



LGBTQ2 Health in Canada Study
Brief for the Standing Committee on Health

Submitted by the Centre for Gender Advocacy

May 2nd, 2019



The Centre for Gender Advocacy is an organization affiliated with Concordia University, located in Montreal, Quebec. Our mandate is to provide empowering psychosocial and legal support to people who belong to historically marginalized communities while advocating for systematic change. Examples of marginalized communities that we work with include trans and queer communities, indigenous, immigrant, among others. The support and advocacy we provide always stems from principles of intersectionality, harm-reduction, and anti-oppression.

In addition to providing the aforementioned support, we organize feminist, social justice and political events throughout the year and sustain community and student run campaigns. One example of our current campaigns is Missing Justice, which advocates to raise awareness and bring about for systemic change concerning the issue of missing and murdered Indigenous women, girls and Two-Spirit people. Additionally, after years of organizing, the centre recently saw through a trial at the superior court that seeks to invalidate 11 articles from the Quebec Civil Code that prevent full integration of transgender and non binary folks in Quebec civil society. As trans rights are at the core of our mandate, we also provide 40+ workshops yearly on trans issues and co-author academic articles on the experiences of trans youth and racialized trans migrant youth.

Physical Address: 2110 Mackay street, Montreal, Quebec, Canada

Mailing Address: 1455 de Maisonneuve West, Annex V-01 Montreal, Quebec H3G 1M8

Tel: 514-848-2424 x7431 Website: <https://genderadvocacy.org/>

Background

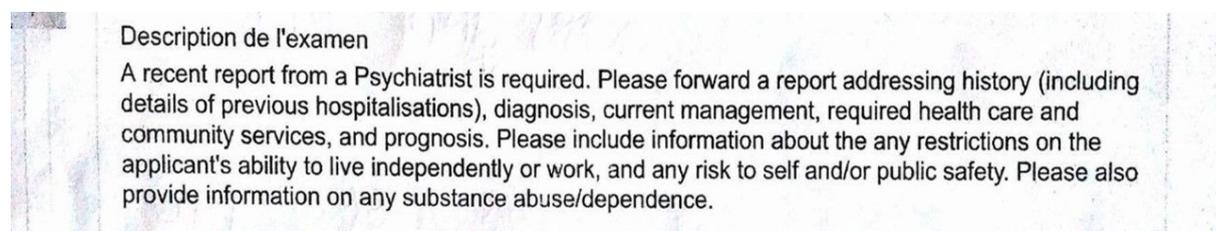
At least three transgender migrants were asked by *Immigration, Refugees and Citizenship Canada* (IRCC) to provide a psychiatric assessment of their mental health solely on the basis of being trans. The requested evaluation caused these migrant youth many hardships including the following:

- psychological stress resulting from being pathologized and invalidated because of being trans
- difficulty finding a psychiatrist who works with trans people and who would see these youth and do the evaluation in less than three months
- paying hundreds of dollars to get this assessment done professionally and in due time

Context

All applicants for permanent residence have to go through a medical exam required by Immigration, Refugees and Citizenship Canada. This medical examination is usually the last step before someone receives a permanent residence card from IRCC. The goal of the exam is to ensure that the new migrant will not be a financial burden to provincial and federal healthcare systems and be an independent and productive member of the Canadian society, while not presenting a risk to personal and public safety.

This poses unique issues for transgender people seeking to immigrate. Three transgender migrants living in Montreal, Quebec were seeing doctors appointed by IRCC to do the aforementioned medical exam and all three had to reveal that they are trans when they were asked questions about medical history and current medication. Following this piece of information, the doctors asked questions about the migrants' gender transitions and added their responses to their files. Following the medical evaluation, they later received a letter from IRCC asking them to provide a psychiatric evaluation of their mental health. The letters contain the following extract:



Two out of the three youth met with psychiatrists. The meetings were tense and stressful. They both described the psychiatrists' questions as being intrusive, indiscreet and pathologizing. One of them says:

Going through all this was very exhausting. It is also very humiliating that the ministry of immigration asks me to see a psychiatrist and provide a report saying that I'm not a danger to myself or to others, and that I am autonomous. Trans citizens don't see sexologists and psychologists anymore. The doctor [appointed by IRCC] refused a letter from my psychologist and insisted that I needed to provide a psychiatric evaluation. It is very difficult to find a psychiatrist in less than 3 months, let alone finding a trans-friendly one who is experienced in trans healthcare. It was a lengthy process, difficult and stressful. If we submit the evaluation after 3 months, our immigration file would have been closed and rejected already. I don't want to start this process from scratch, no one does. This whole thing was very humiliating. Humiliating was the word that describes how I felt when I was asked to provide a psychiatric evaluation.

Case analysis

The treatment that the three youth received from the Immigration doctors, and by extension from IRCC, is rooted in an outdated medical approach that pathologizes trans people. By requesting that trans people have to prove that they are not a danger to themselves or to public safety, IRCC presumes that trans people (here migrant youth) are suspicious, potentially dangerous and to be treated with caution because of the presumption of being a threat to others.

The doctors preliminary assessment of trans youth is not up-to-date with the latest development in trans healthcare. Both the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) and recent studies in the field of trans health have moved away from seeing trans people as pathological, explaining that gender dysphoria is a condition treated with transitioning and with social support.¹ Many scholars and trans advocates even speak about gender euphoria; a concept that opposes gender dysphoria by referring to the joy felt by trans people upon discovering that they are trans and/or upon transitioning.² In a statement released in May 2010, the *World International Association for Transgender Health* urged the de-psychopathologization of gender nonconformity worldwide. This statement noted that “the expression of gender characteristics, including identities, that are not stereotypically

¹ Pyne, Jake. *Gender independent kids: A paradigm shift in approaches to gender non-conforming children*. *Canadian Journal of Human Sexuality*. 2014, Vol. 23 Issue 1, p1-8. 8p.

² Ashley, Florence. *Gatekeeping hormone replacement therapy for transgender patients is dehumanising*. *Journal of Medical Ethics* Published Online First: 15 April 2019. doi: 10.1136/medethics-2018-105293

associated with one's assigned sex at birth is a common and culturally diverse human phenomenon [that] should not be judged as inherently pathological or negative.”³

In addition to the pathologization to which they were subjected to by IRCC, two youth were also obliged to be further exposed to a triggering psychiatric assessment. This assessment required them to recall experiences of childhood and early teenage years of gender dysphoria. After having transitioned and achieving a certain peace of mind and body, they were obliged, through submitting to a long and tense psychiatric evaluation, to recall unpleasant pre-transition memories of gender dysphoria, an experience that is likely to be traumatizing and psychologically demanding

In addition to the demand of seeing a psychiatrist, the requirement to see one within 90 days of receiving the notice from IRCC is unrealistic. Seeing a psychiatrist in the public sector requires waiting several months for an appointment. Due to this the three youth were obliged to seek the help of psychiatrists in private practice, which placed a financial burden of hundreds of dollars upon them.

Recommendations

- Prohibiting mental health assessments solely on the basis of being trans
- In case of mental health issues that are not linked to being trans, allowing that the evaluation is done by either a psychiatrist or a psychologist opposed to the doctor appointed by the IRCC.
- Extending the time to seek assessments to longer than 90 days, and adding a process for extensions if getting an assessment is not possible within the time limit.
- Giving trainings on trans healthcare and trans mental health to the doctors appointed by IRCC to do the immigration-related medical exams

³ World International Association for Transgender Health. Standards of Care for the Health of Transsexual, Transgender, and GenderNonconforming People. 7th Version | www.wpath.org