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Interrogating Trans (in)visibility: A collective case study of school-based mental health provision and access for trans and gender-diverse youth in Ontario.

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A thesis submitted in partial fulfillment of the requirements for the Doctor of Philosophy degree in Education

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Abstract

This *qualitative collective case study* investigates the impacts of cissexism on the provision of and access to school-based mental health support for trans and gender diverse youth. The study draws on Trans Studies and Foucauldian analytic frameworks to examine how cissexism operates across mental health policy, research, and practice to constitute trans and gender-diverse youth as subjects within the field of school-based mental health. A conceptual framework of *(in)visibility* is utilized to account for the ways in which trans and gender-diverse youth are simultaneously made intelligible as a result of experiencing mental health stress and/or gender dysphoria, while their other mental health needs are obscured or just conflated with other comorbidities. Through employing mind mapping and interviews with both school-based mental health practitioners and trans/gender diverse students in schools, I examine the relationship between the production of knowledge within the field of school based mental health and how it informs practices of mental health support and impacts student access. Two forms of knowledge, *institutional* and *community informed*, emerged as important influences which shaped how practitioners identified and engaged with cissexism in their work. The accounts of trans and gender-diverse youth offer a much needed triangulated and trans desubjugated perspective on the administration of and access to mental health support which further exposes the extent of the institutionalization of cissexism in the school system and also documents their hopes for a school-based mental health system which meets their needs. The findings reveal the need for the integration of intersectional and decolonial frameworks in the school based mental health field which has implications for improving both pre- and in-service practitioner training. Overall, the study highlights the importance of recognizing the full range of mental health needs that trans and gender-diverse youth have beyond the limited discourses of gender dysphoria and minority stress which currently dominate the field.

Keywords

Mental health, trans and gender-diverse youth, school-based mental health, cissexism, Trans Studies, trans desubjugation, minority stress theory, gender dysphoria, qualitative case study, mental health practitioners.

Summary for Lay Audience

Trans and gender-diverse youth experience a wide range of mental health challenges that are currently unrecognizable or just not understood in the field of school-based mental health. These challenges are a result of relying on an understanding of the mental distress that trans and gender-diverse people experience as a result of minority stress in response to facing discrimination and prejudice on a regular basis. While these experiences impact many trans and gender-diverse youth, their needs are greater than these two issues alone. This study attributes this problem to *cissexism*—the belief that trans and gender-diverse people are inherently inferior to cisgender people as a result of their gender identity differing from that which is assigned at birth. It shows how cissexism affects the mental health support available to transgender and gender-diverse students in schools. Interviews with both school-based mental health practitioners and trans and gender-diverse youth were conducted to learn about the experience of accessing mental health support at school. The findings from the interviews with practitioners reveal that two types of knowledge—*institutional and community-based*—significantly influence how practitioners understand and address cissexism in their work with youth. Interviews with transgender and gender-diverse students provided insights into their experiences with school mental health services, highlighting gaps in support and their hopes for a system that meets their needs. This study has implications for the education of school-based mental health practitioners and concludes that additional and ongoing education in both their initial training programs and as professional development are required to support them to identify and address cissexism in their work. Such training is necessary to ensure that the mental health needs of trans and gender-diverse youth are better supported in the school system.

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Chapter 1

1 Positionality and Purpose of Research

In this chapter, I establish the purpose and significance of this dissertation which explores the circulation and impacts of cissexism through a collective case study of school-based mental health provision and access for trans and gender-diverse students in Ontario. Drawing on the perspectives of trans and gender-diverse youth along with those of school-based mental health practitioners who support them, this study examines the ways in which unchallenged power dynamics created through knowledge production *about* trans people comes to have an impact on the mental health care services that are made available to trans and gender-diverse youth in Ontario secondary schools. I begin with a researcher positionality statement in which I consider my location as a researcher and the ethical implications that emerge from this reflexive practice and which serve as the foundation for every aspect of this study. Following this, I outline the central purpose of my study along with the specific research questions which guide my exploration of mental health supports for trans and gender-diverse students in Ontario secondary schools. I conclude with an overview and rationale for the key terminology that I employ throughout this dissertation.

1.1 Researcher Positionality

The body as we exist in it is the means by which the world comes into being for us. Sitting here, at my keyboard in my study, the world unfolds first as a computer screen and hands, then a desk. In the periphery is a stack of books on phenomenology. Off in the corner of my vision is the window with the cool breeze and the bright light of a sunny day and my neighbour's yard. Beyond that is Cambridge proper and Boston and the sea. The world is always *my* world for me (Rubin, 1998, p. 268).

Coming to research is never a neutral undertaking; a researcher's social location significantly impacts on how one engages with conducting a study from the focus of an inquiry to the analysis of data and the representation of participants in the final reporting (Anyon, 2009;

Fine, 1998; Johnson, 2015). Johnson (2015), in elaborating a *transfeminist methodology*, encourages researchers focusing on issues pertaining to trans and gender-diverse people consciously undertake a practice of *reflexivity* that entails “acknowledging the unequal power dynamic within the research process, the troubling of objectivity, and the interrogation of the researcher’s own motivation” (p.25), a process that begins with an account of the researcher’s own social location. Fine (1998) further calls on researchers to name and work “the hyphen that both separates and merges personal identities with our inventions of Others” (p.131) so as to recognize the influence that our subjectivities have on our interpretation and construction of participants and their experiences within our work. Given my decision to engage with research that centres the experiences of trans and gender-diverse youth in particular, considering the power relations with regards to “what is, and is not, ‘happening between’ within the negotiated relations of whose story is being told, why, to whom, with what interpretation, and whose story is being shadowed, why, for whom, and with what consequence” is of utmost importance (Fine. 1998, p.135). As such, I begin by articulating my own social location, attending to the unequal power dynamics embedded within this study, and elaborating on the ethical and political commitments that result from this reflexive process. What follows is a reflection on my own positionality or, following Rubin (1998), how my world unfolds from my hands, how my positionality has oriented me as a researcher to an understanding of the responsibility of research to align with emancipatory and ethical commitments, and finally, the implications of this orientation for my study, beginning with a vignette from the moment that inspired this study.

1.1.1 My world unfolds

My world unfolds from my body which is white, non-binary, queer, and has felt the impact of various degrees of mental distress; it unfolds on land covered by Treaty 2 and the London Township Treaty 6, land that has been and continues to be cared for by the Annishabek, the Haudenosaunee, the Chonnonton, and the Lunaape peoples; it unfolds in a context where it is impossible to speak of gender diversity, of mental health, of education, without explicitly discussing colonialism, racism, ableism, classism as they permeate academia and the Ontario public education system, institutions directly linked, implicated, and complicit with genocide. My world unfolds from my experience as a secondary school educator and instructor at Western’s Faculty of Education, a researcher, and a member of the 2SLGBTQIA+ (Two-

spirit, Lesbian, Gay, Bisexual, Trans, Queer and Questioning, Intersex, Asexual) community who actively combats oppressive systems. These axes of identity have certainly influenced my trajectory in life in terms of opportunities, ease, and challenges while navigating a world which privileges many of the aspects that make up who I am. Beyond the individualizing focus on the visible and invisible axes of my person which shape my experience of the world, there also unfolds something else entirely. The axes of my identity are never simply contained within me and do not stop at my perception of the world because I exist and exchange with the world in a dynamic and evolving manner; my positionality is never only about *who* I am, but also *how* I am.

My understanding of my positionality is grounded in personal and professional relationships which have given substance to my identities in that these connections illuminate how a different world unfolds from each set of hands; it is through relationships alongside my own experiences that I became oriented to how the never-neutral world opens, closes, and collapses, and these relational experiences are the reason that issues related to social justice have come to be at the centre of *how* I am in terms of my ethical commitments as a person and professional. More specifically, a reflexive practice of *who* and *how* I am in relation to others has been a critical component to developing my understanding of the purpose of research and my responsibilities within this work to resist masking my identity and perpetuating the myth of objectivity “obscuring the privileged stance/investments of the writers” (Fine, 1998, p.136). The personal and professional relationships that have developed in community-based and academic environments alike, and especially spaces that overlap with youth work have been my entry-point to working the hyphen and attending to Fine’s (1998) call to “probe how we are in relation with the contexts we study and with our informants, understanding that we are all multiple in those relations” (p.135). My orientation to attending to this dynamic is largely influenced by the relationships cultivated in the community-based work that I have learned from, namely organizations that operate through frameworks of mutual aid, harm reduction, and restorative justice, approaches that share a commitment to understanding and redressing the impacts of social structures that prioritize profit over people. The reflexive practice that stems from accounting first for myself and how I participate in and benefit from unearned privilege, unfolds to a commitment to interrogating how the world unfolds differently and how resistance to oppressive systems might be envisioned and shaped by individuals and collective efforts. Through this, I find a sense of

agency and purpose in how research can be leveraged as an important tool in the larger project of working toward socially just societies. The reflexive practice I have engaged in for the years leading up to this dissertation, starting with my own hands and extending out, has led to intentional choices to orient and align myself with paradigms and methodologies which I elaborate on in Chapter 2, which support a study committed to materially benefiting trans and gender-diverse young people (Namaste, 2000).

The sum of this reflexive practice has informed my choice to engage with a critical paradigm (Freimuth, 2009; Mack, 2010) and, within that frame, to locate myself in the field of Trans Studies. I look to academic traditions that lend themselves to emancipatory work, traditions that name and recognize their own shortcomings, traditions that seek to amplify voices that have not traditionally been centred in research (Weis & Fine, 2000). I align myself with academic work that recognizes its roots in activism, community organizing, and mutual aid, and in traditions that are not interested in thought experiments for the sake of satisfying voyeuristic curiosities that have been so present in research on trans and gender-diverse people (see Kuhl, 2019). I draw on a field which strategically leverages the privilege of working within academia to effect material change that benefits the lives of the participants and those most directly impacted by the subject of research. This orientation carries implications for the considerations and choices I made in the research design process, for example, in selecting a subject matter and defining the theoretical frameworks that would underpin the project at large, as well as in operationalizing this project, for example, the methodological approaches and data analysis strategies I deployed (Koro-Ljungberg, et al., 2009). Though I will elaborate on these points later in the chapter, I would now briefly like to touch on how this orientation has impacted on the process of writing because at the centre of what both Johnson (2015) and Fine (1998) ask of researchers, is to consider the implications of personal location and orientation on the work of representing an Other-whether that be the individual or a community-through research and writing.

1.1.2 Representation and Hyphens

In considering the structure and writing of this project, both representation and language choice emerged as topics that required intentional consideration to ensure that my understanding of both trans identities and mental health were informed by a range of

perspectives which facilitated an intersectional critique of school-based mental health provisions. With representation in mind, throughout this dissertation, I follow Radi's (2019) example and "prioritize the writings of trans* scholars over other voices, instead of using trans* as a corpus to be analyzed through the categories developed by cis scholars." (p.45). This approach is not without assumptions and limitations for history has shown many times over that a person's identity is far from static, and this applies to those contributing to academic fields. Additionally, being trans or gender-diverse, in and of itself, does not guarantee that an individual is contributing critical work to any given discipline. In prioritizing voices that currently claim an identity other than cisgender I intentionally centre theorizing that "considers the embodied experience of the speaking subject, who claims constative knowledge of the referent topic, to be a proper—indeed essential—component of the analysis of transgender phenomena" (Stryker, 2006, p.29) and seeks out nuance and specificity in theorizing through plurality in order to resist a white-washing of the field (Salas-SantaCruz, 2022; see also Radi 2019; Aizura et al. 2020). Profoundly entwined in the matter of representation, then, is the matter of terminology use related to trans identities and to the category of oppression associated with gender identity as well as that related to mental health as it pertains to the system and to individual experience. In the following section, I devote space to defining the terms I employ and justify their use in my work.

While Fine (1998) calls on researchers to interrogate the hyphen as it relates to the interpretation and representation of participant accounts, I extend this consideration to think through the implications representing the academic field of Trans Studies which has evolved through challenge, disagreement, and commitment to leaning into critique (see Aizura et al., 2020; Driskill, 2010; Elliot, 2010; Salas-SantaCruz, 2022; Spade, 2015). In reflecting on how to insert my voice into a body of work that is constantly refining its epistemic and ontological scope, I consider how to represent this shifting phenomenon in the field and how to create space for further shifts. Trans Studies does not gloss over tensions but rather acknowledges and responds to plurality and nuance both ontologically and epistemologically (Stryker, 2006; Rubin, 1998); I am present as an embodied participant of the research process, not masking myself but rather writing myself in and interrogating the limits of the perspective from which I participate and create the research and make meaning of the findings. To this end, when writing about Trans Studies, I write "we" to signal my engagement with these broader discussions as someone who is personally invested in its continued growth and to

indicate a commitment to representing the field for all of its nuance and to indicate that, should the opportunity ever arise, I will gratefully engage with critique of my own contributions.

Secondly, when considering representation, I employ the “we” with a thought for the eventual reader of this work. Too many times have I made my way through a text, read through abstraction and objectification (Radi, 2019) with the unsettling feeling of being written *about* provoking the sensation, through every fibre of my ‘self,’ of being the egg looking at the omelette: the indescribable strangeness of seeing what someone has made of you. I do not deny that I am complicit to a certain extent as a researcher taking on the work deriving meaning from the experiences that participants share with me making something of them, but I would do it while signaling to my reader that I am not indiscriminately cracking eggs for thought experiments. I approach this work with care and attention, not just cracking and reassembling eggs in the proverbial pan for the sake of experimentation, but with a real sense of the implications. I write “we” to let you know that I have considered what is at risk and worked intentionally to avoid reproducing the egg-and-omelette sensation for anyone reading my work.

1.2 Purpose of Study and Research Questions

Scene: Winter, 2016

On Friday nights, I am a facilitator for a social support group serving the queer and trans youth in my community. I have noticed that they are increasingly choosing to discuss their experiences with mental distress during our sessions, and it isn't even exam season yet. Sitting in a circle they discuss their supports: some look after each other by checking in regularly via text message or social media channels, many attend group therapy sessions, and some are in and out of the in-patient psychiatric clinic for a variety of reasons. They speak of their experience in specific and descriptive terms: dissociation, states of mind, grounded-ness, centring; the typical Bell Let's Talk vocabulary of diagnosis, stigma, self-care, and 'bouncing back' is conspicuously absent. Among the voices, one youth speak up, "...yeah, but if I'm asking for help from someone who's not the person I usually see, I don't tell them anything about my gender identity because then that's all they want to talk about!" Many more voices chime in with their agreement: unless they know and trust the

practitioner they are working with, youth strategically and intentionally conceal details about their gender identity to ensure that the focus of the conversations remains on the issues that they are actually seeking support with; to prevent the mental health practitioner from imposing their preconceptions trans-mental health on them, the youth 'work' the dynamics of self-disclosure.

The scenario described in the vignette above served as the impetus for this study: the strategic decisions that the youth shared sparked my curiosity about what knowledge existed about trans and gender-diverse youth within the field of school-based mental health, and how that knowledge impacted on the services available to these young people. My work is rooted in the *desubjugation* of trans and gender-diverse youths' experiences of mental health and distress, an approach advanced by Stryker (2006) that brings together "previously marginalized forms of knowledge about gendered subjectivity and sexed embodiment" to facilitate an investigation of resistance to the effects of cissexism. As Namaste (2000) states:

I am interested in learning more about how transsexual and transgendered people live in the social, institutional, and cultural world. And, since I remain somewhat of an idealist (a necessary precondition for social change, in my opinion), I hope that this knowledge of transgendered people can be practically applied to make things a little bit easier for us, as we try to negotiate a world that denies us employment, refuses us access to health care, and undermines our self-respect and dignity. (p.56).

This sentiment feels all the more important given the social, institutional, and cultural upheaval that trans people face today in the face of ultra-conservative pushes to restrict the life and life chances of trans people locally and globally.

The field of trans mental health is currently focused almost exclusively on the impacts of *minority stress*, a framework that accounts for the impact of oppression experienced by individuals belonging to minoritized communities on their mental health (Hoy-Ellis, 2023; Seida et al., 2023; Meyer, 2003). Current research shows that 65% of transgender youth seriously consider suicide and are eight times more likely to do so compared to their cisgender peers (Veal et al., 2017) and studies focused on the education system demonstrate that school staff (e.g., counsellors and teachers) feel inadequately prepared to respond to the needs of these students (Bowers et al., 2017). Furthermore, two-

spirit and nonbinary youth are conspicuously absent from the studies that inform school-based mental health practices. Simultaneously, discourse related to gender identity invokes mental illness through the designation of gender dysphoria as a mental disorder (DSM-V, 2013) or sexual health condition (WHO, 2024), and, as I will explore later, also impacts on how trans mental health is systematically conceptualized, including within school systems. In Ontario schools, initiatives such as the Mental Health Commission of Canada (MHCC) *Bell Let's Talk campaign* (MHCC, 2019) integrate mental health awareness into school culture, and whole-school approaches to student wellness are rapidly being adopted (OCT, 2018), with resources designed with trans and gender youth in mind reflecting the definition of trans mental health as fundamentally tied to minority stress (School Mental Health Ontario, 2023). As I will explore through this study, while this focus responds to legitimate concerns and struggles, it fails to address the mental health concerns that trans and gender-diverse youth experience which are unrelated to minority stress or to their trans identity.

Given the existing framing of trans mental health which highlights significant risks for trans and gender-diverse youth (Hatchel et al. 2018; Meyer, 2003) and bolstered by the youth's insights from the group stating that their needs were not being met, this study set out to respond to the following goals.

This study

- 1) generates knowledge about the operation and impacts of cissexism and other interlocking forms of oppression in school-based mental health supports in Ontario public secondary schools;
- 2) leverages the perspectives of trans and gender-diverse youth to inform practices and evaluation of training and support mental health workers in schools.

More specifically, I sought to answer the following questions:

- 1) What official knowledges about gender diversity currently exist in the field and practice of school-based mental health supports?
- 2) What can we learn about this from speaking directly with school-based mental health practitioners (i.e. guidance counsellor, mental health lead, social worker, and school psychologist) who support trans and gender-diverse youth?

- 3) What can be learned about the impact of cissexism in the field of school-based mental health by attending to the subjugated knowledges of trans and gender-diverse youth seeking mental health support in Ontario public schools?

The objective of this study was to investigate the circulation of cissexism within the field of school-based mental health through the accounts of those currently immersed in it, namely the trans and gender youth who seek services and the practitioners who provide the support. Additionally, this study sought to examine the practical implications of knowledge production about trans mental health, drawing on the accounts of trans and gender-diverse youth and school-based mental health practitioners.

1.2.1 A note on (in)visibility

I would briefly like to touch now on *(in)visibility*, a conceptual framework that grounds this study and which I will return to in greater detail in the following chapter. Vivian Namaste (2000) elaborated a theory of *trans erasure* in which she explored the fundamental ways in which society makes trans lives unthinkable across media, policy, and culture. While in the initial stages of designing this study and deeply immersed in Namaste's (2000) work I struggled to bring together the erasure that Namaste was elaborating given the sort of visibility that I was witnessing within the context of school-based mental health in Ontario. For instance, at the nexus of school-based mental health and its knowledge about trans identities, trans and gender-diverse youth are not fully erased or fully visible, but rather they are partially visible within the parameters of intelligibility that are defined by the official channels that produce them as specific sorts of subjects (Namaste, 2000; Foucault 1982). While the connection between trans identities and mental health discourses are not new, how trans youth emerged as visible subjects and indeed objects of knowledge in mental health and educational fields was a central investigative focus of my dissertation. In this sense, I sought to excavate the operation of cissexism from the foundational knowledge of trans identities as it emerges at the convergence of these fields—how this knowledge is manifested and informs an understanding of the provision of school-based services and the extent to which it is invested in medical justifications of trans identities such as gender dysphoria, and through discourses of minority stress theory (Meyer, 2003), and from this exploration came the conceptual framework of *(in)visibility*. Considering the process of how trans subjects come to be constituted as (in)visible (i.e. simultaneously visible and invisible) within school-based

mental health support systems provides a critical entry point for engaging with deeper questions of how cissexism operates and can be resisted in the field of school-based mental health. I will expand on the trans epistemological and theoretical frameworks that are at the heart of the central questions and concerns of (in)visibility which I address in my research in Chapter 2.

1.2.2 Terminology

Just as a conceptual framework can orient a project, so too does the choice of terminology employed to articulate the issues at play. In what follows, I provide key terms and definitions that I employ through this dissertation beginning with language related to gender identity and then that related to mental health.

1.2.2.1 Trans Terminology

1) Trans and Gender-diverse:

In selecting terminology to refer to plural understandings of gender identity, I am cognizant of an ever-evolving lexicon generated by individuals seeking to capture particular embodied experiences of gender. This linguistic expansion illustrates the challenge of settling on terminology that concisely captures the expanse of the individual experience of gender identity. Namaste (2000) notes that the term *transgender*, and by extension the umbrella term *trans*, has widely been accepted as a way of speaking about “a wide array of individuals who live outside normative sex/gender relations” (p.60), while also problematizing the term for the way it erases the very diversity which it stands to represent by herding all non-cisgender identities under an *umbrella*. Of this terminology, Namaste asks: “How does this term function to define a specifically *transgendered* social movement? What kinds of issues are overlooked within such a perspective? What important differences within this category are being excluded? Are some bodies rendered invisible within this debate? What are the political implications of using the word ‘transgender’?” (p.61).

Understanding that any terminology which I decide on carries political implications and will almost certainly not encompass or express every articulation of gender, I have chosen *trans and gender-diverse* to represent identities which are not cisgender.

The term *trans*—with or without an asterisk—invokes the term *transgender*, a term which re-centers Eurocentric understanding, but is also a significant term in self-identification, access to medical support, and of accessing legislative protections (see Kirkup & Airton, 2020). *Trans* and *transgender* continues to be an important term for articulating identities that cross and transgress normative expectations of gender expression and is widely used to describe “a wide range of phenomena that call attention to the fact that ‘gender’, as it is lived, embodied, experienced, performed, and encountered, is more complex and varied than can be accounted for by the currently dominant binary sex/gender ideology of Eurocentric modernity.” (Stryker, 2006, p.3)

I have selected the term *gender-diverse* to denote gender identities that are not cisgender, including but certainly not limited to identities such as trans, transgender, transsexual, Two Spirit, agender, intersex, greygender, FTX, etc., to create space to represent those for whom the term *trans* does not resonate. In the same way that Radi (2019) adopts the term *trans** “as a way of evoking a multiplicity that is not limited to *trans** women and men, but rather includes all those identities whereby a person does not identify with the gender they were assigned at birth” (p.45), I adopt the term *gender-diverse* and *gender diversity* to represent the same multiplicity. Whereas others have employed terms such as *gender creative*, *gender expansive*, and *gender independent* to describe these experiences (Ehrensaft, 2012; Keo-Meier & Ehrensaft, 2018; Pyne, 2014), I choose *diversity*, because I understand *diversity* to be the rule and not the exception to human experience. Adjectives such as the ones just listed place a value on the quality of gendered experience, by suggesting the existence of their opposite: if gender creative and expansive children exist, then so too do gender unimaginative and gender restricted people. I fundamentally refuse to impose a value on the way that people exist their bodies and so use the adjective *diverse* to describe the myriad experiences of gender that are not encompassed by the terms *trans* and *transgender*. Together, the terms *trans* and *gender-diverse* serve to signal broadly the identities which are not cisgender, and I hope to create enough space within one term for plurality to exist. I use the term *Rainbow communities* to indicate the broader grouping of individuals whose identities make up the ever-growing acronym which

represents the myriad ways in which a person identifies in terms of sexual and romantic orientation, in addition to their gender identity, and sex.

2) *Trans* as a prefix

I employ *trans* as a prefix to differentiate certain categories as pertaining specifically to the experience of trans and gender-diverse communities. For example, to indicate identities that come under the umbrella term of *trans and gender-diverse*, I will refer to *trans identities*; to indicate the mental health field that deals directly with the needs of trans and gender-diverse individuals, I will refer to *trans mental health*.

3) Terminology variations amongst authors:

Every author selects terminology to be used in their work that reflects a unique understanding of how language related to gender identity has evolved, and each provides their own justifications for these choices (see for example, Radi, 2019; Salas-SantaCruz, 2022; Namaste, 2000; Nicolazzo, 2021). In an effort to represent the academic community of Trans Studies with integrity and to honour the evolution of our communal lexicon, when quoting this body of work, I do not distinguish between terms that come in and out of use through the use of closed bracket, for example, the use of the term *transsexual* or *transgendered*, but rather trust that the author in question, when elaborating their theoretical offerings to the field, used the language that was most relevant at the time, and that this documentation of the evolution of language serves an important marker of how we change as our understandings expand and as new worlds unfold for us.

4) Participant-chosen identity terminology

I do not take lightly the power of language, or the power to name oneself and the utter devastation that can result when the ability to self-identify is stripped away. In terms of participant self-identification, the participant alone was positioned to name themselves and their identities; I sought to understand how the terminology they used reflected their reality and understanding of their own subjectivity and so use the identity terminology as it was shared with me.

5) Cissexism

Serano (2017) defines cissexism as “the belief or assumption that cis people’s gender identities, expressions, and embodiments are more natural and legitimate than those of trans people” (n.p).

6) Cisgenderism

Cisgenderism is closely related to *cissexism*; while both address the ways in which trans identities are positioned as abnormal and illegitimate in comparison to cis identities, Serano (2017) distinguishes between these terms noting that, *cisgenderism* addresses the norms of gender expression, whereas *cissexism* addresses gender identity. She does concede, however, that these two terms in practice are often conflated. Ansara and Hegarty (2008), in their work, applying this concept within the discipline of psychology, use this term to define cisgenderism in the following way: i) as a “prejudicial *ideology*, rather than an individual *attitude* that is systemic, multi-level and reflected in authoritative cultural discourse”; ii) “cisgenderism problematizes the categorical distinction itself between classes of people as either ‘transgender’ or ‘cisgender’”; and iii) “cisgenderism provides a clearer frame that ‘transphobia’...for evaluating the role of language in science in the dissemination of prejudicial ideology” (p. 141, emphasis in original). Kennedy (2018) further elaborates on this term, specifying that *cultural cisgenderism* “may be characterized as a detrimental and predominantly tacitly held and communicated prejudicial ideology, rather than an individual attitude” (p.308) and functions to systematically erase trans and gender-diverse people, problematize them in relation to cisgender people, and essentializes sex and gender.

7) Cisnormativity

Serano (2017) defines *cisnormativity* as “a societal mindset wherein cis/cisgender/cissexual are presumed to be the norm, while trans/transgender/transsexual people and experiences are deemed ‘abnormal’ by comparison (if they are even considered at all)” (n.p.)

1.2.2.2 Mental Health Terminology

Though it is beyond the scope of this study, Mad Studies, a critical academic and activist discipline which focuses on antipsychiatry movements and challenging the pathologizing and policing of diverse states of mind through medical and judicial institutions, has profoundly influenced my understanding of how mental health and illness are framed within popular discourses as in academic and practice-based circles. This field specifically examines the use of language as a stigmatizing and oppressive tool and advocates for the use of language developed by those with lived experience to describe experiences of what is commonly referred to as *mental illness* and institutionalization (Burstow, 2013). The term *Mad* itself is one such term which has been reclaimed by survivors of the psychiatric system to self-identify within a community of individuals with shared experiences with the mental health system (Burstow, 2013). Because mental health is at the core of this project, I borrow from Mad Studies to think through the language I use to refer to non-normative states of mind and the institutions that interact with individuals experiencing these.

1) Mental Distress

Where possible, I prioritize the term *mental distress*, a refusal term coined by the Mad community for the Mad community to more accurately describe the experience of non-normative states of mind (Burstow, 2013) over *mental illness*.

2) Mental Health

When referring to general states of mind and being I use the term *mental health*. I recognize that, while this phrasing provides a general way of understanding a variety of states of mind and is widely accessible due to its popular uptake (see Bell Let's Talk, MHCC, 2019), is "no less complicit with biomedical ideology than the term *mental illness*" (Pilling, 2022, p.15). Employing this term, however, provides a common understanding of the systems and issues that are being taken into consideration within this work while still refusing a pathologizing stance as it considers states of mind under that generalizing framework of overall human health.

3) Trans Mental Health

Bringing together considerations for language around gender identity and that of mental health and distress, I use the term *trans mental health* to refer to a system of formal support which purports to attend to the mental health and distress needs of trans and gender-diverse people within society at large and in school settings.

In considering the language that I employ throughout this work, I am mindful that no terminology adequately represents every experience and that much nuance is lost in finding language that captures aspects of intersecting fields, while also remaining intelligible within the substantial text of a dissertation. To this end, I would note that the language I have selected here represents my current understandings and I expect that, as terminology has done over time, the language that I employ in the future will reflect new understandings, nuances, and discourses that emerge from the communities with lived experience; I am committed to representing that language as accurately as I can as I go forward.

1.3 Conclusion

This chapter has provided an overview of the goals of this dissertation beginning with a statement on my positionality as a researcher, given that this reflexive work vis-à-vis my social location and aspirations for the research is inextricably linked to every aspect of this study. I then provided an overview of the project outlining the central questions that this study seeks to attend to and its purpose. I also provided a definition and justification for terminology related to both gender identity and mental health that I use throughout this dissertation. In the following chapter, I will further elaborate on the politics of (in)visibility which I briefly introduced in this chapter and provide an in-depth explication of the significance of Trans Studies and Foucauldian analytic frameworks that inform my study of mental health access and provision for trans and gender diverse youth in the schools.

Chapter 2

2 Trans Studies and Foucauldian Theoretical Frameworks

In this chapter, I draw on Trans Studies and Foucauldian interpretive analytic frameworks as they relate to examining the provision of and access to school-based mental health supports for trans and gender-diverse youth in Ontario. I begin by explaining the significance of a Trans Studies informed theoretical framework, specifically with respect to addressing *cissexism* within the context of trans mental health. I then establish a conceptual framework of *(in)visibility* which informs my understanding of the contemporary context of trans and gender-diverse youth and school-based mental health provision in Ontario schools. This conceptual framework proposes that, as opposed to being fully erased (Namaste, 2000), trans and gender-diverse students are in fact constituted as subjects through a relationship of power and knowledge (Foucault, 1980) which renders them intelligible only within the limits of particular mental health discourses. The second part of the chapter is devoted to elaborating on my use of Foucault and specifically the significance of his notion of practices of freedom.

2.1 The Significance of Trans Studies

For Anyon (2009), theory “nurtures our ability to see deeper, and to show connectivity and the whole in the parts” (p.21) and allows researchers to “look inside systems and structures for the people and cultures that populate and create them.” (p.7). I understand theory as an instrument that provokes not just *empirical* questions, but also as an interpretive resource which involves a “process of considering, applying, critiquing, and reconstructing theory until it explains what is apparent as well as that which lies beyond...”; not “theory for theory’s sake” (Anyon, p.5), but rather, theory to explore “the manner in which these [transgender] phenomenon reveal the operations of systems and institutions that simultaneously produce various possibilities of viable personhood, and eliminate others.” (Stryker, 2006, p.3). In this respect I consider the overarching role of theory in this study namely the significance of Trans Studies and Foucauldian theoretical frameworks in investigating the provision of trans mental health supports in schools.

Trans Studies, an interdisciplinary academic discipline which emerged in the early 1990s from community activism—an activism largely led by trans women of colour (Benavente & Gill-Peterson, 2019)—informs the central questions of this study vis-à-vis understanding the contemporary context in which the provision of and access to mental health care for trans and gender-diverse youth in Ontario secondary schools unfolds. This academic field, as Stryker (2006) states,

claims as its purview trans-sexuality and cross-dressing, some aspects of intersexuality and homosexuality, cross-cultural and historical investigations of human gender diversity, myriad specific subcultural expressions of ‘gender atypicality’, theories of sexed embodiment and subjective gender identity development, law and public policy related to the regulation of gender expression, and many other similar issues. (p. 3)

Radi (2019) adds that, while this field is dedicated to exploring the scope of topics and issues which come to bear on trans lives, attending to the role of gender normativity and centring the voices of lived experience in the process and attending to the production and circulation of gender normativity. Trans Studies approaches the question of normativity in a way that “insists upon the salience of cross-cutting issues such as race, class, age, disability, and nationality within identity-based movements and communities” (Stryker, 2006, p. 7). Additionally, Radi (2019) states that “trans theorists do not focus their interests solely on the analysis of the ‘transsexual phenomenon’, which is revealed as the result of gender normativity, but look precisely into the operations through which such normativity is carried out, and the hierarchies it consolidates” (Radi, 2019, p.47). This focus very specifically names the form of normativity being referred to here as *cissexism*, which I defined in Chapter 1. On centering an investigative focus on cissexism in the study of the production of knowledge, Radi (2019) notes that this approach allows us to “name those who have traditionally named it” (p.54)—‘it’ referring to the body of knowledge that objectifies trans people and lives—and to name and define the regime of oppression that comes from the presumed stability of gender and the expectation that gender is binary and fixed. Radi (2019), for instance, states,

...these terms provide tools for interpretation that, for the first time, allow us to grant meaning to a number of previously unclassifiable collective experiences...for example,

‘cis privilege’ and ‘cissexism’, which are crucial concepts in making sense of experiences of marginalization-epistemic, in this case-and in placing its agents in a network of unequal relationships, such as the field of production of knowledge. (p.54)

Applied to this study, this framework supports the exploration of how cissexism itself shapes the discourses that come to constitute the field of trans mental health and are further deployed within school-based mental health services. As I will explore in my literature review, there is a dire need to extend the epistemic examination of the production of knowledge about trans and gender-diverse youth and their experiences of mental distress to include the interrogation of unchallenged and unnamed cissexism.

Trans Studies offers theoretical grounding in this study to examine how the norms of gender, which are enmeshed with those of racialized identities, ability, class, and other dominant identities (Driskill, 2010; Gossett, 2017; Spade, 2015; Stryker, 2006), govern the field of mental health and the administration of mental health support for trans and gender-diverse youth in secondary schools. Additionally, this academic field facilitates a critique of how discourses about trans and gender-diverse students which are underpinned by an unmarked cissexism come to be constituted through mental health disciplines and offers opportunities to examine the ways in which cissexism is resisted. While the interrogation of cissexism makes up a significant part of the work of Trans Studies, it is also at its core concerned with an examination of *(de)subjugated knowledge* (Stryker, 2006). Stryker (2006), following Foucault (1980), takes up (de)subjugated knowledges in two ways: first, in terms of an historical archives in which trans lives appear such as “...the transcripts of obscure publication of case law, or the files of psychiatric patients...which must be excavated from the archives with the traditional tools of scholarship, and recontextualized within current academic debates” (p.12); and second, as “the kind of knowledge that transgender people, whether academically trained or not, have of their own embodied experience and of their relationships to the discourse and institutions that act upon and through them.” (p.13). I will address the significance of first of these here, and the second in the following section.

In the introduction to the *Transgender Studies Reader*, Stryker (2006) traces the histories of trans people as “referents”, or one who “is not in a position to make statements about itself” (p.11), noting how trans people had for so long been spoken *about*:

Previously, people who occupied transgender positions were compelled to be referents in the language games of other senders and addressees—they were the object of medical knowledge delivered to the asylum keeper, the subject of police reports presented to the judge; they were the dirty little outcasts of feminist and gay liberation discourses whose speakers clamoured for the affections of the liberal state. The psychotherapist whispered of them into the surgeon’s ear, while the lawyer nodded in approval. Only rarely did we speak to others on our own behalf (p.11).

From this silenced position, Stryker weaves together a changing of the tide at the nexus of the HIV/AIDS pandemic, the turn of the century, and technological advents, in which “transgender people seized the moment to produce knowledge of transgender phenomena...we fought our way into speaking positions, claimed our voice with a vengeance, said who we were, and erupted into the discourse.” (p.11). This *eruption into discourse* is characterized by a particularized sort of knowledge production that privileges and centres the embodied perspectives of trans and gender-divers people themselves. It prioritizes distinctive sort of knowledge that honours or privileges the standpoint of trans people themselves:

considers the embodied experience of the speaking subject, who claims constative knowledge of the referent topic, to be a proper-indeed essential- component of the analysis of transgender phenomena; experiential knowledge is as legitimate as other, supposedly more ‘objective’ forms of knowledge, and is in fact necessary for understanding the political dynamics of the situation being analyzed. (p.12)

By claiming the essential role of embodied knowledge and experience within the process of analyzing and producing knowledge that holds material implications for trans lives and living a livable life, Stryker (2006) carves out a space for interrupting and redirecting discourse that had for so long been produced through the exclusion of those most impacted by the outcomes of clinical research and practices (Meadow, 2018; Tosh, 2016; Winter, 2009).

Through this assertion, Stryker (2006) brings into play Foucault’s notion of *subjugated knowledges*. First, Foucault (1980) describes a first branch of *subjugated knowledge* in which the academic practice of analysis is used to mine historical archives to “rediscover the ruptural effects of conflict and struggle that the order imposed by

functionalist or systemizing thought is designed to masks” (Foucault, 1980, p. 82). Stryker (2006) argues that Trans Studies as an academic field can engage with these archives, “descriptive materials buried in ethnographies of non-European gender systems, the transcripts of legal proceedings hidden in some obscure publication of case law, or the files of psychiatric patients-which must be excavated from the archives with the traditional tools of scholarship, and recontextualized within current academic debates.” (p.12) to retrieve the knowledge about trans subjects masked within them.

In addition, Stryker (2006) invokes Foucault’s (1980) second definition of *subjugated knowledge* which refers to “knowledges that have been disqualified as nonconceptual knowledges, as insufficiently elaborated ... that are below the required level of erudition or scientificity” (Foucault, 1980, p. 82). She argues that these disqualified knowledges that have to do with trans people’s “own embodied experience, and of their relationship to the discourses and institutions that act upon and through them” (p.13) circulate within the trans community are essential to the work of critical inquiries taken up through Trans Studies. Stryker (2006) notes that employing both branches of *subjugated knowledge* is essential to this work as, “both erudite scholarship and delegitimated ‘knowing’ recapture, for use in the present, a historical knowledge of particular structurations of power.” (p.13). Within the context of school-based mental and trans mental health, these understandings of *subjugated knowledge* are crucial to exploring the archives of policy and research that have documented trans subjects and the transgender phenomenon over time, obscuring the knowledge found in trans communities through Eurocentric knowledge production (Marshall, 2020)¹, and also to creating space for the delegitimated knowledges of trans mental health which reside with the lived experience of trans and gender-diverse people and their experiences of mental distress and the systems that purportedly provide support (Prosser, 1998).

In this respect, my study ultimately is not focused solely on “the transgender phenomena per se...but rather the manner in which these phenomena reveal the operations of

¹ In this essay, Marshall (2020), traces the presence of gender diversity globally and throughout history, and outlines the ways that “with colonialism, European settler proceeded to force their rigid views on gender upon the civilizations they invaded” (n.p.), utilising institutions such as judicial, medical, and scientific to enforce and justify their beliefs in the white-coded gender binary.

systems and institutions that simultaneously produce various possibilities of viable personhood, and eliminate others” (Stryker, 2006, p.3). It is “concerned with the social relations that organize how people live and experience their everyday social worlds” (Namaste, 2000, p. 47), and takes aim at “the network of unequal relationships in the production of knowledge” (Radi, 2019, p.48) about trans and gender-diverse youth and school-based mental health. It is at this nexus of Trans Studies and Foucauldian analytic frames that a nuanced and critical exploration of both context and experiences of trans and gender-diverse youth and the practitioners who support them in schools reveals cissexism as “as a productive network which runs through the whole social body, much more than as a negative instance whose function is repression (Foucault, 1980, p.119). In other words, the effect of cissexism isn’t one that solely functions to erase and disregard the legitimacy of self-assigned gender identities, rather it functions in a regulatory capacity to determine what gender expressions come to count as ‘normal’ and ‘legitimate’, establishing the boundaries of “who gets to assume a body...who gets to assume the integrity and security of that body” (Gossett, 2017, p.184), while simultaneously producing trans people in the field of mental health as “the effect to be explained” (Ansara, 2010, p.192). As such cissexism must be understood as an incitement to a particular sort of regulatory discourse about trans youth and mental health provision that, as I explore in Chapter 3 and Chapter 4, circulates through policy, research, and professional practice.

In the following sections, I expand on my conceptual framework of *(in)visibility* in light of Namaste’s (2000) seminal work on the *erasure* of trans and gender-diverse people, and then go on to elaborate further on the Foucauldian analytic frameworks that form the trans epistemological basis and grounding for my study.

2.2 After Namaste: (In)visibility as a conceptual framework

In her book *Invisible lives: The erasure of transsexual and transgendered people*, Namaste (2000) introduced the theoretical framework of *erasure* to interrogate the invisibility of trans and gender-diverse people within both the everyday context of representation in population and administrative governance and also within the conduct of academic research. Consequentially, she asserts: “If institutions manage bodies in a way that precludes the

possibility of transsexual and transgendered people, then we need a theoretical framework that makes sense of this erasure.” (p.57)

Namaste conceptualizes erasure through three separate definitions that support each other:

- 1) Erasure through representation (i.e., popular understanding of gender diversity is produced in part through media representation which, being created *for* a cisgender audience, turns to tropes that render gender-diverse characters intelligible *to* a cisgender audience);
- 2) Erasure through institutional invisibility (i.e., cycles of omission in which gender-diverse people are discriminated against because they are omitted from policy, thus prompting a self-selection to not interact with an agency, establishment, or service because of said discrimination. Because of this opting out, the agency, establishment, or service does not have to confront the impacts of erasure and so are unable to assess the need to revise policy and protocol to affirm gender diversity; this process repeats ad infinitum);
- 3) Erasure through nullifying (simply put, a total exclusion of gender diversity to the point where it does not exist, for example: a teacher using ‘boys and girls’ to address a class forecloses on the existence of non-binary identities).

Namaste’s theorizing of erasure certainly remains relevant today as it supports a critical engagement with the social, institutional, and cultural worlds that trans and gender-diverse youth inhabit, particularly those of education and school-based mental health. In the nearly 25 years since Namaste’s book was published the context in which trans and gender-diverse people exist globally and locally has shifted dramatically: in 2014, an article in Time Magazine declared a *transgender tipping point* as the “another civil rights movement...poised to challenge long-held cultural norms and beliefs” (Steinmetz, 2014, n.p) and wide-spread access to the internet created forums for connection and mass communication that has brought together Rainbow communities and created spaces that propagate transphobia (Jacobsen et al., 2022). Legislative changes have secured human rights for trans and gender-diverse people but are not equally accessible or effective for all (Spade, 2015; see also, Ashley, 2018), and a global pandemic exposed the operation of embedded systems of oppression as they circulate in all facets of life, exacerbating inequities and life chances for trans folks, particularly trans and gender-diverse people of colour (Burgess et al., 2021; Kia et al., 2022). In this respect and within this rapidly evolving social and political context, to say that trans lives are invisible and erased is not accurate, especially given the

current anti-trans rhetoric and legislation that has come to define current zeitgeist of the weaponization of transphobia by the far right (Cohen, 2023; Ling, 2023; Lavin, 2021;). Following after Namaste (2000), I conceptualize trans lives as *(in)visible*, in that while the realities and experiences of trans people are perhaps more hyper-visible and even spectacularized in popular consciousness, they are known and recognized only within very particular parameters and through limited discourses of strife and are often fetishized, ignoring how “our lives and bodies are much more complicated and much less glamorous than all that...forged in details of everyday life, marked by matters not discussed by academics or clinical researchers...constituted in the mundane and uneventful” (Namaste, 2000, p.1).

At its roots, *(in)visibility* holds that trans intelligibility within any system does not exist in a binary of being erased *or* visible. Rather, visibility occurs in nuanced degrees and is deeply contingent on the context in which the trans subject is being seen and produced or reproduced with respect to how they are constituted and emerge as particular sorts of subjects and within a particular network of discourses and power relations which often delimit the terms of trans intelligibility as it is lived, embodied and understood by the diversity of trans people. Visibility is always contingent on the individual and the context, and Gossett (2017), speaking specifically to the limits of trans visibility intersecting with racism remarks that, “the violence of colonialism and racial slavery, through which Black, queer, and/or trans identities have been forged, cannot be addressed through the politics of trans visibility”. Gossett (2017) asserts that, “one of the traps of trans visibility is that it is premised on invisibility: to bring a select few into view, others must disappear into the background, and this is always a political project that reinforces oppression” (p.183). This reflection is crucial to consider when working towards an understanding of how trans and gender-diverse youth come to be recognized in the context of school-based mental health, given the history of the imbricated relationship between trans visibility in the colonial project of medicine, eugenics, and unsubstantiated psychiatric diagnoses (Gill-Peterson, 2018; snorton, 2017).

Attending to Namaste’s insistence that “theory needs to emerge from the everyday social world and that it must be practically relevant to the people about whom it speaks” (p. 50), this reconceptualization of trans lives as *(in)visible* accounts for a racialized social reality where trans lives exist in a duality of hypervisibility and sensationalized representation (see Nicolazzo, 2021) and incomplete intelligibility, a product of discourses influenced by

cissexism and racism which grow around us and are proliferated through the conduct of research in the academy and in the popular culture (Steele & Nicholson, 2019; Tosh, 2016). Specific to the study at hand, and as I will expand on in Chapters 3 and 4, this duality comes to bear on the provision of and access to mental health care support for trans and gender-diverse youth in significant ways. Bearing this in mind, I conceptualize (in)visibility to elucidate two central themes: (i) how trans subjects comes to be constituted by dominant discourses; and (ii) the *practices of freedom*, or, the “whole field of responses, reactions, results, and possible inventions” (Foucault, 1982, p.789) that become available to trans subjects when faced with the presence and effects of cissexism and colonial history and enduring impacts of enforcing a gender binary system. I will elaborate on these themes, bringing Trans Studies and selected tools of Foucauldian analysis into conversation with each other to support this framing, and contextualizing of the question of cissexism and the access to and provision of mental health care for trans and gender-diverse youth in the school system.

Where Trans Studies provides the language and frameworks around cissexism as a racialized form of power articulated and impacting on the conditions of trans lives, Michel Foucault provides an analytic toolbox that offers an interpretive framing for unpacking the mechanisms of power at play which permit specific discourses to circulate through the field of mental health and education to go largely unnamed and unchallenged. While I will return to the specific analytic tools he offers in the following section, it is critical to recognize here that, in considering a study which explores the circulation and impacts of cissexism and institutionalized cisgenderism on the provision of and access to school based mental health, Foucault’s (1997; 1980; 1982; 2004) work provides rich grounds for unpacking the interplay between power and knowledge in how trans and gender-diverse youth and their experiences of mental distress have come to be constituted as specific sorts of subjects, and exploring what strategies exist for resisting and redressing the effects of cissexism that come to bear on trans and gender-diverse youth seeking mental health supports in their schools.

Within the context of conducting research, Radi (2019) advocates for *epistemic agency*, which he explains is necessary to address *epistemic objectification*, outlining the ways in which trans people themselves contribute to knowledge production that is about and for them. This knowledge which “may be articulated from direct experience, or...may be

witnessed and represented by others in an ethical fashion” (Stryker, 2006, p. 13) serves to *renarrate* the truths that have been produced *about* us throughout history, and so engage with the ways in which cissexism “imposes a law of truth on him [the individual] which he must recognize and which others have to recognize in him...a form of power which makes individuals subjects.” (Foucault, 1982, p.781). Importantly, the field of Trans Studies itself understands that entering these epistemologies into academic record is not a matter of “new” knowledges, *per se*, but rather that these (de)subjugated knowledges have always existed. This epistemic engagement is undertaken while attending to how Trans Studies as a field must actively utilize approaches “that take into account multiple axes of subjection, such as class, nationality, or age” to “advance more nuanced work, able to deal simultaneously with various relevant distinctions” (Radi, 2019, p.46). Driskill (2010), for example, offers a decolonizing approach to research and practice that centre on gender and sexuality² where decolonization is defined as the “ongoing, radical resistance against colonialism that includes struggles for land redress, self-determination, healing historical trauma, cultural continuance, and reconciliation” (p.69). This approach sees Indigenous histories and presents as an indispensable “part of imagining our future is through creating theories and activism that weave together Native and GLBTQ critiques that speak to our present colonial realities (p.70)”. Driskill asserts that,

No understanding of sexual and gender constructions on colonized and occupied land can take place without an understanding of the ways colonial projects continually police sexual and gender lines. Two-Spirit critiques, then, are necessary to an understanding of homophobia, misogyny, and transphobia in the Americas, just as an analysis of queerphobia and sexism is necessary to understand colonial projects (p. 73)

With respect to this study, this *renarration* (Stryker, 2006) challenges the erasure of Indigenous knowledges and brings to the fore the intertwined nature of cissexism and euro-

² Driskill, in this work takes aim specifically at the field of Queer Studies, however through the elaboration of Two-Spirit critiques, it is evident that ‘queer’ as an analytic or subjective category is not understood as siloed but rather one aspect to be considered in conjunction with gender identity, gender expression, and Nation-specific cultural roles within the framework. Gender and sexuality are intertwined understandings of being rather than separate.

colonialism in representations and understandings of mental health within educational contexts and troubling ‘damage-centred’ research to centre “two-spirit, trans, and queer communities, in all their complexity, as sites of agency and change-making” (Laing, 2021, p.119)

The de-centring of whiteness through epistemic agency extends to redressing the impact of colonialism within academia and in the field of knowledge production where this standpoint has dominated discourse and institutionally created conditions that privilege contributions and recognition of white scholars, while simultaneously obscuring those of non-white scholars (Aizura et.al., 2020; Radi, 2019; Salas-SantaCruz, 2022; Strkyer, 2006). Trans of colour critiques also present questions regarding the onto-epistemological grounding of a study in terms of which analytic frames are privileged in the theoretical underpinning of educational research.

For Salas-SantaCruz (2023), a *decolonial trans* of colour critique* emphasizes the inherent onto-epistemological plurality of Trans Studies as a field and centre the contributions of trans Black, Indigenous, and People of Colour (BIPOC) within and outside of academia which have always shaped the understanding of trans phenomenon and the critique of the systems of oppression that are imposed within the field of education. As Salas-SantaCruz (2023) states,

The first order of business in decolonial trans* educational criticism is to acknowledge the multiple ways the colonial-white-Anglo-Western grounding of trans-educational criticism ignores the rich history of theorizing gender expansiveness from subaltern perspectives... and how white trans theory makes it appear as if trans people of color, particularly Black and Indigenous scholars, are what Ellison et al. (2017) describe as providing new directions in research rather than being constitutive of foundational trans articulations of being within colonality (n.p).

This approach further prompts a rigour and responsibility to ensuring that theoretical frames are accurately attributed to their sources and engaging in epistemic agency, also engaging in a reflexive practice which counters *epistemic exattractivism*, or “looting, appropriation, and commoditization of knowledge produced by underprivileged communities, for the benefit of the most privileged ones” (Radi, 2019, p. 49).

Epistemic agency extends beyond the boundaries of academic knowledge production: it is found on the pages of Tumblr and Reddit, on YouTube, and on Instagram; youth are already mobilizing their understandings of what gender diversity can be and how cissexism operates in their daily lives through channels that have a much wider reach than an academic journal. Via internet forums, this “particular, local, regional knowledge, a differential knowledge incapable of unanimity and which owes its force only to the harshness with which it is opposed by everything surrounding it” (Foucault, 1980, p.82) circulates widely, producing knowledge which at once provides criticism of the effects of cissexism, and challenges its internal production of onto-epistemological grounding (see Avery 2016; Haimson, 2020; Jacobson et al., 2022). These epistemic elaborations grapple with the work of untangling the way in which,

norms shape how we understand ourselves, others, and the world...permeate every area of life down to the smallest details of how we chew our food or walk or talk, to the broadest systemic standards of how we keep time, measure productivity, and come to identify and understand human life (Spade, 2015, p.55)

As these *popular knowledges* (Foucault, 1980, p.82) make their way into academia through research and into the pages of academic journals, they illustrate the ways in which “community is crucial for its intellectual vitality” (Stryker, 2006, p.13) in terms of how it enriches trans scholarship and epistemic agency.

2.2.1 Constituting the field and subject of trans mental health

Trans and gender-diverse youth do not appear within the field of school-based mental health from the ether; their presence within these discourses signals a trajectory and history of becoming visible. It is for this reason that knowledge about “the historical conditions which motivate our conceptualization [and] a historical awareness of our present circumstance” is needed (Foucault, 1982, p. 778), especially with regards to the current conditions, realities, and (in)visibility of trans and gender-diverse youth within the administration of school-based mental health services. In other words, in following Foucault (1980), “...it is a bad method to pose the problem as: How is it that we have progressed?’ The problem is: How do things happen?” (p.50) with regards to how have trans and gender diverse youth come to be constituted in this context. Such a redirected focus on the conditions and emergence of

specific discourses about trans mental health is critical to the work of examining the mechanisms and strategies by which cissexism circulates within the field vis-à-vis the constitution of trans and gender-diverse youth as particular sorts of subjects. This critical interpretive focus is also central to making sense of how to intervene and resist the norms governing specific *regimes of truth* (Foucault, 1980) that come to define the provision of and access to trans mental health as I elaborate in the following chapter with respect to an overreliance on an individualizing of the trans subject that is reductive in its emphasis on framing of trans mental health in terms of experiencing minority stress and gender dysphoria.

Foucault (1980) understands power as “something which circulates...something which only functions in the form of a chain. It is never localized here or there...power is employed and exercised through a net-like organization” (p.98) and further specifies that “knowledge and power are integrated with one another...it is not possible for power to be exerted without knowledge, it is impossible for knowledge not to engender power” (p.52). Applied to school-based mental health as it relates to trans and gender-diverse student, it is critical to consider how this circulating relationship of knowledge and power operate to constitute both the subject and the field. To examine the articulation and impacts of power, a “productive network which runs through the whole social body as much more than a negative instance whose function is repression” (p. 119), Foucault (1980) proposes a focus on *regimes of truth*. Regimes of truth are not singular entities, but rather they are the effect of power being circulated, “the discourses which it [society] accepts and makes function as true” (Foucault, 1980, p.131). Foucault (1980) further elaborates that “‘Truth’ is linked in a circular relation with systems of power which produce and sustain it, and to effects of power which it induces and which extend it. A ‘regime’ of truth” (p.131), elucidating the connection between knowledge, power, and truth. He identifies the network of power relations within the ‘social body’ (p.119) which support the articulation of power and truth, including economics, politics, and education which “organise and put into circulation...apparatuses of knowledge” (p.102), which in turn produce discourses within specific disciplines. Understanding this circuitous dynamic is indispensable to considering how trans and gender-diverse students come to be constituted as subjects within the field of school-based mental health as an “apparatus of knowledge” in the administering the provision and access to care. It is in this respect that excavating the constitution of trans identities in school-based mental health requires engagement with Radi’s (2019) question regarding the knowledge production *about*

trans lives: "...who can speak, at whose cost, through which mechanisms, and in the name of what interests?" (p.48).

The 'speaking' (see Ball, 1993) of trans and gender-diverse lives and experiences of mental health into discourse occurs through the disciplinary production of knowledge as Foucault (1980) notes: "Disciplines are bearers of discourse...that speaks of a rule...a natural rule, a norm. The code they come to define is not that of law but that of normalization." (p. 106). In the Global North, the disciplines primarily responsible for the production of official knowledge about trans lives have been those of medicine and psychiatry, fields which are "preoccupied with the medical management of transsexuality" and whose "restricted consideration of transsexuality distorts the complexity of the social world as it is lived and experienced by transsexuals and transgendered people" (Namaste, 2000, p.35) with cissexist ideology underpinning the 'rule' by which bodies and genders are marked as normal or deviant (Dewy & Gesbeck, 2017; Gill-Peterson, 2018; Meadow, 2018; snorton, 2017; Stryker, 2006). In this context, the *norm* or *rule* flows through discourses dictated by medical and clinical fields in which trans bodies, lives, and self-asserted gender identities are constituted as disordered and in need of treatment (see Eherenshaft, 2012), a discourse saturated with 'unexpert' accounts of the 'wrong body' (see Bettcher, 2014; Chu, 2017; Engdahl, 2014), and of mental distress caused by violence born out of acts of individualized transphobia (see Ansara, 2010; Peter et al., 2021; Seida, 2023; Veal et al., 2015). The discourses produced through the circulation of cissexism and endorsed through uptake within disciplines then come to bear directly on how trans and gender-diverse youth seeking support are thought about. As Foucault (1980) notes, it is individuals who "are always also the elements of its [power's] articulation...individuals are the vehicles of power, not the points of application." (p.98), and so it is through individual practitioners that these discourses are operationalized in the provision of care. Deeply embedded within these 'restricted considerations' are the eugenic origins of the medical intervention into trans lives and, as such, any investigation of the constitution of trans and gender-diverse youth within school-based mental health cannot be undertaken without deploying a critical Trans Studies lens that "problematizes transsexuality as an artifact of colonial forms of knowledge and governance ... [which] critiques the disqualification of trans of color life and knowledge as unscientific and unworthy of personhood" (Gill-Peterson, 2018, p.30). These colonial beliefs come to form the foundation for how trans lives and trans mental health are constituted.

Both Foucault's work on the relationship between power and knowledge in conjunction with Trans Studies' epistemological frameworks provide a rich grounding for thinking through the "net-like organization" (Foucault, 1980, p. 98) of cissexism which governs the production of knowledge about trans and gender-diverse youth and their experiences of mental distress. Continuing the call for Trans Studies to take up the epistemic project of elaborating "different understandings of how bodies mean, how representation work, and what counts as legitimate knowledge" (Stryker, 2006, p.9), Radi (2019) takes aim at the "network of unequal relationships in the production of knowledge" (p.48) which have formed much of what is officially known about trans lives to date. Radi (2019) outlines that knowledge production about trans people has occurred from outside trans communities through *epistemic objectification* where "the inclusion of trans* people in the process of knowledge production does not acknowledge them as bearers of relevant understandings but only as objects and instruments of analysis" (p.48). This production of trans lives within school-based mental health is significant for, in making clear how "a relationship of epistemic dependence is established whereby the bodies, sexualities, and genders of trans* people are turned into matters whose credibility requires the opinion of various (cis) intellectual authorities" (p. 49), Radi (2019) urges an analysis of the constitution of trans subjects which "struggles against the privileges of knowledge...an opposition against secrecy, deformation, and mystifying representations imposed on people" (Foucault, 1982, p. 781). As I will further explore in Chapters 3 and 4, cissexism circulates freely in the *regime of truth* I have just outlined to constitute trans and gender-diverse students and school-based mental health support as it relates to them according to the discourses of Minority Stress Theory (Meyer, 2003) and identity-related distress, rendering them (in)visible.

2.2.2 Practices of freedom

While what is intelligible according to *regimes of truth* (Foucault, 1980) about trans and gender-diverse students has substantial material impacts on the provision of and access to mental health support available to them, a critical interrogation of these dominant discourses offers only a partial understanding. Foucault (1980), for example, states, that while "...power is 'always already there'...this does not entail the necessity of accepting an inescapable form of domination or an absolute privilege on the side of the law...there are no relations of power without resistances...resistance is multiple" (p. 141-142, emphasis in original). In light of

this insight into power as a form of resistance, I turn now to Foucault's work on *practices of freedom* (1997), and *strategies of resistance* (1982) to attend to the ways in which cissexism can be refuted.

Foucault (1982) highlights that the exercise of power cannot be reduced to "being acted upon" in the sense of being subjected to a totalizing form of power, but also needs to be understood "as a mode of action upon the actions of others [which]... includes an important element: freedom" (p.790). It is in this respect that there is always a possibility of acting against or simply refusing a particular institutionalized norm within "a field of possibilities in which several ways of behaving, several reactions and diverse comportments, may be realized" (p.790). This notion of power as a mode of resistance, therefore, is understood as a refutation of a certain imposition of a norm that is exercised within a network of knowledge/power relations and in this sense constitutes a practice of freedom. Thus, *practices of freedom* as conceptualized within the context of this study are manifested in the multiple forms of resistance that trans subjects as agents deploy when faced with cissexism, and particularly in the form of refusing norms that govern the limits of trans intelligibility and provision of mental health support in schools.

In further elaborating on such *practices of freedom* vis-à-vis resistance, Foucault (1997) holds that "...power relations are possible only insofar as the subjects are free... if there were no possibility of resistance (of violent resistance, flight, deception, strategies capable of reversing the situation), there would be no power relations at all." (p.292). Within a reality where relations of power are always at work, Foucault (1997) offers *practices of freedom* as an interpretive frame to consider how subjects might come to engage with these dynamics. He holds that power relations, or "a relationship in which one person tries to control the conduct of the other" are always "mobile, reversible, and unstable" (p.292) based on how the subject is constituted and constitutes themselves in any given situation and in their interaction with others in any given moment. Importantly, Foucault (1997) notes that, though the subject is an active participant in the process of self-constitution, "practices of self...are nevertheless not something invented by the individual...they are models that he finds in his culture and are proposed, suggested, imposed upon him by his culture, his society, and his social group" (p. 291). This insight into the enactment of micro-practices of power relations is significant because it suggests that we are never outside of our contexts,

and the norms governing the ways that we understand ourselves are always to some extent dependent on historically specific knowledges and ways of being that we have been exposed to. These relationships to self and other are foundational to unpacking *practices of freedom* which respond to power relations at the interpersonal and institutional level because they are tied to an ongoing reflexive practice of “learning to conduct ourselves ethically...in relationships with others” (Foucault, 1997 p.284).

Foucault (1997) further grounds this reflexive practice in the production of knowledge and truth about the self in pointing out that the “knowledge of a number of rules of acceptable conduct or of principles that are both truths and prescriptions... is where ethics is linked to the game of truth” (p.285). These *games of truth*, the “set of rules by which truth is produced” (Foucault, 1997, p.297), and with which the subject is constantly contending, are the entry point for engaging with *practices of freedom* because it is through these *ethical* relations that the subject comes to constitute themselves and in so doing is able to “discover something different and...to modify this or that rule...sometimes even the entire game” (Foucault, 1997, p.297). *Practices of freedom* in this study therefore are understood as an iterative process of understanding oneself in relation to a particular context and set of relationships within the field of the administration of mental health supports in schools. It is this understanding of acting with agency in conducting oneself within the context of a field of possible actions available in responding to the relations of power at hand that play a critical role in understanding articulations of power within a system of administrative governance vis-à-vis the provision of and access to school based mental health supports. Hence, such an interpretive analytics of power serves as a tool for thinking through the both constitution of the mental health field and the trans subject as agential.

It is true that one form these practices might be enacted through activism and confrontation, however there are many other ways that Trans Studies scholars conceptualize a trans politics (see Iskander & Shabtay, 2018). Radi (2019) discusses this phenomenon in terms of the *objectification* of trans subjects (p.48) in academic research. He reflects on how trans communities, while navigating the norms established by the *regimes of truth* (Foucault, 1980) that I discussed earlier, are simultaneously categorized “on a different conceptual constellation: ‘disobedience,’ ‘dissent,’ ‘transgression,’ ‘subversion,’ ‘antinormativity,’ and ‘counter-hegemony’...concepts that account for a number of expectations of social change

invested on trans* people” (p.51). In relation to trans and gender-diverse youth, these expectations of anti-normative revolution translate to expectations of the trans subject to *respond* to the cissexist contexts that they inhabit with actions that may be fitting of this “new normative criteria” which “assesses whether trans* people are sufficiently radical or not and criticizes those who do not defy the binary , heterosexuality, or patriarchy” (Radi, 2019, p.51). *Responses* to cissexism, especially as it pertains to understanding youth agency, will vary depending on the individual, their history, and their context, and I would avoid “taking for granted the existence of a direct causal relationship between a particular gender identity and a certain way of constructing knowledge” (Radi, 2019, p.58).

In considering the manner in which to analyse relations of power, Foucault (1982) proposes examining *relations of strategy*. He uses this term to bring together three definitions: (i) “the means employed to attain a certain end” (ii) “the way a partner in a certain game acts with regard to what he thinks should be the action of the others and what he considers others think to be his own; ...the way in which one seeks to have the advantage over others; (iii) procedures used in a situation of confrontation to deprive the opponent of his means of combat and reduce him to giving up the struggle; the means destined to obtain victory” (p.793). He summarizes these points by bringing them together in this way: “strategy is defined by the choice of a winning solution” (p.793). These broad terms, ‘struggle’ ‘advantage’ ‘strategy’ ‘victory’, as Foucault notes, invokes a vocabulary of “war games” (p.793), and could in turn evoke an imaginary of what (de)subjugated perspectives might entail with regard to grand revolts or uprisings aimed at dismantling cissexisms, but as Foucault states very clearly, this is not about any one technique in particular, but a “whole field” of potential that becomes available within a network of power relations (p.789). As illustrated earlier, in light of Radi’s (2019) point about the need to attend to epistemic agency of trans subjects in the conduct of research, Trans Studies calls for a focus on trans desubjugation as a specific technique for dismantling cissexism in the academy which is very important given the material and epistemological violence and harm that have been enacted against trans people within the disciplinary fields medicine, psychiatry and psychology (Kuhl, 2019).

While disciplinary discourses may constitute us within the institutions that we inhabit, they do not lead to a totalizing determination of the subject defined in terms of a

unidirectional relationship of domination. As Foucault (1982) states, “the relationship between power and freedom’s refusal to submit cannot, therefore, be separated (p.790), and the *whole field* of responses to the effects of cissexism are as varied and diverse as the individuals who choose to take up this work. These forms might take *insulation*, or “the different ways that trans subjects cultivate detachment, distance, and numbness in order to survive in and through inuring ourselves to the hostilities that surround us” (Malatino, 2020), or even *mutual aid*, where “participatory movement building focused on leadership by and for those directly impacted” is centred, and organizations work to “evaluate organizational and movement structures to ensure they produce space for political demands to emerge from the bottom up” (Spade, 2015, p.108). These *practices of freedom* are indeed exemplified by both trans students and what several mental health practitioners shared with me about the provision of mental health support for trans youth in schools and which I discuss in Chapter 6.

As it relates to my engagement with trans and gender-diverse youth in this study specifically, the notion of attending to the full range of *practices of freedom* becomes all the more pressing. Understanding the actions of my participants as *practices of freedom* serves as a point of departure for better understanding the operation of cissexism as it relates to theorizing the trans subject within the context of generating knowledge about the provision of and access to school mental health support services. As such the wide range of responses they provided support an analysis of “a total structure of actions brought to bear upon possible actions” (Foucault, 1982, p.790) influenced by policy, research practices, media, conventions professional practice, and many more factors. However, it is important to emphasize that mental health provision in schools cannot be reduced solely to their administrative effects in terms of determining the subject’s actions and/or behaviour. In this sense, I was concerned to investigate in my study what can be revealed about the *games of truth* that are in operation in the school based mental health field and the ways in which “the exercise of power...guid[ed] the possibility of conduct and pu[t] in order the possible outcome”, while also exposing the ways in which certain institutional norms govern what it means to be a trans subject are refuted. This critical investigative focus is especially significant in the accounts that the youth participants shared with me, given that they are often expected to assume the inevitable and necessary role of activist in educating about gender diversity and advocating for gender justice in their school communities (Frohard-Dourlent, 2018). However, several of my

participants refused such expectations and in so doing exposed the massive failures of multiple administrative systems of governance to recognize and address rampant and deeply embedded cissexism which indeed sets trans youth up and venerates them as role models for how trans and gender-diverse youth are expected to behave/act in working to make their school climates safer and more trans inclusive (see McBride & Neary, 2021). Trans and gender-diverse youth, for example, are too often in put in positions where they are required or expected to take on educative roles both in their schools (see Lapointe, 2018) and with respect to educating mental health practitioners about gender diversity in order to receive the support they seek (see Mackie et al., 2023). I understand the accounts that the trans youth in my study shared with me—whether they were strategies of resistance or of assimilation—to be important articulations that enable me to illuminate the institutionalized cissexism at play and so centre my critical analytic focus on exposing the effects of power within the governance and administration of mental health supports in schools. Following Laing (2020), I am committed to representing their accounts in their full nuance and complexity, and not contributing to their overdetermination as activists by reading resistance into acts of survival.

The range of responses are critical to attend to, especially in the context of trans and gender-diverse youth accessing mental health supports in schools as it points the direction to uncovering the effects of cissexism which “does not act directly and immediately on others. Instead, it acts upon their actions: an action upon an action, on existing actions or on those which may arise in the present or future” (Foucault, 1982, p.789). These insights are critical to supporting an inquiry that returns to Foucault’s (1980) question that I offered at the beginning of this chapter: not “How is it that we have progressed?” but rather, “How do things happen?” (p.50), with the hopes of learning about what agency we might engage with going forward.

2.3 Conclusion

This chapter has outlined Trans Studies and Foucauldian interpretive analytics as significant theoretical and analytic frames that I draw on in this study and introduced a conceptual framework of *(in)visibility* that builds off Namaste’s (2000) theorizing of *trans erasure* to facilitate a conceptualization of the contemporary context in which trans and gender-diverse students are made intelligible within school-based mental health. I elaborated on two the two major themes of *constituting the trans subject* (Foucault, 1980) within the field of school-

based mental health and *practices of freedom* that exist as a *whole field of responses* in which subjects are constituted as not merely subjected to power through relations of domination, but are indeed treated as agential subjects within a network of power relations they are navigate and negotiate in their daily lives. In this respect I highlight how my engagement with Trans Studies further provides a hermeneutic resource that supports my conceptualization of a critical trans politics which is informed by Foucauldian analytic insights into a *struggle with power relations* (Foucault, 1982) which stems from cissexism. Such an interpretive analytics is deployed and governed by a commitment as a researcher to *epistemic agency* with respect both to the conduct of research (Radi, 2019) and also in terms of a enacting an ethical commitment to trans desubjugation (Stryker, 2006). In what follows, I apply these frames to tracing a policy context for this study (Chapter 3), as well as to the Literature Review (Chapter 4).

Chapter 3

3 A policy context for trans mental health in Ontario

The context of this study is shaped by a policy network which constitutes trans and gender-diverse youth and their experiences of mental distress as (in)visible. In this chapter, I draw on a critical policy analytic approach proposed by Stephen Ball (1993; 2015) to explore how trans and gender-diverse youth and their mental health needs have come to be constituted and intelligible within Ontario's education system through policy texts. Ball (2015) considers policy as *ensembles* or “sets of texts, events, artifacts, and practices” (p. 3) which together govern and organize by acting as “textual interventions into practice” (Ball, 1993, p.12). Importantly, Ball (1993; 2015) extends his understanding of what policy *is* to what policy *reveals*. Ball (2015) argues that we need to appreciate the ways in which “policy ensembles [as] collections of related policies, exercise power through a *production* of ‘truth’ and knowledge’ as discourse” (p.14) thus allowing a researcher to “find out how a human is envisaged in our present and the social practices that constitute this human being.” (p.3) with respect to how an individual or group of individuals is ‘spoken’ by and through such a network of policy discourses. In other words, Ball proposes that policy ensembles can be analyzed to understand how they collectively contribute to the production of a subject through a cumulative discourse that constructs and allows certain onto-epistemic possibilities while simultaneously disallowing others.

Bearing this in mind, I turn to an analysis of the specific policy ensembles through which the visibility of trans and gender-diverse youth and their mental health are constituted officially. I examine three overlapping and related sectors: the sector of health care and diagnosis where mental health and embodied experience of gender converge; the legal sector where policy ensembles revolve around accommodation and anti-discrimination based on human rights legislation with respect to gender identity and gender expression; and the education sector where mental health and legal discourses converge in how trans students are constituted as particular sorts of gendered subjects in need of support and intervention. I focus my analysis on these sectors as they are interconnected and provide an important context for better understanding both the perspectives of the youth and adult participants of this study. I begin by exploring the connection between trans identities, mental illness, and medical policy through the evolution of how trans identities are represented in policy vis-à-

vis medical transition. I then explore how Ontario Human Rights policy and mental health discourses are intertwined to construct trans identities as in need of protection on the grounds of anti-discrimination and harassment. Finally, I examine how these policy ensembles come to bear on educational policy, specifically that related to mental health, and how these policy ensembles reinforce a truth and official knowledge about the type of mental health needs that trans and gender-diverse students experience and, on this basis, require support. This cross-sector analysis of policy ensembles exemplifies how certain ‘truths’ are produced, how they provide and restrict possibility, and how these limited understandings then inform certain positions that are possible to occupy either as a practitioner or student.

3.1 Medicalizing and Pathologizing Trans Subjects Through Policy

Kirkup and Airton (2020) remark that policies “mark the formal social and legal recognition of individuals” (p.250), highlighting how marginalized identities gain mainstream legitimacy through their appearance in policy. For trans and gender-diverse individuals, this legibility through policy begins in the medicalization and pathologizing of the non-cisgender experience (Ansara & Hegarty, 2012; Dewy & Gesbeck, 2017; Diamond & Kirby, 2014; Gill-Peterson, 2018; Winters, 2009). In their work, Dewy and Gesbeck (2017) trace the connections between the medicalization of trans identities, a process through which “anything described or associated with illness falls under the purview of the medical profession, which, over time, becomes the dominant authority over how bodies should behave, socially, and psychologically function” (p.44) and the “cultural need to control gender nonconformity spark[ing] the creation of new diagnoses, where kinds of patients are *created*” (Dewy & Gesbeck, 2017, p. 46, emphasis in original). The process of medicalization thus exerts a social control over trans bodies by requiring a professional intervention or validation through the tool of psychiatric diagnosis. Ansara and Hegarty (2012) define *pathologizing* as “the construction of people’s behaviour or characteristics as pathological or disordered” (p.142). In relation to *cisgenderism*—defined as, “the ideology that invalidates or pathologizes self-designated genders that contrast with external designation” (Ansara & Hegarty, 2012, p.137)—within the discipline of psychology, this could appear as “the diagnostic classification of self-designated gender as a disorder” (Ansara & Hegarty, 2012, p.142).

When considering the evolution of the psychiatric discourse around gender identity,

Dewey and Gesbeck (2017) observe that “diagnosis is a language of social control, drawing the line between normal and abnormal... giving power to medical professionals to deal with deviant individuals on behalf of society at large” (p. 39). Roberts (2005) also notes how the category of gender identity has been deployed through diagnosis to produce knowledge *about* gender-diverse people that is “thoroughly enmeshed within the history and the culture in which they occur and therefore are inextricably bound to the political concerns, norms and values of that culture and society” (p.37), for example, erasing the historical and contemporary existence of trans people of colour (Gill-Peterson, 2018) and of Indigenous ways of being (Driskill, 2010). Over time, gender diversity has undergone a number of changes in terms of how it is constituted by the medical field over time via different systems of classification, for example the *Diagnostic Statistical Manual of Mental Health Disorders (DSM)* where gender diversity first appeared in 1980 as both *Transsexualism* and *Gender Identity Disorder of Childhood (GIDC)*, both listed under psychosexual disorders, to the most recent version released in 2015 in which it is framed under the diagnosis of *Gender Dysphoria*. However, it is important to emphasize that while no longer labeled a disorder, the tether that binds gender diversity to mental illness diagnosis persists (Dewey & Gesbeck, 2017; Lev, 2013; Inch, 2016).

The World Health Organization announced in 2018 that gender incongruence would no longer be classified under mental and behavioral disorders in the International Classification of Diseases (ICD) (WHO, 2024), a change came into effect in 2022 (Daly, 2018). Lauded by many as a pivotal point in the depathologization of gender-diverse lives and experiences as inherently legitimate, what is less advertised, is that gender incongruence was not *removed* from the ICD, rather it was *reclassified* as a sexual health condition (Daly, 2018; Fairchild, 2018). As such gender diversity effectively remains connected to disease and is also incorrectly conflated with sexuality (Fairchild, 2018; Inch, 2016; Salamon, 2010). In this new category, gender diversity is classified alongside unsafe sexual behaviors, exhibitionism, pedophilia, sadism, and voyeurism (WHO, 2024). All good intentions aside, this reclassification leaves gender-diverse individuals no less stigmatized and more misunderstood with medicalization and pathologizing of trans identities persisting through these policies.

Through visibility in medical policy, trans identities have since the 1930’s effectively been divided from the ‘normal’ category of cisgender experience, marked as abnormal and in

need of treatment and perpetually redefined by the medical and psychiatric fields. As Dewey and Gesbeck (2017) state, “so many changes have occurred in the last 30 years that we can see the social construction of transgender medical knowledge unfold before our eyes” (p.38). In this sense, examining the evolution of the policy related to gender-affirmation through its initial visibility, the othering process through which official knowledge about non-assigned and self-assigned gender identities are produced and circulated through such policy ensembles becomes evident. Despite this problematic cycle, establishing trans and gender-diverse people as legitimate through medical discourse is a critical first step to ensuring other legislative protections, such as those found in the Ontario Human Rights Code.

3.2 Human Rights Policy

Dewey and Gesbeck (2017) observe that, “...to make progress in those arenas [political, economic, legal, and medical] or to employ the protections of antidiscrimination statutes, transgender people are required to navigate a complicated system of gender legitimation that depends largely on medical and psychiatric diagnoses” (p.39). Indeed, the Ontario Human Rights Code (OHRC), though it does not require a diagnosis to access its provisions, reinforces the truths spoken by medical policy by structuring its frameworks around the pathologizing of trans identities, elaborating a connection between the deleterious impacts of discrimination and harassment, suicidal ideation and attempt, and trans lives, as can be seen in Toby’s Act (2012), an amendment to the OHRC introduced the categories of gender identity and gender expression as protected grounds of anti-discrimination. The introduction to the Act, while stating that “Trans people should be recognized and treated as the gender they live in, whether or not they have undergone surgery” (OHRC, 2014, p. 4), cites as rationale research that reports that 77% of participants in an Ontario-wide study on trans people had considered suicide and that 43% had attempted (OHRC, 2014), an argument that tethers the protection of trans and gender-diverse people primarily to the potential risk of mental distress caused by cissexist society, as opposed to grounding their protection in their inherent right to safety. While this piece of legislation was monumental, it has been critiqued by many. Kirkup and Airton (2020), for example, identify that the remedies promised by human rights law are reactive, absolve the state of responsibility in perpetuating transphobia, and do not immediately address the very real and material needs of trans and gender-diverse people, observing that, “the turn to human rights law simplifies equality, upholds existing

power structures, and favours the most economically privileged members of transgender and/or non-binary communities” (p.253) (See also, Martino, Kassen, & Omercajic, 2020; Omercajic & Martino, 2020; Spade, 2015). Within the OHRC policy is a continued implication of the mental distress discourse applied directly to the field of Education.

In the OHRC policy specific to education, human rights language such as *discrimination* and *harassment* are collapsed into one term: *bullying*. This phrasing echoes the *Accepting Schools Act* (2012), a piece of legislation which amended the *Education Act* by including provisions for the protection against bullying on the grounds of gender identity and gender expression. Within the *Accepting Schools Act*, bullying is named as a behaviour which causes psychological harm, and also explicitly names transphobia as a form of bullying which the act seeks to eradicate, thus linking trans and gender-diverse students and experiences of mental distress.

Though unquestioningly important pieces of legislation, this policy ensemble that overlaps human rights and education ‘speaks’ (Ball, 1993) trans and gender-diverse students as passive victims of individualized instances of violence with little interruption in official discourse available. Iskander and Shabtay (2018), in this sense, provide an important counternarrative to this representation in their account of the ‘behind the scenes’ youth-led movement that led to the *Accepting Schools Act*. Drawing on Iskander’s personal account of their role in this movement, the authors note that student activists were “understood through the discourse of bullying [which] both enabled student voices to be heard and limited how they would be heard.” (p., 346). With this knowledge, Iskander and Shabtay note that “the narrative of bullying and risk was deliberately taken up by the LGBTQ youth activists as the alternative to being viewed as a victim was to be viewed as a threat” (p.346). The authors here make visible the official discourses at play in the field of trans mental health and education, while also providing a critical perspective that reveals the awareness that trans youth have of how they are constituted as (in)visible subjects through discourse, and how they effectively leverage that awareness in order to secure safer spaces for themselves. This challenge to the official discourses that circulate about trans and gender diverse youth between the fields of education and human rights is critical to approaching the question of access to and provision of school-based mental health supports in Ontario schools as it offers

an avenue for considering the subjugated perspectives that have been silenced in constituting both field and the trans subject.

3.3 Mental Health, Equity, and School-based Policy

Today, school-based mental health in Ontario is a shared responsibility between three ministries: the Ministry of Health and Long-Term Care, the Ministry of Child and Youth Services, and the Ministry of Education (Duncan et al. 2019; Short, 2016; Waddell et al, 2019). The policy ensemble that is created through these three ministries illustrate a simultaneous representation and erasure of trans identities alongside very specific narratives of suicidality which mutually consolidate a discourse that defines trans mental health as an issue of bullying and suicide. Starting with *Out of the Shadows at Last* (2006), a Canadian report that prompted national action on the impacts of mental health-related stigma and suicide, Ontario school-based mental health policy which subsequently emerged is influenced by and reinforces this very discourse about trans mental health.

Out of the Shadows at Last (2006) published findings and recommendations that prompted national action to address the stigma related to mental health, illness, and addiction. Children and youth were among specific demographic groups identified who face challenges when it comes to seeking and receiving help with their mental health, with the report noting that the “development of the school as a site for the effective delivery of mental health services is essential” (Kirby & Keon, 2006, p. 137). In response to this report, the Mental Health Commission of Canada (MHCC) was formed to support the recommendations of the report, including those related to education. In its first national mental health strategy, *Changing Minds, Changing Lives* (MHCC, 2012), education was identified as a critical site for increasing awareness about mental health, ongoing anti-stigma efforts, early mental health intervention for children and youth, and ultimately, suicide prevention. This policy text provides one single section that discusses the specific needs that trans and gender-diverse people may have in seeking mental health care. Under the heading *Address the specific mental health needs related to gender and sexual orientation* (MHCC, 2012, p.92), the strategy states that “the different ways that gender makes a person vulnerable to mental health problems and illness mean that the impact of gender needs to be considered in prevention and early intervention efforts” (p. 92). Alongside considerations related to exclusively cisgender ‘gender’ factors (e.g., ‘women’s’ experiences of poverty, domestic

abuse, and caregiving responsibilities, and children's issues which are divided into 'boys' and girls'), the one-page priority includes the following: 'LGBT' (Lesbian, Gay, Bisexual, Transgender) people who are at risk of stigma, youth, who are connected to sexual and physical assault and bullying, and LGBT youth who can be protected "by an accepting family and connection with other LGBT youth" (p.92). It is important to note that the concerns that are attributed to 'gender' in this report do apply to trans and gender-diverse people as well, but here, they are constructed in cisgenderist terms which erase this fact.

While this priority does recognize the need for mental health providers to educate themselves on their role in perpetuating stereotypes and discrimination against LGBT people, the strategy also states that "LGBT organizations should seek to strengthen their understanding of stigma and other issues related to mental health and mental illness, and be ready to provide support" (p.92). This directive serves the dual purpose of reinscribing trans and gender-diverse people as victims of self or circumstance and effectively disregarding the historical advocacy and emotional support work that these communities have been doing outside of the formal umbrella of medically-informed mental health organizations³. While some initiatives stemming from MHCC policy such as the *Bell Let's Talk Campaign* (McNeil et al., 2021) features targeted representations of the experiences of transgender people or provide forums for trans and gender-diverse youth to be included in conversations about the delivery of mental health services (MHCC/Wisdom 2 Action, 2019), inclusion remains limited to the discourses of bullying and distress related to holding a trans identity.

As recently as 2019, the MHCC co-authored a factsheet about trans mental health, specifically a suicide fact sheet that reinvested in the discourse that binds trans identity to gender dysphoria and gender dysphoria to suicidal tendencies. Throughout this fact sheet, two arguments are consistently reiterated: (i) that trans mental health is confined and reduced to experiencing gender dysphoria, a representation which is supported by research which couples gender dysphoria to the risk of suicidal ideation, and (ii) that trans mental health is reduced to a question of environmental violence and individualized bullying. These discourses reassert that mental distress is only experienced as a result of gender dysphoria

³ For examples of such community-based supports, see <https://the519.org/programs/category/community-led/>

and toxic environments that stem from an individualized form of violence being enacted against a trans person. Framing trans mental health as an individualized matter of gender dysphoria or as an expression of transphobia ignores the role of cisgenderism in creating the conditions in which distress is inevitable. Kennedy (2018), for example, distinguishes between cultural cisgenderism and transphobia stating, “Cultural cisgenderism may be characterized as a detrimental and predominantly tacitly held and communicated prejudicial ideology, rather than an individual attitude” (p.308), adding this ideology results in the systemic erasure of trans people. She further states that, as is the case in the framing of trans mental health, “the problem with counting a part of a population that is in its majority invisible is that the result will, in all probability, merely confirm the predominant view” (p.310). By tying together discourses of trans identities, bullying, equity, and risk of suicide, these documents decontextualize effects of systemic violence and relegates the mental distress that some trans students feel to individualized behaviours while simultaneously further entrenching the representation of trans mental health in (in)visibility and effectiveness, as Kennedy (2018) observes, confirming the dominant discourse about trans mental health.

In 2006, The Ontario Ministry Children and Youth Services (OMCYS) published a framework that established child and youth mental health as a “shared responsibility” (p.9) between sectors including education. Though this framework predates Toby’s Act (2012), access to and removal of barriers to services based on human rights are named in the document’s guiding principles. In 2011, the Government of Ontario presented *Open Minds, Healthy Minds*, a comprehensive approach to addressing mental health and addiction issues across sectors that provide mental health care to Ontarians. The first three years of this 10-year plan were focused on supporting children and youth with a particular emphasis on the role of schools to provide early identification and intervention for young people needing help. While no mention of trans and gender-diverse people is made within this framework, embedded within the guiding principles of the document states that “To give our children and youth the best possible start in life...we need to reduce the stigma by promoting equity and diversity, physical activity, healthy eating and self-esteem, and to develop parenting and peer support programs for families” (Government of Ontario, 2011, p.20).

Stemming from *Opening Minds* (2011), *Supporting Minds: An educator’s guide to promoting students’ mental health and well-being* (2013) was developed and this document strengthens the discourse that pathologizes trans identities and further imbricates trans identities with suicidal ideation. This document connects equity issues and mental health

challenges by citing Ministry of Education documents that more explicitly reference the importance of school climates in supporting positive mental health for young people (Ministry of Education, 2012) and stating in its introduction that “Concern is growing in our society about the number of children and youth who are experiencing mental health problems. At the same time, our education system in Ontario is focused on making schools safe and accepting” (2013, p.6). It further elaborates under the Guiding Principle of Diversity, Equity, and Social Justice that “culturally relevant services that meet their [students’] needs” and that through these collective frameworks “Ontario is working to eliminate the individual and social injustices that contribute to mental illness and addiction” (p. 7). Here again, an individualizing discourse is present in framing the causes and solutions to mental distress experienced by young people in Ontario schools is deployed through a ‘safe schools’ approach. Given the equity-focus of the *Supporting Minds* document and an emphasis on ‘positive school climates’ which echoes the Bill 13, or the *Safe and Accepting Schools Act* (2012), claims to provide resources which “help educators understand more about mental health in order to promote the mental health of all students” (p.6). As it presents mental distress as an individual deficit and fails to offer any in-depth critique of exactly how social inequities “contribute to mental illness and addiction” (p.7), this document fails to address the broader systemic forces of cissexism and cisnormativity, an engagement that is indispensable to the document’s purpose of “ensur[ing] that all students feel safe, comfortable, and accepted.” (p.11)

Despite this commitment, the document exclusively refers to students using the binary form he/she, providing numerous examples of how “males” and “females” exhibit symptoms of particular mental health challenges, stating that “such things as age, gender, and stage of development may influence the way in which mental health problems present themselves” (p.11). Coupling the binary gender references to students with this caution listed under “Causes of Problems” (p. 7) establishes the assumption that 1) gender is a fixed binary 2) the student’s predictable binary gender can be used as a measure or predictor for interpreting whether a student’s behaviour signals an underlying and unaddressed mental health challenge. Alone, these inclusions have the effect of erasing trans representation within the context of mental health challenges, as the research that is drawn on exclusively looks at binary sex-based research to support its content. This erasure at this stage of the policy ensemble is significant because it reinforces the notion that trans and gender-diverse students

do not exist in mainstream discourses of mental health. The document does, however, create a direct connection between trans identities and mental health challenges: listed under Demographic Risks Factors for Suicide is included the following: “being lesbian, gay, bisexual, transgendered, or queer (LGBTQ)” (p.135). This is the only mention in the 150-page document, and none of the cited research focuses specifically on trans youth. This token representation concretizes through a policy ensemble that trans mental health will singularly present as related to suicide, and this is further reinforced by the lack of explicit consideration for trans experiences within the document itself and the body of research it draws on.

3.4 Conclusion

The policy ensemble that spans multiple sectors and constitutes a converging discourse around trans mental health as it pertains to understanding and addressing school-based mental health provides a contextual backdrop to this study. It illustrates that much of what is known about trans mental health is produced through an intertwining of research and policy that ‘speak’ (Ball,1993) trans youth through a pathologizing and individualizing lens. This study is significant in the sense that it expands the current understanding of trans mental health by centring youth voices and seeking to extend a more trans epistemologically informed discourse of what constitutes trans mental health in schools beyond the definitions that are instituted through this policy ensemble. It challenges citational practices that reinvest in dominant discourses about trans mental health that circulate through cross-sector policy ensembles and illustrates the gaps that currently exist in the representation of trans mental health in schools. In coupling the accounts of trans and gender-diverse students themselves with those of practitioners in schools, this study contributes an unexplored framing of the needs of trans and gender-diverse youth and disrupts long-entrenched discourses of trans mental health as issues which result in material barriers to accessing support. Having contextualized my study through an analysis of the current policy ensembles that define the field of trans mental health with respect to school-based mental health, I now turn to a review of literature which further contextualizes this work and establishes its contribution to the field.

Chapter 4

4 Literature Review

In this chapter, I undertake a critical review of literature that situates my research in an existing body of related work in the field of school-based mental health as it relates to trans and gender-diverse youth. Overall, I identify that, despite the existence of over 200 separate designations of mental illness outlined by the DSM-5 that could potentially impact on their lives, discourses related to trans mental health are reduced to a question of Minority Stress (Frost & Meyer, 2023; Meyer, 2003) or to struggles with youth coming to understand and accept their own gender identity,. First, I locate contemporary discourses of mental health in relation to the *psy disciplines* (McAvoy, 2014; see also, Kuhl, 2019) and a positivist paradigm rooted in *gender essentialism* (Amoretti, 2020), which, over time, has become increasingly concealed but no less present and influential in shaping discourse and practices in school-based mental health support. I focus specifically on the operation and impact of cissexism as an interpretive analytic frame for understanding the problem of reducing trans mental health to a matter of Minority Stress or gender identity-related distress. I draw attention to the way in which trans mental health is constituted by these *official knowledges* as (in)visible: knowable and anticipated only under these very limited representations of mental health challenges. In the final part of the chapter, I review literature pertaining to the experiences of school-based mental health practitioners working with trans and gender-diverse youth to explore the degree to which the official knowledges about trans mental health impact on their practice. I focus specifically on how mental health practitioners are constituted vis-à-vis their role, their attitudes towards gender diversity, and the skills and competencies deemed necessary for working with trans and gender-diverse youth in school-based mental health.

4.1 Legacies of gender essentialism

Cissexism in mental health discourses is revealed through the presence of arguments that rest on *gender essentialism*, a belief that feelings and behaviours are predetermined and fixed based on sex assigned at birth and that men and women, boys and girls, are fundamentally different based on their biology (Amoretti, 2020; Heyman & Giles, 2006; Kuhl, 2019; see

also Maung, 2023). Though there are scholars actively working to create a shift in these discourses (Breen & Darlaston-Jones, 2010; Teo, 2021), change is slow to come. It is critical to explore these connections between the operation of cissexism and gender essentialism, as these inform the academic context, and this examination can support a critical engagement with the literature produced within the field of school-based mental health as it relates to trans and gender-diverse youth.

Mental health, as a broad field, is founded on what Riggs (2004) terms a *monoculture of whiteness* (p. 120), a shaping of the field by unnamed and unmarked epistemologies which have perpetuated “practices that reassert the dominance of white systems of representation” and been “intimately related to histories of oppression (p.121). Extending on this work, Breen and Darlaston-Jones (2010) explore the epistemological foundations of the field and name positivism as the root of additional forms of oppression within psychology. They note that the underlying positivist epistemology of historical and contemporary psychology “asserts that knowledge is objective and value free (or neutral)... and the overarching goal of positivism is the production of universal laws” (p.68). They further state that, under this epistemology “spirituality, religion, ethics, opinions, beliefs, assumptions, and feelings (i.e. the unverifiable) ha[ve] no role in the scientific endeavour” (Breen & Darlaston-Jones, 2010, p. 68). According to these authors, knowledge that is produced in this way is marked as ‘neutral’ and the “verified knowledge becomes factual” (p.68). Breen and Darlaston-Jones (2010) assert that “mainstream psychology cannot meet its capacity to be socially relevant unless it attends to the problematic assumptions on which it bases its theories and practice” (p.72), specifically citing the erasure and marginalization of Indigenous Australian ways of knowing as one of the ‘social issues’ that are impacted by the “uncritical acceptance of one epistemology over all others” (p.72). Though whiteness is the central focus of these works, unnamed by these authors, cissexism is a present and influencing force, for, as Johnson (2015) states, “when researchers allow cisgender identity or experience to be the unspoken norm...the unmarked or unnamed category of cisgender identity positions transgender identity as always already subordinate, marginal, and extraordinary” (p. 27).⁴

⁴ For a thorough account of the simultaneous historical medicalization and racialization of trans lives, see *Histories of the Transgender Child*, written by Jules Gill-Peterson (2018).

Sprague (2010) writes a chapter in Wendy Luttrell's anthology of qualitative research where she challenges claims to 'neutrality' and objectivity relative to knowledge generation within positivist paradigms in research. She states that "official knowledge"—referring to knowledge generated by positivist sciences—"as we have inherited it is not the objective, unbiased, apolitical process it represents itself to be" (p,79). Sprague poignantly asserts:

For example, the scientific research literature is filled with hypotheses about sex differences, for example, in brain organization, conceptual ability, and ethical development... all of this research is premised on the background assumption that sex is a naturally occurring dichotomy—that there are two and only two sexes. Yet there seems to be no consistent set of biological criteria by which we can divide the human population into two mutually exclusive and exhaustive categories... Further, other cultures have apparently observed the 'facts' and reached different conclusions on the topic: several other cultures accept as natural the existence of three genders, each of which is accorded distinctive characteristics and social roles...Because our culture assumes dichotomous sex, this has been an unquestioned background assumption guiding scientific research. That research has then been used to demonstrate the "naturalness" of dichotomous sex (p.80).

This critical commentary drives home the ways in which essentialist and or reductionist discourses about gender and sex are often reaffirmed through scientific research. To understand the insidious nature of this process, one has only to review the ways in which 'science' is taken up in popular parlance: a report turns into a professional resource, a news article, a parent help page, a teacher help page, a magazine article geared to adolescents, which becomes truth and further informs practice and material effects for trans and gender-diverse youth.

Examples of how gender essentialism and cissexism, imbued with the authority of scientific research and which mobilize these beliefs permeate popular media. To illustrate, an online article from *Psychology Today*, written by Jantz (2014) begins: "It's no secret that boys and girls are different—*very* different. The differences between genders, however, extend beyond what the eye can see. Research reveals major distinguishers between male and female

brains”, while the Child Mind Institute published an article by Steingard (2024) that purports to explain why girls are “more vulnerable than boys” to mood disorders by again citing differences in brain architecture, the later blatantly affirms sexist understandings of gender roles citing ‘evolutionary advantages’ stating that “Girls may be wired to tune in earlier to emotional stimuli because it was advantageous for nurturing babies; for young men, given their roles as hunters and tribe protectors, emotional responsiveness might have been important *not* to have.” (Steingard, 2024, n.p.). By the authority of their positions, Jantz (2014) and Seingard (2024) perpetuate narratives that proclaim the ‘truth’ about the differences between ‘boy brains’ and ‘girl brains’ and so these beliefs become inscribed into the fabric that makes up understandings of mental distress, further erasing the possibility of gender diversity (Namaste, 2000).

Such a discourse is actively problematized and critiques such as those offered by neuroscientists Eliot (2019) are essential to redressing gender essentialism. Eliot (2019), for example, undertakes a review of existing brain-sex research where she critiques a substantial body of work that relies on the purported differences between ‘girl brains’ and ‘boy brains’. She states:

If you have read anything about boy-girl differences, you've probably become convinced that scientists have discovered all kinds of disparities in brain in structure, function and neurochemistry - that girls' brains are wired for communication and boys' for aggression... These claims have spread like wildfire, but there are problems with everyone. Some are blatantly false, plucked out of thin air because they sound right. Others are cherry picked from single studies or extrapolated from rodent research without any effort to critically evaluate all the data, account for conflicting studies, or even state that the results have never been confirmed in humans. And yet such claims are nearly always presented to parents, with great authority, as well as proven and dramatic facts about boys and girls' brains, with seemingly dire implications (p. 8)

Eliot’s (2019) work illustrates the way in which an unnamed and unproblematized discourse about brain-sex differences permeates research findings, and then rapidly get taken up as undisputed fact, which impacts across sectors, including the mental health field, where behaviours become associated with sex assigned at birth. Once again, *Supporting Minds: An*

Educator's Guide to Promoting Student Mental Health and Wellness (Ministry of Education, 2013), provides an example of how this discourse is taken up in school-based mental health: in this document, educators are instructed that boys and girls have intrinsically different mental health needs, sex and gender are regularly conflated throughout the document and trans identities are all but omitted.

Returning to Sprague's (2010) observations, this process of establishing scientific 'truths' about brains, behaviours, and feelings, based on sex assigned at birth, sheds light on how current advances in gender-diverse youth-related care are skewed at inception because the foundations of these projects:

... did not reject the background assumption that men were more intelligent than women, or even consider the idea that men's and women's brains were essentially comparable. Rather, they moved on to other aspects of the brain that might show a systemic sex difference... (Sprague, 2010, p. 81).

The failure to reject knowledge based in gender essentialism is evident in multiple resources related directly to the mental health care of trans and gender-diverse youth. For example, Amoretti (2020) reflects on the gender essentialism that is evident in the criteria for gender dysphoria in children, outlined in the DSM-5, noting an emphasis on the strict sex dualism between 'boy' and 'girl', identities that are set in opposition to each other and differentiated by diagnostically coded behaviours. In analyzing the criteria for gender dysphoria in children, Amoretti notes:

Criteria A4 and A5 refer to "the other gender", thus presupposing the existence of only two genders; similarly, criterion A3 refers to "cross-gender roles", while criterion A2 mentions the opposition between masculine and feminine clothing, and criterion A6 between masculine and feminine toys as if, again, there were just two genders... Criterion A6, moreover, refers to "rough-and-tumble play" as an essential feature of man/boy, with the implicit implication that someone who avoids rough-and-tumble play is not a "real" man/boy... all the criteria above seem to be based on some fixed stereotypical aesthetics and behaviours (kinds of clothes, toys, games, activities, etc.), which are supposed to be shared by all men/women or boys/girls; as a

consequence, should some of these features be lacking, then the individual would not be a “real” man/boy or woman, girl (p.74)

Amoretti highlights how the criteria invest in a discourse of essentialized gender based on assumptions about supposedly predictable behaviours displayed by children of a certain gender. Another example of how gender essentialism is revealed in the field of mental health is through the design and use of psychoeducational assessments. Chen, Shatila, Lasser and Beck (2022) note that while these assessments are widely used as measures for student well-being from cognitive to emotional status, many are normed based on gender, where biological sex and gender identity are conflated in the normed group. They further remark that many assessments provide guidance for scoring leading practitioners to do so based on sex assigned at birth. Chen et al further note that “most assessment tools and practices were not developed with trans and gender non-conforming students in mind” (p.52), indicating that this oversight necessitates further training for school psychologists in order for them to best represent and attend to the needs of the student when using psychoeducational assessments (see also Brecht et al., 2021).

Finally, care and counselling of gender-diverse youth have a deep history that is fraught with gender essentialism rooted in cissexism that has caused severe harm and the impacts of this often become obscured through citations that ignore socio-political contexts (Kuhl, 2019). Dr. Kenneth Zucker, for example, is a practitioner who features prominently in the literature related to this field and who advances approaches to counselling gender-diverse children which has been widely denounced by the trans activist community as masked Gender Identity Change Effort⁵ (Kuhl, 2019; Tosh, 2011; Singh & Burns, 2009; Winters et al., 2018). Kuhl (2019) traces the important history of the pathologizing and marking of trans identities as inherently disordered and demonstrates how Zucker’s deeply problematic understandings of gender diversity and practices in ‘treating’ trans and gender-diverse

⁵ Gender Identity Change Efforts (GICE) have previously been referred to as “conversion” or “reparative therapy”. The terminology changed to reflect the fact that GICE techniques are coercive, harmful, and in no way therapeutic (APA, 2021). These practices “are founded on the notion that any gender identity that is not concordant with sex assigned at birth is disordered, and that a cisgender identity is healthier, preferable, and superior to a transgender or gender nonbinary identity” and “cause harm by reinforcing anti-transgender and anti-gender nonbinary stigma and discrimination” (APA, 2021, p.1).

children and youth permeate the hundreds of publications with which he is associated. This work is invaluable because, while Zucker is credited with playing a significant role in the replacement of the diagnosis of *gender identity disorder* with *gender dysphoria* in the DSM-5 (Zucker et. al, 2013), this work cannot be divorced from the overarching pathologizing stance towards gender diversity that is clearly evident throughout his entire corpus of work. In *Counseling Special Populations in Schools*, Fisher and Kennedy (2017) include Zucker and colleagues' (2013) as a resource to be considered by practitioners. This citation, however, is done without context or critique, communicating to the reader that this author's work is a reliable resource. In "ignoring the cultural embeddedness of the knower..." (Sprague, 2010, p.81)—in this case, Zucker—the cissexism and ensuing practices rooted in gender essentialism which harmed so many (see Kuhl, 2019; Tosh, 2011) in his work remains invisible and uncontested to the reader. This creates an opportunity for this harmful material to find its way into school counselling and into the lives of gender-diverse youth. The following review of selected literature serves as a basis for further understanding how official knowledges about gender-diverse youths' mental health come to be constructed, understood, and acted upon.

4.2 Official knowledges: Constituting trans mental health

When it comes to trans and gender-diverse youth, a significant body of work has produced official knowledge that has come to define an understanding of trans mental health primarily in terms of the following: (i) Minority Stress Theory (Frost & Meyer, 2023; Meyer, 2003), which outlines the unique stresses that are endured by individuals whose identities do not fit into a social norm; and (ii) as distress resulting from being trans or gender-diverse, which might include gender dysphoria, body dissatisfaction, and confusion around the process of coming to identify. The latter is presented as a default and reductionist approach to understanding the navigation and exploration of a non-cisgender identity, which I will refer to here as *gender-related distress* (Fontanari et al., 2020; Hisle-Gorman et al., 2021). The main concern with this body of work is not the reporting of the very real mental distress that is reported by youth and observed by practitioners, but that the sum of these parts forms an incomplete constitution of trans mental health which ignores all but two causes of mental distress for trans and gender-diverse youth. In examining the (in)visibility of trans mental

health produced by equating mental distress with Minority Stress and gender-related distress, cissexism becomes visible. Following Johnson (2015), the discourses that constitute trans mental health also represent *cissexist analytical pitfalls*. In reducing trans mental health to a matter of environment (e.g., hostile school climate) or personal and identity-based distress (e.g., uncertainty regarding gender identity), this body of work organizes the experiences of trans and gender-diverse youth through a ciscentric perspective which effectively obscures any other explanations or reasons that could be relevant to understanding the respondents' experiences. As such, minority stress and gender-related distress become the exclusive categories of trans mental health. The sheer volume of research that presents trans mental health this way tips this body of work into the realm of *overgeneralization* (Johnson, 2015): the incessant citing of these two categories creates the assumption of a homogenous experience of mental distress amongst trans and gender-diverse youth that lead to “narrow ideas about what it means to be transgender” (p.25). My study specifically seeks to expand the definition of trans mental health as this lack of specificity regarding the full range of experiences has implications for school-based mental health practitioners.

4.2.1 Minority Stress Theory

It is undeniable that the cissexism that permeates societies globally results in all manner of harm being enacted against trans and gender-diverse youth (Kosciw & Zongrone, 2019; Peter et al. 2020; UNESCO, 2016) and that a direct impact in the form of overt violence, epistemic violence, and microaggressions—behaviours or statements which “manifest as brief, unthinking slights, snubs, insults, or other indignities” (Nordmarken, 2014 p.129)—results in a deterioration of their mental health. Systematic reviews of literature that concern trans youth and mental health confirm the significance of that the expressions of mental distress represented in Minority Stress Theory (Frost & Meyer, 2023; Meyer, 2003)—a framework that takes into account the unique societal stressors faced by 2SLGBTQIA— such as depression, anxiety, suicidal ideation, suicide attempts, self-harm, and substance misuse, resulting from toxic environments in the lives of trans and gender-diverse people. The effects of minority stress at once erase trans and gender-diverse identities and endorse violence and discrimination against people who transgress normative experiences and expressions of binary gender (Bastian & Rohlik, 2022; Garcia-Perez 2020; McCann & Sharek, 2014; Tankersley et al., 2021; Wilson & Cariola, 2020). While these studies focused on minority stress provide important information about one single factor impacting on the mental well-

being of trans and gender-diverse youth, they remain limited in the scope of the types of distress they explore and so offer an exceedingly limited visibility and constitution of trans mental health.

Mental health needs of trans and gender-diverse youth are remarkably high, with studies detailing specific experiences of distress as well as providing insights on the care these young people access. For example, the Trans Youth Health Survey (Taylor et al., 2020), surveying over 1500 youth across Canada on various aspects of health reported that 88% of youth described experiencing chronic mental distress, 71% needed but did not access mental health care, and just over half of respondents stated that they did not seek support because they were “afraid of what the doctor would say or do, and that they had a previous negative experience” (Taylor, et al., 2020, p. 37). Studies on trans and gender-diverse youth and mental health overlap on key points: they unilaterally indicate that anxiety, depression, suicidality, self-harm are prevalent experiences (Atteberry-Ash et al., 2021; Prince et al., 2021; Russell & Fish, 2016; Veale et al., 2017). Veale and colleagues (2017), drawing on data from the British Columbia Adolescent Health Survey, reported that “65% of transgender 14- to 18-year old’s seriously considered suicide” (p.44), and that “Transgender 19- to 24-year-olds had almost eight times the risk of serious suicidal thoughts” (p.47). Recent systemic reviews of international studies pertaining to gender-diverse or LGBTQ youth mental health similarly reported elevated rates of suicidal ideation in gender-diverse youth spanning the US, New Zealand, and Europe (Connolly et al., 2016; Valentine and Shipherd, 2018). Rimes and colleagues (2019), contribute a report to this growing body of work that focuses exclusively on the experience of non-binary youth as compared to their binary trans peers. Rimes and colleagues (2019) report that “there were differences in mental health, self-harm, suicidality and victimization between binary and non-binary participants” (p.9). Though this research has the potential to add depth to the conversation about non-binary youth, a population that is under-researched (see Day et al., 2018), it is necessary to note here that the researchers made the decision to base their comparisons on participants’ sex assigned at birth (SAAB), and not their self-affirmed gender to test a hypothesis based on literature that found that “females have a higher prevalence of depression and anxiety, self-harm, mental health treatment-seeking, and suicidal ideation than males” (Rimes et al., 2018, p.222), a problematic operationalization of gender essentialism that I will return to later in this chapter.

Studies widely endorse and confirm the value of Minority Stress Theory in making sense of the experiences of mental distress amongst trans and gender-diverse young people (Atteberry-Ash et al., 2021; Frost & Meyer, 2023; Meyer, 2003; Price-Feeney et al., 2020; Wittlin et al., 2023). Indeed, Valentine and Shipherd (2018) directly apply this framework to their systematic review of the literature to draw conclusions and make recommendations. They suggest that this approach provides a way to “understand risk and resilience pathways in relation to health outcomes” and to implement “individual-level interventions that help individuals (a) gain healthy coping skills, (b) access social supports, and (c) reduce symptomatology” (Valentine & Shipherd, 2018, p.35). Russell and Fish (2016), likewise, deploy Minority Stress Theory to inform an analysis of their findings and recommendations, several of which are directed at the education system. By understanding the elevated numbers of mental health issues through a lens that accounts for internalized and direct discrimination, these studies subsequently recommend strategies or protective factors that can work to counteract the elements that negatively impact on the mental health of gender-diverse youth. Both studies point to the need for strong interpersonal relationships, call on adults to advocate for the trans and gender diverse youth they work with, and emphasize the important role of understanding the policies in a workplace in order to better create safer spaces (Russell & Fish, 2016; Valentine & Shipherd, 2018). Valentine and Shipherd (2018) do caution that “focusing too narrowly on mental health outcomes may serve to over-pathologize a vulnerable population who may be experiencing a normative response to pervasive discrimination, violence, and exclusion” (p.35), thus acknowledging the potential for mental distress to be imposed as a ubiquitous experience on trans and gender-diverse youth if this framework is taken up without critical reflection. It is important to note that the literature reviewed above does make recommendations directly pertaining to the schooling system. Russell and Fish (2016), for example, note the empirical evidence that supports the positive effect of strong anti-bullying policy in schools, the beneficial influence of student-led clubs such as Gender and Sexuality Alliances (GSAs), the importance of thorough training for school staff on issues pertaining to gender diversity, and the importance of inclusive representation of the LGBTQ community in school curriculum (see also, London-Nadeau et al., 2023; Price-Feeney et al., 2021; Taylor et al., 2016).

A study examining the impacts of COVID-19 on the mental health of trans and gender-diverse youth in Ontario reported that this demographic was, indeed, experiencing

higher rates of mental health challenges during the COVID-19 lockdowns compared to prior, and that 63% of respondents reported having unmet needs for mental health and substance use services (Hawke et al., 2021). The authors concluded that trans and gender-diverse youth were at high risk during the pandemic given the “multiple challenges with regard to social determinants of health, including social injustices, career development challenges, violence, housing challenges, and stigma” (Hawke et al., 2021, p. 185), and noted the significant impact on well-being of being socially isolated with unsupportive families and restricted access to community support and medical support.

Individually, the studies reviewed in this section contribute critical knowledge about the mental health of trans and gender-diverse youth and clearly establishes a connection between minority stress and languishing mental health. Taken together, however, this body of work produces a regime of truth about trans mental health, constituting it as an (in)visible issue that can only be understood through the lens of minority stress, and which eschews a necessary critical examination of systemic cissexist forces that are the source of such distress. While the experiences reported by youth are unquestionably valid, these studies fail to name cissexism as the cause of stress, and indeed, avoid implicating broader systemic forces which produce their distress and simultaneously, through the repetition of this framing, Minority stress becomes the overgeneralized and primary definition through which trans mental health is constituted. To reiterate: I am not arguing that trans and gender-diverse youth do not suffer due to the violence they endure because of cissexism. Focusing solely on minority stress as the reason for their distress while never naming cissexism itself filters their experiences through the lens of ciscentricity, which imposes minority stress on any mental health issue that a trans young person may experience. This simultaneously forecloses on the possibility that they would experience mental distress unrelated to minority stress, so leaving those experiences that fall outside of the ciscentric definition of trans mental health unnameable and unanticipated. This discourse is continued and extended through the deployment of gender-related distress, which I will now explore.

4.2.2 Gender-related distress

Trans mental health is also primarily understood in terms of mental distress associated with coming to understand oneself as a trans or gender-diverse individual and the struggles that may stem from this process self-identification. Studies also name depression, anxiety,

suicidal ideation, and attempt, body satisfaction, experiences of Gender Dysphoria, and internalized transphobia as gender-related distress and cite gender-affirming care as the principal approach to addressing this distress (Garcia-Perez, 2020; McCann et al., 2019; Takersley et al., 2021; Wilson & Cariola, 2019). As with minority stress, the issue at hand is not that gender-related distress is invalid as this is certainly an experience that many individuals live through, but rather that this experience is again filtered through the lens of ciscentricity and so presents a reductive constitution of trans mental health despite the fact that trans and gender-diverse people have repeatedly voiced that this is not a universal experience within their communities (Bettcher, 2014; Beischel et al., 2022; Engdahl, 2014; Serano, 2013). Recent studies have examined the association between gender-affirming care and the mental well-being of trans and gender-diverse youth. This body of work consistently found that gender-affirming medical interventions, be that hormone replacement therapy or gender-affirming surgery, positively impacted on youths' mental well-being, specifically around experiences of anxiety, depression, and suicidality (Fontanari, et al., 2020; Tan, et al., 2023; Tordoff et al., 2022). One study comparing the experience of eating disorders in two groups of trans and nonbinary youth—those who were receiving gender-affirming care and those who were not—interestingly found no differences between samples (Kramer et al., 2023). Despite noting in their introduction that “Gender-affirming treatment is deemed the gold standard of care for [trans and gender diverse] individuals” as it is “associated with the amelioration of gender dysphoria and general distress”, and eating disorders are believed to be linked to body dissatisfaction (Kramer et al., 2023, p. 2), their study found that “gender-affirming hormone use was not associated with overall [eating disorder] symptomology” (Kramer et al., 2023, p. 9). Unfortunately, the study did not include any qualitative data that would have provided additional insight into the results of this study. This finding is significant because it illustrates how the simultaneous yoking of a particular behaviour to gender identity, and of the ‘gold standard treatments’ to gender-affirming therapy create a false expectation for practitioners and youth alike, suggesting that there exists a ‘silver bullet’ answer to a mental health challenge such as an eating disorder. It also demonstrates that the ‘truth’ of trans mental health as established through a ciscentric perspective, upon further exploration, is not accurate. My point here is not in any way intended to deny the life-saving benefits of gender-affirming care or the experiences of gender-related distress, but rather to highlight a gap that is created by association and assumption: by establishing disorder, gender identity, and gender-affirming care as a fused trio, practitioner and client alike lose out on the

opportunity to examine in more depth any other underlying issues that may be manifesting through the behaviour. This fusion reinforces a cissexist belief that that all trans and gender-diverse individuals who experience disordered eating are dissatisfied with their bodies, and that body dissatisfaction is a ubiquitous experience for trans and gender diverse people (see also, Tilley, et al., 2022).

The entangling of gender-related distress within the reductive definition of trans mental health also reinforces the ciscentric perspective that positions cisgender people as ‘right’ and trans and gender diverse people as ‘wrong’ through the discourse of the “wrong body” (Bettcher, 2014; Engdahl, 2014). Here, the trans or gender-diverse individual, due to intrinsic feelings of ‘wrongness’ within themselves, suffer mental distress, feelings that can be mitigated by bringing the “wrong body” in alignment with the individual’s felt sense of gender identity. The cause of distress is wrongly attributed to the individual and not to cissexist societal norms (Bettcher, 2014; Engdahl, 2014; Radi, 2019; Serano, 2013). This discourse, which associates trans identities with mental illness given that gender-affirming medical care cannot be disassociated from the diagnosis of Gender Dysphoria (Ashley, 2019; Bourns, 2019), reveals a lingering effect of gender essentialism and cissexism. Trans mental health is constituted through a ciscentric perspective that, as established earlier, is rooted in gender essentialism which can be seen within the diagnostic criteria of Gender Dysphoria (Amoretti, 2020). Ultimately, Gender Dysphoria seeks to justify the existence of trans and gender-diverse people and to give scientific reasoning to their defiance of gender essentialism (Serano, 2013). By equating trans mental health with gender-related distress, ciscentricity reshapes the social imaginary (Johnson, 2015) to privilege cisgender understandings of gender identity. Through the logic of ciscentricity, it becomes understandable that trans mental health would be framed in such a pathologizing and reductive manner: if it is taken for granted that the human mind is ‘wired’ to feel and behave in specific ways based on an understanding of binary sex that is inextricably linked to binary cisgender identities, then it is logical to equate an experience that defies this ‘natural’ way of being with mental illness. In deploying this perspective, gender identities that are other than cisgender can only come to be known through struggle and pain and can only be mitigated through a medical intervention that will realign an individual within the gender binary. More simply put, Serano (2013) flips the script to fully reveal the underlying ciscentricity at play in the discourse of gender-related distress stating, “...rather than simply removing the gender identity disorder diagnosis from

the *DSM*, we should perhaps consider replacing it with transsexual etiology disorder, to describe the unhealthy obsession many cissexuals have with explaining the origins of transsexuality” (p.188). Ciscentricity produces trans mental health to accommodate a narrative that reinscribes cisgender identities as ‘normal’ and trans identities as inherently distressed, and this practice is central to constituting trans mental health in official knowledges.

4.2.3 From clinic to classroom

Of the reviewed literature that addresses the prevalence of mental health mental health needs in Rainbow communities, a majority of these name schools as sites for intervention or for providing protective factors for these youth (Craig, et al., 2018; Russel & Fish, 2016). In addition to research coming from a clinical background, there is an emerging body of knowledge being generated specifically about the in-school experiences of about gender-diverse youth which cite GSAs and staff training and competency about Rainbow issues as important factors in contributing to the positive mental health of trans and gender-diverse students (Kosciw, & Zongrone, 2019; Peter, et. al, 2021; Taylor et al., 2016; Wittlin et al., 2023). I begin by examining national climate surveys and their recommendations to explore what youth are reporting about their experience; then I review studies that address knowledge related to the recommendations (teacher preparedness, etc.) Finally, I discuss how these findings relate to a larger context in which gender-diverse youth are constituted as (in)visible subjects.

In 2011, EGALE Canada conducted the first National Climate Survey entitled *Every class in Every School: Final report on the first National Climate Survey on Homophobia, Biphobia, and Transphobia in Canadian Schools*. The results of this study revealed that, far from being welcoming and safe spaces, Canadian schools were violent and dangerous for Rainbow youth. The study gave a tangible magnitude to the reality of the school experience for these young people: 70% of students hearing homophobic language at school, including from staff; 74% of trans youth experiencing verbal harassment; one in five youth experiencing physical harassment; and close to half of all trans youth experiencing sexual harassment (Taylor & Peter, 2011). As with the studies reviewed in the previous section, this climate survey found that mitigating factors included supportive and knowledgeable staff, strong anti-homophobic policy, representative curriculum, and the presence of GSAs or similar clubs (Taylor & Peter, 2011).

A follow-up study entitled *The Every Teacher Project* (Taylor et al., 2015) sought the insights of educational staff in regard to issues of sexual and gender diversity in schools. Again, this study proved revealing in terms of what needed to be addressed from a staff standpoint: where teachers perceived their schools to be generally safe, when asked specifically about safety for trans youth, that perception dropped from 60% to 18% feeling confident about this safety (Taylor et al. 2015). Related to mental health issues, more than half of the teachers who responded stated that they were aware of the harassment experienced by Rainbow youth while also reporting an awareness of “this harassment leading to self-harming behaviors” (p.17). 70% of guidance counsellors “reported talking to [students] about mental health issues such as depression or anxiety...substance abuse” (Taylor et al., 2015, p.57), and 33% reported working with youth to address concerns of suicide. In 2017, Kosciw, Greyak, Zongrone, Clark, and Truong released the National School Climate Survey prepared by GLSEN, an American education organization with a mandate to improve schooling for gender and sexual diverse youth. With six years separating this study from the Taylor and Peter (2011) study, this study reported similar findings: 98.5% of students surveyed heard homophobic and language at school and 87.4 transphobic language; 70% of students experienced verbal harassment; and nearly half experienced online harassment. The effects of what is termed a *hostile school environment* were seen in student absenteeism and plans to drop out of high school, and in the 92.6% of students citing mental health concerns as their reason for this (Kosciw et al.2017).

Data from the California Healthy Kids Survey (CHKS), a state-wide school climate survey, has provided opportunities for researchers to look more closely at the experiences of gender-diverse youth in schools. The collection of data about gender-diverse children provides previously unknowable insight into the material realities of mental health for these youth. Studies that come from secondary analysis of subsamples of the CHKS and that address issues of gender diversity are unanimous in concluding that gender-diverse students who participated in this study experienced schools as unsafe. These participants also had higher reports of mental health issues compared to their cisgender peers and, like the climate surveys that preceded the CHKS, these studies conclude that the findings hold implications for the role of schools in ensuring the safety of gender-diverse students in terms of intervention, education, and policy development (Choi et al., 2017; DiPedro et al., 2017; Hatchel & Marx, 2018).

As in Canada (see Taylor & Peter, 2011; Taylor et al. 2015), the psychological

impact on gender-diverse youth is palpable. Continuing Egale Canada’s examination of school climates, the second national climate survey, entitled, *Still in Every Class in Every School* (Peter et. al., 2021), included questions specifically related to mental well-being, noting the connection among positive mental health, emotional wellbeing, and the environments that youth are exposed to through school. The survey found that only 9% of trans respondents, fewer than one in 10, could be classified as flourishing at school, and that 40% qualified as languishing (Peter et al., 2021). Of this, the authors note that, “These results highlight the degree to which negative social environments such as school can have on the overall mental health of students, especially when students lack supports ... feel unsafe at school, and face discrimination and harassment...” (Peter et al., 2021, p.104), and emphasis the empirical evidence which connects low levels of mental health to suicide attempts.

The connection forged through these studies among experiences of languishing mental health, a sense of safety, and experiences of violence enforces the equation that trans mental health is something exclusively related to minority stress and identity, especially given the studies’ failure to name cissexism and cisgenderism as the source of the problem that leads to the perpetuation of violence directed at trans and gender-diverse people. While these factors do indeed impact significantly on the well-being of trans and gender-diverse youth, this body of work contributes to a larger discourse that constitutes trans mental health through a reductive, ciscentric perspective that denies the full range and existence of mental distress that trans and gender diverse youth may be facing (see also, Hatchel et al., 2019; Sares-Jäske et al., 2023).

4.2.4 Methodological *cissexist pitfalls*

Though studies seek to provide insights on the under-researched realities of trans and gender-diverse youth, without the interpretive frames of Trans Studies, falling into cissexist methodological pitfalls is inevitable (Johnson, 2015). Examining studies for these pitfalls reveals the concealed cissexism embedded in these studies provides a framework for critically examining the quality of the findings and understanding what additional research gaps exist in the field of mental health as it relates to trans and gender-diverse youth.

Where trans and gender-diverse youth are the focus of inquiry, for example, the decision to include data about sex assigned at birth is perplexing and can be seen as a glaring mark of concealed cissexism when it is applied to nonbinary youth in particular; this practice

demonstrates how an unchallenged ciscentric perspective motivates researchers to categorize youth, for example, as “nonbinary Assigned Male at Birth (AMAB)” or “nonbinary Assigned Female at Birth (AFAB)” (Tan et al., 2023, p. 228), whose very self-affirmed gender identity refuses categorization (Becerra-Culqui et al., 2018; Clarke et al. 2014; Fontenari et al, 2020; Hatchel et al., 2019; Price-Feeney et al., 2020; Tan et al., 2023). Here, ciscentricity leads to “a reconstruction of the social from a cisgender perspective” (Johnson, 2015, p.26) in that nonbinary youth are incomprehensible to the researchers without a framework of cisgender identity in which to interpret them.

Rimes et al. (2019), for example, compare nonbinary and cisgender youths’ experiences of mental distress, and group participants in their study by sex assigned at birth, and intersex youth were excluded with no explanation. Gender essentialism is leveraged here with no critical engagement in order to draw conclusions about feelings and behaviours that, lacking any contextualization, are associated with nothing other than the participant’s sex assigned at birth. By imposing a ciscentric framework on the experiences of nonbinary youth, researchers contribute to the notion that genitalia determines how youth will feel and what actions they will take to express their distress.

In another example, Becerra-Culqui et al. (2018), in an attempt to establish a comparative basis for their study, use a cisgender cohort as counterpart to which the gender-diverse cohort. Methodologically this appears sound, however, the cisgender cohort is gathered from individuals “assumed to be cisgender (i.e., no evidence that gender identity does not correspond to assigned gender at birth)” (p.3), and so the reliability of the findings must be called into question. This assumption underlines the cissexism that presumes that every child is cisgender and will invariably ‘present’ with ‘knowable’ signs that a practitioner can then use to assess the child’s gender identity; regardless of medical records, the only way to determine a person’s gender is to ask them directly. In terms of impact on the study’s results, because the cisgender cohort was potentially *not* cisgender, the findings cannot be taken as certain and absolute. Underlying cissexism is also visible in the exclusion criteria for this study: children under 3 are excluded from the sample for no reason other than to “reduce possible instability in gender identification” (p.3). These methodological decisions reinforce the notion that legitimate gender identities are ones that follow a predictable and linear direction trajectory to a ‘stable’ gender identity and suggests that fluid gender identities are

illegitimate. On this point, the gender-diverse community is quite clear: all gender identities are legitimate, and the only required criteria for gender identity to be real is that an individual claims it for themselves (see Bettcher, 2014).

A final point underscores concealed cissexism embedded within methodology: though initially presenting the two cohorts as ‘cisgender’ and trans and gender non-conforming, the researchers declare that “for ease in presenting results, cisgender males and females will be referred to as male or female referents.” (Becerra-Culqui et al., 2018, p.4). This begs the question: ease for whom? The question is significant as it challenges the notion that cisgender identities are neutral or ‘normal’, positioning trans identities as Other. In choosing to remove ‘cis’ from the analysis, the researchers also decided to allow a slip back to marking cisgender identities as ‘normal’ and trans identities as a “marked category” (Johnson, 2015, p. 27): the two cohorts are not compared as peers, but as one group with legitimate gender identities compared to one without. The intentional removal and subsequent explanation send a powerful message to the reader that ‘ease’ trumps honouring someone’s gender identity. By this example, and so cemented in an ‘official’ capacity, ‘ease’ has the potential to be used as an explanation for any form of denying affirmed gender identity thereby facilitating the “centering and privileging of cisgender rather than transgender understandings of sex and gender” (Johnson, 2015, p. 26).

Reporting on trans and gender-diverse youth is fraught with objectification, which occurs when researchers “disregard an individual’s personhood, strip them of agency, and position them as a thing that is acted upon” (Johnson, 2015, p.27). Throughout the studies I have reviewed, this happens in subtle ways and also when researchers outrightly discount the self-affirmed gender identities of the youth participants. Valentine and Shpherd (2018) begin their systematic review of literature regarding mental health and social stressors amongst gender-diverse people by deadnaming Caitlyn Jenner (p.24); to deadname a gender-diverse person is to identify them by a name they were given, not the one that they chose. Reidel (2017) explains:

For transgender people, our relationships to our names are complicated...what we’re called has power, and hearing a blatantly masculine or feminine name applied to you when you’re trying to realign your gender in a different direction can be a source of profound, dysphoria-inducing anxiety...Hence the term “deadname”: a name that shall not be spoken, for it invokes a restless spirit.

This may appear inconsequential, given Caitlyn Jenner's very public transition, but violence is incremental and deadnaming is often the precursor to further epistemic violence. To illustrate, the authors make the following comment when considering the high rates of self-harm that are comparable between trans boys/men and non-binary youth: "the similar rates of self-harm between the nonbinary group and transgender boys/men may be because most of the nonbinary youth reported they were assigned female at birth." (Veal et al. p.48). The analysis ends there with the researchers offering a qualifying statement that they do not think the non-binary youth were referring to chest-binding. This comment is difficult to interpret in any way but the following: trans boys and men and non-binary youth AFAB, egregiously identified as 'females' by the researchers, are more likely to self-harm because these youth are, according to the article, in fact, truly female based on their assigned sex at birth. The article portrays their coping mechanisms for mental distress as driven by some sex-based origin that override any autonomy beyond biological determinism. Furthermore, in their reflection on why nonbinary youth in their study may have worse mental health outcomes than their peers, they articulate that additional stigma might contribute to this and that "there may be added difficulties in having a nonbinary gender identity in a very binary world, which leads to greater psychological distress" (p.48). In this comment, the authors completely fail to see how they contribute to a cissexist understanding of the source of this distress in effect by stating that nonbinary identities are not 'real' as evidenced in their research. While they establish that an individual may choose to self-identify with a different gender, they ascribe such self-identification to their gendered behavior based on their ASAB as a revelation of their 'true' nature. Similar to Veal and colleagues (2017), Rimes and colleagues (2017) study which compares non-binary and binary trans youth also make arbitrary decisions in using sex assigned at birth as a basis for drawing comparisons. Again, with no clear reason as to why this is done, one can only surmise that it is because "same" subjects must be compared to each other. Once again this is taking 'scientific' knowledge, official knowledge of what creates a sexed or gendered person, and places it above the self-knowledge expressed by these youth; the message is clear: we know who you really are, sex is an immutable truth that is decided by medical discourse, and your self-designation is invalid and will not be recognized.

From deadnaming to analytic assaults on affirmed gender, these are examples of epistemic violence and are endorsed through academic research as acceptable ways to study

and represent trans and gender-diverse people. Participants are publicly presented as deceptive in the name of science that speaks of them on the basis of declaring that a comparison cannot be made between groups unless the groups are considered to be the ‘same’ on the basis of their birth assigned sex, that is, that a non-binary and trans person are not who they say they are because their ASAB reveals their ‘true’ identity. It is apparent that this form of delegitimization of personhood has the potential to lend authority to those who would actively work to deny human rights to gender-diverse people.

Having provided an overview of the literature that constitutes the definition of trans mental health as it relates to youth and explored the ways in which ciscentricity impacts on the methodological decisions that ultimately shape these discourses, I now turn my attention to a body of work which establishes how this translates into practice for school-based mental health practitioners.

4.3 School-based mental health practitioners

Though the field of mental health support for gender-diverse youth is currently under-researched, current studies cannot overemphasize the role that school-based mental health providers play in supporting gender-diverse youth (Bowers et al., 2015; Simons, Beck, Asplund Chan, & Byrd, 2018). While this body of work provides important evidence that school-based mental health practitioners are ready and willing to support trans and gender-diverse students, it encounters *cissexist pitfalls* (Johnson, 2015) that mirror those found in the literature focused on trans and gender-diverse youth and their mental health. This literature is caught in a unique conundrum: because research on school-based mental health supports is predicated on the *regimes of truth* that constitute trans mental health as a matter of minority stress and gender-related distress, the scope of the research is already skewed and narrowed by a ciscentric analytic and interpretive frame of reference (Johnson, 2015). In a predicament impossible to bypass without the adequate analytic frames that Trans Studies provide with its critical attention to articulating concepts of cissexism and cisgenderism, this body of research constitutes trans mental health through a privileging of cisgender perspectives (Johnson, 2015). This is further perpetuated by a cycle which sees practitioners drawing on (in)visible representations of trans mental health to inform their work with trans and gender-diverse

youth, and researchers then producing studies that, lacking trans-informed theoretical grounding, reiterate these same discourses of minority stress and gender-related distress.

4.3.1 Practitioner attitudes and competence

Existing studies which focus on teacher or counsellor attitudes towards gender diversity and feelings of preparedness in supporting gender-diverse youth reveal gaps in support that can be addressed through practical suggestions derived from research (Abreu et al. 2019; Agee-Aguayo et al., 2016; Bowers et al., 2015; Simons et al.2017;_Taylor et al., 2016; Ullman, 2018; Weir & Piquette, 2018). These studies highlight the value of exploring attitudes towards gender diversity as a basis for providing a foundation for better understanding the nuances between adult perceptions of the educational context in which they work compared to student experiences. Findings consistently confirmed that positive attitudes toward gender diversity appear to correspond with a practitioner’s willingness to support gender-diverse youth as well as their feelings of preparedness in addressing these issues (Abreu et al., 2019; Agee-Aguayo et al. 2017; Ausloos et al., 2022; Bowers et al., 2015; Ullman, 2018).

One study examining school psychologists' perceptions of gender-diverse students in relation to recently passed trans-affirming legislation in California further found that “school psychologists with a self-reported positive attitude were less likely to assess their school district as adequately prepared to support transgender students...” and those that “reported personal involvement in the implementation of AB 1266 were less likely to assess their school district as adequately prepared to support transgender students in light of the law’s passage” (Agee-Aguayo et al. 2017, p. 158). In all, 91 school psychologists, (72 identified as ‘female’, 18 identified as ‘male’, one participant’s identity unaccounted for), participated in an online survey to ascertain their attitudes towards transgender students, their preparedness for working with these students, and their knowledge of recently-passed California law enabling transgender students to more fully participate in school life by using sex-segregated spaces and participating in school-based sports teams that align with their affirmed gender. The survey included opportunities for qualitative responses, though none were included in the reporting. Agee-Aguayo et al. (2017) reported 93.4% of their sample of school psychologists held positive attitudes toward gender-diverse students.

Overwhelmingly, studies confirmed that positive attitudes were not sufficient to change school climate because, despite individual good-will, both teachers and psychologists

felt unprepared to support gender-diverse students in several ways such as lack of administrative support and lack of training (Agee-Aguayo et al., 2017; see also Abreu et al., 2020; Ausloos et al., 2022; Beck, 2016). These reports and studies form a basis for recommendations that stand to improve the experience of gender-diverse students. The recommendations provided within these studies echo those of literature focusing on the well-being of gender-diverse youth: education and training, policy implementation, and strong administrative support all feature as necessary factors for educational staff to feel confident in taking steps towards advocating and supporting gender-diverse youth.

4.3.2 The role of school-based mental health practitioners

Across studies that examine experiences of school-based mental health practitioners and trans mental health, the role of the practitioner emerges clearly in three distinct ways: as an advocate or ally, as an educator, and as an intermediary to gender-affirming medical support (Abreu et al., 2020; Asplund & Ordway, 2018; Ausloos et al., 2022; Beck, 2016; Case & St Amand, 2014; Mackie et al., 2023; Simon et al., 2022; Singh & Burnes, 2009; see also Stewart et al., 2023). However, such studies tend to frame trans mental health exclusively in terms of distress caused by minority stress or as a result of gender-related distress and in doing so, restrict the role of a school-based mental health practitioner working with trans and gender-diverse youth to providing support for these issues alone. Virtually all these studies identify mental health practitioners as ideal candidates for providing mental health support to trans and gender-diverse by way of advocacy, education, and intermediary action based on their professional mandate to ensure the safety and well-being of all students in a school setting.

In these studies, the role of *advocate* or *ally* as a service provider is defined as mental health practitioners affirming student identities, using correct and appropriate terminology with trans and gender-diverse youth, and being knowledgeable about the differences between sex assigned at birth, gender identity, and sexual orientation (Asplund & Ordway, 2018; Mackie et al., 2023; Singh & Burnes, 2009). Additionally, this definition also requires the service provider to be prepared to engage in conversations with parents and guardians around a student's gender identity, to navigate conversations that centre on religious objection to gender diversity (Beck, 2016; Case & St Amand, 2014), and to act as an advisor to a Gender and Sexuality Alliance (GSA) or similar student-led club (Abreu et al., 2020; Asplund &

Ordway, 2018; Mackie et al., 2023). In advocating for trans and gender-diverse students, both at an individual and school-wide level, these studies highlight the role of practitioners in their capacity to counter the discrimination and harassment rooted in an unnamed cissexism and to better support the mental health of the trans and gender-diverse youth with whom they work.

In the role of *educator*, mental health practitioners are called on to transform the school climate by sharing knowledge with all members of the learning community (Abreu et al., 2020; Asplund & Ordway, 2018; Case & St Amand, 2014; Mackie et al., 2023; Singh & Burnes, 2009). Singh and Burnes (2009) propose in their approach to creating safer counselling spaces for trans and gender-diverse youth that one of the mental health practitioner's roles is to "work within multiple levels of the school system to facilitate consciousness-raising trainings of the issues faced by transgender students" (p.226). They suggest providing training on vocabulary as well as topics such as bullying and bathroom use. In addition, they propose supporting initiatives such as National Coming Out Day to "help students learn about transgender historical figures and the past and present struggles that transgender individuals have met when undergoing their fight for civil rights" (Singh & Burnes, 2009, p. 226). Asplund and Ordway (2018), advancing the *School Counselors: Educate, Affirm, Respond, Empower (SCEARE)* model, position education as foundational in supporting the mental health of trans and gender-diverse students. They note that, after engaging in self-education drawing on official knowledges such as scholarly work, professional development training, consulting experts, exploring what they term 'reputable' organizations, and finally taking stock of their personal beliefs and biases, "armed with accurate information about the needs and experiences of LGBTQ youth, the school counsellor takes on the role of educator" (Asplund & Ordway, 2018, p.22) and should proceed to educate the rest of the staff on the issues that trans and gender-diverse students face which impact on their mental health.

Echoing Singh and Burnes' (2009), Asplund and Ordway (2018) explain that this role consists of facilitating staff trainings on vocabulary, curricular representation, GSA club development, and "how to be affirming of LGBTQ youth" (p.22). Working directly with students, the authors propose that practitioners lead lessons on "empathy/perspective taking, microaggressions, and being accepting and kind towards diverse peers" (Asplund & Ordway, 2018, p.22). The role of the mental health practitioner here in supporting trans mental health

is framed as gathering relevant knowledge and disseminating it to counteract a toxic school climate through education, a critical role to take on, but one that reinforces the conceptualizing of trans mental health as a product of minority stress.

In their third role, mental health practitioners are presented as the intermediary for trans and gender-diverse youth to access gender-affirming care (Ausloos et al. 2022; Mackie et al., 2023; Singh & Burnes, 2009). Mackie, et al, (2023) in their qualitative study, explored the experiences of seven cisgender school psychologists working with trans and gender-diverse youth in Australian secondary schools who indicated that they “felt their skills and competencies were inadequate to holistically and comprehensively support transgender young people in the ways they needed” (p.11). The study, claimed by the authors as the first of its kind, involved semi-structured interviews and engaged with queer theory to “continuously problematize the very idea of normative gender identities while simultaneously exploring ways to better support the mental health needs of transgender young people” (Mackie et al., 2023, p.4). It should be noted that queer theory in this context, does not in and of itself provide an adequate framework for analysis as this field deals primarily with sexuality, and fails to engage with cissexism and issues that relate specifically to the field of gender diversity (Namaste, 2000; Radi, 2019). These needs are understood by the practitioners as specifically revolving around accessing gender-affirming medical care with the role of the practitioner shifting from active support to liaising with community partners to ensure that the youth in their care received the support they were seeking. Singh and Burnes (2009) extend this responsibility adding that, as well as being able to connect youth with appropriate external resources, a practitioner should also be knowledgeable about legislation that governs access to gender-affirming care so that they can adequately advise students about their gender-affirming options. These studies demonstrate the limits of how trans mental health support is constituted and highlight the need for research that extends the conceptualization of what this work can resemble especially with respect to what Trans Studies’ interpretive and hermeneutic frames have to offer the field.

4.3.3 Developing competencies

It is important to note that studies unanimously indicated that two key components were critical for mental health practitioners in developing the competencies needed to adequately

support trans and gender-diverse students. The first is acquiring knowledge about what is commonly phrased as ‘transgender issues’, and the second is a self-reflexive practice.

4.3.3.1 Necessary knowledge

Where positive attitudes alone do not ensure affirming practice, many studies did note that specialized knowledge was key to effecting change in practitioner approaches (Abreu et al., 2019; Ausloos et al., 2022; Case & St Amand, 2014; Mackie et al., 2023). Practitioners who had personal connections with trans and gender-diverse people in their lives reported feeling more knowledgeable about the issues that the students they work with might face (Ausloos et al., 2022); those who had engaged in formal training also felt more knowledgeable about potential issues with which they may be required to support trans and gender diverse students (Abreu et al., 2019); and, there was a strong recommendation that practitioners take the initiative to access professional knowledge that would give them access to the knowledge deemed necessary and specialized to working with trans and gender-diverse youth (Abreu et al., 2019; Ausloos et al., 2022; Case & St Amand, 2014; Mackie et al., 2023; Simons et al., 2022).

Finding specific information about what constitutes this specialized knowledge, however, is a challenging task. Studies I reviewed list certain topics such as using affirming language, being familiar with a variety of gender identities and terminology, some understanding of what different transition processes may look like, understanding how toxic school environments create conditions that erode the well-being of trans and gender diverse youth, and knowing about simple procedures such as name changes on report cards and regulations on bathroom and changerooms (Ausloos et al., 2022; Beck, 2016; Mackie et al., 2023; Price-Feeney et al., 2021). Though these items appear to be rather basic as they correspond to ensuring that the fundamental human rights of students are met and that their dignity is protected, beyond these recommendations, participants and researchers alike use ambiguous terms to refer to necessary knowledge in a way that frames supporting trans mental health as something complicated, obscure, and needing of extensive study through graduate level training (Ausloos et al., 2017; Case & St Amand, 2014; Simons et al., 2022). The language used to indicate the topics that practitioners should be familiar with include generalities such as *unique needs* or *challenges* (Asplund & Ordway, 2018; Chen et al., 2022; Simon et al., 2018), and while some of the issues trans and gender diverse youth face can be

seen as unique, this vague allusion to *issues* must be taken in the context of practitioners also not feeling prepared and reflecting in their responses as research participants that they do not know what kinds of supports are required of them. In light of this, supporting trans and gender diverse youth comes to be a task they feel unprepared for. In the words of one participant from Mackie and colleagues' (2023) study, "Helping the client deal with school setting issues and separating myself out from knowing that it's not my area of competence, in that, trans issues are probably best managed externally" (p.11). Here, it becomes clear that, despite the request for the practitioner to provide support to a student with a challenge in the school setting—a request that is very much within the scope of the role of a school psychologist—because the *issue* is tied to trans identity, the participant abnegates their responsibility claiming that they do not have the expertise required and so refer out to external support. The distancing that is illustrated in this last example is an indication that more research is needed to generate knowledge for practitioners to help them understand and identify the full scope of their duties in relation to supporting the mental health of trans and gender-diverse youth.

Researchers such as Mackie et al. (2023) call for pre-service and ongoing professional learning as critical to ensure that practitioners are challenging their own internal biases and building their understandings of gender diversity in order to support safer learning environments for trans and gender-diverse youth, thus positively impacting on their mental health (see also Singh & Burnes, 2009). However, absent in these recommendations is the need to engage with trans-informed scholarship to ensure that practitioners explicitly learn about cissexism and how it manifests in their practice.

4.3.3.2 Self-reflexive practice

As with the knowledge deemed necessary for supporting trans and gender-diverse youth mental health, multiple scholars in the field recommended the need for practitioners to engage in a self-reflexive practice in order to "examine their own biases against transgender students" (Abreu et al., 2019, p. 119; see also, Asplund & Ordway, 2018; Ausloos et al., 2017; Mackie et al., 2023; Simons et al., 2018; Singh & Burnes, 2009). What is important to note here is that, while it is recognized that being aware of personal biases is critical given that beliefs impact practice, nowhere is the language of *cissexism* used to name the specific bias that practitioners should be aware of. Mackie and colleagues (2023) make a case for

queering the counselling space as an entry point for examining how to make a therapeutic environment non-judgmental, but as this term relates specifically to sexuality, it cannot be conflated with creating spaces that name and challenge cissexism as the root of oppression that is endured by trans and gender diverse individuals.

It is important to emphasize again that extant studies conceptually do not employ frameworks of analysis that are informed by Trans Studies and which centre cissexism as a root cause of distress; rather, they highlight harm and impact at the level of the individual without an adequate conceptual framing of the systemic forces at play are the source of mental health concerns experienced by trans youth and indeed contribute to a fundamental erasure in this respect. This focus on the individual can be understood as an example of Johnson's (2015) *cissexist pitfalls: trans and gender-diverse youth*, constituted by a body of research that produces an exceedingly limited definition of their experiences of mental distress, are *objectified* as the studies "position them as an object being acted on" (p.27), and fail to recognize the nuances of their experiences beyond gender-related distress and minority stress. The (in)visibility of trans mental health, its recognition contingent on the ciscentric parameters of minority stress and gender-related distress, produced through research is a clear call for research that begins from the standpoint of challenging cissexism and representing trans and gender-diverse youth as the whole people they are (Johnson, 2015; Radi, 2019; Namaste, 2000).

Overall, a review of extant literature focused on the experiences of trans and gender-diverse youth reveal an international consensus that connects existing in a cissexist world, though it is never explicitly named as such, to devastating impacts on their mental health. The range of violence -from micro to outright aggression- that trans and gender-diverse students are subject to in schools decreases their access to education about gender identity, depriving them of the epistemic tools needed to support self-understanding (see Kassen, 2022) and compounding the potential for mental distress associated with this erasure. The literature focuses on practitioners reflects the discourse that defines trans mental health as issues related to minority stress and gender identity-related distress, positioning mental health practitioners as individuals who have the unique capacity in a school to advocate, educate, and connect students to help them cope with pervasive cissexism and help school communities challenge their own entrenched practices of cisnormativity and transmisia

through learning opportunities, policy enactment, and inclusive curriculum as approaches to change school climate. It is important, again, to note that the language of cissexism is not employed in these studies, and even in the cases where researchers forgo the actual label of minority stress, opting for language such as ‘harassment’ and ‘discrimination’ to describe experiences of physical and verbal violence attributed to what could be labelled transphobia (e.g., enduring violence for defying binary gender norms) (McGuire et al., 2010), the link to minority stress stands: the experiences of mental distress described are tethered to trans identities and to violence perpetuated due to unnamed cissexism; trans mental health is reinscribed as an issue to be understood solely as a result of minority stress.

Johnson (2015) urges that researchers who are actively engaging in a reflexive approach “should be specific about whom they are studying and why they made this choice...if researchers are focusing on men and excluding women, they should specify why this research population is justified and recognize the specificity of their results” (p.26). This point is especially relevant when it comes to the choice to include or exclude trans identities from a sample population and both options offer insight into the concealed cissexism operating within researchers.

For studies focusing on practitioners, this largely means that the voices of trans adults are muffled: some studies foreclose on this possibility by simply excluding trans participants entirely, and even where these identities are present, they are either too low in numbers to warrant being featured, or they are overtaken by cisgender perspectives (Abreu et al., 2020; Agee-Aguayo et al. 2017; Ausloos et al., 2022; Bowers et al., 2015; Simons et al, 2022; Taylor et al., 2016; Ullman, 2018). The inclusion of trans adult participants is inconsistent, with studies conflating sex assigned at birth with gender identity, and completely omitting an option for respondents who may be intersex (Abreu et al., 2020; Agee-Aguayo et al. 2017; Ausloos et al., 2022; Bowers et al., 2015; Simons et al, 2022; Taylor et al., 2016; Ullman, 2018). In one study of one hundred and seventy-four school counsellors where there was gender diversity present, every single quote used in the article was associated with cisgender people (Abreu et al., 2020). Despite having the opportunity to centre a unique perspective of trans and gender-diverse school counsellors, the authors, knowingly or not, effectively silenced the trans participants by omitting their voices and in so doing, “position the unique experiences of transgender people as peripheral and subordinate” (Johnson, 2015, p.26).

Where trans identities are not present, the decision to exclude them is not justified by the researchers (Agee-Aguayo et al., 2017; Mackie et al., 2023). Where trans identities were included, the numbers were often so low that they made up below 1% of the sample (Abreu et al., 2020; Ausloos et al., 2022; Simon, 2019; Simon et al., 2022). These numbers create the impression that school-based mental health practitioners simply do not exist and suggest that sampling was not carried out in a manner that would prioritize or encourage trans participation. Either by full exclusion or exclusion by fault of low numbers, these studies have an erasing effect on the contribution of gender-diverse educational workers; to portray trans and gender-diverse practitioners as absent or too few to be relevant harkens back to Radi's (2019) observation about how certain voices come to matter within research: how is it possible for gender-diverse practitioners to share their experience if the researchers constructing a study, influenced by concealed cissexism, do not explicitly include and recruit them?

Gender essentialism is also evident in the analysis process. One study specifically reported that an analysis of data revealed that the self-identified women participants held more positive attitudes towards gender diversity than the men in the sample; according to the authors, this analysis indicated that "...2.3 % of what we know about one's attitudes can be explained by ones' gender" (Bowers et al., p.9). Here, the authors associate a practitioner's attitude to the presumed inherent emotional traits associated with gender: in their estimation, and unjustified by theoretical exposition or engagement, that gender is a predictor of whether a practitioner will have a positive attitude towards trans and gender-diverse students.

In constructing a scholarly field devoid of the experience of trans and gender-diverse mental health practitioners, the literature that supports the development of school-based practitioners once again veers into ciscentricity through the recommendations it compiles from its findings. Numerous works conceptualize the skills needed to support the mental health of trans and gender-diverse youth with a cisgender audience in mind (Asplund & Ordway, 2018; Beck, 2016; Case & St Amand, 2014; Simon et al., 2018; Singh & Burns, 2009). These recommendations cover the basics of affirming trans identities and working in allyship with marginalized communities to shift school climates. This is not to suggest that trans and gender-diverse people inherently hold encyclopedic knowledge about the full range of trans experiences (see Ansara, 2010), but that, given what Johnson (2015)

terms the cissexist double standard that “create conditions where transgender people are expected and called on to have a higher-order understanding of sex and gender than their cisgender counterparts” (p.34), it is not unreasonable to expect that recommendations created with them in mind would entail a deeper examination of the nuances of supporting trans mental health.

The literature specific to supporting gender-diverse youth does not appear to explicitly challenge cissexism but rather encourages educational workers to learn about barriers so that they might provide emotional support in working through challenging experiences. Only one of the studies reviewed here contained a section dedicated to self-reflection (Simons et al. 2018) and while this section asks counsellors to reflect on their attitudes and how they might better support gender-diverse youth and initiatives in their schools, it shies away from directly asking a practitioner to reflect on how they enact cisgender privilege and unintentionally perpetuate cissexism in their work. These compounded instances of concealed cissexism, trans voices are written out of research and so their very presence in a school setting becomes unthinkable, and cissexism remains undetectable and unchallenged.

In addition to this, through their academic authority, researchers actively contribute to perpetuating concealed cissexism by leading through example. As I have demonstrated, the literature is thoroughly imbued with subtle insertions that denigrate gender-diverse people in ways that are not immediately obvious. Researchers are simultaneously recommending that practitioners turn to academic work in order to cultivate accurate and reliable information about trans and gender-diverse youth (Asplund & Orway, 2018) and in doing this, endorse the use of concealed cissexism as an acceptable way of discussing trans and gender-diverse youth. It is here when reporting translates into practice, that concealed cissexism is at great risk of being unquestionably deployed in schools and that Johnson’s (2015) notion of reflexivity is all the more important.

Taken alongside each other, the research on practitioners and youth solidifies the constitution of trans mental health as the mental distress caused by cissexism even through this specific analytic frame is not always employed to identify the systemic problem. Given the limited definition of trans mental health resulting from the existing research focus, practitioners looking to research for guidance on expanding their practice are trained only to

recognize trans mental health in this diminished scope, eschewing all other possibilities of mental distress that a youth could be experiencing. Additionally, this discourse forecloses on the idea that the exploration of and coming to know one's gender identity can be anything other than a distressing experience. For mental health practitioners to know about gender euphoria, defined as the "feeling of satisfaction, joy, or intoxication with the congruence, or rightness, between one's internal and external reality" (Silbernagle, 2019) is every bit as critical as knowing about gender dysphoria because gender identity is not something that individuals come to know through a process of struggle only, but joy as well. (see also, Austin et al., 2022). To properly support that exploration, practitioners must be able to articulate and recognize both, legitimate both, and provide youth with perspectives that challenge discourses that would lock trans lives into narratives of strife, struggle, pain, and sadness, to provide counter-discourses of joy, comfort, ease, and acceptance. Cumulatively, the literature reviewed demonstrates that trans and gender-diverse youth and their mental health needs are (in)visible under the current constitution of trans mental health, and my research seeks to address this problem.

4.4 Conclusion

This literature review has provided an overview of the field of gender diversity and mental health in education, beginning by establishing a connection between gender essentialism and mental health practices, and making an argument for a critical approach to trans mental health that is aware of this history and committed to questioning it. The review focused on the ways in which trans mental health is constituted through official knowledge and how the discourses singularly focus on minority stress and gender identity formation as the origin of mental distress for trans and gender-diverse youth. I expose how such discourses of trans mental health are taken up and reiterated through empirical work which acts to define the role of school-based mental health practitioners as advocates, educators, and intermediaries, thus narrowing understanding of what trans mental health is, and how this inscription works to further narrow the scope of what these practitioners should anticipate. To be clear, my critical engagement with this body of work is not meant as an indictment of the researchers who conducted the studies, rather it is a vital opportunity to question what researchers must do differently in order to avoid *cissexist pitfalls* (Johnson, 2015). Theoretical tools are available and growing more numerous as trans scholars across disciplines grapple with challenging

what has for so long been an unmarked norm (Driskill, 2011; Gill-Peterson, 2018; Namaste, 2000; Radi, 2019; Serano, 2007; Spade, 2015). Situating my study in relation to how previous work has assumed a standpoint of scientific neutrality and examining the recirculation of concealed cissexism and gender essentialism that is facilitated by the methodological insights of Johnson's (2015) critique of *cissexist pitfalls* in conducting research about trans people allows me to approach my own work in ways that intentionally engage with transfeminist methodologies which challenge the problem of concealed cissexism.

Chapter 5

5 Methodology, methods, and research design

Having outlined the relevant literature that focuses on the mental health of trans and gender-diverse students in school as well as on the experiences of school-based mental health providers, I now turn to my methodological approach to explore how interpretivist and critical traditions frame and inform the design of this study. I begin with a reflection on the significance of qualitative inquiry in light of my explicit purpose and research questions in undertaking an exploration of the operation of cissexism in the provision of school-based mental health support for trans and gender-diverse youth. I then explain and justify my particular use of the *instrumental case study* as explained by Stake (2005) and the methods that I employed to collect my data. Finally, I provide insights into my data analysis using *visual mapping* and end with my reflection on the impacts of the COVID-19 pandemic on the operationalization of this project and the lessons learned.

5.1 The significance of qualitative inquiry

Qualitative research is widely cited as being commensurable with interpretive paradigms given that paradigmatic location directly impacts the methodology that will be chosen: an interpretive paradigm that seeks to hear directly from marginalized people, not to generalize, and focus on the meaning that one makes of their experience is consistent with qualitative inquiry (Denzin & Lincoln, 2018). Patton (2015), for example, explains that “qualitative inquiry studies, documents, analyzes, and interprets how human beings construct and attach meanings to their experiences” (p. 13). Willis (2007) remarks that, though qualitative research has many frameworks available to work within, all share a commitment to the “search for contextual understanding instead of universal laws” (p.181). He further elaborates that the “search for valid, generalizable truth” (p.189) is not the goal of qualitative research, but rather a *situated understanding*, a contextual understanding that attends to the particularities of a phenomenon and embraces multiple perspectives and supports emancipation.

To that end, I engaged with qualitative research, seeking out the experiences of trans and gender-diverse youth in Ontario secondary schools who sought out school-based mental health support along with school-based mental health practitioners to learn about their multiple perspectives and particular contexts and to draw meaning from there because, as Willis (2017) states, “meaning resides in the context and cannot be completely removed from it” (p.222). The paradigm in which I operate demands a methodology wherein individual experience is privileged over generalizability, and particularity of the case is privileged over generalizability. Moreover, it recognized that “external reality is not knowable in any direct and sure way...different people and different groups have different perceptions of the world...” and thus qualitative inquiry is committed to seeking out multiple perspectives that “reflect on an individual’s experience in a social context...” (Willis, 2017, p.194) to enhance understandings of particular situations and circumstances. A qualitative approach was critical in “elucidating how systems function and their consequences for people’s lives” (Patton, 2015, p.13), prioritizing the voices of trans and gender-diverse youth as well as those of school-based mental health practitioners to generate knowledge about the systemic impact of institutionalized cissexism.

5.2 Case study

For this study, I elected to use an *instrumental collective case* to provide an in-depth examination and insight into the operation of cissexism in Ontario school-based mental health supports (Stake, 2005), drawing on trans and gender-diverse youth as well as school-based mental health practitioners to provide insight into this system of power relations. Stake (2005) identifies three types of case study: *intrinsic*, *instrumental*, and *multiple or collective*. He defines the *instrumental case study* as an approach where “a particular case is examined mainly to provide insight into an issue or to redraw a generalization” (p.445) and further specifies that it becomes *collective* when the single case is extended to include a ‘embedded’ or ‘mini-cases’, each which provide further understanding to the larger phenomenon in question. Following his recommendation to utilize these categories as tools “for thinking about purpose” (p.447) in relation to defining the boundaries of the study, I selected the instrumental collective case study, as my goal was to advance a deeper understanding of the circulation and impacts of cissexism within school-based mental health service. The instrumental collective case study provided a framework by which to bring together the

perspectives of youth and practitioners to learn about the system of school-based mental health support for trans and gender-diverse youth by attending to their experiences within each of their unique contexts.

Reflecting on the category of case study also facilitated the development to Stake (2005) cautions that defining a case requires a “bounded system” that establishes the limits of what constitutes the unit of study. To arrive at these boundaries, Baxter and Jack (2008) suggest reflecting on exactly what is to be analyzed in the study: an individual, program, process, for example. Delineating the boundaries of what constitutes the case ensures that the study does not *explode* beyond a manageable scope (Baxter and Jack, 2008). To determine the “specific, unique, bounded system” (Stake, 2005, p.445) that defines the *case* in this study, I began by organizing around *issues* (Stake, 1995, 2005). Stake (2005) defines *issues* as “complex, situated, problematic relationships” (p.448), therefore the issue that focuses this study is systemic cissexism. To further bind the case, I responded to the questions posed by Baxter and Jack (2008) regarding units of analysis: broadly, I was concerned to analyze the mental health support system for trans and gender-diverse youth in Ontario public schools, and so this constituted the case. Thinking through the opportunities for learning about this dynamic case, I considered what perspectives needed to be included and realized that, while the case itself is a system, within this case are “cases *within the case*-embedded or mini-cases” (Stake, 2005, p.451). Two embedded units were critical to better understanding the operation and impacts of cissexism within overlapping systems: i) trans and gender-diverse youth who had themselves considered seeking out mental health support at school; and second, school-based mental health practitioners themselves; and ii) school-based mental health practitioners who had provided support to trans and gender-diverse students. In selecting the embedded units of this case, I employed what Patton (2015) terms *stratified or nested purposeful* sampling, an approach that allows for sampling to deepen and focus the inquiry by drawing on several types of purposeful sampling, upon which I will elaborate later.

Stake (2005) notes that the careful act of considering the “subsequent choices to make about persons, places, and events to observe” (p. 451) allows the researcher to consider how to generate a rich portrayal of the case by selecting embedded units which ensure multiple perspectives are present and which offer the opportunity to learn more about the case and

which support a triangulation. He defines triangulation as “using multiple perceptions to clarify meaning, by identifying different ways in which the case is seen” (Stake, 2005, p.454). I chose to include youth and practitioner standpoints to better understand the system of school-based mental health from participants whose proximity to the school-based mental health system would provide triangulation by allowing me to “identify different realities” (Stake, 2005, p. 454) within the case. These two embedded units were further triangulated by considering the youth and practitioner interviews within the contextual specificity of education and mental health-related policy which I examined in Chapter 1 and engaging with trans studies to seek out the nuances, points of convergence and divergence in participant accounts, with the intention of avoiding the *overgeneralization*, which could lead to a narrowing of understanding of trans mental health care in Ontario schools (Johnson, 2015).

5.3 Method

Data collection was centered on what Patton (2015) terms *qualitative interviewing*, an interviewing style which is distinct in that, unlike other forms of interview, this one is “motivated by the aim of eliciting information useful to a study” (p. 425). To this end, I employed an interview guide approach which outlined topics to be explored during the interview, which Patton (2015) notes “increases the comprehensiveness of the data and makes data collection somewhat systematic for each respondent” (p.438) and allows flexibility to engage in deeper conversation depending on the participant. I will now describe this process in detail beginning with the design of the interview, participant recruitment and selection, and data analysis.

The interviews were semi-structured and centered around an interview guide (Patton, 2015). One guide was developed for each subgroup and outlined the topics to be engaged with during the interview itself while allowing for flexibility to conduct the interview in a conversational style. This also ensured a sequencing of questions that would maximize the potential for in-depth exploration of the case. Patton (2015) notes that the sequencing of questions can be orchestrated in a manner which gradually encourages a participant to engage in the interview by responding descriptively. The questions were sequenced to cover four topics including demographic information, knowledge about gender diversity and mental health, experience with accessing of providing mental health supports either as a practitioner or youth, and perspectives on the future of mental health care for trans and gender-diverse

youth in schools. Open-ended questions were crafted to allow participants to express their thoughts in an authentic and ensured that every interview ended with the participant to having the opportunity to address any topics that had not been covered in the interview that they felt should have been (see Appendices C and G).

Each participant was offered a small honorarium in recognition of their participation in this study. Participants were contacted prior to their interview and offered a \$10 gift certificate to the coffee shop of their choice. Heeding Patton's (2015) caution to not "fall into the trap of using incentives as a crutch" (p.500), I made the decision to include a small financial incentive as a small gesture of thanks for the willingness to share their perspectives with me. Gift cards were delivered to all participants prior to the interview and participants were explicitly told that they were free to keep it, even if they did not complete the interview.

5.3.1.1 Participants: Recruitment and selection

As mentioned above, in order to investigate the case of mental health supports for trans and gender-diverse youth in Ontario secondary schools, I chose to focus my inquiry on two 'embedded cases' of study (Stake, 2005, p.451), identifying two sub-groups for purposeful sampling which, based on their group characteristics, would be able to "create a specific information-rich group that can reveal and illuminate important group patterns (Patton, 2015, p.267). The two groups identified for sampling were trans and gender-diverse youth who had sought mental health supports at school, or considered doing so, and school-based mental health practitioners. These two sub-groups were selected to "create a specific information-rich group" (Patton, 2015, p.283) that could bring diverse perspectives and understanding to the case based on their first-hand experience in the school-based mental health system. The decision to open the sample to youth who had accessed *or* considered accessing school-based mental health support was made to recognize that trans and gender-diverse youth across systems face barriers to accessing support (McCann & Sharek, 2016), and that there is as much to from this perspective as from a youth who was able to access the mental health system. To be eligible for participation, youth participants had to self-identify within the gender diversity spectrum (e.g., trans, non-binary, Two-Spirit, agender, genderflux, etc.), have wanted to access school-based mental health supports in the past, and be between the ages of 14-25. Adult participants must have had experience supporting student mental health in Ontario public schools and be currently working in an Ontario public school. These

inclusion criteria were decided to allow for a diverse range of participants to share their experiences while also attending to the questions guiding the study (Patton, 2015).

Participant recruitment took place using two distinct strategies based on the subgroup and utilizing *purposeful sampling* to gather participant perspectives that are “strategically in alignment with the inquiry’s purpose” (Patton, 2015, p. 264). More specifically, I utilized *stratified or nested purposeful sampling* which acted “like a funnel that channels the flow of a liquid more precisely, to increase the relevance and credibility” (Patton, 2015, p.305) of the data. I drew on multiple types of purposeful sampling to ‘funnel’ recruitment. At the outset of the study, I employed *criterion-based sampling* to recruit participants for the study *characteristics* (Patton, 2015). *Criterion-based sampling* ensured that the participants met “some predetermined criterion of importance” (Patton, 2015, p. 281) which made up the inclusion criteria for this study. For practitioners, this included working in school-based mental health and having supported trans and gender-diverse students; for youth this included self-identifying as any identity other than cisgender and having accessed or thought about accessing mental health supports at school. Potential participants were provided with fliers containing a call for participants (see Appendices A and E).

In defining participants through criterion-based purposeful sampling, participants could self-select their suitability for the study. Establishing criteria for participation also supported *group characteristic sampling* as the individuals who indicated an interest in the study, through their common experiences, provided insight into their particular subgroup of youth or practitioners (Patton, 2015, p.283). Recruitment of school-based mental health practitioners also employed purposeful sampling of a *key informant*, an individual with specialized knowledge and experience related to the case, who was willing to share that knowledge in an interview (Patton, 2015). Following the first interview, practitioner recruitment continued through *respondent-driven sampling* whereby other participants with relevant knowledge and expertise were suggested from the ‘seed’ participant’s network (Patton, 2015). This process differs from *snowball sampling* because *respondent-driven sampling* relies on peer recruitment and leverages professional networks, with each ‘wave’ of recruitment yielding a more profound understanding of the case (Patton, 2015). Recruitment for this subgroup began with two ‘seeds’, with each producing two further ‘waves’ of

networked connections, for a total of six school-based practitioner participants. A table of participant profiles can be found below.

Table 1: Youth Participants

Pseudonym	Demographic Information	Main Reason for Seeking Support
Robin	18 years old Grade 12 (Secular Public) Non-binary Mixed-race (Nigerian, European)	Concerns with anxiety and disordered eating
Saul	18 years old Grade 12 (Secular Public) Trans man White (Irish and Scottish)	Concerns with Obsessive Compulsive tendencies
Meg	17 years old Grade 12 (Secular Public) Trans girl White (Canadian and American)	Grief support after death of family members

John	18 years old First-year university (Catholic Public high school) Trans-masc, non-binary Black, first-generation	Family conflict related to cultural differences and dynamics of the child/parent dynamic Depression Anxiety Dysphoria Suicidal thoughts
Haxt	19 years old Grade 12 non-binary when sharing identity with others, but prefers no gender identity label Indigenous	PTSD Anxiety Depression
Henri	18 years old Grade 12 Transgender male White	Questions about gender identity

(all demographic information is as described by the individual at the time of the interview)

Table 2: Practitioner participants

Pseudonym	Position	Years in Practice	Demographic Information
Emilie	Social Worker (MSW)	10+	Cis Woman Straight White Jewish
Abe	Social Worker (MSW)	10+	Cis man Gay White Jewish
Sylvie	Psychologist	10+	Cis woman Biracial (Trinidad and Dutch)
Sarah	Psychometrist	<5	Cis woman Straight White
Lynn	Community Partnership Developer (MSW)	10+	Cis woman Queer White (Italian and Swedish)
Olivia	Attendance Counsellor	20+	Cis woman Straight Anishnaabe

(all demographic information is as described by the individual at the time of the interview)

Recruiting trans and gender-diverse youth took place through the support of community partners, specifically leveraging online platforms as youth groups had pivoted to virtual meetings as a way of maintaining connection while respecting social distancing restrictions during the pandemic. I contacted local youth organizations that serve 2SLGBTQIA+ communities and, as this was during COVID-19 lockdowns, was invited to provide information sessions during virtual youth group meetings. This was a strategic

decision to engage with purposeful *group characteristic* and *criterion-based* sampling (Patton, 2015, p. 281-283) in that I offered information about the study to a group of youth who were already engaged in conversations about their own gender and sexual identities and also attending high school, and so aware to some of the discussion regarding education, gender identity and mental health. At these meetings, I provided a digital version of the study flyer (see Appendix A) and Letter of Information and Consent (see Appendix B), my contact information, and spoke about the goals of the project. In addition, I contacted local activist organizations and requested permission to post a study flyer and Letter of Information and Consent on their social media platforms. Here, too, I positioned the call for participants in a manner that would facilitate purposeful sampling as I intentionally sought to make my study visible and accessible to youth who would have prior knowledge of the my research focus and so, as Patton (2015) states, “focus[ed] case selection strategically in alignment with the inquiry’s purpose, primary questions, and data being collected” (p.264) .

Finally, the school-based mental health practitioners I interviewed also acted as ‘seeds’ for youth recruitment, passing my contact information and Letter of Information and Consent (see Appendix F) along to the youth, after which they could decide to reach out to me directly. The youth themselves also acted as ‘seeds’ for respondent-driven sampling, as they reached out to their peers and shared information about the study. Directly asking participants, inclusive of sub-group, to engage in respondent-driven sampling supported the addition of voices that may have been more difficult to access (Patton 2015), especially given the context of COVID-19 lockdowns which could have potentially limited a youth’s access to speaking to a researcher. In total, two youth were recruited by youth-initiated respondent-driven sampling, two youth were recruited through practitioner-initiated respondent sampling, and two more were recruited through the support of community partners.

Participants were emailed Letters of Information and Consent forms prior to the interview and returned their signed Consent forms before the agreed upon meeting time. Because it is often unsafe for trans and gender diverse youth to be out to their parents or guardians and requiring parental/guardian consent could expose the youth to harm, thus creating a barrier to participation, youth were able to consent to their participation without adult or guardian approval. This All interviews were conducted and recorded using the video

conferencing platform, *Zoom*. To ensure security, each Zoom link was individually created, and password protected.

At the start of each interview, participants were guided through a review of the project aims, the risks and benefits, and informed consent was once again sought. Participants were informed of the possibility of withdrawal from the study, the precautions I would take to ensure withdrawal is accessible, and the reasonable limitations of withdrawal from the study. Participants were made aware of limits to confidentiality, and I explicitly stated that, should the participant disclose that they were at risk of harming themselves or others, I had a duty to report to appropriate authorities so that the participant may access immediate supports. At the close of the interview, participants were debriefed and provided with a list of mental health support resources that can be accessed by phone or online should they experience any distress following the interview (see Appendices D and H).

After each interview, I engaged in a reflexive process of journaling to record my emotional reactions to the interview, initial observations of the content of the interview, and questions that came up, and to "undertake an on-going examination of what I know and how I know it" (Patton, 2015, p.70). This process supported a critical engagement with the new information I was learning from participants and prompted me to intentionally "be attentive to and conscious of the cultural, political, social, linguistic, and economic origins of one's own perspective and voice" (Patton, 2015, p.70). Through this practice, I was able to refine my interviewing skills and be more responsive to the unique contributions each participant had to offer.

The audio data from the Zoom recording was transferred to a professional transcription company, and upon receiving the transcripts, I contacted the participant to offer them the opportunity to engage in member checking. Participants had the opportunity to review their interview, clarify their responses, and remove any information they did not wish to be included in the final dataset. Once the transcripts were returned to me, I was able to begin the formal process of analyzing the data.

5.3.2 Data analysis

The reflexivity that Patton (2015) advances related to working with participants in interviews extends to what happens to their data during the analysis process. He states that a researcher's

rule for data analysis is to “do your very best with your full intellect to fairly represent the data and communicate what the data reveal given the purpose of the study” (Patton, 2015, p.522). Fine (1998) reminds us in her writing about the Self-Other hyphen that researchers teeter on of the critical nature of remaining attentive to power of scholarship to determine how the voices and experiences of participants are represented and inscribed through the process of research and questions “whose lives get displayed and whose lives get protected by social science” (p.136). Fine’s (1998) work is a reminder of the responsibility associated with making meaning of the participants’ voices and it is with this in mind that I approached the process of interpreting the interviews.

5.3.2.1 Thematic analysis

Data analysis of the interviews followed Braun, Clarke, Hayfield and Terry’s (2019) framework of Thematic Analysis, an analytic method of making meaning from a dataset based on themes of “a pattern of shared meaning, organized around a central organizing concept” (p. 845). Specifically, I engaged with Braun and colleagues’ (2019) Reflexive Thematic Approach, as the authors note that this technique is underpinned by a qualitative orientation which “emphasizes meaning as contextual or situated, reality or realities as multiple, and researcher subjectivity as not just valid but a resource, [noting] the active role of the researcher in the knowledge production process” (Braun et al., 2019, p. 848). In other words, while the participant interviews are critical, the meaning and interpretations derived from them are a product of the significance that I as a researcher ascribe to them, which is informed by my engagement with theory and personal positioning “through the lens of [my] own cultural membership and social positioning, [my] theoretical assumptions, and ideological commitments, as well as [my]scholarly knowledge” (Braun et al., 2019, p. 848-849). As Anyon (2009) states: “...theory enters the research process *everywhere*. Theory helps us understand, expand our understandings of, and critically judge what counts as relevant knowledge, appropriate units of analysis, research questions, methods, data and analysis, and explanation” (p.8, emphasis in original). As I discussed in Chapter 1, Trans Studies and the theoretical frameworks derived from this work are foundational interpretive tools as I engage with research. Following Johnson (2015), I come to this data-oriented to seeking and understanding the impact of cissexism and its embedded oppressive system within the institution of school-based mental health services to “offer a more accurate

understanding that does not impose and reproduce cissexist authority over transgender experience" (p. 25) (see Driskill, 2010; Radi, 2019; Namaste, 2000); within overlapping, youth-serving systems, I hold a commitment to amplifying the voices of trans and gender-diverse youth, and the sum of my knowledge as gained through my experience as a researcher and community member.

Braun et al. (2019) propose a thematic analysis in six phases, a reflexive process designed to methodically facilitate the "considerable analytic work of the researcher to explore and develop an understanding of patterned meaning across the dataset" (p.848). Following Braun and colleagues (2019), I engaged with this process, beginning with *familiarization*, a process of immersion in data which requires the researcher to be "thoughtful and curious about the interview content and reflexively engaging with the content" (p. 852). In this phase, I "closely read and thoroughly engaged with data, and giving room for reflexivity- ask[ed] questions of [myself] and how [I] responded to the data" (Braun et al., 2019, p. 853). Practically, this meant that I read through each individual interview first as cold-read –a preliminary read through the interview in its entirety –to refamiliarize myself with the interview content, taking notes in pencil to signal responses that seemed particularly relevant and noting with curiosity why the response in question felt relevant in the moment. I read through the transcripts starting with the practitioner interviews and then familiarizing myself with the youth interviews. I also noted in the initial familiarization phase any connections I was making among other interviews, literature, and theory that were arising as I read.

In the second phase, *generating codes*, I followed a "more detained and systemic engagement with the data" (Braun et al., 2019, p. 853) to organize the content of each interview around similar meanings, focusing my attention to make meaning of the data as related specifically to the central organizing concepts established in my research questions. As suggested by Braun and colleagues (2019) I initially created code around *semantics*, that is, deriving codes directly from the language used by the participant to "capture explicit meaning" (p.853) followed by considering codes as a block alongside the text to consider the "deeper, more implicit or conceptual level of meaning" described as *latent* codes that could be derived.

Having done this, I moved to *constituting themes* in which the codes were used to find what Braun and colleagues call ‘candidate themes’, thematic groupings to try out and see if they fit or not. As the authors comment, the process of Reflexive Thematic Analysis is not straightforward and the ‘candidate themes’ are an important step as they allow the researcher to intentionally test out potential themes and refine the language to ensure that they “build, molded, and given meaning at the intersection of data, researcher experience and subjectivity, and research questions” (p.854). To facilitate the process of capturing meaningful patterns, first in individual interviews, and later across the dataset for the embedded units, I used thematic mapping which Braun and colleagues (2019) describe as “a process of visually exploring potential themes and subthemes and the connection between them” (p.855).

5.3.2.2 Mind mapping and crafting a visual metaphor

Braun et al.’s (2019) fourth and fifth phases to thematic analysis, identifying and reviewing themes, were done by engaging in a visual analysis process known as *mind mapping*, drawing specifically on Wheeldon and Åhlberg’s (2012) work on engaging visually with research as a way to “represent words, themes, tasks, or other items linked to and arranged around a central key word or idea” (p.24). I come to this approach with a background in Illustration and Design, an artistic practice through which I regularly translate complex ideas and information into drawings based on visual metaphors that facilitate knowledge mobilization. Given the structural flexibility of this approach and the commensurability with qualitative research (Wheeldon & Åhlberg 2012), and the creative possibility, I elected to ground my organization of codes and candidate themes around a metaphor that would allow me to make meaning of the data within a very particular context.

As Wheeldon and Åhlberg (2012) state, “the use of visual data requires a greater focus on epistemological questions about how one might situate human experiences within visual and graphic forms” (p.81) and that this knowledge and meaning making are “always personal, subjective...and inherently localized” (p. 80). For this reason, I sought to craft a visual metaphor that would allow me to at once organize the data and discern themes from individual participants while situating, reflecting, and representing the inseparably localized context from which these participant voices were speaking and in which I was immersed as a researcher. In short, the visual metaphor needed to be sufficiently dynamic to represent the individual within a very particular context of history, contemporary challenges, and living

theory. I sought a visual representation that would have the flexibility to bring into a cohesive whole the perspectives of all the participants as individuals and in relation to each other and which would ultimately facilitate a whittling down of candidate themes to arrive at the final themes that would be explored in the analysis chapters.

Patton (2015) proposes that drawing on metaphor can be an effective strategy for connecting with data and also cautions that “because metaphors carry implicit connotations, it is important to make sure that the data fit the most prominent of those connotations so that what is communicated is what the analyst wants to communicate” (p.607). With this in mind, and following Wheeldon and Åhlberg’s (2012), aim of establishing “different sorts of connections, relationships, or themes” and to actively and reflexively utilize this process to “break out of [my] own cycles of assumption or expectation” (p. 93) that may emerge in the analysis process, I reflected on what it was that needed to be articulated through this metaphor. A single entity would not suffice to engage with the intricacies of the relationships between participant experiences and so I looked to a broader metaphor that could capture the situated nature of participant experiences within a system. I settled on a metaphor that I found to reflect the intricate, ever evolving, and dynamic nature of the case at its heart: the provision of mental health care in Ontario schools. I chose to represent this through a forest as I found this visual to be broad enough to illustrate the larger context of the Ontario public education landscape which is made up of overlapping and interacting factors including policy, historical context, contemporary developments, and individual pathways that bring individuals into this landscape. Further, this metaphor provides the interconnected, organic, and nuanced setting that I needed to elaborate and understand the relationships between the system and the people who make up and interact with the system.

To elaborate upon the metaphor, I define the elements here. Within this forest, mental health practitioners are represented by trees: while they are a large and visible part of what makes up the sum of the forest, they are most certainly not the only element at play; more fauna is implied within the larger metaphor; however, these are outside the scope of the project. Not to reduce the entire forest to trees alone, I selected this nested metaphor as a point of interaction within the larger ecology and symbiosis of the system itself. Trees provide an apt metaphor for practitioners given their function in holding together the health of the forest itself from improving air quality to providing shelter for all the inhabitants of the

forest, right down to returning nutrients and supporting new growth. Each practitioner I interviewed was conceptualized as a tree that came to belong to this forest in different ways: some transplanted, some rooted from seed to this system. This visualization helped me to make sense of how the practitioner's 'rooted' understandings of mental health for trans and gender diverse students was nourished by their context and how that 'grew' into their understandings of practice, actual practice, and conceptualizations of futures for trans mental health in Ontario schools. I created one tree per practitioner as I engaged reflexively with their transcripts, and as I created these, the visual representations, the literal forest of individual trees began to form in front of me (Figure 1). I was more clearly able to discern the thematic narrative to learn from the perspectives of mental health practitioners (Braun et al. 2019). Creating the forest in an analogue manner (i.e. drawing out each tree by hand and populating it with codes and candidate themes written on colour-coded sticky notes) meant that the larger context of the system, which is ultimately at the heart of my inquiry, was always at the forefront of my thinking while I was working and so was also a very present part of the meaning-making process.

Extending the forest metaphor further, I then turned to the youth interviews for analysis to determine their 'role' or element within the 'forest' of this study. Again, approaching the analysis from a dynamic and constantly interacting metaphor meant that I was able to conceptualize the youth as active participants in the system, not merely individuals who are acted upon.

I imagined the youth as birds, Bank Swallows specifically. The Bank Swallow is a migratory bird which resides in Ontario. It ingeniously burrows into vertical facades, lining banks in colonies, but also roosting in trees when necessary. In Ontario, these birds have been designated as at-risk because of damage to their habitat (Government of Ontario, 2021). Importantly, I selected a bird which does not primarily roost in trees, but will rather do so out of necessity, as this dynamic permitted me to explore the interaction between youth and mental health practitioners who are represented as trees. Trans and gender-diverse youth, like the Bank Sparrow, demonstrate resilience, and ingenuity, and are in need of protection from the toxic environment that they inhabit, qualities that I found at once fitting and inspiring to work with. As with the practitioners, selecting fledglings of this particular species

specifically as a central visual metaphor provided an avenue to consider the individual experiences and codes as part of a larger whole to derive the central themes.

The crafting of visual metaphors and the mind mapping exercise permitted me to engage with data analysis in a way that kept the situated and localized importance of the interviews at the forefront and facilitated what Patton (2015) calls ‘thick interpretation’ which enabled connections across the individual interviews and embedded units to be made while always having as a consideration the implications and impacts of the larger system on the experiences and findings. In addition to this, the broader metaphor of the forest allowed me to engage theoretically with my framework of (in)visibility within this analysis process, visually representing the nuances of participant accounts within a broader and interconnected context.

Figure 1: Youth

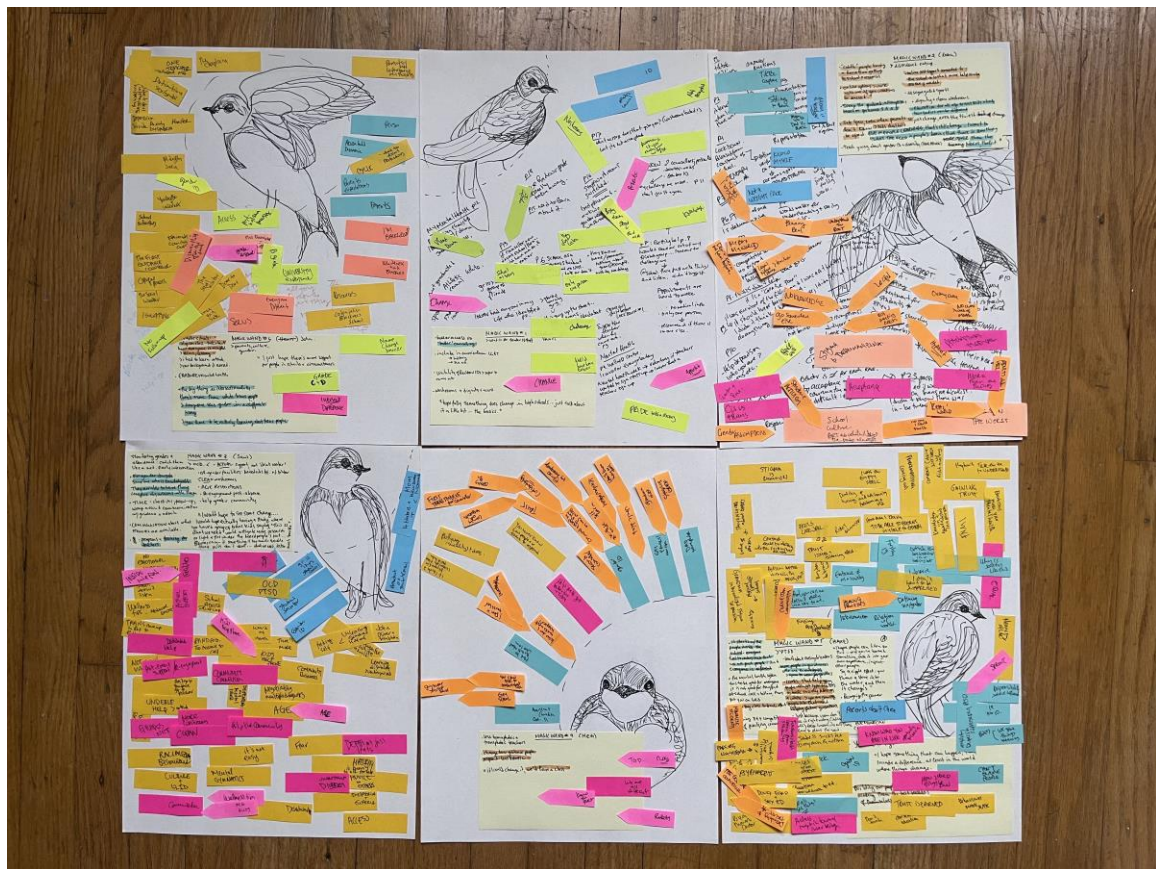


Figure 2: Practitioners



5.3.3 COVID-19 considerations

The ethics approval for this project was granted in the second week of March 2020 (see Appendix I), just prior to the declaration of the COVID-19 pandemic. The pandemic brought with it some changes to the originally proposed project along with lessons that are relevant to future methodologic considerations in research. This project was originally designed to incorporate a voluntary component to generate visual data from youth participants drawing on Critical Arts-Based Research and using photovoice as an approach to hold space for “the experiences, perceptions, and needs of the community under investigation” (Namaste, 2000, p.47). Photovoice was selected as an approach to explore the space where discourses of gender diversity, mental health, youth, and education converge. As a method, Photovoice has three main goals: (1) to enable people to record and reflect their community’s strengths and concerns; (2) to promote critical dialogue and knowledge about important community issues through large and small group discussion of photographs; and (3) to reach policymakers” (Wang & Burris, 1997, p.370). Following Wang and Burris’ (1997) photovoice methods, visual data collection would have been prompted through the driving question: *What do you want to share about your experience with mental health supports for trans and gender diverse youth in schools through photography?* Youth participants would have engaged in content creation, a follow-up interview to support a preliminary selection of photos and analysis, and a guided online community analysis of the photos via a dedicated and secure website with their peers. This process would ultimately have culminated in an exhibit of the group’s photos as a knowledge mobilization project.

By the time I was interviewing students, the youth had already completed a semester of online school that was fraught with uncertainty and were facing a new semester onsite under the constant possibility of having to pivot to online learning again. Though the youth I spoke to were keen to participate, and indeed, many were artistically inclined to begin with, the negotiating the multiple aspects of the photovoice project as designed was quite difficult. Though the analysis had been conceptualized as an online process, students were burned out from having gone from in-person to complete virtual schooling and so engaging with more virtual spaces was beyond their capacity at the time. In addition to this, despite best intentions, the actual process of collecting photographs proved to be quite difficult. What COVID-19 showed us, in one way, was the large technical disparity that exists between

students. Not all students had easy access to a computer, not all students had data plans on their phones by which to access the internet, and so the process of contributing photography was exponentially more difficult to execute. In the procedure approved by the Ethics Review Board, youth would have to familiarize themselves with a new online learning platform, navigate uploading photos, while also monitoring and participating to discussion boards on the site. The initial collection of photography came up as the first problem as the youth found the platform difficult to navigate. They requested assistance in being able to send me their photos via text message, however this proved impossible because text messages are not considered secure forms of data transmission. There was one option that could have facilitated this which was using Qualtrics, a data collection system licensed by the Western University, to provide a secure link to participants where they could upload images directly from their phones and so that I could remove some additional labour associated with participating in the Photovoice project; however, the university did not at the time have this particular feature licensed.

This illustrated to me that, despite living in a technological age where youth freely create and share content on the internet, there are still discrepancies that mean that participation in technology-based art methods is not accessible to all youth. One of the main lessons from this experience was that there is a nuance in wanting to do what is right to protect participants' anonymity. Patton (2015) discusses the tensions of informed consent and participants 'owning their own stories' and the barriers of obligatory anonymity, asking, "Does the researcher...have the right to impose confidentiality against the wishes of those involved?" (p.499). Ultimately, the Photovoice project was dropped as a component of this study because the barriers to participation that were imposed based on privacy and confidentiality were too great to navigate in a COVID-19 reality.

Going forward, this is an important lesson that will inform future research design. I had set out to include a component that would make youth participants literally visible, and this did not happen because of a collision of best intentions to protect participants' anonymity, and the realities of navigating convoluted technological systems in a moment in time where everyone was, frankly, oversaturated with technology. Going forward, it will be important to consider options for data transfer that are the most streamlined while also being secure, the feasibility of virtual versus in-person community analysis, and the options

available to youth wishing to participate in research as their whole and authentic selves through rigorous informed consent processes (Patton, 2015). Protecting participants is critical, but it needs to be balanced out with their autonomy, especially where data collection holds potential for working with youth participants work with participants in “... uncovering how everyday institutional and administrative practices shape the experiences” of the participants (Namaste, 2000, p. 49).

5.4 Conclusion

The methodology and research design that I described in this chapter are rooted and informed by my theoretical orientation which prompted me to seek out approaches that would allow me to “look inside systems and structures for the people and cultures that populate and create them” (Anyon, 2009, p.6) in order to explore the case of mental health care supports for trans and gender diverse youth in Ontario secondary schools. This chapter outlined my methodological decisions to engage with the instrumental collective case study (Stake, 2005), the processes for collecting and analyzing data, and the lessons learned from the unforeseen circumstances presented by the COVID-19 pandemic. In the following chapters, I present the findings of this study with the same attention to thinking with Trans Studies and Foucauldian analytic frames to critically examine (in)visibility of trans and gender-diverse youth within the broader system of school-based mental health in Ontario.

Chapter 6

6 Between knowledge, truth, and practice: Learning from the ‘rooted’ perspectives of school-based mental health practitioners

This chapter draws on the experiences of school-based mental health practitioners who provide support to trans and gender-diverse youth in Ontario schools to examine the relationship between knowledge production related to trans mental health and the impacts these have on their professional practice. This exploration facilitates new understandings about the fundamental questions posed in this study regarding the provision of school-based mental health support for trans and gender-diverse youth in Ontario, and the circulation and resistance to cissexism within this field. To briefly re-ground practitioner accounts in the metaphor that facilitated the analysis of their contributions, each participant was conceptualized as a tree, and each of them contributed to the composition of the forest of school-based mental healthcare within the larger landscape of the Ontario education system. Each of the participants has a unique set of ‘roots’ their private, personal, and professional experiences that inform their understanding and approach to mental health care in general and more specifically with respect supporting trans and gender diverse youth in schools.

The practitioners’ accounts revealed two sources of knowledge production, *institutional* and *community-informed*, that were significant in how they came to constitute trans and gender-diverse youth as subjects and in framing their understanding of trans mental health as a field. The sources in which they were ‘rooted’ and drew on to develop their understandings of trans mental health came to impact on their perceptions of their role and scope of practice, as well as the strategies they employed in their work. These accounts provide rich insight into both the subtle influences and impacts of cissexism on the provision of school-based mental health care and strategies of resistance that disrupt current regimes of truth that frame trans mental health through discourses of (in)visibility. I begin with a comparison of *institutional* and *community-informed* knowledges and then explore the role of these two forms of knowledge with regards to pre- and in-service training for school-based mental health practitioners, followed by an examination of the impacts of these knowledges

on practices to support trans and gender-diverse youth at the system, colleague, and student levels.

6.1 Institutional and community informed knowledge

Two forms of knowledge emerged as significant in shaping the practitioners' conceptualizations of the trans subject and field of trans mental health in a school-based support system: the *institutional* and the *community* knowledges, which are informed by my engagement with Foucault's (1980) elaboration of the relationship between power and knowledge, and Stryker's (2006) explication of this connection in the field of Trans Studies.

Institutional knowledge refers to a particular kind of official knowledge that is developed and guarded in the hierarchies and processes that are organized "in the name of a true body of knowledge, in the name of the rights of a science that is in the hands of the few" (Foucault, 2004, p.9), in this case, the institutional knowledges that have been organized *about* trans identities through the disciplines of medicine and the psy-sciences, which I elaborated on previously in Chapter 3. These institutional knowledges that circulate within disciplines such as school-based mental health come to form ontological and epistemological *regimes of truth* about trans subjects and trans mental health for, as Foucault (1980) remarks, "Disciplines are the bearers of a discourse...that speaks of a rule...a natural rule, a norm. The code they come to define is not that of law but that of normalization." (p.106). In the case of institutional knowledge as it pertains to the trans subject and trans mental health, the discourses that circulate and are disseminated as universal truths are those derived from Minority Stress Theory (Meyer, 2003) and the psychiatrization of gender diversity, discourses that come to constitute and dominate the field of trans mental health within a school-based mental health context as I have explicated in Chapter 3.

In contrast, *community* knowledge falls under the purview of Foucault's (1980) *subjugated knowledges* which Stryker (2006) takes up as a foundation for Trans Studies; these are "a whole series of knowledges that have been disqualified as nonconceptual knowledges, as insufficiently elaborated knowledges: naive knowledges, hierarchically inferior knowledges, knowledges that are below the required level of erudition or scientificity" (p.82). As Stryker (2006) asserts, community knowledges that are cultivated through trans peoples' "relationship to the discourses and institutions that act upon and

through them” (p.13) and thus, in the field of trans mental health, these provide a critical perspective that counters institutional knowledge of trans mental health by generating understandings of the interlocking factors that come to bear and impact on trans lives. Community knowledges provide a plural and nuanced exploration that accounts for “the flourishing and primary worldviews and practices that have emerged and flourished both in resistance to and living through coloniality” (Salas-SantaCruz, 2023, n.p.). Such knowledge that is derived from everyday lived experience is at the heart of a theorizing of resistance to normalizing regimes of institutionalized knowledge about trans subjects which results in prompting a deliberate interrogation of “the historical conditions which motivate our conceptualization” and “historical awareness of our present circumstances” (Foucault, 1982, p.778). In other words, community knowledges grow from “taking the forms of resistance against different forms of power as a starting point” (Foucault, 1982, p.780), and so provide a re-narration of power relations through the production of knowledge which “illuminates the production of gender normativity in startling new ways” (Stryker, 2006, p.13).

As I will now explore further, the impact of these knowledges on practitioners working with trans and gender-diverse youth in the context of school-based mental health support was evident in the ways they constituted the field of trans mental health and expressed their understanding of the scope of their role within this work.

6.2 Pre- and in-service rooting

Institutional knowledges were prominent across all pre-service trainings that practitioners reported on. The outright omission and (in)visibility of trans identities allowed practitioners to transition to in-service practice with their understandings of trans mental health deeply rooted in the institutional definitions of trans mental health that grew from Minority Stress Theory (Meyer, 2003) and the pathologizing of self-asserted gender identity (Lev, 2013). Community knowledges were not incorporated into pre-service training and most participants engaged with this learning after transitioning to in-service work. For practitioners without a community-informed frame of reference—whether personal connections to the community or drawing on parallel experiences of holding marginalized axes of identity—there wasn’t necessarily a clear path to supplementing institutionally informed knowledge with perspectives that might challenge or disrupt the constitution of trans mental health in terms of distress related to their gender identity or the hostile contexts which they navigate daily.

6.2.1 Pre-service training

For most practitioners, the discourse around trans identities was one of complete erasure. When asked about whether gender identity was a topic that was taken up in their pre-service training, participants relied unambiguously: “No.” (Sylvie; Abe) and “No. Definitely not.” (Emilie). This complete omission of trans identities within pre-service training for school-based mental health practitioners constitutes erasure as it is conceptualized by Namaste (2000) in that these programs create an institutional context in which “transsexuality is rendered impossible” where the exclusive discussion of cisgender mental health “...undermines the very possibility of a TS/TG [transsexual/transgendered] position...transsexuals cannot exist at all. (p. 52). This discursive erasure meant that, for all but one practitioner, the first time they encountered the possibility of trans young people within their practice was after they had graduated and entered the field as professionals. This erasure also ensured that any representation of marginalized identities was taken up as siloed issues, and not considered as mutually interlocking and reinforcing forms of oppression with implications in the provision of mental health services. While Emilie, a social worker whose role addressed school board-level needs, stated that in her training, “at the time it was all about white guilt”. Lynn, a another social worker who held a similar position providing system-level support at a different large school board, elaborates that a comment made by one of her professors on an assignment she completed about her ‘culture’ provided an important starting point for seeking community-informed education later in her career trajectory:

For my own journey, I think like a lot of white queers, I was protected from being called racist because I'm queer. I definitely remember having an assignment ...where I had to write about some aspect of my culture and instead of talking about whiteness, I talked about my family's immigration history...my professor wrote on there, “What about white culture? What is white culture?” and that made me first start to be like, ‘Oh, there's a whole thing I'm missing here.’

Her professor's comment prompted Lynn to critically reflect on the implications of the ‘protection from being called racist’ she had as a queer person with regards to her

professional practice and the limits of the scope of her understanding about the intersections of gender, sexuality, and race. She went on to reflect that:

I think I was always kind of scared to talk about race... A friend of mine invited me to a several-class series that had a mixture of white folks and folks of colour that looked deeper into anti-racism understanding what it really means. What was really valuable, was a white person who was definitely further down the road [regarding her personal internalized racism and anti-racism work]

Lynn described how this person modeled internal dialogues for how to process internal bias and the impact that this learning had on her:

And just saying, “that that happens” [unintended racist reactions] and labelling herself as racist was a really valuable experience for me; instead of trying to prove that I'm not racist. starting to look for where the racism is.

This community experience provided the critical frames and tools that she wished had been offered in her social work training with regards to being exposed to anti-oppressive frameworks.

Such frameworks, coupled with trans-informed critical frameworks, could have at the outset of her career supported a significant aspect of her practice which would have prepared her for the work of challenging a discourse of trans visibility that allows the racialization of gender to be overlooked (Gill-Peterson, 2018). Lynn, for example, later went on to explain the significance of deeply delving into the nuances of interlocking systems of oppression as a practitioner:

The mental health field is very white, and I think white practitioners, including myself, are not doing enough to really look at how our practices are embedded in whiteness and embedded in cisness...I think there's a lot more introspection that needs to happen around what barriers might be existing or the assumptions that we're making about 'best practices'

Lynn highlights here the connection between the knowledge that is disseminated at an institutional level which does not support an integrated critical examination of the relationship between cissexism and white supremacy and in doing so, fails to “accoun[t] for

coloniality and its systems of knowledge to avoid gender universalism, perceptions, and imaginations of what gender is/does” (Salas-SantaCruz, 2023, np.). Importantly, Lynn connects the (in)visibility of intersectional reflexive work around trans identities in pre-service training and the critical role of being immersed in community knowledges by speaking to practitioner positionality and the importance of recognizing the limits of personal understandings as a strategy to refuse “epistemic ignorance...that tends to detach white people from their responsibility and complicity with racism” (Radi, 2019, p.55), while simultaneously “naming modern sex and gender as racialized white” (Gill-Peterson, 2018, p.31).

Lynn reflects on her own learning, stating:

There’s just lived experience sometimes, that if you don’t have and you don’t commit and you’re not in the community yourself, you’re not going to totally understand...and it makes me also wonder ...there must be so much that I’m just not necessarily able to understand for other communities...but I don’t think you can teach that necessarily. Unless you are committed and putting yourself in the community itself, there is just something you’re going to always miss.

Drawing on desubjugated knowledges (Stryker, 2006), Lynn was able to engage in a line of critical reflection that allowed her to understand her positionality vis-à-vis the groups she worked with as an important factor in the limits of her understanding. She saw how community-informed knowledge, born out of involvement and a willingness to begin her work from the assumption that she was indeed steeped in oppressive ideologies, shaped how and what she was able to understand about the trans youth she served. However, as a result of her community involvement, she was able to identify the limits of her understandings and engage in “troubling of objectivity” (Johnson, 2015, p.25) through a reflexive practice of recognizing the unequal power dynamics created by cissexism that exist between individuals and which is “essential to breaking the cycle of transgender marginalization” (Johnson, 2015, p.26).

Sarah, a more recent graduate of a psychology program at a large university, also experienced the (in)visibility of trans identities in her pre-service program. She qualified that her program did “a pretty good job of incorporating that [topics related to gender identity]

into our lectures and class discussion”. However, she further clarified that “a pretty good job” was limited to a half-day presentation about terminology related to Rainbow identities in general and “barriers for LGBTQ youth...just some of the issues that they face” and that in reality, it was the only time in her two-year program in which trans identities were formally integrated into class, other than an opportunity to select that topic for a self-directed project which she notes only one of her peers did. Despite this opportunity which provided a partial overview of all identities gathered under the Rainbow umbrella, Sarah stated:

I’ll be honest with you, I think a lot of us were left feeling like ‘OK, let’s be sensitive’ to LGBTQ youth the same way we would with any counselling client, but in terms of actual modalities or therapies or techniques, there was none of that.

In this observation, Sarah demonstrates the practical implications of programs that provide (in)visible representations of trans identities: new practitioners are left with a general awareness that these youth do exist but have no concrete understanding of what strategies might be important or effective in supporting them in the mental distress they experience. The institutionally-driven representation of trans mental health through overgeneralized (Johnson, 2015) terminology of fragility and sensitivity allowed the (in)visibility of trans and gender-diverse youth in school-based mental health to remain bound to “narrow ideas about what it means to be transgender” (Johnson, 2015, p. 29), further reinscribing these identities in cissexism.

6.2.2 In-service training

With this limited exposure to trans identities, practitioners entered the field and almost always had a moment of realization that there was more knowledge that they needed to access to fulfill the duties of their role. This realization prompted them to reach out and supplement or challenge the knowledge they had learned about through their pre-service training. Practitioners accessed both institutional and community-informed knowledge while in-service, and mostly, this was a self-directed endeavor. Many noted that while regulatory bodies for school-based mental health practitioners do require a certain number of Professional Development hours per year, the content of that learning is not prescribed and so individuals are free to follow their interests which may or may not include supplementing the education they received about trans and gender-diverse students during their own education.

Emilie, who worked at a systems-level of social work at a school board, accessed institutionally based supports external to her school board (e.g., a youth mental health centre that catered to youth that, though located within the city, operating under the direction of major mental health organizations) in order to develop her understandings and practice. She began her work as a clinical social worker for an alternative education program in her school board that was a dedicated space for Rainbow students. Feeling like an outsider to the community, she observed that:

When I started and didn't know anything...I booked meetings with [organizations external to the school board], just trying to get connections and a bit of a needs assessment of what's going on...I kind of knew nothing, it's not like I had taken courses in anything.

For Emilie, 'knowing something' about the community she was now serving at this school site meant reaching out to youth mental health organizations which also offered supports to trans and gender-diverse youth, as well as her colleagues in the alternative school program. The mental health organization she referred to in her interview offered programming for trans and gender-diverse youth focusing on exploring gender identity, coping with minority stress, and understanding the process of transition-related care. While Emilie was working to fill a knowledge gap created by the erasure of trans identities in her training, the resources she drew reiterated institutionally-informed understandings of trans mental health, thus reinforcing the existing (in)visibility of trans and gender-diverse students in school-based mental health.

Abe, a cis, gay social worker in a large urban centre, described his post-graduation trajectory as "learning on the fly". As referrals to support trans and gender-diverse students came in, Abe would engage with self-directed education:

These kids would either share with me for the first time, or as part of the referral I knew they were trans or gender-diverse, and then learning about them, seeing what I could do to support them, and then they would leave and I would be Googling and asking questions, and then going to other people who I knew might have the answers, and reading lots...it was a lot of self-teaching.

Abe's questions and learning arose from the issues that were being referred to him, and so the answers he sought out, understandably, corresponded to these needs stating that 'self-teaching' stemmed from "watching, hearing from my clients about their experiences and what it means to be trans and gender-diverse and LGBTQ". Like Emilie, Abe's exposure to trans and gender-diverse youth was mitigated by what the staff referring students to him thought was a necessary referral. He noted that the issues that were most often identified were bullying around gender identity, or a student coming out. What is evident in these learning trajectories is that, for both Emilie and Abe who situate themselves as 'outsiders' to the community, their in-service learning continues to be shaped by the priorities exemplifying the effects of an (in)visible constitution of the trans youth as defined by bullying and gender actualization discourses. Such a prioritized educative focus produces a circular and self-perpetuating representation of trans and gender-diverse youth within school-based mental health and speaks to Radi's (2019) critique of the lack of "research on the experiences of violence suffered by trans men and other people non-confirming with the female sex assigned at birth" (p.46) which then acts as official proof that these experiences do not exist. In this instance, trans and gender-diverse youth are only ever referred for support regarding identity exploration or issues related to minority stress, thus implying that these are the only issues with which they need support.

For Olivia, an Anishinaabe attendance counsellor, learning from community and from personal connections is essential to supporting two-spirit youth she observes: "If you want to know, you've got to do it yourself, it's a very unrecognized group". Olivia identified an important challenge to the process of accessing knowledge about two-spirit identities and trans identities as it relates to Indigenous communities:

Because the different tribes and clans and bands have different versions of the two-spirit story, I could have a version that I know about, but if I were to talk to a two-spirit First Nations student about my understanding of it, it might be different than say an Oneida or a Chippewa, or an Algonquin [understanding].

Olivia identifies a tension which Laing (2021) also discusses, which is that, while the term 'two-spirit' acts as an umbrella term which brings together individual and cultural understandings of sexual and gender diversity within Indigenous communities, this term is also problematic as it "homogenizes diverse understandings of gender, sexuality, spirituality,

and community roles into a singular identity” (p.3). For a practitioner working within a large urban setting where students from multiple nations are represented and part of her caseload, access to information about each of their specific nations’ understandings of the nuanced meaning of their gender identity may be difficult to access. Elaborating on this challenge, Olivia uses her own nation as an example, relating the intricate dynamic between adhering to euro-colonial models of governance and being able to organize structures for disseminating information about mental health care and gender identity in a nation-specific way:

[my nation] refused to sign any treaties...unless you signed a treaty, you couldn't gain status... [my nation] weren't Status Indian, we didn't have reserves, we had territories...that's where the money for providing training and mental health services and all those things, they go to bands, and because [my nation] didn't have any bands, there really wasn't a way to access them to help me help the kids

The bureaucratic and euro-colonial impediment that exists to providing nation-specific education around two-spirit identities, specifically meant that Olivia looks to other community-based resources such as human rights groups and colleagues who themselves identify as two-spirit to learn about these identities in their full complexity so that she might be better equipped to support the students she works with. Olivia’s desire for more culturally nuanced and relevant understandings of the identities that the youth she serves may be adopting to describe their gender identities demonstrates the limits of the discourses that circulate within institutional knowledges which do not provide the deep cultural connection and history that these youth may be seeking, for example, the desire to “understand themselves in relation to their communities and the responsibilities they can fulfil within those communities” (Laing, 2021, p.118).

The influence of institutional and community-informed knowledge shaped the practitioners’ constitution of the field, where only institutional information, whether omission or (in)visibility of a trans mental health-based knowledge and understanding is evident, and where practitioners have no other point of access to information that may challenge the discourses of gender dysphoria and distress related to minority stress (Meyer, 2003) as the primary lens. This interplay of knowledge and the circulation of cissexism which produces either erasure or partial visibility of trans and gender-diverse students in pre- and in-service education speaks to the ways in which “knowledge and power are integrated with one

another” (Foucault, 1980, p.52) and how cissexism in particular is deeply entrenched in institutional knowledges. In the following section, I examine the implication of these foundational knowledges on the concrete ways in which the participants in this study supported trans and gender-diverse youth.

6.3 Practices for supporting trans and gender-diverse students in Ontario schools

Institutional and community-informed knowledges impacted on how practitioners constituted the scope of their work and their role within the education system as a whole with their colleagues, and the youth they supported. Institutional knowledge, as the participants reported, produced a need for ‘expert’ intervention to support schools in facilitating student transitions and epistemic voids amongst mental health practitioners who did not feel equipped to work with trans and gender-diverse youth. Community-informed knowledges, which integrate an awareness of the interlocking nature of systems of oppression and their impacts were understood as embedded in a network of regimes of truth which mutually supported each other. For example, the strategies that were available to practitioners working from roots in community knowledges not only addressed immediate struggles, but also sought out and anticipated interventions to address the intersectional and nuanced needs of trans and gender-diverse students.

6.3.1 System-level support for trans mental health

System-level support for trans mental health was defined by participants as interventions that took place within larger staff groups (e.g., teachers, educational assistants, school psychologists, etc.) by facilitating the enacting of trans-affirmative policies in school communities and providing centralized education around gender identity. The system-level needs which practitioners discussed demonstrated the pervasive influence of institutional understandings of trans identities and mental health needs that produced the need for ‘expert’ intervention. Additionally, these needs elicited a variety of strategies from the practitioners based on their own primary source of knowledge which, in turn, illuminated the constraining effects of conceiving of trans mental health through an institutional framework alone.

Abe, Emilie, and Lynn all engaged in systems-based mental health support in their school boards by assisting schools to implement trans-affirmative policy and providing

professional development about gender identity to staff board-wide. Abe noted that within his school board, “I don’t like using the term ‘expert’, but I would be identified as one of the people who sort of has the answers”, answers which primarily dealt with enacting of trans-affirming policy. As Lynn also confirmed that:

I will get a referral from a school and oftentimes it will be, “We’ve got a trans student. We don’t know what to do. We’ve never had one before. How do I talk about this with the student? How do I find out what accommodations they need?”

Emilie remarked that when she was called in, there was often a lack of knowledge involved:

Sometimes they’ve never helped someone transition in a school before and they want to know best practice...There are lot of issues around privacy of the individual versus like trying to deal with educating the school community so that things would go smoothly. We did a lot of workshops for classrooms...teacher training...advising on multiple layers [for example] what to do with families that weren’t supportive [so that the student] could still actively transition at school.

The requests for support that the practitioners in this study explain highlight the lack of proficiency in enacting trans-affirmative policy at school-wide levels. Such requests also provide insights into the cyclical process that permits and sediments a particular institutional practice which becomes the modus operandi for supporting trans students. For example, a pattern is repeated and reinvested in through an iterative process of request, referral, and system-level intervention by a mental health ‘expert’ according to the dictates of a norm that has been created in which school staff are positioned as not possessing the necessary knowledge to enact the policy that their jobs require them to do, thereby creating the need for an ‘expert’ to facilitate a process of attending to basic human rights needs of trans students. Through the coupling of addressing human rights accommodations and mental health needs, this approach does little to fundamentally challenge the conditions which are created by the very norms that human rights policy seeks to accommodate for. As such, these processes should prompt us to “carefully consider the limitations of strategies that aim for inclusion into existing economic and political arrangements rather than challenging the terms of those arrangements.” (Spade, 2015, p.37).

For Lynn, this work involved supporting school staff to reflect on how their internalized biases create barriers to trans and gender-diverse students being able to access basic human rights:

And oftentimes, it's me [doing the work of] boosting them: "You can do this" and "I want you to start breaking some of these assumptions that you make about binary gender and really questioning your discomfort around how other students are going to feel"

In supporting schools to implement trans-affirmative policy, Lynn also takes into account the unlearning that the school staff need to engage in if the policy is to be implemented in a meaningful manner that will ensure sustained environmental change for the student in question and all those to come. Through the additional layer of prompting staff to question their discomfort, Lynn brings into question the presumed 'rightness' and neutrality of policy and school systems by "allow[ing] gender normativity to disappear into the unanalyzed ambient background" (Stryker, 2006, p.3) which permeates all procedures. As I discussed in Chapter 3, policy regarding trans rights in schools revolve around anti-discrimination, inclusion and accommodation which, while immeasurably important to have, are not without limitation. Spade (2015) notes that policies such as these "not only fail to eradicate transphobia, but strengthen systems that perpetrate it" (p.47) by requiring administrative intervention to grant access to gender-segregated spaces and to respond to incidents of transphobia as opposed to preventing them in the first place. Omercajic and Martino (2020) indicate that another major limitation of these policies is the reliance on a student to be 'out' in order to receive any sort of accommodation at school, noting that "emphasis on accommodation based upon individual request invokes no substantive change to the cisnormative system" (p.10).

Lynn's reflections on policy push this further when she considers the difference between *accommodating* and *affirming* trans students in schools when it comes to a major issue that she takes on in her role: supporting with access to washrooms. In her work with schools, Lynn notices a trend with schools requiring trans and gender-diverse students to utilize single-stall and accessible washrooms as opposed to permitting them to use the gendered washrooms that aligned with their daily sense of gendered identity, and often with

excessive barriers such as locked washrooms and limited access to key cards with which to freely use those spaces. Lynn reflected that:

You know, another nuance that I'm thinking about when you were asking about the difference between accommodation and affirmation...is that [students] still want to use the washroom that matches their assigned sex at birth. That's just where they are. And so, effectively, we're forcing them into the all-access washroom.

Here, Lynn makes visible the connection between how school systems constitute trans identities by deploying discourses of accommodation which dictate washroom use, instead of honoring a student's right to use a washroom which corresponds with their self-assigned gender identity and comfort level (Ingrey, 2018; Omercajic & Martino, 2020; skelton, 2022). Lynn's observation makes clear how the (in)visibility of trans identities - that is, the assumptions made regarding what accommodations will benefit a student's mental wellness and uncritical enactment of policy - work in concert to increase the othering of trans and gender-diverse students. By imposing the use of the gender-neutral washroom on all trans and gender-diverse students their human rights and dignity are not attended to with nuance that recognizes that each student will have different needs and once again "reduc[es]...transgender experiences and identities to a homogenous group" (Johnson, 2015, p.28).

When examined, it is clear that the limits of accommodation policy in terms of access and administration (see Ingrey, 2018; Martino, Kassen, & Omercajic, 2022; Martino, Omercajic, & Kassen, 2022) create and reinforce hierarchies of knowers within the system with mental health practitioners are called on to interpret and enact trans-affirming policy. While this epistemological production of "who can speak, and what cost, through which mechanisms, and in the name of what interests" (Radi, 2019, p.48) is present in the enacting of policy, it is also translated through system-level training that these practitioners provided.

Lynn discussed providing training around gender identity in her schoolboard. Her account exposed the effects of a system that invests in discourses that create and maintain limited numbers of 'experts' who are imbued with the authority to intervene on behalf of trans and gender-diverse students. Her experiences also speak to sets of power relations governing provision of and access to mental health supports for trans students in schools and

how such norms govern how practitioners are positioned within a network of power relations that are inscribed and enacted through policy, with its delimited emphasis on accommodation. The focus once again becomes an individualized focus on supporting the trans student rather than a more educative program that addresses systemic forces of cisnormativity and cisgenderism that produce effects both in terms not erasure of gender diversity and in designating intervention as an individualized matter through an emphasis on the mobilization of accommodation as enshrined in policy. Such policies as the participants illuminate are governed by certain types of objectives and a rationality which enables or rather bestows upon a designated expert the authority to act on behalf of the trans student and to “act upon the actions of others” (Foucault, 1982, p. 792)

The account provided by Emilie and Lynn expose the effects of a system which invests in discourses that create and maintain limited numbers of ‘experts’ who are imbued with the authority to intervene on behalf of trans and gender-diverse students. Their experiences also speak to sets of power relations governing provision of and access to mental health supports for trans students in schools and how such norms position practitioners within a network of power relations that are inscribed and enacted through policy, with its delimited emphasis on accommodation. The effect is an intervention that leads to an individualized focus on supporting the trans student through the enactment and mobilization of an accommodation discourse that is enshrined in policy. Such interventions eschew the need for a more educative program in the form of knowledge mobilization that addresses the systemic forces of cisnormativity and cisgenderism which produce trans erasure in the first place (Foucault, 1980; 1982). In this Foucauldian sense, the mental health practitioners provide significant insight into the administration of gender (Spade, 2015) which is exemplified here in the form of how trans individuals are governed within the education system through the enactment of a policy discourse of accommodation. They illuminate policy enactment through the referral process as a mobilization of a strategic set of power relations that is invested in their related status as experts and role as mental health providers. In short, they speak to such to such enactment which reflects the following dimensions of power relations articulated by Foucault (1982):

1. Power relations in the administering of mental health provision in schools are conceived and deployed within a “system of differentiations” in which the trans subject as ‘other’ is constituted as an individualized subject to be accommodated through the referral process or who must seek accommodation of their own accord –they are required to present themselves and or are made visible through the referral process in order to have their basic needs met. It is in this sense, as Foucault (1982) argues that “Every relationship of power puts into operation differentiations which are at the same time its conditions and its results ” p. 792).

2. Such policies, as the participants illuminate, are governed by certain types of objectives and a rationality which enables or rather bestows upon a designated expert the authority to act on behalf of the trans student and to “act upon the actions of others” (Foucault, 1982, p. 792)

3. The “means of bringing power relations into being” (Foucault, 1982, p. 792) is accomplished through the enactment of a policy discourse by a system of surveillance or rather designation of the trans subject that requires them, as individualized subjects, to become visible to school authorities in ways that are not of their own making necessarily—i.e. they are not permitted or encouraged to use the washroom that aligns with their self-assigned identity as a boy or a girl, for example, and are directed to use the gender inclusive washroom which is not easily accessible and requires them to present themselves to the administration in order to get access.

4. Policy functions and reveals various “forms of institutionalization” which takes

the form of an apparatus closed in upon itself, with its specific loci, its own regulations, its hierarchical structures which are carefully defined, a relative autonomy in its functioning (such as scholastic or military institutions); they can also form very complex systems endowed with multiple apparatuses, as in the case of the state, whose function is the taking of everything under its wing, the bringing into being of general surveillance, the principle of regulation, and, to a certain extent also, the distribution of all power relations in a given social ensemble (Foucault, 1982, p. 792).

We see how this ensemble is reflected in the various convergences of mental health, human rights and education fields which function in a regulatory fashion to define and constitute the

mental health needs of trans youth. The latter are conceptualized in individualized and reductionist terms and are accounted for within the limits of an explanatory discourse that relies on minority stress and gender dysphoria.

5. Foucault argues that there are degrees of rationalization at play in the exercise of

bringing power relations into play as action in a field of possibilities may be more or less elaborate in relation to the effectiveness of the instruments and the certainty of the results (greater or lesser technological refinements employed in the exercise of power) or again in proportion to the possible cost (be it the economic cost of the means brought into operation or the cost in terms of reaction constituted by the resistance which is encountered)” (Foucault, 1982, p.792).

This latter point is reflected in how the practitioners engage with and indeed refuse institutional knowledge which highlights that while “power relations are rooted in a system of social networks” and policy ensembles governing the limits and terms of mental health provision, it does not define the actions of these practitioners in their concern to provide the necessary mental supports which refuse institutional discourses that come to overdetermine the trans subject as experiencing mental health distress that is either reduced to a question of either gender dysphoria or minority stress. This is not to say, however, that there

is a primary and fundamental principle of power which dominates society down to the smallest detail; but, taking as point of departure the possibility of action upon the action of others (which is coextensive with every social relationship), multiple forms of individual disparity, of objectives, of the given application of power over ourselves or others, of, in varying degrees, partial or universal institutionalization, of more or less deliberate organization, one can define different forms of power (Foucault, 1982, p. 793).

We see such forms of resistance as a *different form of power* manifested in the following accounts that practitioners provided with respect to pushing back against institutional norms governing the administration of mental health provision for trans youth in schools.

Lynn, for instance, provides important insights into community-based knowledge and how it informs her practice vis-à-vis developing strategies to resist the politics and hierarchies that create barriers to the provision of mental health support for trans and gender-diverse youth. Drawing on a reflexive practice learned through her community involvement, Lynn observes her experience within a broader neo-liberal and capitalist system which provides limited resources for anti-oppressive work:

...there seems to be oftentimes this training battle for territory, where people are like “I want to be the trainer”...it’s that ‘fighting for the scraps’ kind of a thing... there’s only so much money and ... it just feels like people get pitted against each other.

Lynn expands on this observation, again leaning into a critical self-reflexive practice to consider how this environment impacted her, and importantly, led to a resistance to hierarchies of knowledge that grew from this work. Prior to her role at the school board, Lynn provided professional development for mental health practitioners about “policies, best practices, and talking about trans students”. She reflects on her experiences this way:

I’ll fully admit that when I was in the ‘training game’, that instinct to “be the person”, I definitely was like, “I’m feeling this [desire to ‘be the person] and I don’t want to be that”. So, to fight that back I was trying to just train more people, bring more people on who had expertise so that I could challenge that instinct in myself.

For Lynn, part of resisting a system which cultivated competition through an illusion of prestige tied to ‘being the person’, meant disrupting this dynamic by intentionally sharing her knowledge as broadly as she could and thus diffusing the ‘expert’ title. Lynn further talks about how she integrated this self-reflexive practice into the trainings she provided in her board explaining:

I think people need to go through a process the “I’m racist. Also, I am cissexist. I’ve got to just assume that’s in there so I can start looking for it and addressing it when it comes up.” I think that people need a space where they can go through that process. Where they feel safe enough to do that. I start my trainings by always saying, “This is your space to make the mistakes. If you don’t say it out loud and if you don’t challenge yourself and we don’t challenge each other in this space and say the thing you’re afraid to say, you’re not going to make any kind of growth.”.

Lynn interrupts established disciplinary knowledge by drawing on practices learned through her deep engagement with the subjugated knowledges of community work which allows her to resist a relation of power that seeks to secure and maintain a tight grip on who can be called a knower. She challenges her relationship to a system which classifies all matters related to gender diversity as the sole purview of officially designated experts and goes on to lead others by example by asking those she trains to name and refuse the system of exclusivity. Through this process, she makes visible the “unequal relationships in the production of knowledge” (Radi, 2019, p.48) which constitute trans and gender-diverse youth as inherently in need of ‘expert’ intervention while simultaneously allowing the cissexism that practitioners are complicit with to go unnamed and unaddressed.

This point that Lynn makes about refusing dominant knowledge systems echos Foucault (1980) who notes that “it would not be possible for power relations to exist without points of insubordination which, by definition, are means of escape” (p. 794). Lynn’s personal work of refusing to invest in a system that demands ‘expert’ knowers and bringing others along to do the same constitutes such an insubordination to expectations of her discipline. In this sense, she takes a step to interrupt the perpetuation of the ‘expert’ intervention cycle which is grounded and instigated by a referral process that is already governed by a particular norm governing the constitution of the trans youth subject and their mental health needs.

Whether through policy implementation or broad training initiatives, mental health support for trans and gender-diverse students at a systems-level is deeply influenced and governed by hierarchies of knowers and knowledge which designate those who are invested with authority to speak about trans lives (Foucault, 1980; Radi, 2019; Stryker, 2006). Importantly, these accounts illuminate how the circulation of cissexism through institutional structures designates and regulates “who can speak, at whose cost, through which mechanisms, and in the name of what interests” (Radi, 2019, p.48) and produces “effects of power which are linked with knowledge, competence, and qualification” (Foucault, 1982, p.781). These effects are manifested in how trans and gender-diverse students and their mental health needs are constituted and made (in)visible and intelligible at a systems-level only through the discourse of the ‘expert’ intervener who is indispensable for basic policy enactment and basic training. In spite of this pervasive cycle of professionalizing and

disciplining with respect to the constitution of the youth trans subject and their mental health needs, accounts that include community-informed knowledge also point to effective struggles that challenge the ‘ambient cissexism’ (Stryker, 2006) and prevents it from fading into the background. These accounts demonstrate how practitioners consider how relations of power that produce knowledge and constitute subjects come to bear on their own practice, to take note of and resist cissexism’s “mode of action which does not act directly and immediately” (Foucault, 1982, p.789). However, I have also highlighted how the positioning of mental health practitioners as ‘expert’ knowers within an existing regime of institutional practices exposes the extent to which they themselves are always already complicit with the system itself.

6.3.2 Colleague-oriented practices

Where system-level practices were important for supporting the mental health of trans and gender-diverse students relative to implementing trans-affirmative policy and providing training to educational workers *en mas*, practitioners in this study identified that colleague-oriented practices were important for filling the knowledge gaps that they had from their pre-service learning. Colleague-oriented practice consisted of small groups of practitioners that would meet regularly and where practitioners could engage in collegial consultation to access support relevant to their practice with students. Insights from practitioners who engaged in this practice revealed the support that can be critical to successful support of trans and gender-diverse students, but, when practitioners drew on community-informed knowledge, their observations and accounts also revealed the operation of cissexism in the school system and its impacts on practice.

Two practitioners in this study share particularly significant insights into their experiences with colleague-oriented practices. Sarah and Sylvie, at the time of their interviews both held positions as mental health practitioners in the psychology department of the same school board and as such, participated in the same community of practice which, according to both participants was overwhelmingly represented by dominant identities across all axes and no representation at the time of gender diversity, though they reported very different experiences. Whereas Sarah had virtually no exposure to community-informed knowledge, Sylvie, a biracial practitioner whose own work focused on mixed raced identity

and racial identity development within the context of the school system and whose learning around gender identity happened in the context of relationships states:

The best type of cultural learning happens because of relationships, and you see it with race: relationships are how we begin to really appreciate cultural learning. Then when you become immersed in different groups of people and different ways of being you learn: you learn what they're talking about and what their experiences are like. ...There was a whole lot of humility that was obtained through making friends and being a part of that network and learning to speak up, but also learning to hold space when it wasn't my turn to talk... that's a lesson that I've taken with me throughout, for all axes of nondominant identity.

Sylvie, throughout her interview, consistently drew parallels between her focus on racial identity development and gender identity, demonstrating how, while not directly drawing on trans communities, she was able to infer and make connections that impacted her practice. This is significant as she observes that having no frame of reference for understanding anti-oppressive approaches to addressing equity and supporting minorized students in the school system formed a major barrier for her colleagues in their work. Colleague-oriented work differs from systemic work because, according to participants, this was a regularly occurring component of their practice in which the focus was not on top-down training in the provision of professional development, but in collegial support for cases labeled “difficult”. These *communities of practice* (see Wenger-Trayner & Wenger-Trayner, 2015), had as a mandate to provide space for professional dialogue and support for topics that practitioners were not feeling confident about and were looking to their peers to discuss approaches and broaden their understandings in order to better support their clients. In this community of practice, the discussions centered on how trans mental health provides an opportunity to observe the impact of an unchecked articulation of cissexism which reinscribes trans and gender-diverse youth and their mental distress as ‘difficult cases’ by virtue of their gender identity, and not because of any actual complexity of care that is required in their case. In other words, trans youth are perceived to be ‘challenging’ in a way that cisgender youth are not because trans identities have been systematically produced and erased through a “knowledge of” gender diversity (Radi, 2019, p.48), which glosses over the full complexity of needs (Malatino, 2020). Sylvie’s insights are important for her astute analysis of the impacts of the lack of knowledge in the space, but also for a more meta-approach where we can learn from how she

leverages a parallel as the only racialized person in the space to shed light on the critical reflexive work that is needed in her department.

Sarah rationalizes the confusion that a practitioner might feel in working with trans and gender-diverse youth for the first time given that, in her experience, the majority of education that mentions trans identities in current research is limited to recommendations to “be sensitive”; aside from this gross overgeneralization, no practical approaches are actually discussed. With this gap in knowledge and meaningful representation within her professional sphere identified, Sarah shares the role that colleague-oriented practice plays in the provision of supportive care for trans and gender-diverse youth.

I love my team at the board. I think everyone's really great, really open and wanting to really help and support students...in terms of a consultation perspective I would feel comfortable having these conversations with all of my colleagues I think they would feel the same way. In terms of experience and competency, I think that's where skill level might vary, right? ... I would say overall most people probably feel like me where there's a lack of PD...or a lack of research that we've been exposed to, to help inform the work that we do for these students. We have a monthly counselling group and [gender identity] is not a topic that comes up very often, or if it does, it's in a sense of, like, “Help, I don't know what to do.” I can recall two times that it did come up in our counselling group and it was a collaborative discussion of like, “I need help because I haven't worked with a student from this population before.”...we're all very careful people...We all want to do the best work...just genuine curiosity and wanting to make sure that they're providing the best care for their clients.

Here, Sarah describes a community that embraces collegial consultation and is united in its efforts to fill knowledge gaps that exist, and which impact the level of care that is available to trans and gender-diverse youth. In and of itself, this observation represents an adherence to best practices that are informed by institutional knowledges when working with trans and gender-diverse youth which calls on the individual practitioner to take ownership of their education and engage in professional activities that will increase their competency (Asplund & Ordway, 2018; Mackie et al., 2023; Simons et al., 2018; Singh & Burns, 2009). However, as I illuminate in the next section, Sylvie’s account of the same community of practice and

the seemingly innocuous bids for collegial support “enables a critique of the conditions that cause transgender phenomena to stand out in the first place, and that allow gender normativity to disappear into the unanalyzed, ambient background” (Stryker, 2006, p.3).

6.3.2.1 Anti-oppressive foundations, epistemic voids, and ignorance-producing mechanisms

In her analysis of colleague-oriented practices that support the mental health of trans and gender-diverse youth, Sylvie draws on both her community-informed knowledge from her professional practice and from her lived experience as a bi-racial woman to untangle the connections between the epistemic void within the community of practice related to gender identity and the implications for supporting trans and gender-diverse youth. Sylvie states:

I am no expert in the field of gender diversity and gender creativity but when I can draw back to the same foundation that I apply to my non-dominant identities when it comes to race and ethnicity, I feel like I at least have a platform to stand on while I receive all of that new information.

Here, Sylvie provides an example of how one critical framework for understanding the impacts of oppression can be leveraged as an entry point for expanding understandings of the operation of cissexism. Sylvie applies understandings of racism and its influences in the discipline in which she works to integrate information that is new to her about gender identity, drawing parallels between how racialized and trans identities are produced as “always already subordinate, marginal, and extraordinary” (Johnson, 2015, p.27) in the field of school-based mental health. Importantly, Sylvie further explains that this epistemic agility is not necessarily present or available to the colleagues she works with. Sylvie observed the significant connection between language and practice:

How can you discuss racism if you don’t know how to talk about race? How do you distinguish, between race versus ethnicity, white privilege, white fragility....If we don’t have this shared language how can you speak to your students?

Here, she concisely highlights consequences of practitioners who lack the epistemic tools to name the oppressive systems that impact on the students they work with, emphasizing how this gap forecloses on the possibility of practitioners engaging with young people on the impacts of cissexism (see Kassen, 2022).

Sylvie contextualizes this epistemic and linguistic void further when reflecting on the one and only training session that had been provided by the school board for departments that support student well-being:

[In the training on gender identity] maybe for a handful of people in the room it sounded like a refresher, but not the table I was sitting at, and I was sitting at a table of psychologists...It's mind-boggling that we don't even have a slice of the shared language to speak to our students about their worlds and their narratives and their stories.

Sylvie connects the lack of language, a product of lack education both at the pre- and in-service level, as the foundations for an epistemic silence that fosters uncertainty and mystery around individuals who are trans and gender diverse. This silencing leads to practitioners not feeling competent to work with these clients, a phenomenon that she observed in her department's consultation group:

The psych team has a counselling subgroup and you can bring what we call "tough cases" to group...I've attended those meetings I think three or four times and without fail the "tough cases" have almost always been trans cases. ... They have been shared with thoughtfulness and care and all of that nice warm stuff but also with a complete "I don't know what to do."

Sylvie further connects the feelings expressed by her colleagues about lacking the requisite knowledge to work with trans and gender-diverse students further. She highlights the cyclical impacts of (in)visibility circulated through her department which reinscribes trans and gender-diverse students as exceptional cases surrounded by uncertainty each time a trans student is brought forward as a "difficult case". She explains how this positioning of trans and gender-diverse youth as may be reinforced by a department that is entirely comprised of cisgender individuals:

I do think it is interesting that those are the cases that come forward with the big questions marks. That speaks to me in a way that people don't know where to go for information. People don't have colleagues and mentors that represent those nondominant identities.

And insofar as the grand spectrum of value systems and beliefs, a really tiny, tiny slice of our world is represented in our educators right now and that's a scary, scary notion when a student never sees someone like them at the front of a room, in a place of mentorship, in a place of guidance. And I think that that is damaging.

What Sylvie observes in the patterns of her colleagues' requests and expressions of not-knowing within the context of colleague-oriented support speaks to what Radi (2019) terms *ignorance-producing mechanisms* (p. 55) which he explains are processes that begin with deficient knowledge about identities other than cisgender, and a complete absence of awareness of cisgender being a category of gender in and of itself. This epistemic void obscures the presence of cissexism, allowing it to go unchecked and unnamed and in turn produces limits to mental health practitioners' ability to support trans and gender-diverse youth. Sylvie notes a particular "tough case" that was brought to the group:

One case that I remember very, very clearly was the student disclosing discomfort with having a practitioner who just didn't get it, right, and the practitioner, you know, putting their hands up and saying, "I don't, I don't know".

In this situation, the practitioner's good intentions did not compensate for their lack of knowledge and, consequently, contributed to the student's distress. Sylvie further clarifies that the not-knowing stemmed both from the practitioner never having worked with a trans person before and also due to the fact that the student was presenting issues that the practitioner felt they had no basis or context in their professional toolkit to help address due to a lack of knowledge and understanding. Sylvie reiterates numerous times throughout the interview the importance of practitioners being able to bring their questions to a caring and supportive group of colleagues because, as she says, "I'm happy that people are asking because I think that so much damage can be done if you just assume what you should do". However, Sylvie's appreciation of the fact that her colleagues do repeatedly bring forth questions about how to work with trans students is tinged with a frustration and exasperation that she articulates as she draws connections between the intentions and impacts of this process and the rampant circulation of unmarked cissexism that produce these circumstances to begin with (see Campbell & Taylor 2021; Ullman, 2014).

6.3.2.2 Some fuckery of the mind

Throughout her colleague-oriented practice, Sylvie draws connections between knowledge, representation, and implications for practice, while expressing a deep appreciation for the challenges of supporting young people which she attributes to a lacking training and support at a systemic level. Underpinning her observations, however, is a frustration that emerges. Once again, she draws parallels between her community-informed knowledge of racial identity to articulate the source of her exasperation as one that is enmeshed in a network of

interlocking systems of oppression which produce ignorance that is manifested and reinforced through every aspect of her discipline. This network is apparent to her in her interactions in liminal professional spaces such as one-on-one email correspondences and what she terms “chitchat”, or informal conversations that take place in-between meetings. It is in these unofficial spaces that the impacts and ubiquitous nature of cissexism are revealed.

Sylvie’s frustration begins with a system that she understands to be constructed by and for people who hold dominant identities. Her community-informed knowledge affords her what she calls an *anti-oppressive practice* which also provides her with the epistemic tools for recognizing dominant identities as “one identity but have they shaped the entire discourse of what we do in education, 100% across race and gender and religion and all of those other pieces”. Her comment highlights the impacts of “how power assemblages such as coloniality, racial capitalism, and imperialism shape knowledge production on trans identity, being/becoming, personhood, and the educational experiences of trans populations, particularly racialized people” (Salas-SantaCruz, 2022, n.p.). She notes the implications of these assemblages on school-based mental health which result in the experiences of a minority group becoming adopted as the norm for a spectrum of experiences that were omitted when the field was constituted.

Extending from this already oppressive framing, Sylvie reflects on how the homogeneity of dominant identities within her department comes to have an impact on their cultural competence.

Sylvie once again draws on her community-informed experience to create parallels between what she experiences in supporting colleagues who are navigating learning around anti-Black racism and working Black students to frame what this might look like in the field of gender diversity⁶. As the only racialized member of the department, Sylvie reports frequently receiving emails from colleagues requesting guidance on how to support Black students. She articulates the tension in at once being tokenized as the only racialized member of the department, and the essentializing of Black students that is implied in the request:

⁶ Sylvie’s interview was carried out in 2020 at the height of the uprisings protesting police brutality and racial inequality which followed the murder of George Floyd in United States. This movement prompted heightened awareness in school boards about anti-Black racism and the need for all educational workers to engage in anti-racist work in order to be able to facilitate education and discussions around the social issues that were emerging across all forms of media and that students were demanding to have discussed in schools.

it's the same way I feel with race because if I have to tell you, some of the emails I am getting right now...I am filled with appreciation, astonishment, and then I need to regulate my like –“Are you fucking kidding me?” Because the emails would be like, “Well I have a Black student, what do I do?” And you know it's important to reach out and it's important, it's so important but it's also, like, “Well what do you do? What do you want from *me*? How can *I* help you?”

These repeated requests speak to the impacts of *epistemic ignorance* that Salas-SantaCruz (2022) discusses whereby the abnegation of one practitioner to engage with critical decolonial and trans* of colour critique result in a situation where Sylvie must answer for the epistemic void created by a discipline which “demands that BIPOC scholars do the labor of knowing and responding to white theory and imaginations from BIPOC-specific worldviews that need to name themselves as alternative approaches of gender complexity rather than crucial and primary worldviews and practices that have emerged and flourished in resistance to and living through coloniality.” (Salas-SantaCruz, 2023, n.p.).

The normative effects of cissexism and epistemic ignorance extend into the space of “chitchat”. Sylvie notes that no one in her department self-identifies as a part of the Rainbow community, either with respect to sexual orientation or gender identity, and that this norm easily overtakes informal conversation:

If you get into the chitchat, [it is], “My wife/husband and my children.” There is no talk of preferred pronoun, there is no language reflected either by our managers or within the context of our system that reflects any level of gender fluidity...But when I think about dominant discourse, not even during team time but in-between, all of that informal conversation, I think about how damaging that is to non-dominant individual even with the team, my mind gets blown for what that means for the vast number of students that we work with.

Normativity creates an erasure of identities that are non-dominant and so the space becomes exclusionary, reinforcing the normality of straight, cis, and white identities, producing ignorance and othering, and further fostering an environment where gender-diversity can be understood as exceptional and sensational. Using her awareness of what she terms “the chronic impact of trauma that comes with being a member of a non-dominant identity”, Sylvie applies her own experience as a marginalized member of the department to forming an understanding of what a trans or gender-diverse young person might feel when accessing mental health services through the school board.

And I've said it time and time again, and I said, "This is me as [an educated professional] I sometimes feel like I don't know what to say in this group of people... now, let alone a 14 year old person of any non-dominant identity chronically subjected to the experience of never seeing themselves [represented in staff], it does some fuckery with my mind.

Ahmed (2016) discusses *hammering*, the experience of existing a world that is hostile to parts of our being: "...when we are asked where we are from or who we are, or even what we are, we experience a chip, chip, chip, a hammering away at our being" (p.22). She explains that we learn through this sensation to question the world and norms we exist, and that in experiencing the hammering, we in turn are:

given a hammer, a tool through which we, too, can chip away at the surfaces of what is, or who is, including the very categories through which personhood is made meaningful—categories of sex and gender, for instance, that have chipped away at us (p.22)

The full and hammering effect (Ahmed, 2016) of this complex and imbricated system of oppression that Sylvie experiences personally and as a witness to implications for the students she serves as a school-based mental health practitioner eludes academic expression and finds its apt description in a fitting expletive: *a fuckery of the mind*. The phrasing that Sylvie chooses here is significant in that it at once captures the exasperation involved with the labour of repeatedly facing epistemic ignorance amongst colleagues, the effort of self-regulating an understandable reaction to experiencing chronic oppression in the name of supporting a colleague in their learning, and simultaneously witnessing the harm being enacted on students. In examining her own experience of being hammered at within the context of her work, she recognizes that the walls she comes up against exist in comparable ways for trans and gender-diverse students, and so "however exhausting...[she] direct[s] [her] attention towards those institutions that chip away at us...those physical or social barriers that stop us from residing somewhere, from being somewhere" (Ahmed, 2016, p.32. While Sylvie's community-informed position affords her the epistemic tools to recognize and name the articulations of oppression as they relate to race and gender identity, and the ways in which knowledge of the two have been produced to render trans and gender-diverse students (in)visible in her department, it also places her in the vertiginous position of negotiating the concurrent experiences of first and second-hand oppression as her colleagues are spared this, immersed and complicit in a system which "keeps injustice in the shadows,

allowing us to avoid acknowledging ourselves within this structure, and consequently, as occupying a privileged place in situations of social unfairness” (Radi, 2019, p.56).

Sylvie concludes by stating:

I think that across all dominant identities, when they fit into that nice dominant box across all axes, they don't understand the experience of not seeing yourself in a space...these dominant identities are so entrenched in our Board and in our psych services...There are foundations to that that need to be understood before you can focus into those areas. And we don't have the foundation of what cultural competence even is. We don't. And some of that is cultural knowledge... but we also need to have cultural awareness which involves being self-aware of our own cultures, and we don't even have that.

The lacking foundations indicate the substantial work that is currently absent that needs to be addressed in order for youth to have access to support that is at the bare minimum in order to avoid contributing or creating further distress and harm in a setting that purports to support their mental wellness.

These accounts allow for insight into the question that Malatino (2020) poses about the nature and practice of *trans care*, when that same practice must be provided through the education system, a field is steeped in cissexism, and the practitioners themselves may be located outside of community-informed knowledges that allow for expansive understandings of what trans mental health care can be.

6.3.3 Student-oriented practice

In *Trans Care*, Malatino (2020) advances an approach to the work of caring within trans communities grounded in mutual aid and envisioning a practice of communal responsibility for care. This approach “prompts us to sit communally with the question of how best to care for each other, with our differing abilities, idiosyncrasies, and traumas, with our hard-to-love thorns intact and sometimes injurious (to ourselves and each other)” (p.2). While this work centres care stemming from trans communities, the questions it raises can be applied to school-based mental health where ‘care’ follows an institutional definition that positions trans and gender-diverse as subjugated and (in)visible subjects. Practitioners noted that, often, students found their way to them by way of referral by a teacher or guidance counsellor and that the issues that prompted those referrals were related to institutional

understandings of trans mental health. In some cases, participants noted that students were made aware that a mental health practitioner was available to meet with and then were able to sign up for a session. Both Abe and Sarah attested to the fact that referrals through school teams (e.g., guidance or teachers) were the most common pathway for students to access their services. The students that Abe and Sarah worked with typically were referred because an issue had been flagged by a staff member. Both practitioners shared an approach to care which centred connection and trust in their work with trans and gender diverse students who experienced distress related to peers, school, family, and self and spoke of providing support and affirmation.

Reflecting on her experiences with trans and gender-diverse students, Sarah noted that:

A lot of them felt really alone. ... every lunch time they would be back there [in the guidance office] talking to the support staff, or me, or eating their lunch in guidance, really craving those connections with other people that they weren't getting through their peers at school.

Abe noted the role of the school team in facilitating meetings with him:

The guidance counsellor might say “We have this social worker, Abe, and he's really cool and he's openly gay and he's got a couple of piercings, and you can talk to him.” So that was how the referral came about. I think it was often just having a safe person in school for them to talk to.

Abe shared that the details such as his sexual orientation and the fact that he had piercings were elements shared by the school team to help build rapport with students who were considering speaking with him, presumably to present him as someone that a young person could relate to. In this context, both worked with students to talk through the underlying issues that had led either to a referral or student-imitated request for mental health support. Abe identified that these issues included:

Sharing with their families, or helping their families understand what that meant to be trans or gender diverse, learning about next steps for those who wanted to take next steps. ...Just being validated that their identity is real and that kind of thing.

The important care that is being attended to is a product that grows out of Minority Stress Theory (Meyer, 2003) and gender dysphoria discourses. While the student is referred to support when their mental health need is recognizable to school staff—for example struggling with rejection from family after coming out—the provision of care does not go beyond to

address “the complexity of [student] need” (Malatino, p. 29). The care is constituted within a mindset of attending to an individualized struggle that fits within the delimited scope of intelligibility about gender diversity within the school-based mental health system.

Sarah expanded on this delimited focus by adding that misgendering by peers and staff also constituted a significant portion of what students sought support with, in addition to interpersonal tensions in friendship groups related to dating, ending romantic relationships and navigating rejection. In their work with trans and gender-diverse youth, both Abe and Sarah were brought to ask a question raised by Malatino (2020): “What constitutes “good” care?” (p.2), and in their reflections, we can see how practice and exposure and learning cohere to support a critique of the institutional understandings and representations of trans mental health care by beginning to attend to needs beyond the “maintenance work that must be done so that trans folks can get about the work of living” (Malatino, 2020, p.41).

One of the ways in which Abe addresses the question of ‘good care’ (Malatino, 2021) is by challenging the (in)visible portrayal of trans and gender-diverse students as inherently in need of mental health support. These challenges amount to challenging two dictums that define the provision of mental health care are support in the school system: (i) that merely being trans or gender-diverse and making one’s self known as such within the school warrants an automatic referral to a mental health professional; (ii) that being visible as trans or gender-diverse to a school staff immediately engenders an (in)visibility that incites a necessary intervention on the basis that the student is experiencing a mental health crisis. However, when accepting referral, Abe adopted the practice of requesting clarity on the nature of care required by the student:

If there was a trans or gender diverse student who was being referred to me and I was meeting with the guidance counsellor or teacher or something before, I would ask the question: just because somebody is LGBTQ does not mean they need to speak with a social worker. How does this student need support?

In asking this question, Abe pushes back against regimes of truth which have constituted trans students as always already intelligible through the lens of being at risk of mental distress. He engages his colleagues in an important critical reflection that supports a slow but evolving desubjugation of trans experiences with mental distress.

When pressed further about his rationale for engaging in this line of questioning, Abe reveals how personal connections with community knowledge influenced his practice:

Jenny: I'm so curious, what made you start asking that question? Specifically stating at the beginning: "Just because somebody belongs to the Rainbow Community doesn't mean they need to see a social worker". Why that?

Abe: It comes from personal experience: A friend of mine, when he came out to his family, his dad said, "Do you need to see a therapist?" and he said, "No, why? Do you?" It was just him sharing that story and us having a laugh over it that really informed my experience: his response was that just because I'm gay doesn't mean I need to see a therapist.

'Good care', in this case, involves understanding, naming, and interrupting trans (in)visibility at the point of referral to clear the way for the student's actual needs to be known and supported in accordingly.

For Sarah, part of 'good care' comes from considering the overall effectiveness of mental health support that individualizes a student's experience of distress without concretely addressing the root cause of the issue:

My colleagues and I have had open conversations about how we kind of dread when students come to us with bullying concerns because it's a really tough issue to navigate. You tell the principal, you tell the vice principal, you tell the parent, you do everything you can, and so I usually handle that by, "OK, let's just sit with these emotions and validate that it's wrong. What are you in control of? Who's a safe person that you can go to?" I'm only there twice a month, so who can they connect with when I'm not there at school that does feel safe?

The question of bullying and the limited options available for enduring change to the student's material circumstances prompt Sarah to critique the limits of a system of care which individualizes the experience of violence and espouses a logic which "misunderstands how power functions" and "seeks remedies that punish individuals who do those harmful things motivated by hate", and wholly ignores "how gender categories are enforced on all people in ways that have particularly dangerous outcomes for trans people (Spade, 2015, p.9). Sarah further clarifies:

That's the whole issue that I have with bullying: you're always putting it back on the client, like, "How can you deal with this?" But it's not actually getting to the root of the problem.

While reflecting on the lack of action that she has seen in schools to address cissexism 'at the root', Sarah draws a striking parallel to victim-blaming discourses that circulate around sexual assault stating, "It's very similar to the whole 'Don't get raped' thing". What she highlights here is how, through individualizing discourses of bullying, the victim ends up bearing the brunt of the responsibility for the perpetrator's actions, while the education system itself is absolved of any responsibility in creating and maintaining the conditions in which cissexism proliferates. In a turn to what 'good care' can resemble in these situations, Sarah states:

I wish it could be, like, "OK, let's find this bully and let's target them with interventions." But instead, it's like, "How can you [victim] manage your responses to be a more responsible?"

In her reflection, Sarah signals the responsibility of those providing care within the field of school-based mental health to investigate the need to interrogate the norms governing their practice and to evaluate the effects of their interventions which result in the systemic and individualized manifestations of cissexism never being addressed. Her frustration lies with a system whose commitment to providing care for trans and gender-diverse students extends only to statements that espouse a limited liberal humanist embrace of human rights which Spade (2015) points out is encapsulated by "assertion[s] that trans people are human" (p.39). However, such a resource to individual's human rights provides no clear path for achieving the eradication of the articulation of cissexism, thus reducing the provision of care to an individualized intervention.

6.3.3.1 The Care Web

Malatino (2020) theorizes a *care web* as an intertwined network of relationships which, attentive to the impacts and dynamics of oppression that bear on a person's ability to give or receive care, "challenges us...to unlearn the same that has become attached to asking for, offering, and accepting help when we've been full-body soaked and steeped in the mythos of neoliberal, entrepreneurial self-making" (p.2). Such neoliberal entrepreneurialism, for example, is reflected in school board awareness campaigns that position mental health

care as a primarily individualized process wherein youth are responsible for identifying and finding support for their mental distress⁷ In her role as a social worker in an alternative education setting, these are precisely the kinds of threads of care that Olivia attends to in her support of trans and gender-diverse youth. Acknowledging the stigma she has witnessed in her practice with Indigenous youth that prevents students from accessing support, Olivia has developed an approach that attends to the threads of the care web that may be eroded or missing entirely by centring relationships founded on sustained trust-building and agency.

Olivia's general approach to working with youth is one that refuses the institutionalization of care which other several other participants noted silo support into a limited and fixed block of time and closed-door office space. Olivia explains:

At the beginning of the year I go to each of the classrooms and identify who I am, like "Here's my phone, everybody put my number in your phone." They know they can reach me voluntarily by texting me and saying, "Can I talk"... I make my own referrals.

Access to care is the first barrier that Olivia removes, providing direct access to support which youth can engage with at any point that they feel it is necessary and which is not dependent on a set schedule of spaced-out visits by the practitioner to their school site. Building on this connection, Olivia further challenges "dominant imaginaries of how care labor does and should operate" (Malatino, 2020, p.7): she is integrated into their classroom, joining them for classes, activities, and meals, and builds a trusting relationship with the students through these quotidian rituals. As she states:

They're not going to talk to me if they don't trust me, so you never start with "I think I know what's wrong and I can help fix it", often you don't even talk about any the things that they're struggling with coming out, it can be terrifying. And they don't

⁷ On the landing page of the Mental Health and Well-Being website, for example, The Thames Valley District School Board centres a quote from School Mental Health Ontario which reads, "You have the power to make a difference in school mental health. You can start by taking care of your mental health and supporting your friends. But you can also get involved with activities at your school, school board, or with us to help more students" (TVDSB, 2024). Such a statement reinforces a discourse of self-responsibilization of students and draws attention away from the duty of the school board to ensure adequate delivery of and access to mental health support that is responsive to student needs. This also deflects from the board's responsibility to provide necessary resources and education that address mental health moving beyond a focus on the individual student.

know how I'm going to react, so you have to present yourself in a way that builds their trust first.

Laing (2021) discusses the “large amounts of self-advocacy [two-spirit, queer and trans Indigenous youth] need to exist safely” (p.127) within the context of attending ceremony, however, here Olivia recognizes students who do not know her yet may still experience the “exhausting nature of the educational labour expected of two-spirit, trans, and queer Indigenous people” (Laing, 2021, p.127) and so her role as a practitioner is to demonstrate to them that this labor will not be expected of them in the relationship they form together.

Olivia specifies that trusting relationships do not form from the ether and that it takes intentional, strategic, and consistent effort on her part:

You start with their schoolwork...let them get to know you, let them develop that trust. And then when they choose to tell me about their life and what they're struggling with, or not struggling with, that's when I know that you know we've built a connection. And then that's when you start asking the questions, “How do you think I can help you? I'll do whatever you ask me to.” That's when I offer, “Hey, let's sit down at my computer, let's see what we can find” or “I know of this support group here in [our community]”.

Starting from a place of earning trust, Olivia slowly weaves a *care web* that helps to bridge the student with the supports they need to thrive.

Specific to her work with trans and gender-diverse students, Olivia notes the importance of working within frameworks that recognize the impact of trauma on a young person's decision-making process:

With trauma-informed practice we understand that, because of trauma, the brain does not get what it needs to adequately problem solve in terms of this white-colonial standard of “what's the right thing?” and what path you should go to make yourself better. I just always meet them where they're at.

Here, Olivia alludes to what Malatino (2020) termed “the mythos of neoliberal, entrepreneurial self-making” (p.2) which is reminiscent of the individualizing discourses of Minority Stress Theory (Meyer, 2003) which call upon the individual to fix their circumstances to be productive members of society. However, in her work with gender diverse youth Olivia refuses the ‘expert’ role and, instead, acts with expertise and a depth of understanding to steadily build scaffolded supports, providing space for the youth to lead, while also being prepared to facilitate the help-seeking process, and taking responsibility for

maintaining the relationship. Olivia illustrates this with an example of one trans youth she worked with. Initially, the student was inconsistent in their engagement:

I would set up meetings, get other resources or professionals set up and get them connected, and then there was no follow-through [from the student]. And I certainly never ever blame the student when they don't follow through, or don't follow up. It just means they're not ready, or I'm not finding them the right thing, it's my responsibility not theirs.

Despite the student not engaging, Olivia maintained the threads of care and continued to nurture the trusting relationship they were building, meeting the student where they were at. In the end, Olivia share that,

That student was able to come back to me... "So where are we at now though? What are you ready for?" And I was able to connect them with [the Gender Affirming Clinic in our community]. And they made some connections and got to speak to their family doctor a bit more, started that journey [thinking thorough whether] they wanted to transition, and graduated.

By focusing her expertise on understanding the sum of the conditions that influence a student to seek help, or not, and by tending to the care web, Olivia illustrates how trans (in)visibility which relies on discourses of individualizing and gate-keeping models of care fail to provide the access and holistic community care needed to support young people through life challenges.

In the accounts from her direct work with trans and gender-diverse youth, Lynn also offers unique insights into how community-informed care further challenges trans (in)visibility as well as assumptions about what constitutes the scope of 'good care' (Malatino, 2020) with these students. Furthermore what is illuminated is the politics of trans (in)visibility that is predicated on the individualization of care in the embodied form of the counsellor who is relegated the responsibility to provide mental health support for the individual trans student who is visibilized as a subject in need while the system is let off the hook for addressing its own complicity and indeed failure to educate about gender diversity and specifically cisnormativity which is responsibility for trans erasure and othering of trans people in the first place.

6.3.3.2 Anti-racist practices in care

Specifically, drawing on her critical frameworks, Lynn is able to identify articulations of interlocking systems of oppression that manifest in her work with trans youth and to constitute ‘good care’ as a practice of naming and addressing expressions of transmedicalist beliefs and racism (Gill-Peterson, 2018; Jacobson, Devor, & Hodge, 2022). For example, Lynn identified one of the most challenging aspects of working with trans and gender-diverse students who subscribe to *truscum* ideologies, as well as those who expressed racist perspectives. *Truscum*, otherwise known as transmedicalists, “refers to trans people who believe that dysphoria is required to identify as transgender” (Jacobson, Devor, & Hodge, 2022, p.66), and these beliefs have been traced back to the work of Harry Benjamin (Jacobson, Devor & Hodge, 2022), a doctor working in trans medicine whose work has been tied to eugenic practices and instigated decades of contested practices with trans and gender diverse people (Gill-Peterson, 2018; Kuhl, 2019). Lynn stated that:

One of the hardest things for me to kind of work with was working with trans youth who are a part of the truscum beliefs...What I was finding is that they were pretty much always white transmasculine. Also, I really struggled with what to do when the students I was working with would say racist things in our sessions: when to stop and talk about that, when that’s not a goal that they’ve set, when to do educating, or open space to explore it, especially if they don’t want to.

Despite the struggle, Lynn’s provision of ‘good care’ avoids constituting trans and gender-diverse youth along the sensationalizing binary of “victims whose lives are defined by violence and discrimination, or as inspirational success stories whose ability to thrive is attributable to external interventions and policies” (Gooding et al., 2022, p. 524). As such she is able to engage these youth on the intersection of truscum beliefs and racism, drawing on her community-informed knowledge. This knowledge source allows her to understand trans and gender-diverse youth beyond the victim/inspirational binary to constitute these students in a way that “centres the complexity of individuals and communities who are often both complicit in and actively resistant to structures of social inequity” (Laing, 2021, p.119). Without endorsing their perspectives, rather, wholly committed to addressing and challenging them in session, Lynn was able to distil the underlying articulation of cissexism that was driving these youth to adhere so strongly to their beliefs:

The truscum folks, this was part of their anxiety: if you don't fit this certain model then you're harming the trans community because you might someday de-transition. You'd have to be 100% sure.

Lynn reports how these youth, lacking representations and understanding of the vast diversity of human experiences of gender identity (Bettcher, 2014; Laing, 2021; Radi, 2019), and the epistemic tools to understand how racism and eugenics shaped the modern field of Western trans medicine (Gill-Peterson, 2018), turn to the internet in order to make meaning of their realities:

They're hearing stories from people who de-transition. I think they're hearing the same five people. And that's the thing that the youth were afraid of when they were talking about the validation they needed for their own identity; they are really worried that they were going to de-transition. So I was hearing it from youth, "what if I change my mind some day?" or "what if I need to de-transition?", that fear of, "what if I'm wrong?"

Through her critical engagement with community-informed knowledge, Lynn anticipates complexity in the youth with whom she works. She understands how to make the articulations of cissexism that the youth are at once fighting against and complicit in intelligible to them, grounding the 'good care' she provides by helping them develop a critical consciousness vis-à-vis their community.

Through their practice with trans and gender-diverse students, these practitioners who were working to address both the immediate mental health needs of students as per their institutional constitution, or via community-informed practices, provided significant insights into the limits of the current system in addressing the actual needs of youth, as well as community-informed strategies for achieving what Lynn termed "digging deeper" into considering the possibilities for 'good care' going forward.

6.4 Conclusion

Through the 'rooted' accounts of school-based mental health practitioners, this chapter explored the circulation and impacts of cissexism as it relates to trans mental health support in Ontario schools. It offered insights into how support for trans and gender-diverse youth is provided at the systemic, colleague, and student levels. The participants' experiences shed light on the critical role that knowledge, gained through institutional or community-informed

sources, plays in pre- and in-service training for practitioners as what they know comes to constitute their understanding of trans and gender-diverse youth, their mental health needs, and the strategies available to them to engage in this work which extend beyond (in)visible representations of these young people. Indeed, the analysis of the data revealed that their engagement in and navigation of power relations within the context of mental health provision in schools cannot be conceived of as unidirectional and operating in top-down fashion or in terms that reiterate their subjection. Rather, several practitioners pushed back against and indeed resisted certain norms governing the administration of mental health in schools to provide better care for trans students within the constraints of the system. Through colleague-oriented practice, the importance of developing the epistemic tools for identifying and articulating the operation of cissexism was also revealed, and finally, new conceptualizations of student-oriented care which provide a critical visibility of both the current school-based mental health system and trans and gender-diverse youth themselves was offered.

In the following chapter, interviews with trans and gender-diverse youth themselves to provide insights into the field of school-based mental health care, lending further nuance and context to the accounts of the practitioners who were represented in this chapter.

Chapter 7

7 Bird's eye view: The experiences of trans and gender-diverse youth in schools

This chapter provides a *bird's eye view* of how cissexism operates and is resisted in school-based mental health. As I described in Chapter 5, the youth participants were metaphorically conceptualized as Bank Swallows as part of an extended metaphor of school-based mental health as a forest. I employed a visual mind mapping approach, which served as a basis for analyzing the data I collected which supported the development of my understanding of each component of this study. Both the mental health practitioner and the youth were conceived as part of an ecosystem of sorts in terms of how I understood the complexity of the interrelations between individuals vis-à-vis the administration of and access to mental health supports within the school system. In this respect, the accounts provided by youth provide a triangulated and trans desubjugated perspective on the provision of mental health provision in schools. Hence, in this chapter further analytic insight is also provided into the ways in which cissexism and its related counterparts of oppression circulate within this field but from the bird's eye desubjugated standpoint of trans youth themselves. Foucault's (1982) tools for examining *relations of power*, along with his (1995) elaboration on *practices of freedom* as a means of engaging with power relations, are critical to understanding these youth as agentic subjects who within the cisnormative limits imposed by the system consciously engage with the dynamics at play as they negotiate accessing mental health support.

I first provide a context for the youths' educational context including information about how they learned about gender identity, and how mental health support is conceptualized across their schools. Following this, the youths' experience with access and provision of mental health support are examined with a focus on how their engagement with *practices of freedom* provide insight into the operationalization of cissexism in the school system which complements and further extends the critical analysis of mental health practitioners' accounts in the previous chapter. Finally, I explore the connection between their experiences and their hopes for the field of school-based mental health under the common theme of *redefining care*. Through these accounts, we are offered an analytic

opportunity to meaningfully consider the options for redressing the impacts of cissexism within school-based mental health to support the provision of services that recognize and anticipate trans and gender-diverse youth in their complexity and diversity as subjects, beyond the limited discourses of gender identity and minority stress that are currently being produced within the mental health field.

7.1 A lay of the land: Trans and gender-diverse youth accessing mental health supports in schools

The youth interviewed for this study were diverse in their identities, ages, and geographical regions. They each had a unique relationship to and understanding of their mental health and experiences of mental distress in engaging with school-based mental health supports. Four of the participants were from a large city in Southwestern Ontario and two were from different cities in Central Ontario. One student attended a French Immersion secondary school, one attended a Catholic Secondary School, and three students attended the same high school. Despite these differences, their high school experiences were unified in terms of a lack of visibility of mental health services as well as Rainbow identity representation.

Some schools had Gender and Sexuality Alliances (GSAs), but overall, youth reported that schools were not safe for Rainbow students, including because washrooms and changing facilities were past inadequate, peers were rude, and their identities were pedagogically and socially erased from their learning environment. As documented by Omercajic (2022), designated gender-neutral washrooms were widely reported to be unusable by participants in my study to be unusable as they were coopted by cisgender students for vaping, making participants feel unsafe using them, and instead opting to simply not use washrooms when at school. Every single participant reported learning about gender identity on their own, either from YouTube or from peers; not one of them had a trans-identified adult in their life. John, a Black, trans-masculine non-binary participant who attended a predominantly white Catholic school described the experience this way:

It was really isolating. It was really hard...Grades 9 and 10 were really hard because everyone started to find out who they really were...my friend started experimenting with makeup and wearing girlier clothes. I tried to fit in, but I also couldn't, and I

didn't know why. And not having anyone to really see you for who you are, you're kind of just grouped in [the school's message that] "everyone is special, everyone is beautiful" but like not really acknowledging the differences because everyone looks the same and everyone kind of just assumed that we were all going through the same thing, and not bothering to check in. I didn't feel that I was well represented or could be myself.

John's experience speaks to a deep and systemic erasure driven by cissexism that fails to recognize gender diversity and ignores how "bodies, spaces, events, and encounters become *racialized as a verb*" (Owis, 2024, p. 18, emphasis in original) under the banner of school slogans that declare that "everyone is beautiful" when the majority of the school population is white. These slogans also speak to a liberal individualizing impulse that comes to define a performative commitment to supporting diversity (Ahmed, 2012), and specifically trans students in schools, which simply elides the impact and complicity of the school system in its failure to address unmarked whiteness that is embedded in cissexism and cultural cisgenderism (Kennedy, 2018; Martino, Kassen & Omercajic, 2022; Martino, Omercajic & Kassen, 2022).

While mental health awareness was slightly more present in schools, the youth noted that the topics covered were quite superficial. They reported that there was often no clear pathway to asking for help and that it often took speaking with several staff before connecting with a practitioner. One school hosted a 'mental health week' in which teachers could sign their classes up for activities, though they seldom did. Saul, an 18-year-old, white, transgender man noted that, while his school provided basic information on mental health, he was leading a "push for community resources", explaining further that,

oftentimes, I find that there's good advice of "drink water", "wellbeing", "the best time management". That's great but there's also kids who have psychosis, and things like clinical depression, anxiety, and drinking water, it doesn't fix that, a psychologist does.

Saul highlights the discrepancy between resources that his school board perceived as adequate for student needs and the actual needs that he and his peers have. In general, the youth reported that the staff at their school who can provide mental health support know a

modicum about Rainbow identities but noted that this knowledge was largely informed by white and binary representations of queer and trans identities. Importantly, when asked if they would recommend their school’s mental health supports to other trans students, they overwhelmingly agreed that they would but only if no other options available to them.

This stark assessment of the failure to provide adequate mental health support is an indictment of the Ontario school system and serves as an important backdrop for contextualizing their experiences. As agentic subjects engaged in *practices of freedom*—an ongoing and reflexive practice of “knowing oneself...but also a knowledge of a number of rules of acceptable conduct or of principles” (Foucault, 1995, p. 285) that govern any given context—several youth in this study articulated that they were already well aware of the *rules* of whiteness and cissexism that governed the space and the relationships which were so much a defining feature of the administration and provision of mental health supports in the school system.

7.2 Clipped wings: Iterations of *denial of care*

As I reviewed in Chapter 6 discussing school mental health practitioners’ engagement with caring for trans or gender diverse students, Malatino’s (2020) approach on trans care is helpful here also to consider how students engaged with their school mental health supports. Specifically, Malatino (2020) discusses *denial of care* as a constant threat looming over trans people who are trying to access care for medical transition. Ansara (2010) similarly remarks that trans people frequently experience “horror stories of service denial and mistreatment by providers who insisted that they were merely following approved ‘Standards of Care’” (p.184), illustrating how medical gatekeeping that measures who is ‘trans enough’ to warrant medical intervention is driven by a cisgenderist logics of biological essentialism. Biological essentialism is a belief that bodies can be neatly classified as either male or female, and that this designation is fixed at birth (Kennedy, 2018). Each sex has specific “elements of gendered behaviour” (p. 311) which are deployed in the diagnosis of gender dysphoria, a necessary diagnosis for accessing gender-affirming medical care (Dewey& Gesbeck, 2017). As the youth in my study attest, within school-based mental health when the presence of one’s mental health concern could call into question an individual’s ability to provide informed consent to medical transition, thus preventing them from “addressing their past trauma and truly thriv[ing] until they were liberated from the triggering and traumatic daily

experience of existing in their body” (Ansara, 2010, p.194). Malatino, (2020), however, notes that “denial can take many forms” (p. 65), and this was not the only way in which care was denied. John and Saul, for example, while seeking mental health support encountered iterations of *denial of care* which had the effect of *clipping their wings*: that is, hindering their ability to flourish as individuals. While their experiences were vastly different, the *practices of freedom* in which they engaged to negotiate the power relations they encountered reveal the articulation of cissexism as it circulates through practitioners’ actions and the administrative systems that govern the provision of mental health vis-a-vis determining the terms and limits of intervention.

John, an 18-year-old, first-generation, Black, “trans-masculine non-binary” student who attended a large Catholic school in Central Ontario, and Saul, an 18-year-old, white, “binary trans male” attending a large art school in Southwestern Ontario, both sought mental health support through their schools for two unique situations. John was seeking help for what he termed the “monster” of mental distress which he identified in this way:

I had like severe depression, and I thought of like, not living anymore, I felt I alone and over time that kind of changed to like lots of anxiety and loneliness. That kind of blended in with dysphoria and created one big monster.

They noted that these feelings were deeply connected to the challenges they were facing at home with trying to bridge the cultural divide between their parents and themselves:

...to them I’m the oldest daughter so...my parents tell me to do something, I don’t really have a say, I don’t have a voice in the family... I tried multiple times [to talk to them about mental health], you know, my parents don’t really believe in it...they never took it seriously, so I was just kind of left alone with like the thoughts I had.

After multiple attempts to access support through school staff, John was connected with a social worker. John recalls the support he received like this:

...he was also Black, so I felt a little bit more comfortable with him. He actually called my parents and brought my mom in to talk so we could try and come to a resolution. But he misgendered me the entire time, and so after that was, after that happened, I didn’t go to see him again because I just felt betrayed. I felt like he was

catering more to her. He told me that I needed to just like suppress my identity and help out around the house until I was done with school. ... I went to him for help and I'm not getting that help.

Following this incident, John decided not to continue seeking help at school based on how their identity and agency had been disallowed through the social worker's practices; any possibility of care or support was foreclosed on through the violation that John experienced. Ansara (2010) notes the importance of cultural awareness in a therapeutic relationship which works to transcend cisgenderism stating, "Simply being from the same cultural background or identity category as one's client does not in itself grant a counsellor a better ability to meet client needs" (p. 186), and this was certainly true for John. Given the overwhelming whiteness of their school, they had felt hopeful about working with a practitioner who reflected their racialized identity, however unmitigated misrecognition of their gender identity led to an interaction which was deeply harmful to John. However, John refused the norms governing the terms of such misrecognition. Through their own embodied self-awareness of their self-assigned gender identity as real, John both recognized and refused the cissexist norms governing the enmeshed power relation between the social worker and their mother which were rooted in an "essentializing of gender as biologically determined, fixed at birth, and immutable" (Kennedy, 2018, p.311) and rendered any opportunity of moving forward virtually impossible. In this circumstance, there were no strategies available to John that might lead to a "point of possible reversal" (Foucault, 1982, p.794), and so the only means of escaping the dynamic was through *insulating*, "strategically muffl[ing] [their] sensorium to *get through* a situation" (Malatino, 2020, p.50).

As Malatino (2020) notes, "Engaging in struggle can come at a high cost" (p.64) and in John's case, the compounding of systemic erasure of their gender-diverse and Black identity with the denial of care meant came at the expense of their mental wellness:

...you grow up with that [erasure] and you just feel like you don't belong. And for so many years I felt like I didn't belong anywhere because there wasn't any representation, there was no one telling me that I was special, and had a place in history, or in the sciences. It was kind of just, like you're left in the background like those images you see of like [underdeveloped photographs], and when you don't get

that representation, it just feels like, “well, I’m just a background character to everyone else’s life”.

Saul, an 18-year-old, white, trans man described his mental health as a “wimble wamble” of interrelated symptoms that were in the process of being assessed:

I am supposed to get formal diagnoses soon. But right now, it's very certain: I have OCD. And I have possibly PTSD. And then it's just a confusing mix of maybe I have clinical depression, or maybe that's just a symptom of my OCD. And so there's wimble wamble, between those things. As well as I could possibly have a learning disability, such as ADHD...Apparently, I also have an eating disorder.

During his interview, Saul shared his experience of accessing gender-affirming care with the support of his family, while simultaneously seeking help for mental distress that he understood as symptoms of Obsessive Compulsive Disorder (OCD) *without* telling his parents. He started his search for support with his school nurse and was referred out to walk-in clinics and a hospital, none of which would provide him support without parental consent because he was under 18, the age required for autonomous consent. During this search for support, he was undergoing appointments hoping to begin medical transition and it was this situation which led him to experience the fear of denial of care. Discussing the initial appointments, he shared:

For a little chunk in the beginning, I was just lying out of fear that I would not be allowed to transition, which sounds really bad. But when [medical staff ask], ‘You have any issues?’ I’m, like, ‘No. Please give me the boy juice, I swear I’m OK.’ ...They would ask me, like, ‘Trans people are at higher risk of having this. Do you have this?’ I’m: “No. I swear I don't.” But then turns out, I very much do. I knew I had those issues, but I also knew that they weren't because I was trans. And I knew that transitioning would [be] better.

The awareness of a cissexist norm governing a power relation that could potentially lead to him being denied transition-related care meant that Saul was able to engage in a practice of freedom in the moment where he had to rapidly assess the *game of truth* (Foucault, 1995, p. 295) under which the practitioner with whom he was meeting was operating. Faced with a

practitioner who could “establish a certain consensus... within a certain network of practices of power and constraining institutions” (Foucault, 1995, p. 297), Saul engaged in a *strategy of struggle* (Foucault, 1982) and concealed his mental health concerns. This interaction at once demonstrates the implications of the “combative nature of the gatekeeper-suppliant dynamic” (Ansara, 2010, p.186) which emerges when a young person feels obligated to perform mental wellness out of fear that they will be denied care that they know will benefit them.

Both of these youth were ultimately able to secure support for the issues they were facing, however, their experiences had a deep impact on their well-being. Their accounts demonstrate the norms governing the tenuous dynamics involved in certain relations of power that are enacted through the administration of mental health provision and a refusal of such norms on part of trans youth. The youth provide critical insights into how the actions of mental health practitioners culminated in exposures to actual and potential denial of care, illustrating the diffuse ways in which cissexism operates. Their accounts shed light on how culturally specific constructions of gender roles and standards of care subject trans people to different standards that determine unequal requirements in comparison to their cisgender counterparts (Ansara, 2010). The data also draw attention to inconsistent age requirements for providing informed consent as well as the conflation of trans identification with other comorbidities which prevent mental health treatment for young people who then face the possibility of denial of care because their mental distress is not being appropriately managed.

7.3 Birds of a feather...get flocked: External imposition of gender

Birds of a feather flock together: the saying suggests that those connected by a common identity will naturally be pulled together of their own accord by their similarities. When birds of a feather *get flocked*, I mean to say that, in the case of trans identities and Kennedy’s (2018) elaboration of *cultural cisgenderism*, “gendering is something done to us by others” (p.312) through the imposition of essentialized understandings of sex and gender and the ensuing and inevitable assumptions about the individual which follow; they do not *flock* together by choice, the *flocking is done to us*. Kennedy (2018) defines *cultural cisgenderism* as “a detrimental and predominantly tacitly held and communicated prejudicial ideology, rather than an individual attitude.” (p. 308) *Cultural cisgenderism* is comprised of “systemic

erasure and problematizing of trans people and the distinction between trans and cisgender people. It essentializes sex/gender” (Kennedy, 2018, p. 308). The essentializing of gender is “the way others assign a particular gender to someone they encounter...in both cases, the active agent is the other person, the person doing the gendering is not the person who is being gendered” (Kennedy, 2018, p.312). While gender is imposed on everyone to some extent, Malatino (2020) notes that, “Because we rely on others for recognition, we understand how selfhood is given through such forms of recognition” (p.39), and for trans people, harm occurs when selfhood is denied through the imposition of a gender we do not claim.

With regards to access and provision of school based mental health, the imposition of a cisgenderist understanding of essentialized gender identity and the accompanying gendered assumptions about mental health—whether through assumption or ignorance—forecloses on the possibility of understanding the full nuance of distress experienced by trans and gender-diverse youth and can become a barrier to accessing care. This was the case for Robin who experienced and witnessed the external imposition of gender while accessing mental health supports. Their decision or rather capacity to refuse the imposition of norms, as practice of freedom, resulted in epistemic agency and knowledge production which enabled them to move forward in their lives. Their responses illuminate opportunities for interventions which can work to redress the impacts of cissexism and cultural cisgenderism and facilitate better access to school-based mental health support for trans and gender-diverse youth.

Robin, an 18-year-old bi-racial “queer” student attending a large, urban arts school shared that they trace their current mental health challenges back to elementary school where they experienced a combination of peer-harassment and staff abnegation of care. Robin shared their understanding about their identity:

My identity overall a lot of people don't like it because it technically has been used as a slur or derogatory term, but it's just my overall identity, sexuality, gender, everything I do put under the umbrella of just queer. I myself would explain myself as a queer person because it's just easier for me rather than saying some days I wake up and I'm a gay man, or like maybe next week I'll wake up and I'm a lesbian, who knows. It's all fluid, I don't need to be tied down. I can be whatever I want whenever I want and it's so freeing to be able to have that kind of fluidity

This arts-based elementary school had a prestigious reputation within the board, but Robin described it as: “Awful. It was the worst experience”. Robin understands their experience with student violence as a product of both gendered and racially motivated violence:

So, there was me who was struggling with math, struggling with being made fun of by all these little dancers, skinny, blond girls... I was a kid. I was in like grade 5, I should've been playing with sticks outside and pretending to be a mermaid, not being like called a whole bunch of derogatory terms because I have a big nose and freckles.

Compared to the “little dancers, skinny, blond girls”, Robin describes themselves in the following way:

My mom is white, and my dad is half Black, I'm a quarter Nigerian and then British. So, I look pretty pale but I do have a lot of the features. Like my nose, my freckles...I have like very, very curly hair. I have a body type that more resembles like my dad's side of the family, I don't have very Eurocentric features...I have a bigger build, my shoulders are huge, I'm a very broad, strong person.

As Ahmed (2016) states, “gender norms so often remain predicated on an unremarkable whiteness: the evocation of a fragile female body who needs to be defended from various racialized as well as sexualized others” (p. 23) and in this sense, the students' attacks on Robin were about an imposition of racialized *and* gendered expectations that govern embodied expressions of normative femininity. Robin recalls that the school's response to this ongoing violence being:

They said, “[The school] is a creative zone so we do loosen the reigns, and we let the kids explore and we let them deal with things for themselves to prepare them for the real world and we don't want to disturb that creative environment by getting hands-on with the kids and putting in disciplinary actions”.

Under the guise of fostering creativity and preparing students for the ‘real’ world, the administration disregarded the immediate harm and violence being enacted on Robin and failed to “mitigate the ongoing harm and violence that QTBIPOC [Queer, Trans, Black, Indigenous People of Colour] youth...face every day in non-alternative school settings” (Owis, 2024, p.42). In addition, by failing to recognize the long-standing presence of racism

and cissexism within arts institutions (see Ng et al., 2017) and specifically in dance (see Ade-Lam, 2024; CBC Radio, 2018) the school became a site where racially and gender-based violence would be permitted. It further affirmed and indeed confirmed Owis's (2024) point that "educational systems with historical and ongoing roots in Christian, white, colonial values which have caused psychic damage to multiple, intersecting communities of systemically oppressed peoples" remain unchallenged and unchanged (p.4).

Managing multiple manifestations of mental distress, on "bad mental health days", Robin sought support in the guidance office which was where they would experience the imposition of cisgender gender norms of recognition. Robin explains:

When I was presenting as female if I would ever just have a bad day where I'd get really overwhelmed...I'd just cry, the teacher would be like, "Oh my God, is it your boyfriend?" I was like, "No, I'm gay...what do you mean?" [laughs].

This account illustrates the imposition of gender by way of presumed sexuality: the teacher's comment about having problems with a "boyfriend" is only possible because Robin's gender was presumed to be 'girl', a heterosexual girl, more precisely. As Malatino (2020) states, "social recognition, and nothing other than social recognition, grounds gender" (p.37), and in a moment of distress, care was displaced by a grounding of Robin's gender in a fundamental misrecognition (Owis, 2024) and an exemplary instance of gender being 'done' to them (Kennedy, 2018, p.312). Indeed, this 'doing' of gender effects an erasure on two fronts, not only resulting in Robin's trans invisibility, but also in effacing their queer sexuality.

In addition to this personal experience, Robin also witnessed misrecognition and effacement while supporting their best friend, a trans man, who needed support:

I remember one time my best friend was having a panic attack, ...I took him to the mental health nurse, and she was like, "Oh little girl, did your boyfriend break up with you?" [My friend] was like, "Hold on, first of all, I'm a boy. Second of all, why are you assuming that I'm a girl with a boyfriend that broke up with me". And she was like, "Well, what do you mean?" and he was like, "I'm a boy, I'm gay. So, yeah, I do have a boyfriend but that's not the point, he didn't break up with me". It was kind of such a weird experience for a professional to see someone struggling and automatically assume 'young girl got heartbroken tragically by teenage boy'.

Stryker (2006) notes that “knowledge that trans people have...of their own embodied experience and of the relationships to the discourses and institutions that act upon and through them...may be articulated from direct experience, or it may be witnessed” (p.13) and this experience of gender imposition and heteronormativity shaped Robin’s knowledge of the failed capacity of school-based mental health to support trans and gender-diverse students. When asked what school-based mental health professionals know about trans and gender diverse youth and their mental health needs, Robin responded without hesitation, “Little to nothing. Like almost absolutely nothing.”

Malatino (2020) remarks:

We come to gender as supplicants, all of us. And many of us fail the litmus test of decency because our modes of gender presentation...fail to enact and achieve a certain verisimilitude of normative, White maleness or femaleness. Failing this litmus test means we are repeatedly refused, turned away in moments of our imploring recognition. (p.38)

In experiencing and witnessing the impacts of discourses of gender imposition on access to mental health support, Robin engaged in a *strategy of resistance* with the objective of reversing these invalidating effects (Foucault, 1995) through epistemic agency and the production of knowledge on social media platforms. They have amassed a following of over 20,000 followers and produce content designed for young people who wish to “explore their gender identity, explore their sexuality, anything I’m there to answer questions, just to be a sibling to them if they need it”. They note that the content that they see tends to be, very status quo white, more gender-conforming ...there aren’t many like people of colour, there aren’t many non-binary or he/him lesbians that are portrayed in mainstream media...Two-spirit is not commonly represented well in media or it’s not represented at all ...We definitely need to get that changed...make it a little bit more inclusive.

They add:

I do really try to because as much as I love the white trans representation, I do think it's important to have like mixed trans representation as well as black trans representation and every other race. I do try my best to bring race into it as it's a big, big factor in my life and many other people's lives.

To access mental health support, youth must pass through many gatekeepers before connecting with a mental health practitioner. It is critical that the staff responsible for facilitating the connection between youth and practitioner be equipped to affirm, and not misrecognize, youth as they request support. As with Robin, the possibility of experiencing misgendering through the external imposition of gender (Kennedy, 2018) is a major barrier to accessing support. What this points to is that the education system as a whole—inclusive of staff—are significantly lacking in a knowledge base that allows a critical engagement with the discourses that critique and “explore the connections between whiteness, colonialism, race, gender, and sexuality...understanding that these concepts...have been separated because of the ongoing realities of whiteness and colonialism and its ability to divide areas of scholarship that can and should inform one another” (Owis, 2024, p. 20).

While it is important for children and youth to be self-intelligible (Kennedy, 2018), which is indeed influenced by social media as a resource, youth-led content creation is not a substitute for the critical work that must be undertaken for “the communities of trans people online and their wealth of information, support, and signposting of services remain hidden...until one of those keywords [related to trans identities] unlocks the online transgender networks for them” (Kennedy, 2018, p.316). The provision of and access to adequate mental health supports for trans and gender-diverse students is “impossible unless their societal oppressions are confronted directly by their clinicians” (Ansara, 2010, p. 193), but this must also be taken up by every staff member with whom the trans and gender-diverse youth come in contact within the process of accessing school-based mental health support.

7.4 A little bird told me...: Youth recommendations for trans-informing school-based mental health

The field of school-based mental health is not neutral disciplinary field, as I have illuminated in Chapter 3, and also in the previous chapter which reveals the knowledge/power relations at play in the lives of mental health practitioners' administration of mental health support in

schools. The youth participants in this study also clearly illustrated how cissexism circulates through relations of power with practitioners and school staff. These relations of power certainly create barriers to accessing mental health support, but within these exchanges, youth are not conceptualized in this study as renouncing their agency when confronted by such barriers. Indeed, the data revealed how they draw on their understandings of self as trans subjects to navigate the school system to take care of themselves and to ensure their own safety within the cisnormative limits that are imposed on their lives. The actions they took in the form of *strategies of resistance* such as “flight, deception, strategies capable of reversing the situation” (Foucault, 1995, p.292), exposed these limits and illuminated where further interventions and resistance are necessary to support access to mental health support that addresses the full range of needs that trans and gender-diverse youth. Along with their accounts of interacting with the school-based mental health system, the youth in my study expressed wishes and recommendations based on their lived experience for a mental health system that would benefit trans and gender-diverse youth which fall under the broad theme of *redefining ‘support’*.

Based on their experiences, the youth in this study experienced the current structures of ‘support’ as being crisis-oriented, individualizing, and dehumanizing: they reported the cissexist assumptions, betrayals, and bracketing of self they encountered, alongside the logistical challenges of accessing help which left them with very little trust in the care that is available for other trans and gender-diverse youth. The hopes for school-based mental health that the youth expressed would see the trans-informed redefinition of ‘support’ prioritize care oriented towards: i) *authentic relationships* (Owis, 2024) between youth and practitioners; ii) developing skills that support *nuanced self-determination and critical reflection skills*; iii) equipping all school-based mental health practitioners with experience with modalities to engage with youth whose paradigms and worldviews exceed the limits of Euro-colonial understandings.

7.4.1 Authentic relationships

Ansara (2010) states that “basic trust, respect, and encouragement of autonomy...are fundamental to therapeutic relationships” (p.186) and specifies that these elements are not contingent on the practitioner and client sharing a cultural identity. Furthermore, Owis (2024) discusses how professionals “are often expected to act...in ways that are disconnected from

their students in ways that are hierarchical” thereby creating a divide that is filled with “the rigidity of the...profession’s expectations of care”(p.77). According to Owis (2024), an *authentic relationship* is one that “establish[es] relationships with students that are reciprocal, justice-oriented, and non-hierarchical” (p. 75). For Meg, a white, 17-year-old student who named her gender identity as “female”, this quality of relationship was a requirement for building a trusting relationship with a mental health practitioner.

Meg had previously seen a practitioner and described the experience as “a cop investigation”. The sessions Meg described were comprised of a string of questions with no time spent getting to know her as a person. The effect of this was that “[I] didn’t know how they operated kind of as a person and [I was] just super-sceptical about them...[I] really didn’t know how they would react to anything”. In this power relation that was brought into being through specific norms driving a “system of surveillance” (Foucault, 1982, p. 792) in the form of investigative questioning wherein Meg felt judged, trust was impossible to establish, and support eluded her.

In one year, two of Meg’s family members passed away and these losses caused her mental health to suffer as she did not have the strategies to cope with the grief. A teacher who noticed a drastic shift in her mood referred her to the guidance office, and there she met a counsellor who engaged in building an *authentic relationship* with her which provided her with the support she needed to process her grief. Meg was aware of her trans-identity at this time and was out to friends, but not to the school as a system. She chose not to come out to her counsellor at first because it did not feel important to her at the time. Meg described herself as someone who, while “a joyful and smiley person”, was also quite reserved and guarded when it came to talking to people she did not know well about her more difficult feelings. However, she noted that with her new counsellor she did not feel guarded because he intentionally made efforts to get to know her as a person, demonstrating that he was attentive to her specific mental health needs. Meg elaborated on how the trusting relationship evolved:

[at first] I was just like, “He doesn’t know me as a person. How could he possibly help me through this time?” ... he wasn’t a very judgy person... he would just openly tell me things [about himself]... it was like that was that trust bond that I, in my head, kind of required to be able to talk to somebody.

One of the ways in which the counsellor engaged with “being vulnerable and honest with students in ways that do not compromise [the counselling work]” (Owis, 2024, p.78) was through coming out himself as bisexual. After some time working together and establishing a trusting relationship, Meg decided to come out as trans and to ask for advice on how to come out to her mom:

this was before my mom knew, and I said to him, “Well how would I go about telling? Would I just tell her about it? How would I kind of explain it to her, tell her about like what it feels like? How do I out myself to her?” And he said, “Well, do what I did to my wife and just say it.” And I was, “What? Sorry what? Hold up, what?!”

While neither Meg nor the counsellor were out to each other when they began working together, this did not prevent them from forming a trusting and authentic relationship where Meg felt supported and safe. The counsellor’s self-disclosure did, however, strengthen their relationship. When asked if this detail about his life made a difference to her, Meg noted, “Oh yeah, it’s definitely easier knowing the fact that he and I share a similar kind of understanding to what that’s like to have to out yourself to somebody because it’s never easy.” In this relationship, Meg engaged in a different kind of practice of freedom resulting in an embrace of her own self-determining exploration of her trans identity: the counsellor established an environment that would facilitate an authentic relationship with her, and in reflecting on this, she chose to engage with him in a care of self which “implies complex relationships with others...proper care of self requires listening to the lessons of a master. One needs a guide, a counselor, a friend, someone who will be truthful with you” (Foucault, 1995, p. 287). The norm governing their relationality in this space was not one in which “one person tries to control the conduct of the other” (Foucault, 1995, p. 292), but rather one that ultimately had an effect in interrupting and thereby intervening in the underlying circulation of cissexism within the school. For instance, the counsellor shared with Meg that she was the first trans student with whom he had worked, and through this relationship, he learned more about affirming trans students. Meg was the only participant to state that she would “100% hands down” recommend her counsellor to other trans students. This relationship demonstrated the importance of establishing an authentic caring relationship and illustrated the transformational potential of such a relation of power.

7.4.2 Supporting nuanced self-determination and critical reflection skills

This approach to redefining ‘support’ emerges from the very real need for practitioners to be equipped with the epistemic tools necessary for engaging students in conversations that encourage and nurture self-determination and actualization of their gender identity in a way that honors all facets of their personhood. The youth in this study overwhelmingly reported that mental health practitioners and school staff in general were remarkably ill-equipped in having the knowledge that was needed to support the mental health needs of trans and gender-diverse youth. As part of redefining ‘support’, youth expressed that practitioners must be prepared with the necessary knowledge to facilitate a nuanced conversation about gender identity that does justice to the innumerable ways in which people embody gender diversity which do not just rely on Global North and Eurocentric contexts (Malatino, 2020). In addition to this, practitioners must be knowledgeable about the locally relevant policies, processes, and resources related to the provision of gender affirming care—be they physical, social, legal, or medical (see Bourns, 2023). Without a baseline of knowledge, practitioners commit students to an “inability to express one’s feelings or identity in language...a potentially significant obstacle to any kind of self-intelligibility” (Kennedy, 2018, p.315). While students or their family may provide the practitioner with information or resources about trans affirming care and identities (see Wells et al., 2012), it is not their responsibility to do so and, hence, it is critical that practitioners engage actively in their own education (Singh & Burnes, 2009). Moreover, it is important to call out the cissexism and cisnormativity that govern the administration of school based mental health which indeed is responsible for the failure to provide such trans affirming knowledge about the provision of care in the first place. Indeed, this was illuminated through the analysis of accounts provided by mental health practitioners in the previous chapter. Importantly what is highlighted through the analysis of the youth accounts provided in this chapter is that if practitioners are not cognizant of cultural cisgenderism and hence do not have access to language and discourse which provides them with hermeneutic tools to understand the harm to which trans people are subjected, they have no recourse for identifying and redressing these tacit and explicit variations of violence that have psychic and material consequences for living a livable life (Ansara, 2010; Kennedy, 2018)

Henri, a white, 18-year-old recent graduate from a large school in Central Ontario, encountered such an obstacle when he began exploring his gender identity and so sought support through the mental health resources offered through his school. Henri had no exposure to trans identities through schooling and only learned about gender diversity in grade 10 when a neighbor and peer came out as trans himself. His friendship with this student led him to learn more about trans identities and eventually to seek support through his school's mental health supports:

My whole reasoning for kind of wanting to go to counselling was I wanted someone to talk to that wasn't like my friend group and who would agree with me, kind of thing. Like, it was that whole idea of, one, having someone different to talk to, two, being able to kind of like learn a little bit more, because I wasn't –I wasn't 100% sure about everything. And then also, like, someone challenging me a little bit with it.

Henri's school had a wellness centre that was staffed two times a week and he was able to book an appointment with the counsellor there. He noted that the counsellor "seemed decently knowledgeable [about trans-related care]. They were—I think they were definitely, like, missing a few gaps". The 'gaps' that Henri identified were critical as they pertained to the process of medical transition overall, and for young people more specifically, information that that he was intentionally seeking out.

Henri also highlighted that transition was presented as something that was "very one way" in that they had no knowledge of non-binary identities. This partial knowledge was significant precisely because Henri was seeking guidance with actualizing his gender and, given the total erasure and absence of trans-representation in the classroom and in his life, the wellness centre was a critical starting point for him. Henri further explained that, whether through ignorance or professional preference of modality, the practitioner did not provide him with the opportunity to engage in the rich reflection he was seeking:

So, in school I stopped doing that because they were just there to kind of listen and to just write stuff down. They never really talked about anything else. They never suggested anything to talk about or anything like that. It was just, they kind of sat there, they listened to you, they took notes, and that was kind of it.

Though perhaps not the practitioner's *intent*, the *impact* of failing to provide comprehensive and nuanced information about gender affirming care and to facilitate self-reflexive dialogue about trans identities was that Henri was not able to engage in any meaningful way with acquiring a further sense of both his own trans intelligibility and intelligibility about the trans community.

Henri's case contrasts with Meg's experience with the school counselor which, as I revealed earlier, was more supportive in that it involved a degree of reciprocity which is clearly lacking. The practitioner in the former case engaged in a passive sort of listening which translated into a failure in his ability to provide the sort of support that Henri was looking for and needed vis-à-vis experimenting with different strategies that might help him better understand and constitute himself as a trans subject (Foucault, 1995). The norm governing the relations of power at play in practitioner's responses to Henri curtailed an exploration of their nonbinary gender identity but point to how Henri escaped such cisnormativity "by playing the same game differently" (Foucault, 1995, p. 295) through also engaging in act of refusal of what was being offered by the school counsellor in this space. He simply did not seek any further support and was able to access support through a private mental health practitioner. He describes his experience like this:

They don't just agree with you, they ask you a question or they bring up a topic to talk about. You kind of go over it a little bit and then if you say something they'll even say, like, "Well, what do you mean by this? How does this make you feel?" It's a more kind of like –not, like, challenging against you to think that you're not thinking properly or whatever –But more like making you think further than just kind of the thoughts that you have, like, every day about it. So in school it was just kind of OK to talk about what's on your mind. This is kind of talk about what's on your mind and then also, like, further steps, what else aren't you thinking about? Like, is there a deeper point to this? They're not just like giving you solutions, kind of thing; like, they're making you kind of think them on your own.

Critical dialogue such as the ones in which Henri is now engaged are essential entry points for further conversations that have as a purpose in supporting trans youth in the excavation of how they come to constitute themselves as trans subjects and what the implications of those understandings are in the context of trans communities that are comprised of innumerable

ways of being. It is important to note that the strategy that Henri employed is not readily available: in theory, Ontario funds mental health programs for youth (Ontario Government, 2024) and “as long as a young person understands the treatment, why it’s being recommended, and what will happen if they accept or refuse treatment, the health care provider and family must respect the young person’s decision” (CMHA, 2024). In practice, however, significant barriers exist: many practitioners who provide care specific to gender identity are not included in provincial coverage, services may not be available in the youth’s geographical region, and despite having the *right* to consent to therapy and counselling, accessing care without a guardian’s support can be extremely challenging. Such insights have important implications for improving the provision of mental health support for trans youth in schools. Practitioners who are proficient in facilitating such exploratory reflections are invaluable as they ensure that, while coming to understand their own identities, youth are simultaneously developing an understanding of how they are in relation to others and reflecting on “the multiple, conflicting stories our bodies tell us about our socio-political world and [to] use that awareness to engage in dialectical practices with nuance... to work towards solidarity” (Owis, 2024, p.81) across trans communities.

7.4.3 Expanding paradigms

As Owis (2024) asserts, “the crisis of care in which we find ourselves reveals that the systems we live under—settler-colonialism, white supremacy, and cisheteropatriarchy, operated by the insidious demands of neoliberalism and racial-capitalism—are not working for many people” (p1). The youth participants demonstrated that the care they require is seriously lacking. School-based mental health, a field that is steeped in the “cultural imposition of gender, when combined with other characteristics of cultural cisgenderism, in particular the systemic erasure and essentializing of gender represents a formidable epistemological, cultural and social hurdle for trans children to overcome” (Kennedy, 2018, p.312) presents extraordinary hurdles to accessing care . Thus far, I have focused my analysis on specific themes identified by the youth who spoke with me for this study, and I would like to conclude with one student who spoke to the system as a whole, and in doing so, provided a foundation for questioning how we might expand our paradigms to understand the struggles that trans and gender-diverse youth face as interconnected and inseparable.

Haxt, a 19-year-old Indigenous youth, had just graduated from high school and was preparing to go to college at the time of our interview. While they never explicitly named Indigenous teachings connected to their Nation as a lens through which they were making meaning of their experiences, their deep appreciation for the ways in which their community invested in care and meaningful relationships with others was articulated multiple times, and their reflections throughout our conversation strongly reflected Owis' (2024) understanding of "Indigenous worldview, [which provides that] When everything is connected, our actions have ripple effects on everything around us and so we must act with great care and intentionality to ensure balance." (p.40). Haxt was preoccupied with untangling how to "hold the conflicting pieces of identity, place and purpose by embracing multiplicity" (Owis, 2024, p. 73) in a world of contradiction and conflict.

Haxt shared their experiences, drawing on an astonishing ability to simultaneously hold multiple perspectives in consideration. They saw *everything* as deeply related, imbricated, and constantly mutually forming; this is not to say that no feeling, experience, or action was ever considered as an isolated entity. Rather, Haxt constantly invoked and considered their subjective and affective experiences from multiple angles in an attempt to deepen their understanding of an issue:

I feel like things can either have meaning or no meaning. I think we give meaning to things that we make mean things to us. For example, a rock could just be a rock, there's different types of rocks, someone gives a meaning to this rock to another person, it could mean nothing, but the other rock it means something. Or another person thinks, "Oh, it doesn't matter, a rock is just a rock" or they don't care it's just all rocks so they like them all.

With respect to extending such reflections to understanding their own embodied gender identity, Haxt had this to say:

In my head, I imagine myself as a guy, I've had dreams which felt comfortable imagining myself as a girl, it feels fine too. It's a little weird you know with boobs and stuff, I guess it's to society norms with how everyone's supposed to represent themselves ... But me, I think if I woke up in a different body I would be shocked...I would be unfamiliar with it because at birth and growing up you have a specific type of your sense of who you are but in our reality too it's like your consciousness, soul

inside of you that is actually you and what resembles on the physical realm isn't you precisely...I know a lot of people can't really grasp that but it's fine because not everybody's the same, not everybody can interpret things like that ...nobody is wrong, it's like they're right but everybody's wrong at the same time but they're right at the same time because it's just depending on your perspective of the thing.

This quote, in its entirety, captures the multiple levels of perspective that Haxt holds at once when considering a topic: there is no one single 'right' or 'wrong' way to understand, just multiple points of view that are informed by complex histories and ongoing relationships. As Owis (2024) puts it, Haxt "grapple[s] with the dialectics of multiple truths that conflict, inform, and help us evolve our understandings about each other...they ask us to hold space for a nuanced understanding of our differently positioned worldviews" (p.50).

Above all, Haxt valued meaningful connections and explained that: "Aboriginal people are, our culture is, we care about each other and our souls, and our well beings, and we're there for each other. So, in a cultural aspect, we're really great for wellbeing and mental health".

Mental health for Haxt was understood as emotions felt internally and individually, but always informed by their context:

Mental health to me, when I found out I had it I knew I had something...I don't know if it's just the way my brain works but I don't want to say it's a part of me either. Because sadness sucks, you know, but it's my own reaction towards things that go on in my life... I sometimes get sad and maybe some of it is my own doing, some of it isn't my own doing at the same time, it just is what it is. The world –it's not my responsibility of how the world is or anything, but I still get sad for how the world is...I was just born into this world obviously didn't get a say. Either life has total meaning and there's something for everything or it has no meaning at all, maybe we are the ones that give it meaning.

These existential questions informed the way that Haxt understood the interconnectedness of the society, for on the other side of connection was a deep mistrust of a system that values

profit and individual gain over interdependence and recognizing the worth of a person as a whole; impersonal, dehumanizing generalization over specific and local understandings. In this system, oppression is not parsed out across axes of identity, but rather operates as one by imposing norms on individuals. In this sense, cissexism operates covertly, shaping the assumptions that are made about individuals and going largely unrecognized by those whose actions are shaped by it. One of the ways Haxt expressed this was when reflecting on the education system and how the worth of a person is measured in grades:

Grades do not depend on how smart you are. I know a lot of kids [think that is true]...you only learn certain things within those [subjects at school]. And people have their own lives and their own stuff they're going through. So, for colleges to even [admit students] on grade levels and stuff, I think that's bullshit...everybody should still have an equal chance to go. Because no matter what, you're still paying into a system for education, so they just want it [students with high grades] for more rep wise, where they can [advertise], "oh, get this, this is the best product"... I believe everyone has knowledge you can learn from, no matter who the individual is.

The disconnect between systems that purport to care for individual wellness and the evidence that they, in fact, care only about arbitrary measures of success and wellness was a theme that extended into Haxt's expedience with school-based mental health.

Though Haxt had struggled with mental distress since elementary school, the education system had never intervened. Haxt had one encounter with a guidance counsellor and did not seek further support past the one meeting. Their decision was not made based on that single event, but rather informed by their values and understanding of the whole education system, and school-based mental health's place within the system. Haxt was flagged by the guidance office because their grades had dropped significantly because of their mental distress. Though Haxt felt that the guidance counsellor who spoke to them was a caring individual, she was nevertheless embedded in a system that did not have the capacity to care for them in the way they required. Haxt observed,

She was concerned about my grades, and she would ask me what's going on ... and she would try and help me out...It wasn't the best, because you only get a certain amount of time and it's mostly about grades. So, the only time they raise suspicion is

like, “Hey, what's going on? Why are your grades dropping?” And it’s either, oh, you can say what's going on, but you're not going to fully open up to them...Because you're not comfortable with opening up to them 100%... You can just say, “Oh, I'm not doing that great” then you just leave it at that.

Haxt was aware of the fact that there were logistical limitations on how much they could share in the space that was provided because, despite the counsellor’s good intentions, there were just not the resources available for them to fully explain what was happening to cause their grade to drop. Haxt was also keenly aware that this counsellor also had to serve hundreds of other students, each with their own needs, and did not want to occupy space to the detriment of somebody else’s well-being.

In response to the pressure and questions that were amassing, Haxt turned inward to a *care of self* (Foucault, 1995, p.285), attending to the reflexive work of knowing themselves in relation to their communities, developing their personal ethics understand as a mode of relating to the self:

And I would go into deep thinking...I would ask myself these questions: OK so “why is society like this?”, and then I would go into depth and I’d be like, “Why are people like this?”...And I guess just asking myself question after question after question after question which has gotten me to this point.

They stop short, however, of applying this “reflexive part of freedom” (Foucault, 1995, p. 286) to engaging in any way in the “control of others” (p. 300). The care of self—to the exclusion of attending to the norms governing relations of power—might be seen to echo Foucault’s (1995) commentary on societies and their inability “to exist without power relations...the strategies by which individuals try to direct and control the conduct of others” (p.298) being a ‘utopic’ ideal. While Foucault (1995) further qualifies that the challenge is to work towards embracing strategies of engagement and intervention that “allow us to play these games of power with as little domination as possible” (p.298), the paradigm that Haxt operates from completely rejects the necessity of “constraints or coercive effects” (p.298) and assumes that relationships can be founded on a mutual and alternative understanding of care and autonomy. This is not to say, by any means, that Haxt is unaware of the realities of our current society and the hierarchical power relations at play; if anything, the full weight of the

complexity of how individuals come to understand their world and the role they occupy in it is present for them, at all times. And yet, they imagine something different: they imagine a “relational ethic and the nuances in it [which] allow for more space to be able to care for one another across lines of difference...centr[ing] non-hierarchical practices, community growth and connectedness between all living and non-living things” (Owis, 2024, p52).

These reflections have led Haxt to hope for a school-based mental health system that understands care for the individual as care for others as well:

I feel you have to change. I feel the adults...they have more power than they actually realise. Because you think that just because they're students, “Oh, they're already a certain way”. But those are the new next generation that's going to learn. And those are the next generation that's going to help the next generation. And it's “you get what you give”, in a sense. Even though people become unaware of that. It's how do you - everyone can change the world. It's just, you need to put in the effort each and every single individual person. You can't just do change by yourself, you need to try.

Haxt’s reflections call to mind Ahmed’s (2016) observation on privilege:

Think of a twig that snaps under pressure. A snap sounds loud, and it seems like a sudden movement. But the snap would only seem the start of something, or as the beginning of violence, if you did not notice the pressure on the twig. Pressure is hard to notice unless you are under pressure. A system can put some bodies under pressure without that pressure being experienced, let alone witnessed by others who are not under that pressure. (p.28)

Their understanding of the “ethical responsibility of centring relationships (to other humans, non-human animals, the land, and more-than-human world) [as] a practice that has the potential to provide ... avenues to care and thriving” (Owis, 2024, p. 40) the youth illustrate how our current education and school-based mental health systems currently only consider the snapping twig; the mechanisms of support do not recognize the pressure they exert and the impact they have on the branch, the tree, and the environment.

To return to the metaphor of practitioners as trees, and youth as Bank Swallows for a moment, Haxt’s decision not to ‘alight in the tree’ when their emotional environment was

crumbling is an important prompt to reconsider how we conceptualize care as part of dynamic and interacting system. Their choice to turn inward, rather than reach out had little to do with the individual who was offering help—Haxt described her as ‘caring’—and more to do with the how that particular tree fit into the environment as a whole. As Owis (2024) observes, the values that underpin the definition of ‘care’ have significant implications for the methods of care that are provided. Haxt’s experience illuminates the inconsistencies of a system that grows from the enmeshed articulations of oppression and purports to care for students with its complete inability to do so because it is limited by its own frameworks and administrative governance of mental health care: in a system that prioritizes grades and arbitrary measures achievement, intervening only when if these fall below a standard, a conceptualization of care that attends to the whole person, independent of ‘achievement’, and which has as a goal the wellness of future generations is unthinkable. Ansara (2010) urges practitioners to consider how they “might be better served by recommended thinking, by seeking out new sources of knowledge production and new ways of viewing the world” (p.193), as a path towards redefining support.

7.5 Conclusion

This chapter has centred the experiences of the trans and gender-diverse youth in this study to explore the impacts of cissexism, as it operates in overt and tacit ways, on the access and provision of school-based mental health care. The youth participants in this study each came with unique experiences and understandings of their context, of their own mental health needs, and of the ways in which school-based mental health services are meeting and falling short. Their accounts revealed that cissexism is an always-present force that had the effect of *clipping their wings* through the threat of or actual denial of care. It also meant that they were *flocked* into an externally imposed gender identity by practitioners, and this misrecognition had ramifications on the kind of care they received. These accounts brought to light how systems as a whole come to bear on the well-being of trans and gender-diverse youth. Their experiences also revealed that there is no checklist that can ensure that a space is entirely affirming of trans and gender-diverse students in seeking support for mental health concerns as diverse as they are. Their engagement with *practices of freedom* in the form of the assessments both of themselves and their contextual ‘rules’ that they enacted indicated the points of articulation of cissexism that they refused and/or pushed back against. In this sense,

their actions and decisions of refusal pointed to areas of potential intervention for the educational support worker to disrupt cissexism and so work to provide more responsive mental health support for these students though this did not always materialize as the youth illuminated. Ultimately, the youth highlighted the need to redefine the mental health ‘support’ through a trans-informed lens, prioritizing *authentic relationships, skills for critical frameworks and self-determination*, while working towards building a nested system that embeds and intertwines multiple paradigms for understanding mental health and wellness in ways that refuse cissexism and cultural cisgenderism. In the following chapter, I conclude this study with some final reflections on the project as a whole and the directions that these findings offer for moving forward.

Chapter 8

8 Conclusion

This dissertation broached the question of how trans and gender-diverse youth come to be seen and recognized in Ontario's school-based mental health system. Guided by Trans Studies and drawing on Foucauldian analytic frameworks, this study explored how trans and gender-diverse youth come to be constituted as (in)visible subjects through *regimes of truth* (Foucault, 1982) based in discourses of biological essentialism (Kennedy, 2018) and the cissexism that infuse policy, research, and practice as it relates to trans mental health. Drawing on the desubjugated perspectives of trans and gender-diverse youth who engaged with school-based mental health and those of practitioners who work in the field, this study sought to shed light on the circulation and impacts of cissexism on the provision of and access to mental health supports in Ontario schools. In addition, it illuminated the ways in which youth and practitioners alike respond to and resist cissexism in their lives and practice. In what follows, I reflect on the implications of this study as it pertains to the provision of and access to mental health supports for trans and gender-diverse youth and the lessons learned from the limitations of this study. Finally, I offer some thoughts on moving forward in this field, given the current socio-political context where the legitimacy of trans and gender-diverse people and their right to exist are being challenged locally in Ontario and also globally.

8.1 Implications: Towards visibility

As this study has demonstrated, trans and gender-diverse youth are currently overwhelmingly constituted as (in)visible subjects in the field of school-based mental health. This (in)visibility stems, in part from the omission and erasure, or reductive representation of trans identities in mental health pre-service programs. Practitioner participants spoke in detail about how this gap in their training impacted on their feelings of preparedness in working with trans and gender-diverse youth, and the lengths that they went to redress this. Taken alongside the youth accounts of accessing mental health services in school, the education gap takes on even greater significance. Where practitioners called for more training, youth experiences revealed that a much deeper and sustained examination of the field is required. A

shift is needed to embrace of knowledge that is derived from a trans desubjugated grounding that affords a deeper and more nuanced understanding of trans intelligibility. This speaks to and refuses the cissexist imperatives that currently govern the imposition of gender regulatory norms in school-based mental health. This depth of work that is needed to *transcend cisgenderism*, as Ansara (2010) puts it –that is to say, thoroughly disrupting cisgenderist norms through practice as opposed to accommodating around them – fundamentally far exceeds the scope of current professional development requirements, or the inclusion of trans identities within pre-service training that the participants in this study reported on. In short, those involved in the field of school-based mental health might learn from the youth participants and their engagement with a *care of self* (Foucault, 1995) which requires a nuanced understanding of the “set of rules by which truth is produced” (p.297) that constitute trans and gender-diverse youth as (in)visible subjects. Such a care of the self also extends to an awareness of the need to support trans and gender-diverse students’ own self-constitution and knowledge of their personhood. This reflexive work grounded in a commitment to supporting trans desubjugation (Stryker, 2006) is essential to practitioners engaging in *practices of freedom* and supporting those of trans and gender diverse students in schools (Foucault, 1995).

These practices required a degree of self-reflexivity that entails interrogating the norms that govern the administration and provision of school based mental health for trans youth to consider what strategies of resistance and strategic interventions are available. Ansara (2010), for example, provides an avenue for such practices, suggesting that, for practitioners, “transcending cisgenderism means asking tough questions and initiating swift action, rather than becoming mired in theoretical discussions that exclude practical applications or evaluating policies without first having to re-evaluate their problematic underlying conceptual frameworks” (p.193) which are suffused with cissexist assumptions. Ansara (2010) further states that practitioners have a “ethical responsibility to challenge injustice”, a prospect that is unthinkable if an intentional emphasis is not applied “to map the divergent genealogical conceptualizations of gender and sexual dissidence and complexity outside queer theory and transgender studies to suture a complete body of knowledge that has been dismembered by white, Anglo, queer theory” (Salas-SantaCruz, 2022, n.p.). This depth of unlearning is necessary for creating spaces for youth to access and explore identities that resonate with their personhood, but also to ensure that practitioners are equipped to address

oppression that circulates within trans communities such as ableism and racism as Lynn did with the youth she worked with.

8.2 Limitations and lessons

When considering the limitations of this project, two lessons emerged pertaining to engagement with participants. With regards to the practitioner participants, the limitation had to do with the scope of the project and the nature of the field itself with respect to converging policy ensembles and discourses governing the administration and provision of school-based mental health supports for trans and gender diverse youth. Given the broad scope of the field and the different professional designations assigned to those who provide mental health supports to youth in schools –e.g. social worker, school psychologist, guidance counsellor – some specificity with regard to the expertise that each role brings was lost. The limitations related to the recognition and compensation of youth participants in this project have also led me to reconsider how I hope to engage with youth-centred research going forward so as to address the “network of unequal relationships in the production of knowledges” (Radi, 2019, p.48) that arise when youth are asked to lend their insights to research projects.

The field of school-based mental health spans three ministries and is comprised of innumerable departments and roles to ensure that young people have access to mental health care. However, the call for participants for this study listed only three: guidance counsellors, psychologists, and social workers but could also have included Elders, school nurses, and any community partnerships that provide additional support. This study attempted to map an exceedingly large terrain of policy, practice, and practitioners. In this first pass at capturing the breadth of the field, the particularities relating to each professional role designation were not accounted for. Using the accounts that practitioners shared in this study is a point of departure for considering how more targeted research might provide insights into the specific practices of mental health practitioners in light of their particular disciplinary backgrounds such as social work, school psychology counselling, and youth studies.

For over a decade now, I have worked in some capacity in youth-centred research as an educator and facilitator. The context in which this project unfolded prompted me to reflect on the ways in which I had been working with youth-engagement research, and how I might want to revision this going forward. As I discussed in Chapter 4, data collection for this

project took place at the heights of COVID-19 lockdowns. Given these conditions, I decided to eliminate the youth Photovoice project that I had designed, in part because of challenges with the collection of photographs, but also because youth were sharing that they were tired: they were online for school, they were learning new platforms, and even though they wanted to participate in this part of the project, it was an additional request from them that was labour-intensive. After making this decision, I felt a distinct shift with regards to my work with the youth that I could not quite place. My reflections centred around questions of contradiction between a researcher's explicit *intent* to provide care for the participants in their studies and the inadvertent or unintentional effect of that care being *imposed*. For example, the *intent* of providing care through unquestionably necessary ethics protocols of anonymity and confidentiality juxtaposed against an *imposition* of care that was misaligned with the reality of the students' lives. In this case, the youth were overwhelmed with the onerous process of downloading and uploading their photos across multiple devices and had requested that they be able to text me their photos so that I could upload them in their place. The Ethics Review Board found that text messages posed risks to confidentiality and so restricted youth from submitting their photography via text message. The *intent* to care for them through protecting risks to confidentiality did not align with the reality of how youth were utilising technology. In a second example, the *intent* to provide compensation versus the *imposition* of compensation collided. Many participants asked if they could 'pay forward' their gift certificates or have me donate their gift card to someone else. Through ethics protocols, I had no means to do this and so the compensation was *imposed* on participants. Ideally, I would have been able to provide participants with the choice of an honorarium that they were able to select in the moment, be that gas card, grocery card, or donation to a charity. The notions of compensation and confidentiality came together as a way of thinking through the larger question on my mind which was that the *unequal relationships in the production of knowledge* (Radi, 2019, p.48), the dynamics of "infantilizing, deficit-based was [of caring] that ignore the reciprocal and relation aspects of care between people" (Owis, 2024, p.75), and how I was participating in this system, now that the photovoice project was no longer active.

The photovoice project was designed to serve as an additional source of data, but also as a space to highlight and bring attention to the invaluable contributions that the youth were making in developing understandings of trans mental health needs specific to school-based

mental health. The project should have culminated in an exhibition of the youths' photography, providing a way for them to engage in being recognized for their participation to an extent that they felt was right for them. Had the exhibit taken place, they could have chosen to display their work anonymously, with their names, appear in person and not be recognized for their contribution, appear in person and speak to their work, and even sell their work if that was what they chose, and thus making space for them to take up a position as "bearers of relevant knowledge" (Radi, 2019, 48). Without this opportunity, the relationship felt unbalanced and a little too close to *epistemic extractivism*, a practice which Radi, (2019) explains "works through looting, appropriation, and commoditization of knowledge produced by underprivileged communities, for the benefit of the most privileged ones" (p. 49). As such I was unable to provide the opportunity to honour the epistemic contributions the youth were making by speaking about their experiences with school-based mental health. I was also conscious of the fact that the topic which we discussed could be contributing to a culture of what Malatino (2020) refers to as *voluntary gender work*, "mostly unenumerated advocacy work... communal, institutional, and social support" (p. 20). Every single youth stated that they participated in this study because they wanted to help or support their peers; a \$10 gift card felt so inadequate for this kind of labour.

Reflecting on this and other youth-centred projects I've participated in, I recognize that this *unequal relationship in the production of knowledge* (Radi, 2019, p.48) has always been present and as I move forward, I am intentionally rethinking how this imbalance might be rectified. One of the pathways I am exploring is working in partnership with schoolboards to facilitate youth-centred research opportunities that would provide multiple entry points to engaging in research based on student interest and capacity, (e.g., participatory research design; see Conrad & Cambell, 2008; Reyes Cruz, 2008), creating knowledge mobilization strategies, or even acting as a mock-participant for youth researchers to practice interview skills with, and sustained support for young people during and after the projects (e.g., participation counting towards a high school credit needed for graduation, adequate financial compensation, letters of reference, and ongoing opportunities to engage in projects). In addition to redressing the unequal relationship, I have reflected on a comment that Lynn, a system-level social worker, made in her interview. She noted that:

A problem I was seeing in the work that I was doing was that queer youth thought that the only career they could have was being a professional queer... Like, all you get to do is tell your story and that's your life, and you get maybe paid for it.

This observation takes on even more significance when paired with the youth accounts in this study where they reported not seeing themselves represented as whole people. Youth might choose to engage in human rights related activism, but youth-centred research opportunities should make every effort to engage these young people across their nuanced life-interests, not merely on the basis of one of their axes of gender identity. Following Namaste, (2000), working in partnership with trans and gender-diverse youth through research that is committed to an ethic of trans desubjugation (Stryker, 2006) can be one way of engaging in research that “seeks to offer knowledge of practical relevance to transexual and transgendered people” (p.70).

8.3 Moving forward

In the years since this project began, anti-trans and anti-queer violence has been on the rise: policies protecting youth rights to come out to their parents when they are ready have been changed across provinces, and a Canada-wide movement opposing the inclusion of education about gender identity and sexual orientation have been rapidly gaining traction (Blueprint for Canada, n.d.; Cohen, 2023; Ling, 2023). At one of the rallies opposing the 1 Million March 4 Children that I attended along with some wonderful colleagues, I overheard a group of youth behind me comment on the anti-2SLGBTQIA+ protesters across the road shouting hateful words at us. They were saying, “I go to school with that kid, and that kid, and that kid...”; they were identifying the peers that they would have to face the next day at school after being subjected to their open transphobia. I returned home from the protest that day feeling like everything around me had been scorched by fire, but the next day, I had the support and care of my colleagues and a safe place to be in. I cannot imagine what it was like for those youth entering their school that morning, after hearing the hate coming directly from their peers the day before.

The Supreme Court of Canada has just ruled that the Charter of Rights and Freedoms applies to Ontario school boards and that the Canadian Charter of Rights and Freedoms applies to Ontario public schools (EGALE, 2024), though it is too early to know how this

ruling will be implemented or how it will impact youth privacy directly. While this ruling has been met with hope and optimism (EGALE, 2024), Spade (2015) cautions that legal protections are not guarantees for, “these projects change only what the law says about what a system is doing, but not its actual impact” (p.49). In an Ontario context, even with protective policies in place, educators in the publicly funded Catholic boards report not being able to be ‘out’ at work (Martino et al., 2022). Although the Ministry of Education announced last year that students would be required to take mandatory mental health literacy modules beginning in the fall of 2024 (Ministry of Education, 2023), the resources, which are being developed in partnership with School Mental Health Ontario, include an *Identity-affirming school mental health frame* (School Mental Health Ontario, 2024) which focuses on “decentering whiteness” and anti-racist approaches, but even in its Supportive Resources for Adult Allies, make no mention of trans and gender-diverse youth, or Rainbow communities. It bears noting that this initiative is being launched by the same government which repealed the 2015 Health and Physical Education (HPE) curriculum, reinstated the 1998 curriculum in the interim while a new document was being created, and instituted a “snitch-line” where parents and caregivers could report teachers who were including Rainbow representation in their HPE lessons (Brockbank, 2019).

The mental health needs of trans and gender-diverse students are changing rapidly under the pressure of our current socio-political climate and there is an insufficient number of practitioners to meet this need (Toronto Youth Cabinet, 2023). It is impossible to imagine that this environment which is increasingly hostile towards trans and gender-diverse people is not also putting pressure on the practitioners who provide mental health care in schools (see Pickles, 2022). As Malatino (2020) asserts, burnout can look like spontaneous combustion if we are not paying attention to the rising temperatures:

...burnout, compassion fatigue, vicarious trauma, self-care—doesn’t quite grasp the complicated reality of working to make one another’s (deeply interwoven) lives more livable in the broader context of institutional disinvestment and systemic harassment and discrimination that produces mutually resonant forms of traumatization and triggering... This necessitates really grappling with questions of care—how we understand it, how we measure it, how we account for it. (p.6)

Moving forward means considering this ecosystem as a whole. Lynn, for example, spoke about the challenges of working with openly transphobic and homophobic parents on her well-being and the negative impact this had on her ability to support youth in the ways they needed. The youth in this project asked that “support” be redefined, and part of this work includes considering how this toxic environment is impacting on those who provide care. Drawing on frameworks of mutual aid (Malatino, 2020; Spade, 2015) and queer and trans ethics of care (Owis, 2024) may be useful options for rethinking what mental health support looks like in schools going forward, as these approaches account for all individuals who are connected through networks of support. Such considerations are critical given that there will be no place for the birds to land if all of the trees have been burned to the ground.

The question of ‘moving forward’ is also one of how we effect change, and as a way of concluding, I’d like to offer Haxt’s insights on change: “you have to plant the seed first to even get that kind of result and effect into the world... then it's time, just because you don't see it right away doesn't mean it's not there is just underneath, waiting to sprout.” We don’t always see the change that is happening. In my interview with Sarah, a school psychologist who had recently graduated, I asked her how she defined *gender diversity* she originally stated that, “the approach I take normally is to let someone explain it to me, right? I kind of try and stay away from giving a definition”. Near the end of the interview, she returned to this question of her own accord:

I'm just thinking here now. I think earlier I was like, “Oh, well I always put it back on the client” [to provide definitions of identity], right? I'm always, like, “You tell me because I don't want to mess up either. But I think that some clients really appreciate that I come out now and ask. So maybe, like, sometimes being more direct is helpful and might be the answer for certain people.

Sometimes, things take root, and we aren’t aware that it is happening which is the point of Haxt’s insight. Interviews were intended to be a space where participants could share their experiences, and this unanticipated turn reminded me that change happens like sprouting a seed: with the right conditions, with care, and with a little bit of luck. As Ahmed (2016) states,

The effort to transform a world is hopeful, not only or always because of what we do bring about (we might fail, we do fail) but also because of what (and who) we come into contact with. Contact gives us a chance. (p.32)

This reflection on contact returns us to Haxt's observation that, "You can't just do change by yourself, you need to try." We have hammers (Ahmed, 2016); care webs (Malatino, 2020), and "whole fields of responses, reactions, results, and possible inventions" (Foucault, 1982, p. 789) available to us. We have to keep trying.

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Appendices

Appendix A: Youth Flyer

PARTICIPANTS NEEDED

Are you a youth between the ages of 14 and 20 that identifies as Trans or Gender Diverse (e.g., agender, genderqueer, non-binary, Two-Spirit)? Have you asked for, or thought about asking for mental health support at school?

We are looking for volunteers to take part in a study about your experience accessing mental health support in your high school.

If you are interested and agree to participate you would be asked to take part in an interview (up to one hour), a Photovoice project, and participation in an online focus group with other members of the study.

In appreciation for your time, you will receive a \$10 gift card to the coffee shop of your choice.

For more information about this study, or to volunteer for this study,
please contact:

Jenny Kassen

Faculty of Education, Western University

XXX-XXX-XXXX

OR

Wayne Martino (Principal Investigator)
Faculty of Education, Western University

Appendix B: Youth Letter of Information and Consent Form

Letter of Information

Working (in)visible binaries: Trans and gender diverse youths' experience of accessing school-based mental health supports

Letter of Information- Youth

Principal Investigator

Dr. Wayne Martino, PhD

Faculty of Education, Western University

Additional Research Staff

Jenny Kassen

Introduction

You are being invited to participate in a study about what accessing mental health support at school is like for Trans and Gender Diverse Youth. If you identify as Trans or Gender Diverse and have accessed or thought of accessing mental health support at school, we invite you to be a part of this

Why is this study being done?

The purpose of this study is to learn about what it is like for Trans and Gender Diverse youth to ask for mental health support at school. We hope to learn from your experience in order to help schools better support Trans and Gender Diverse Youth with their mental health needs.

What will happen during this study?

This study is looking for youth participants between the ages of 14-20 who identify as Trans or Gender Diverse (e.g., transgender, agender, genderqueer, etc.) and have accessed or thought of accessing mental health support at school.

There are two parts to this study: an interview and Photovoice project. If you decide to participate you will be asked to take part in an interview where you will be asked questions about what accessing mental health support at school has been like for you as a Trans or Gender Diverse Youth. The interview should last about one hour and, with your permission, will be audio-recorded. The audio-recording will later be transcribed by Transcript Heroes, a professional transcription service. If you do not wish to be audio-recorded, the researcher will take notes during the interview instead. Photovoice is a way of collecting information about your experience using the camera on your phone. For this part of the study, you will be asked to take up to ten (10) pictures that represent your answer to the question *What do you want to share about your experience with mental health supports for TGDY in schools through photography?* After you have taken the pictures, you will meet again with the researcher to talk about what you photographed and why. In a focus group made up of the other participants in the study, we will upload the pictures to a secure online platform called OWL and work collaboratively to explore how themes and stories told through these pictures can educate viewers about supporting the mental health of Trans and Gender Diverse Youth at school.

The first interview, collection of photographs, and follow-up interview will take place between March and June, 2020. The online collaboration will take start in July, 2020.

What are the risks and harms of participating in this study?

Talking about mental health can be difficult and bring up strong emotions. It is possible that you may feel upset or distressed after the interview. A list of local resources is included in this form, should you need emotional support. These resources can be accessed online or by phone.

What are the benefits of participating in this study?

You may not directly benefit from participating in this study but information gathered will help improve access to school-based mental health supports for Trans and Gender Diverse Youth.

Can participants choose to leave the study?

If you decide to withdraw from the study, you have the right to request (e.g., by phone, in writing, etc.) withdrawal of information collected about you. If you wish to have your information removed please let the researcher know and your information will be destroyed from our records. You have the right to withdraw from the study at any time. However, in the event you choose to withdraw from the focus group during or after the session, we cannot guarantee that comments made in the focus group session will be removed from researchers' notes as it is an active discussion and we will be unable to reliably track who said each comment. Once the study has been published we will not be able to withdraw your information.

How will participants' information be kept confidential?

Representatives of Western University's Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

Your name and email address is being collected so that the researchers can contact you but no identifiable information will be disclosed in the dissemination of this study. Only the researchers will have access to any identifiable information. Your information will be kept on a password-protected computer and, in the case of the consent form, in a locked office. The researcher will keep all personal information about you in a secure location for 7 years. A list linking your pseudonym with your name and contact information will be kept by the researcher in a secure place, separate from your study file. If the results of the study are published, your name will not be used. Please be advised that although the researchers will take every precaution to maintain confidentiality of the data, the nature of the Photovoice focus group on the OWL platform prevents the researchers from guaranteeing confidentiality as the other youth participants will be able to see your contributions. The researcher may wish to use personal quotes, photographs, titles of photographs, and artist statements within the publication of this study and you may consent to this by checking the appropriate boxes in the consent form bellow. The researchers would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the Photovoice focus group to others. You will be in charge of deciding if and how you wish to be identified when this research is shared

at public exhibits or in publications. While we do our best to protect your information there is no guarantee that we will be able to do so.

Limits of confidentiality

If you disclose that you are going to harm yourself or others, or if you are 16 and under and disclose that you are being harmed, the researcher has a duty to report this to the appropriate authorities.

Are participants compensated to be in this study?

You will be compensated with a \$10 gift card to the coffee shop of your choice for your participation in this study. If you do not complete the entire study, you will still be compensated. You will receive your gift card before the first interview begins.

What are the rights of participants?

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on your employment or academic standing.

You do not waive any legal right by consenting to this study.

Whom do participants contact for questions?

If you have questions about this research study please contact:

Dr. Wayne Martino, PhD
Faculty of Education, Western University

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics (519) 661-3036, 1-844-720-9816, email: ethics@uwo.ca. This office oversees the ethical conduct of research

studies and is not part of the study team. Everything that you discuss will be kept confidential.

This letter is yours to keep for future reference.

Consent Form

Working (in)visible binaries: Trans and gender diverse youths' experience of accessing school-based mental health supports

Consent Form- Youth

Principal Investigator

Dr. Wayne Martino, PhD

Faculty of Education, Western University

Additional Research Staff

Jenny Kassen

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

CONTACT FOR FUTURE STUDIES

Please check the appropriate box below and initial:

I agree to be contacted for future research studies

I do NOT agree to be contacted for future research studies

I agree to be audio-recorded in this research.

YES NO

I consent to the use of unidentified quotes obtained during the study in the dissemination of this research.

Yes No

Print Name of Participant	Signature	Date (<i>DD-MMM-YYYY</i>)

My signature means that I have explained the study to the participant named above. I have answered all questions.

Print name of Person Obtaining Consent	Signature	Date (<i>DD-MMM-YYYY</i>)

Appendix C: Youth Interview Guide

Demographic

1. Tell me about yourself as a person, how would you describe yourself?

Knowledge

1. When did you start learning about gender diversity?
2. How do you understand gender diversity these days? What does gender diversity mean to you?
3. When did you start learning about school-based mental health?
4. How do you understand mental health currently? What does mental health mean to you?

Experience

1. Would you tell me about being a TGDY in your school?
2. What do you think is known about TGD in your school (Adults? Peers?)
3. Would you tell me about being in school while experiencing low mental health?
4. When you have experienced low mental health in the past, how did you decide when to reach out for extra help?
5. How did you decide who to reach out to? Who did you talk to first? As a last resort? Why?
6. What role has school-based mental health supports played in your experience?
7. If you have accessed school-based mental health resources
 - a. What was it?
 - b. How did you find out about it?
 - c. What did you consider or think through before accessing it?
 - d. Did the resource meet your needs (process to access, in-service, follow-up)
 - e. Would you recommend this service to other TGDY in your school?
8. If you have not accessed school-based mental health resources, could you tell me about why?

Next steps and outcomes

1. What does school-based mental health support for TGDY look like to you, ideally? What changes do you think would need to be made?
2. What do you hope will come from this study? Is there a specific audience that you feel should be aware of these perspectives?

Appendix D: Youth Debrief Form

DEBRIEFING FORM

Project Title: Working (in)visible binaries: Trans and gender diverse youths' experiences accessing school-based mental health support in Ontario public schools

Principal Investigator:

Dr. Wayne Martino

Faculty of Education, Western University

Additional Research Staff

Jenny Kassen

Thank you for your participation in this study. The purpose of this study was to learn about your experience accessing school-based mental health support.

Talking about mental health can sometimes be upsetting. Here is a list of local contacts that you can reach via phone or internet if you feel you need support following this interview.

- **Trans Lifeline:**
Phone: 877-330-6366
Website: www.translifeline.org
- **Youthline:**
Phone: 1-800-268-9688
Website (live chat option available): www.youthline.ca
- **Kids Help Phone:**
Phone: 1-800-668-6868
Text: 686868
Website (live chat option available): www.kidshelpphone.ca
- **Reach Out:**
Phone: 1-866-933-2023
Website: ReachOut247.ca
- **The Support Line**
Phone: 1-844-360-8055
Website: CMHAMiddlesex.ca

- First Nations and Inuit Hope for Wellness
Phone: 1-855-242-3310

Thank you so much for your participation,

Jenny Kassen

Appendix E: Practitioner Flyer

PARTICIPANTS NEEDED

Are you currently working in a high school providing mental health support to youth (e.g., psychologist, social worker, guidance counsellor)?

We are looking for volunteers to take part in a study about your experience providing mental health support to Trans and Gender Diverse Youth in your school.

If you are interested and agree to participate you would be asked to take part an interview (up to one hour).

In appreciation for your time, you will receive a \$10 gift card to the coffee shop of your choice.

For more information about this study, or to volunteer for this study, please contact:

Jenny Kassen

Faculty of Education, Western University

xxx-xxx-xxxx

OR

Wayne Martino (Principal Investigator)

Faculty of Education, Western University

Appendix F: Practitioner Letter of Information and Consent Form

Letter of Information

Working (in)visible binaries: Trans and gender diverse youths' experience of accessing school-based mental health supports

Letter of Information- Adult

Principal Investigator

Dr. Wayne Martino, PhD

Faculty of Education, Western University

Additional Research Staff

Jenny Kassen

Introduction

You are being invited to participate in a study about what accessing mental health support at school is like for Trans and Gender Diverse Youth. If you are currently working in a high school providing social support (e.g., social worker, guidance counsellor, psychologist, etc.) we would love to hear from you.

Why is this study being done?

The purpose of this study is to learn about what it is like for Trans and Gender Diverse youth to ask for mental health support at school. We hope to learn from your experience in order to help schools better support Trans and Gender Diverse Youth with their mental health needs.

What will happen during this study?

This study is looking for adult participants who currently work in public high schools and provide social support to students (e.g., social worker, guidance counsellor, psychologist, etc.)

If you decide to participate you will be asked to take part in an interview where you will be asked questions about providing mental health support at school to Trans or Gender Diverse Youth. The interview should last about one hour and, with your permission, will be audio-recorded. The audio-recording will later be transcribed by Transcript Heroes, a professional transcription service. If you do not wish to be audio-recorded, the researcher will take notes during the interview instead.

Interviews will take place between March and August of 2020.

What are the risks and harms of participating in this study?

Talking about mental health can be difficult and bring up strong emotions. It is possible that you may feel upset or distressed after the interview. A list of local resources is included in this form, should you need emotional support. These resources can be accessed online or by phone.

What are the benefits of participating in this study?

You may not directly benefit from participating in this study but information gathered will help improve access to school-based mental health supports for Trans and Gender Diverse Youth.

Can participants choose to leave the study?

If you decide to withdraw from the study, you have the right to request (e.g., by phone, in writing, etc.) withdrawal of information collected about you. If you wish to have your information removed please let the researcher know and your information will be destroyed from our records. You have the right to withdraw from the study at any time. Once the study has been published, we will not be able to withdraw your information.

How will participants' information be kept confidential?

Representatives of Western University's Non-Medical Research Ethics Board may require access to your study-related records to monitor the conduct of the research.

Your name and email address are being collected so that the researchers can contact you but no identifiable information will be disclosed in the dissemination of this study. Only the researchers will have access to any identifiable information. Your information will be kept on a password-protected computer and, in the case of the consent form, in a locked office. The researcher will keep all personal information about you in a secure location for 7 years. A list linking your pseudonym with your name and contact information will be kept by the researcher in a secure place, separate from your study file. If the results of the study are published, your name will not be used

Are participants compensated to be in this study?

You will be compensated with a \$10 gift card to the coffee shop of your choice for your participation in this study. If you do not complete the entire study, you will still be compensated. You will receive your gift card before the interview begins.

What are the rights of participants?

Your participation in this study is voluntary. You may decide not to be in this study. Even if you consent to participate you have the right to not answer individual questions or to withdraw from the study at any time. If you choose not to participate or to leave the study at any time it will have no effect on your employment or academic standing.

You do not waive any legal right by consenting to this study.

Whom do participants contact for questions?

If you have questions about this research study please contact:

Dr. Wayne Martino, PhD
Faculty of Education, Western University

If you have any questions about your rights as a research participant or the conduct of this study, you may contact The Office of Human Research Ethics (519) 661-3036, 1-844-720-9816, email: ethics@uwo.ca. This office oversees the ethical conduct of research studies and is not part of the study team. Everything that you discuss will be kept confidential.

This letter is yours to keep for future reference.

Consent Form

Working (in)visible binaries: Trans and gender diverse youths' experience of accessing school-based mental health supports

Consent Form- Adult

Principal Investigator

Dr. Wayne Martino, PhD
Faculty of Education, Western University

Additional Research Staff

Jenny Kassen

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

I agree to be audio-recorded in this research.

YES **NO**

I consent to the use of unidentified quotes obtained during the study in the dissemination of this research.

Yes No

Print Name of Participant	Signature	Date (<i>DD-MMM-YYYY</i>)

My signature means that I have explained the study to the participant named above. I have answered all questions.

Jenny Kassen

Print name of Person Obtaining Consent	Signature	Date (<i>DD-MMM-YYYY</i>)

Appendix G: Practitioner Interview Guide

Demographic

1. Tell me about yourself as a person, how would you describe yourself?
2. What is your role in the school?

Knowledge

1. When did you start learning about gender diversity?
2. How do you understand gender diversity these days? What does gender diversity mean to you?
3. When did you start learning about school-based mental health?
4. How do you understand mental health currently? What does mental health mean to you?
5. What have you **learned about TGDY and mental health**?
6. Where have you gone to support **your learning** about gender diversity and mental health? (School? Board? Community resources?)

Experience

1. What is your experience of supporting TGD youth as an educational worker?
2. Tell me about the process a student would go through to access support from you (How do they know they can come to you? How do they contact you? How do they find out about the support you provide?)
3. What happens after a TGDY reaches out to you? What resources do you offer (on and off site)
4. What does follow-up look like? (Do students come back? Referred on?)
5. Who, apart from you, supports TGDY with their mental health needs at your school?
6. Do you feel that TGDY are receiving the support they need at your school? In your board?

Next steps and outcomes

1. What does school-based mental health support for TGDY look like to you, ideally? What changes do you think would need to be made?
2. What do you hope will come from this study? Is there a specific audience that you feel should be aware of these perspectives?

Appendix H: Practitioner Debrief Form

DEBRIEFING FORM

Project Title: Working (in)visible binaries: Trans and gender diverse youths' experiences accessing school-based mental health support in Ontario public schools

Principal Investigator:

Dr. Wayne Martino

Faculty of Education, Western University

Additional Research Staff

Jenny Kassen

Thank you for your participation in this study. The purpose of this study was to learn about your experience accessing school-based mental health support.

Talking about mental health can sometimes be upsetting. Here is a list of local contacts that you can reach via phone or internet if you feel you need support following this interview.

- ConnexOntario
Phone: 1-866-531-2600
Website (live chat option available): connexontario.ca
- Reach Out:
Phone: 1-866-933-2023
Website: ReachOut247.ca
- The Support Line
Phone: 1-844-360-8055
Website: CMHAMiddlesex.ca
- First Nations and Inuit Hope for Wellness
Phone: 1-855-242-3310

Thank you so much for your participation,
Jenny Kassen

Appendix I: Ethics Approval Form



Date: 9 March 2020

To: Prof. Wayne Martino

Project ID: 115214

Study Title: Working (in)visible binaries: Trans and gender diverse youths' experiences accessing school-based mental health support in Ontario public schools

Short Title: Working (in)visible binaries

Application Type: NMREB Initial Application

Review Type: Full Board

Meeting Date: 07/Feb/2020

Date Approval Issued: 09/Mar/2020

REB Approval Expiry Date: 09/Mar/2021

Dear Prof. Wayne Martino

The Western University Non-Medical Research Ethics Board (NMREB) has reviewed and approved the WREM application form for the above mentioned study, as of the date noted above. NMREB approval for this study remains valid until the expiry date noted above, conditional to timely submission and acceptance of NMREB Continuing Ethics Review.

This research study is to be conducted by the investigator noted above. All other required institutional approvals must also be obtained prior to the conduct of the study.

Documents Approved:

Document Name	Document Type	Document Date	Document Version
Debriefing Document	Debriefing document	25/Jan/2020	1
Debriefing Document-adult	Debriefing document	25/Jan/2020	1
End of Study Letter Template	End of Study Letter	25/Jan/2020	1
Final Debrief	Debriefing document	25/Jan/2020	1
Flyer-Adult_v2	Recruitment Materials	25/Feb/2020	2
Flyer-Youth_v2	Recruitment Materials	25/Feb/2020	2
Interview Guide. Follow up	Interview Guide	25/Jan/2020	1
Interview Guide.1.adult	Interview Guide	25/Jan/2020	1
Interview Guide.1.youth	Interview Guide	25/Jan/2020	1
Letter of Information_Consent_Adult_v2	Written Consent/Assent	25/Feb/2020	2
Letter of Information_Consent_Youth_v2	Written Consent/Assent	25/Feb/2020	2
Photovoice instructions-Focus Group_v2	Focus Group(s) Guide	25/Feb/2020	2
Recruitment Email-Community_v2	Recruitment Materials	25/Feb/2020	2
Recruitment Email-Union_v2	Recruitment Materials	25/Feb/2020	2
Verbal Recruitment Script	Oral Script	25/Jan/2020	1

No deviations from, or changes to the protocol should be initiated without prior written approval from the NMREB, except when necessary to eliminate immediate hazard(s) to study participants or when the change(s) involves only administrative or logistical aspects of the trial.

The Western University NMREB operates in compliance with the Tri-Council Policy Statement Ethical Conduct for Research Involving Humans (TCPS2), the Ontario Personal Health Information Protection Act (PHIPA, 2004), and the applicable laws and regulations of Ontario. Members of the NMREB who are named as Investigators in research studies do not participate in discussions related to, nor vote on such studies when they are presented to the REB. The NMREB is registered with the U.S. Department of Health & Human Services under the IRB registration number IRB 00000941.

Curriculum Vitae

Name:	Kassen Jenny
Post-secondary Education and Degrees:	<p>OCAD University Toronto, Ontario, Canada 2007-2011 B.A. Design</p> <p>The University of Western Ontario London, Ontario, Canada 2011-2012 B.Ed.</p> <p>The University of Western Ontario London, Ontario, Canada 2014-2016 M.A Educational Studies</p> <p>The University of Western Ontario London, Ontario, Canada 2016-2024 Ph.D. Critical Policy, Equity, and Leadership Studies</p>
Honours and Awards:	<p>Province of Ontario Graduate Scholarship 2018-2019</p> <p>Alberta O’Neil Ontario Graduate Scholarship (Child and Youth Mental Health) 2019</p> <p>Award for Excellence in Undergraduate Teaching 2019-2020</p> <p>I.M. “Brick” Robb Doctoral Fellowship 2020-2021</p> <p>Social Science and Humanities Research Council (SSHRC) Doctoral Fellowship 2020-2021</p>
Related Work Experience	<p>Limited Duties Instructor The University of Western Ontario 2018-2024</p> <p>Secondary School Teacher (OCT) Thames Valley District School Board</p>

2013-2024

Publications

- Kassen, J., Martino, M., Omercajic, K., (2023). *Trans-Affirming Education in Schools: An educator toolkit*. London, ON: Faculty of Education, Western University.
- Kassen, J., (2022a). Trans-inclusive Policy and Opportunities for Trans-affirming Teacher Education: An Ontario Case Study. In I. Menter (ed.) *The Palgrave Handbook of Education*. Palgrave Macmillan.
- Kassen, J. (2022b). Trans and Gender Diverse Youth and Education. In George Noblit (Ed.), *Oxford Research Encyclopedia of Education*. New York: Oxford University Press.
doi:10.1093/acrefore/9780190264093.013.1745
- Martino, Omercajic, K., & Kassen, J. (2022). “We Have No ‘Visibly’ Trans Students in Our School”: Educators’ Perspectives on Transgender-Affirmative Policies in Schools. *Teachers College Record (1970)*, 124(8), 66–97.
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- Martino, W., **Kassen, J.**, Omercajic, K., (2022). Gender identities, sexuality, and education. In P. Davies, E. Clinton, and G. Carolyn (eds.) *International Encyclopedia of Education*, 4th ed. Elsevier.
- Martino, W., **Kassen, J.**, Omercajic, K., & Dare, L. (2022). *Supporting transgender and gender diverse students in Ontario schools: Educators’ responses*. London, Ontario: The University of Western Ontario.
- Martino, **Kassen, J.**, & Omercajic, K. (2020). Supporting transgender students in schools: Beyond an individualist approach to trans inclusion in the education system. *Educational Review (Birmingham)*, ahead-of-print(ahead-of-print), 1–20.
<https://doi.org/10.1080/00131911.2020.1829559>