

March 22, 2018

Dear Sir or Madam;

RE: Supporting the health benefits of the Ministry of Education's SOGI 123 Initiative

Upon a thorough review of the evidence and lesbian, gay, bisexual, transgender, queer, and two-spirited (LGBTQ2S) issues in BC schools, Northern Health Medical Health Officers strongly endorse Sexual Orientation and Gender Identity (SOGI) education in northern BC schools.

In September 2016, the Ministry of Education required all school districts in BC to update their anti-bullying policies to include protections on the basis of sexual orientation and gender identity. The Ministry of Education collaborated to create the SOGI 123 website (www.sogieducation.org). This site is developed for educators and parents; it hosts proven tools and resources to support the development of inclusive policies and procedures, and lesson plans, so schools may align with provincial discrimination policies that protect people of all sexual orientations and gender identities.

The school environment has a significant impact on student health, including their mental wellbeing, and this is especially so for members of minority groups who may be affected by exclusion and discrimination. SOGI-inclusive education, policies and procedures are documented to improve student health outcomes.

Health concerns for youth in schools may arise from victimization and discrimination due to actual or perceived sexual identity and/or gender orientation. Research demonstrates that school-based victimization based on actual or perceived SOGI significantly predicts increased anxiety and depression, personal distress, and a lower sense of school belonging¹. It is also linked to compromised academic achievement, school absenteeism, aggressive behaviour, compromised emotional health, and suicidal ideation². The 2013 BC Adolescent Health Survey³ suggests that 64% of lesbian students, 47% of gay males, and 37% of bisexual students have been discriminated against because of their sexual orientation. Conversely, positive school

¹ Poteat, V.P. & Espelage, D.L. (2007). Predicting psychosocial consequences of homophobic victimization in middle school students. Journal of Early Adolescence, 27(2), 175-191.

² Russell, S.T., Ryan, C., Toomey, R.B., Diaz, R.M. & Sanchez, J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: Implications for young adult health and adjustment. Journal of School Health, 81(5), 223-230.

³ Smith, A., Stewart, D., Poon, C., Peled, M., Saewyc, E., & McCreary Centre Society (2014). From Hastings Street to Haida Gwaii: Provincial results of the 2013 BC Adolescent Health Survey. Vancouver, BC: McCreary Centre Society.

attachment is a proven protective factor for the health and wellbeing of children and youth.

Interventions and policies that promote safe environments and inclusivity, such as those found on the SOGI 123 website, are linked to better health outcomes for SOGI minority and heterosexual cisgender youth alike. For example, gay-straight alliances / gender and sexuality alliances (GSAs) and LGBTQ2S-inclusive school policies improve school climate and are linked to better mental health and decreased substance use for all students^{4,5}. SOGI-inclusive policies and programs may also reduce suicide attempts, problem drinking, and substance abuse⁴.

We encourage your schools to implement SOGI-inclusive education, policies and procedures. For more information, please visit <u>www.sogieducation.org</u>.

Sincerely,

Dr. Sandra Allison, MPH CCFP FRCPC Chief Medical Health Officer Northern Health

Dr. Raina Fumerton, MPH FRCPC Medical Health Officer, Northwest HSDA Northern Health

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Dr. Andrew Gray, MSc FRCPC Medical Health Officer, Northern Interior HSDA Northern Health

Dr. Jong Kim, MSc FRCPC Medical Health Officer, Northeast HSDA Northern Health

⁴ Saewyc E., Poon C., Kovaleva K., Tourand J., & Smith A. (2016). School-based interventions to reduce health disparities among LGBTQ youth: Considering the evidence. Vancouver: McCreary Centre Society & Stigma and Resilience Among Vulnerable Youth Centre. (Binfet, Gadermann & Schonert-Reichl, 2016).

⁵ Marx, R. & Kettrey, H. (2016). Gay-Straight Alliances are Associated with Lower Levels of School-Based Victimization of LGBTQ+ Youth: A Systematic Review and Meta-analysis. Journal of Youth Adolescence. 45, 1269-1282.