

What Will It Take to Reduce Suicide Among Transgender North Carolinians by 2030?

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Transgender youth face health disparities in suicidality, which have been exacerbated by the COVID-19 pandemic. Health care providers should advocate for upstream interventions to reduce suicide disparities, including Medicaid expansion, family acceptance therapy, improved access to name and gender marker changes, continuation of telehealth, and creation of trauma-informed schools.

Introduction

Although transgender people are part of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community, it is important to understand that transgender is not a sexual orientation and does not describe one person's attraction to another. Rather, transgender, nonbinary, and cisgender are gender identities: a person's deeply held, internal sense of their gender. Cisgender people identify with the sex they were assigned at birth. Transgender people identify with a sex other than the one assigned at birth. Nonbinary people reject the "gender binary," the social norm that divides reality between female and male. Because of the way the term LGBTQ has evolved to mean lesbian, gay, bisexual, transgender, and queer, it may seem confusing that a gender identity term (transgender) is included in an acronym that otherwise signifies sexual orientations (lesbian, gay, bisexual, and queer, or LGBQ). It is important to remember that people who are gender minorities—i.e., transgender or nonbinary—may also be sexual minorities—i.e., lesbian, gay, bisexual, or queer—or they may be heterosexual.

The estimated portion of the population identifying as transgender is 0.6%, both nationally and in North Carolina [1]. There are projected to be about 44,750 transgender adults in North Carolina [1], and about 4650 transgender youth aged 13-17 in North Carolina [2]. Gender transition is a complex process that can involve social changes such as new terms of address and pronouns, medical changes such as hormone replacement therapy or surgical procedures, and legal changes such as name change and birth certificate updates. A transgender person may undergo some, all, or none of these changes, depending on how they understand their gender identity, other medical conditions they may have, and their access to the resources necessary to make these changes.

Healthy North Carolina 2030 included a health indica-

tor for suicide rate, defined as the age-adjusted number of deaths attributable to self-harm per 100,000 population, with the 2018 rate at 13.8 and the desired outcome of 11.1 by 2030, via improved access to care and treatment for mental health needs [3]. The report noted the influence on suicide rates of mental illnesses, high-stress traumas such as financial insecurity and housing instability, and being uninsured or underinsured [3]. The report also drew attention to "special populations, such as veterans and LGBTQ youth, [who] have seen elevated rates of suicide that will require targeted prevention strategies," and particularly transgender people [3]. Drivers of this health disparity include "[d]iscrimination, social ostracism, family rejection, financial barriers, and health care barriers," and the disparity is exacerbated for youth and for racial and ethnic minorities [3]. This commentary aims to provide context for those drivers of suicide disparities among transgender people, and to offer tailored prevention strategies that can help reduce suicide in North Carolina's transgender community by 2030.

The problem of transgender and nonbinary youth attempting suicide continues at extraordinarily high levels. In 2021, more than half of transgender and nonbinary youth surveyed said that they seriously considered attempting suicide in the previous year [4]. A *Pediatrics* study of sexual minority youth found that LGBQ young people have earlier onset of suicidal ideation and progress faster from ideation to plan [5]; this research should also be completed for gender-minority youth. We know that gender-affirming hormone therapy is associated with lower odds of seriously considering suicide and with past-year suicide attempt [6], yet we continue to see policy makers attempting to undermine or outlaw these modalities [7].

Like many members of other historically marginalized communities, transgender people must often contend with high-stress trauma, in almost every area of life. The COVID-19 pandemic has been a driver of trauma, as isolation drove 35.1% of transgender people surveyed to have suicidal thoughts, and 3.2% to attempt suicide since the beginning

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of the pandemic [8]. Half reported that their access to gender-affirming health care had been curtailed significantly during the pandemic, which has also been detrimental to mental health [8].

Financial insecurity, housing insecurity, and food insecurity have all hit transgender people hard in the past few years. The Household Pulse Survey from the US Census Bureau has newly collected data showing that 32% of transgender households experienced loss of employment within the previous four weeks [9]. Of those transgender women who are working, there is a reported wage gap of 60 cents on the dollar compared to the median wage for all workers in the United States [10].

Not surprisingly, without steady income, housing instability becomes a huge problem for transgender people: the Trevor Project recently reported higher levels of homelessness and housing instability among transgender youth (35%–38%) than among cisgender LGBQ youth (23%) [11]. Among all LGBTQ youth surveyed, those who reported housing instability reported rates of attempting suicide at almost three times the rate of LGBTQ youth who had not experienced housing instability [11]. Additionally, food insecurity was reported at 79% among transgender people in the Southeast [12], and transgender people were twice as likely to report safety concerns as a barrier to having enough to eat in the previous week compared to cisgender people [13].

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The health disparities associated with gender minority status are worse for racial and ethnic minorities. Transgender people of color report much higher disparities of economic impact from the COVID-19 pandemic: 31% of transgender people of color have had to take unpaid leave due to COVID-19, compared to 7% of the general population; 37% of transgender people of color have had a pay cut due to COVID-19, compared to 7% of the general population; 67% of transgender people of color are very concerned they cannot pay their bills compared to 15% of the general population [14].

The Campaign for Southern Equality in Asheville, North Carolina, found that Black transgender respondents reported

higher rates of suicidal ideation than other survey participants (38.2% and 26.3%, respectively), but Black nonbinary respondents reported an astronomical rate of 71.4% [15].

Healthy North Carolina 2030 identified levers for change to achieve improved outcomes for suicide prevention and reduction [3], and many of these translate into upstream interventions that can be tailored for transgender North Carolinians. However, without consistent data collection related to gender identity, it will remain difficult to measure the impact of these interventions at a population level. For example, the Youth Risk Behavior Survey contains questions relating to suicide and disaggregates data for sexual minorities, but does not collect gender identity data in North

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Carolina [16]. The National Violent Death Reporting System does not systematically collect gender identity data about people who die by suicide [17]. North Carolina should consider the interventions discussed here as a necessary priority even without population-level data until data collection systems can be improved.

One of the most important actions North Carolina could take to improve suicide risk among transgender people is to expand Medicaid eligibility criteria to increase access to mental health services. Almost half of transgender North Carolinians responding to the US Transgender Survey indicated that they did not see a doctor when they needed it in the previous year because they could not afford it [18]. In

states that have not expanded Medicaid, transgender people are more likely to have turned to online crowdfunding campaigns to access medical transition [19].

Second, we must increase programs that provide mental health services and supports for LGBTQ youth, such as the Family Acceptance Project [20]. Transgender and nonbinary youth who report having their pronouns respected by all the people they live with attempted suicide at half the rate of those who did not have their pronouns respected by anyone with whom they live [4].

Third, we must improve access to processes for transgender and nonbinary people to update their name and gender markers on identification documents. Legal changes to

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name and gender markers on state identification cards and passports are associated with lower reports of depression, anxiety, and psychiatric distress [21]. Transgender and non-binary young people who were able to change their name and/or gender marker on legal documents, such as driver's licenses and birth certificates, reported lower rates of attempting suicide [4].

Fourth, we must continue all the improvements to population health that COVID-19 forced us into with respect to telehealth, and specifically to tele-mental health services. Given the difficulty that many transgender people have in finding gender-affirming behavioral health services nearby, telehealth is especially important for reaching historically underserved populations. As Dallas Ducar, a psychiatric-mental health nurse practitioner and a researcher at Massachusetts General Hospital, noted in *The Hill*: "As COVID-19 cases decline, this openness and flexibility is something we must preserve in order to come out of the pandemic stronger, especially for underserved populations like the transgender community in rural areas" [22].

Fifth, we must create trauma-informed schools where young people have access to mental health providers. The

US Department of Education recently issued a letter to educators about students at risk for self-harm or suicide [23]. Importantly, Acting Assistant Secretary for Civil Rights at the US Department of Education Suzanne Goldberg noted the increased risk for students of color and students who identify as LGBTQ and called on schools to develop crisis management protocols that include an individualized assessment of each student's circumstances [23]. The department even recorded a back-to-school video supporting transgender students in schools [24].

It is critically important for clinicians and health care providers to refuse to accept a diminished role in advocacy to reduce suicide among transgender people. The Trevor Project paints a very sobering picture in advocating that "efforts to address the mental health of transgender and nonbinary youth must also acknowledge and address the cumulative risk that antitransgender political statements and legislative efforts may have on their well-being" [6]. January 2022 polling among the transgender youth community shows that young people are following the news about policy making that affects them. These "debates" about state legislation that would restrict the rights of transgen-

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der people have negatively affected the self-reported mental health of 85% of transgender and nonbinary youth [25].

Indeed, *Pediatrics* has offered the perspective that state legislative efforts to restrict access to gender-affirming care “threaten to deepen pre-existing inequities, leading to increased morbidity and mortality among [transgender and gender-diverse, or TGD] youth and disproportionately harming TGD people of color and those living in poverty” [26]. Rather than, or perhaps in addition to, being dismayed and discouraged by legislative efforts like North Carolina’s misnamed “Youth Health Protection Act” [27] that seek to undermine or eliminate health care providers’ ability to care for their patients, health care providers can advocate with and for transgender patients in order to reduce suicidality.

Charlotte’s own Freedom Center for Social Justice has recently launched a campaign called “Advocate For Them Too,” encouraging communities to sign an advocacy pledge [28].

Find a way that you can act to increase health equity among transgender people, reduce suicidality, and add to the resilience that will ensure that all of us make it to a healthier North Carolina in 2030. NCMJ

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I identify as a queer, white, transgender man. I write from the perspective of marginalized identities related to being queer, socialized as a female, less binary, and transgender. However, my privileged identities of being white and male limit my perspective in ways that I consistently seek to overcome.

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References

1. Flores AR, Herman JL, Gates GJ, Brown TNT. *How Many Adults Identify as Transgender in the United States?* The Williams Institute; 2016. Published June 2016. Accessed February 15, 2022. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Trans-Adults-US-Aug-2016.pdf>
2. Conron, KJ. *LGBT Youth Population in the United States*. The Williams Institute; 2020. Published September 2020. Accessed February 15, 2022. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Youth-US-Pop-Sep-2020.pdf>
3. North Carolina Department of Health and Human Services and North Carolina Institute of Medicine. *Healthy North Carolina 2030: A Path Toward Health*. North Carolina Institute of Medicine; 2020. Published January 2020. Accessed February 15, 2022. <https://nciom.org/wp-content/uploads/2020/01/HNC-REPORT-FINAL-Spread2.pdf>
4. The Trevor Project. *2021 National Survey on LGBTQ Mental Health*. The Trevor Project; 2021. Accessed February 15, 2022. <https://www.trevorproject.org/research>

- thetrevorproject.org/wp-content/uploads/2021/05/The-Trevor-Project-National-Survey-Results-2021.pdf
5. Luk JW, Goldstein RB, Yu J, Haynie DL, Gilman SE. Sexual minority status and age of onset of adolescent suicide ideation and behavior. *Pediatrics*. 2021;148(4):e2020034900. <https://doi.org/10.1542/peds.2020-034900>
 6. Green AE, DeChants JP, Price MN, Davis CK. Association of gender-affirming hormone therapy with depression, thoughts of suicide, and attempted suicide among transgender and nonbinary youth. *J Adolesc Health*. 2021;S1054-S1139X(21):00568-1. <https://doi.org/10.1016/j.jadohealth.2021.10.036>
 7. Bailey PM. Exclusive: 2022 could be most anti-trans legislative year in history, report says. *USA Today*. Published January 20, 2022. Accessed February 15, 2022. <https://www.usatoday.com/story/news/2022/01/20/2022-anti-trans-legislation/6571819001/>
 8. Medina C, Santos T, Mahowald L, Gruberg S. Protecting and Advancing Health Care for Transgender Adult Communities. Center for American Progress website. Published August 18, 2021. Accessed February 15, 2022. <https://www.americanprogress.org/article/protecting-advancing-health-care-transgender-adult-communities/>
 9. Martino RJ, Krause KD, Griffin M, LoSchiavo C, Comer-Carruthers C, Halkitis PN. Employment loss as a result of COVID-19: a nationwide survey at the onset of COVID-19 in US LGBTQ+ populations. *Sex Res Social Policy*. Published online ahead of print November 13, 2021. Accessed February 15, 2022. <https://doi.org/10.1007/s13178-021-00665-9>
 10. Human Rights Campaign Foundation. The Wage Gap Among LGBTQ Workers in the United States. HRC website. Published January 19, 2022. Accessed February 15, 2022. <https://www.hrc.org/resources/the-wage-gap-among-lgbtq-workers-in-the-united-states>
 11. DeChants J, Price MN, Green AE, Davis C. *Homelessness and Housing Instability Among LGBTQ Youth*. The Trevor Project; 2021. Accessed February 15, 2022. <https://www.thetrevorproject.org/research-briefs/homelessness-and-housing-instability-among-lgbtq-youth-feb-2022/>
 12. Russomano J, Jabson Tree JM. Food insecurity and food pantry use among transgender and gender non-conforming people in the Southeast United States. *BMC Public Health*. 2020;20:590. <https://doi.org/10.1186/s12889-020-08684-8>
 13. Conron KJ, O'Neill KK. Food Insufficiency Among Transgender Adults During the COVID-19 Pandemic. The Williams Institute website. Published December 2021. Accessed February 15, 2022. <https://williamsinstitute.law.ucla.edu/publications/trans-food-insufficiency-covid/>
 14. Human Rights Campaign Foundation. *The Economic Impact of COVID-19 Intensifies for Transgender and LGBTQ Communities of Color*. HRC; 2020. Published June 15, 2020. Accessed February 15, 2022. https://assets2.hrc.org/files/assets/resources/COVID19-EconImpact-Trans-POC-061520.pdf?_ga=2.156794683.1855717914.1644246128-1942098922.1640872314
 15. Nanney M, Harless C, Johnson AH, Polaski A, Beach-Ferrara J. *The Report of the 2019 Southern LGBTQ Health Survey: Black Trans Respondents Spotlight*. Campaign for Southern Equality; 2020. Published November 2020. Accessed February 15, 2022. https://southernequality.org/wp-content/uploads/2020/11/SurveyReport_BlackTransHealthExperiences.pdf
 16. Data Collection: Equality Map for LGBTQ Youth. Movement Advancement Project website. Accessed February 15, 2022. https://www.lgbtmap.org/equality-maps/data_collection
 17. Haas AP, Lane AD, Blosnich JR, Butcher BA, Mortali MG. Collecting sexual orientation and gender identity information at death. *Am J Public Health*. 2019;109:255-259. <https://doi.org/10.2105/AJPH.2018.304829>
 18. National Center for Transgender Equality. *2015 U.S. Transgender Survey: North Carolina State Report*. National Center for Transgender Equality; 2017. Accessed February 15, 2022. https://transequality.org/sites/default/files/docs/usts/USTS_NC_state_report.pdf
 19. Kimseylove C, Edwards T, Inwards-Breland D. Effect of Medicaid expansion on the crowdfunding behavior of transgender adolescents. *Sex Res Soc Policy*. 2021;18:564-574. <https://doi.org/10.1007/s13178-020-00481-7>
 20. The Family Acceptance Project, San Francisco State University. Accessed Feb. 15, 2022. <https://familyproject.sfsu.edu/>
 21. Restar A, Jin H, Breslow A, et al. Legal gender marker and name change is associated with lower negative emotional response to gender-based mistreatment and improve mental health outcomes among trans populations. *SSM Popul Health*. 2020;11:100595. <https://doi.org/10.1016/j.ssmph.2020.100595>
 22. Ducar D. Expanding telehealth is vital to the trans community. *The Hill*. Published August 5, 2021. Accessed February 15, 2022. <https://thehill.com/opinion/healthcare/566488-expanding-telehealth-is-essential-to-the-trans-community>
 23. United States Department of Education Office for Civil Rights. Letter to Educators: Students at Risk for Self-Harm or Suicide. Published October 13, 2021. Accessed February 15, 2022. <https://www2.ed.gov/about/offices/list/ocr/correspondence/stakeholders/educator-202110-students-suicide-risk.pdf>
 24. US Departments of Justice, Education, and HHS. Federal Government Back-to-School Address to Transgender Students. YouTube.com. Accessed February 15, 2022. <https://youtu.be/IGHtoBJMcGU>
 25. Morning Consult and The Trevor Project. *Issues Impacting LGBTQ Youth: Polling Analysis*. The Trevor Project; 2022. Published January 10, 2022. Accessed February 15, 2022. https://www.thetrevorproject.org/wp-content/uploads/2022/01/TrevorProject_Public1.pdf
 26. Kremen J, Williams C, Barrera EP, et al. Addressing legislation that restricts access to care for transgender youth. *Pediatrics*. 2021;147(5):e2021049940. <https://doi.org/10.1542/peds.2021-049940>
 27. 2021-2022 NC Sess Laws, SB 514 (2021). <https://www.ncleg.gov/BillLookup/2021/S514>
 28. Freedom Center for Social Justice. For Them Too. Accessed February 15, 2022. <https://www.forthemtoo.org/home>