

Annex 6: Healthcare Disparities Among LGBTQI2S Communities

Health inequities and access to inclusive healthcare is of significant concern for LGBTQI2S people in Canada, including an increased prevalence of mental health concerns, barriers to accessing gender affirming medical care, and medically unnecessary surgeries on intersex children. Research consistently highlights that mental health issues disproportionately impact LGBTQI2S individuals, including high rates of mood disorders, anxiety, depression, suicidal ideation, self-injury, body dissatisfaction and disordered eating tendencies^{i;iii;iv;v;vi}. These rates are even further compounded for Indigenous, racialized and newcomer LGBTQI2S populations^{vii}. Those wishing to transition medically, but have not yet begun, are 27 times more likely to engage in suicidal behaviour than those who have completed medical transition^{viii}. Despite this fact, there is still no nationally coordinated strategy to harmonize standards of care around gender affirming medical care.

Additionally, under the current Interim Federal Health Plan (IFHP), gender affirming medical care is explicitly excluded from the scope of coverage, which creates a significant access barrier for trans and gender diverse asylum seekers, refugees and protected persons in Canada^{ix}. Section 268(3) of Canada's *Criminal Code* continues to allow medically unnecessary and non-consensual surgery and medical intervention on the bodies of infants and children whom have been identified as having ambiguous genitalia, diagnosed with a disorder of sex development (DSD) and/or identified as intersex. This non-consensual and unnecessary intervention from medical professionals interferes with the child's right to exercise bodily autonomy and preserve their identity. Article 8 of the UN's Convention on the Rights of a Child calls on States Parties to "respect the right of the child to preserve his or her identity," and subsequently "where a child is illegally deprived of some or all of the elements of his or her identity, States Parties shall provide appropriate assistance and protection, with a view to re-establishing speedily his or her own identity"^x.

ⁱ Law, M. et al. (2015) "Exploring lesbian, gay, bisexual, and queer (LGBQ) people's experiences with disclosure of sexual identity to primary care physicians: a qualitative study." *BMC Family Practice* 16: 175.

ⁱⁱ McNamara, M. and Ng, H. (2016) "Best Practices in LGBT care: A guide for primary care physicians." *Cleveland Clinic Journal of Medicine*. 83 (7): 531-541.

iii Ibid. xlv

iv Rosenstreich, G. (2013). LGBTI people mental health and suicide. Retrieved from <https://www.beyondblue.org.au/docs/default-source/default-document-library/bw0258-lgbti-mental-health-and-suicide-2013-2nd-edition.pdf?sfvrsn=2>

v Walls, N. E., Laser, J., Nickels, S. J., & Wisneski, J. (2010). Correlates of cutting behavior among sexual minority youths and young adults. *Social Work Research*, 34(4), 213-226.

vi Witcomb, G. L., Bouman, W. P., Brewin, N., Richards, C., Fernandez-Aranda, F., & Arcelus, J. (2015). Body image dissatisfaction and eating related psychopathology in trans individuals: a matched control study. *European Eating Disorders Review*, 23(4), 287–293. doi:10.1002/erv.2362

vii Logie, et al. (2016) A Structural Equation Model of HIV-Related Stigma, Racial Discrimination, Housing Insecurity and Wellbeing among African and Caribbean Black Women Living with HIV in Ontario, Canada. *PLoS ONE* 11(9): e0162826

viii Bauer G., Pyne J., Francino M., Hammond R. (2013). Suicidality among trans people in Ontario: Implications for social work and social justice. *Service social*, 59(1):35-62.

ix Medavie Blue Cross (2016). *Information handbook for Interim Federal Health Program health-care professionals*. Retrieved from Immigration, Refugees and Citizenship Canada website: <http://providerifhpen.medavie.bluecross.ca/wp-content/uploads/sites/5/2016/09/IFHP-Information-Handbook-for-Health-care-Professionals-April-1-2016.pdf>

x United Nations. (1990). Convention on the rights of the child. Retrieved from: <http://www.ohchr.org/EN/ProfessionalInterest/Pages/CRC.aspx>

Egale works to improve the lives of LGBTQI2S people in Canada and to enhance the global response to LGBTQI2S issues. Egale will achieve this by informing public policy, inspiring cultural change, and promoting human rights and inclusion through research, education and community engagement.

Le Fonds Égale Canada pour les droits de la personne est le seul organisme de bienfaisance canadien voué à la promotion des droits des personnes lesbiennes, gaies, bisexuelles et trans grâce à la recherche, à l'éducation et à la mobilisation communautaire.