience a higher prevalence of mental health issues—including depression, anxiety, suicidality, trauma, and victimization.<sup>16,17</sup> Accessing mental health support can help improve their psychological states; transgender university students report less drug and alcohol concerns after accessing support.<sup>18</sup> GM with dysphoria may have difficulties in forming intimate relationships and participating in recreational activities, and the associated stigmas may discourage individuals to not seek medical care.<sup>16</sup> This highlights an increased need for GM youth to seek gender affirmative treatments.<sup>17,19</sup>

Despite the importance of competent care for GM youth, the accessibility and quality of care they receive is unsatisfactory. Barriers to accessing healthcare or medication such as puberty blockers have been commonly reported.<sup>20</sup> In addition, GM youth often face unfair treatment from healthcare professionals.<sup>21-23</sup> In a 2017 study assessing the experiences of transgender youth in the healthcare system, all 174 youth experiencing gender dysphoria reported negative experiences with healthcare professionals, including discrimination from psychiatric providers who ascribed their mental illnesses to their identity.<sup>24</sup> In a university setting, transgender students reported that campus health services were not meeting their needs; oftentimes repeatedly being misgendered, addressed by their incorrect name, and asked inappropriate and irrelevant questions about their gender.<sup>25</sup>

Youth have indicated that providers display a lack of ability to deliver patient-centered care to transgender individuals.<sup>22,24</sup> Studies have shown that training on transgender health issues significantly improved GM youth's experiences in healthcare settings, indicating the salience of medical education about GM health issues.<sup>26-28</sup>

## LITERATURE REPRESENTATION

Transgender individuals have historically been underrepresented in research. Previous works have conflated sexual orientation with gender identity and there is a paucity of literature on GM youth in various settings for mental health treatment, including palliative care and school counselling.<sup>29-31</sup> More research is needed to advance knowledge of unique mental health issues in GMs. However, the invasive and insensitive ways that some research is conducted may discourage GM participation. Sevlever and Meyer-Bahlburg reported two cases of GMs undergoing psychiatric treatment for mood disorders.<sup>32</sup> The investigators misgendered and incorrectly named one of the participants throughout the paper, focused primarily on parental recounts of participant experiences, and published unnecessarily intimate content.<sup>32</sup> Such representations of GM experiences may discourage future participation in research.

Surveys and questionnaires need to improve the language used in order to conduct culturally-sensitive studies. Several preliminary guidelines have been recommended, such as inclusivity of diverse identities and sexual behaviors, soliciting feedback from GM members, and allowing participants to contextualize

responses using open-ended questions.<sup>29</sup> Sharing personal experiences in an unfamiliar setting hinges on trust and rapport.

## CONCLUSION

We must acknowledge the interconnectedness between media influence, access to healthcare, and representation in research in shaping mental health in GM youth. Despite a myriad of challenges that GM youth face, there are concrete measures that can help improve their mental health outcomes. This can be initiated by diversifying media depictions to improve body image, improving culturally-sensitive care, and bettering research approaches to encourage GM participation.

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## EDITED BY: ALBERT STANCESCU & MEERA CHOPRA

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