

# Effects of Gender-Affirming Care on Depression and Suicidality in Transgender and Gender Non-Conforming Youth: A Systematic Review

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## Introduction

- ❖ The transgender and gender non-conforming (TGNC) community carries a disproportionate suicide risk with suicide attempts (SAs) of TGNC individuals ranging from 22% to 43% across studies in the United States, Canada, and Europe.
- ❖ TGNC youth are at an even greater risk, with SA rates being 7 times higher among minors under 18 years of age and 7.6 times greater than their cisgender peers.
- ❖ Guidelines from numerous medical organizations, including the Endocrine Society and the American Psychiatric Association (APA) among others, recommend treatment of TGNC youth with gender-affirming care, varying from social support, puberty blockers, and hormonal therapy.
- ❖ Current legislative trends have led to 22 states to date introducing or passing bills that ban the provision of such care to anyone under the age of 18, even with parent or guardian consent.
- ❖ There has been a recent increase of primary research regarding the effects of gender-affirming care on depression and suicidality in TGNC youth.

## Purpose

The goal of this review was to appraise the latest evidence, summarize the effects of the intervention, and ultimately assist in future healthcare and policy decisions

## PICO Question

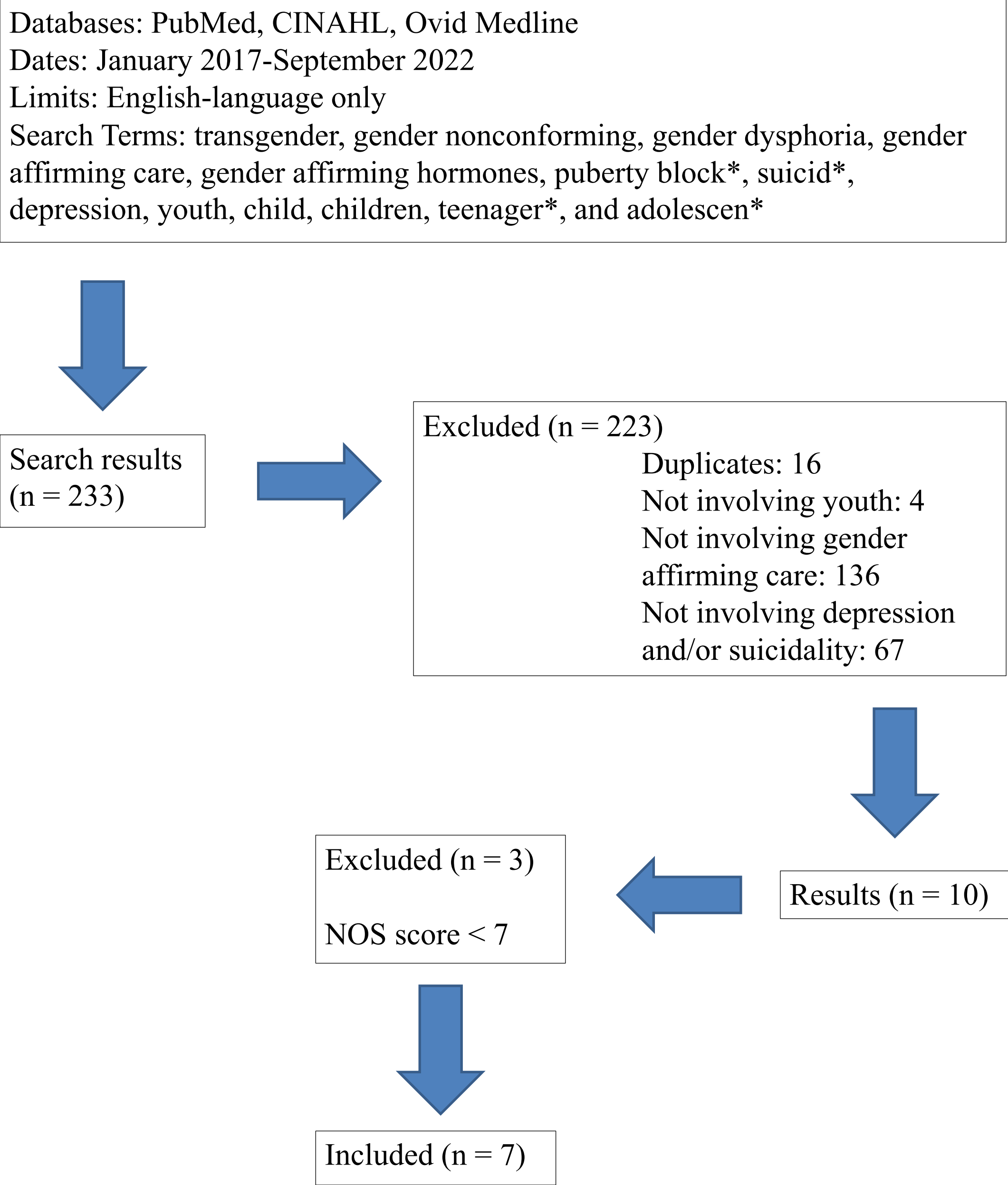
In TGNC youth, how does gender-affirming care affect depression and suicidality?

## Methods

- ❖ A systematic review was conducted based upon the Perceived Chronic Social Adversity theory which postulates that recurrent, cumulative, emotionally driven, and stressful events, in the context of interpersonal relationships, can lead to major mental suffering.
- ❖ The databases PubMed, CINAHL, and OVID Medline were searched for peer reviewed research studies involving the effects of gender-affirming care of TGNC youth on depression and suicidality published in English between January 2017 and September 2022.
- ❖ The Newcastle-Ottawa Scale (NOS) was used to assess the quality of articles and only studies with a score of 7 and above, out of a maximum score of 9, indicating high quality were included.
- ❖ Evidence synthesis table was used to extract pertinent information from the included the articles, including the stated purpose, conceptual framework, design, sample/setting, method, study findings and worth to practice.

## Characteristics of Studies

- ❖ Six of the seven studies were published between 2020-2022; one was published in 2018.
- ❖ Five were cross-sectional and 2 were cohort studies.
- ❖ Sample sizes ranged from 104 to 21,598, for a total sample size across studies of 38,268.
- ❖ Age groups ranged from 9 to 35 years old.
- ❖ Race/ethnicity was not reported in 2 studies reviewed; the remaining samples were vastly non-Hispanic white.
- ❖ Six of the seven measured mental health outcomes in youth, while one measured the relationship between access to gender-affirming care in youth with mental health outcomes in adulthood.



## Synthesis of Findings Across Studies

- ❖ Across six of the seven studies, gender-affirming care was associated with improved mental health outcomes.
- ❖ Of the four studies that discussed social support in the context of gender identity, all found a correlation between perceived support and better mental health
- ❖ Gender-affirming care is associated with decreased depressive symptoms/suicidality
- ❖ Support of gender identity is associated with less psychological distress

## Recommendations from Findings

Providing gender-affirming care addresses gender dysphoria by increasing congruence between an individual's physical body and identity, by way of gender-affirming hormones, or decreasing distress surrounding the development of secondary sex characteristics, by way of puberty blockers. Additionally, the findings from the studies are consistent with the Perceived Chronic Social Adversity Theory in that that gender-affirming care may also be effective by improving the individual's sense of acceptance and thereby reducing perceived adversity.

- ❖ Legislation that limits access to gender-affirming care is limiting potentially lifesaving care.
- ❖ Policies that increase social stigma such as the bathroom bills, might also lead to negative mental health outcomes by way of increasing social adversity and decreasing perceived support of gender identity.
- ❖ Healthcare providers must review this growing body of evidence and increase their confidence in speaking to TGNC youth about their treatment options.
- ❖ The evidence from this review is consistent with the guidelines published by six professional medical bodies, including the American Academy of Pediatrics (AAP), the American Academy of Child and Adolescent Psychiatry (AACAP), the Endocrine Society, the American Medical Association, the American Psychological Association, and the APA

## Limitations

- ❖ Creating a randomized controlled trial, with gender-affirming care as the variable, would be difficult and unethical based on the core ethical principles of autonomy and justice. Although this limits the level of evidence available for review, it is a necessary limitation to impose.
- ❖ The requirement of parental consent for minors receiving gender-affirming care implies a level of acceptance of the individual's gender identity. The association with gender-affirming care and improved mental health outcomes could be related to this support, as research shows even modest indicators of support from parents, such as use of chosen name, is associated with reduced mental health risks. To improve upon this limitation, studies measuring the effects of gender-affirming care should separately control for perceived parental support of gender identity.
- ❖ The overwhelming majority of the sampled population were non-Hispanic white. The correlation between decreased depression and suicidality among white TGNC youth receiving gender-affirming care therefore may not be easily applied to non-white individuals. Additional research focusing on racial/ethnic minorities within the TGNC youth population should be done to strengthen the data.

## Conclusions and Implications

The connection between gender-affirming care and decreased rates of depression and suicidality among TGNC youth has implications spanning legislative concerns and healthcare provider guidelines. During a time when gender-affirming care has become an open policy debate, the focus on evidence-based outcomes is vital. The legislative trend of not only limiting gender-affirming care but also propagating the social adversities that contribute to the psychological distress experienced by TGNC youth, will have negative mental health consequences. Healthcare providers should increase their confidence in following the most up-to-date evidence that supports the already published guidelines.

*References available upon request.*

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