

Addressing the Mental Health Needs of Transgender and Non-binary Youth

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Objectives

- ▶ Develop competency in terminology for our transgender and non-binary youth (TGNB youth)
- ▶ Discuss additional questions that provide a basis for a gender competent services
- ▶ Identify disparities in mental health for TGNB youth
- ▶ Provide evidence-based recommendations for treatment paradigms in TGNB youth experiencing co-occurring mental health issues.

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Terminology and Key Concepts

The Importance of Correct Language

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Biological Sex

Female

Male

The Binary View

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Biological Sex

Female

Intersex

Male

Generally Determines Sex Assigned at Birth

AMAB (Assigned Male at Birth) and **AFAB** (Assigned Female at Birth) are terms some transgender and non-binary people use to describe themselves.

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Gender Identity

Feminine

Masculine

Some Examples of Specific Gender Identities:

Man, Woman, Non-binary, Genderqueer, Genderfluid, Transman, Transwoman, Transmasculine, Transfeminine, Bi-gender, Agender

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Gender Identity

A person's internal sense of being male, female, some combination of male and female, or neither male nor female

Gender Expression

The external characteristics and behaviors that are socially defined such as dress, mannerisms, speech patterns, and social interactions.

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(Binary) Gender Spectrum

Feminine Non-binary Masculine

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Cisgender

Cisgender people have a gender identity that aligns with the sex they were assigned at birth and generally express their gender in ways that match cultural expectations of gender expression for men and women.

(Cis- is a prefix that means on the same side as.)

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Transgender

Transgender people have a gender identity that is different from the sex they were assigned at birth or they express their gender in ways that are different from cultural expectations of gender expression for men and women.

Transgender people can identify as men or women, trans men or trans women, agender, non-binary, or any of a range of gender identities.

(Trans- is a prefix that means across from.)

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Non-binary

People who identify as non-binary have a gender identity that is not male, or female, but may incorporate elements of masculine and feminine identity or expression, or an absence of masculine and feminine identity or expression.

A non-binary person may or may not identify as transgender also.

It is possible to have a strong gender identity that is completely separate from the (binary) gender spectrum.

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Genderqueer

An older term that is similar in meaning to non-binary. A person under the non-binary umbrella may identify as genderqueer specifically and non-binary generally.

Genderfluid

A person who's gender identity is not fixed but rather changes within a specific range of the gender spectrum. Fluidity is primarily used within the context of gender diverse people but may also apply to cisgender people who's intensity of gender expression can vary at any given time.

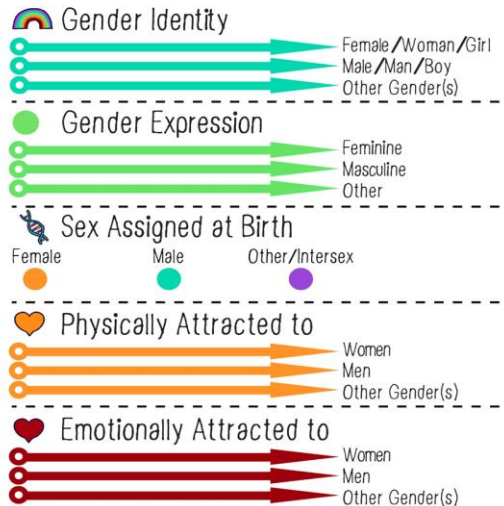
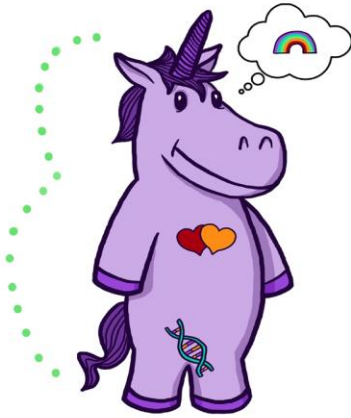
Agender

A non-binary identity. A person who has an internal sense of being neither male nor female nor some combination of male and female.

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The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

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How do I talk about transgender people?

Instead of...	How about...
"Max is transgendered."	"Max is transgender."
"Max is a transgender."	"Max is a transgender person."
"Your pronouns are tricky. Don't get mad if I mess them up."	No need to say anything. Simply do your best. If you make a mistake, correct yourself, apologize, and then move on.

What terminology is usually offensive or outdated?

transvestite, she-male, he-she, it, transsexual, tranny, hermaphrodite, pre-op/post-op, sex reassignment surgery, "preferred" pronoun/"preferred" name, birth name, FTM, MTF

(Always mirror the language a trans or non-binary person uses for themselves)

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What Does it Mean to Transition?

- ▶ Transition does not have to be medical.
- ▶ Not every person who wants to transition can access it.
- ▶ Medical interventions for transition do not have to occur in any particular order.
- ▶ There are no medical interventions that make someone “more transgender” than someone else.
- ▶ All approaches to gender transition are valid. There is no such thing as “not trans enough.”

Gatekeeping

A practice wherein healthcare providers require transgender people to complete additional steps or tasks to access transition-related care.

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- Show patients that you are competent
- Ask SOGI questions at intake and document accordingly (see Dr. Eckstand’s PRIDE talk on the OERP website)
- Not asking the questions is NOT a sign of affirmation
- Patients are NOT always presenting because of gender identity and sexual orientation

1. What is your current gender identity? (Check and/or circle ANY or ALL that apply)

- Male
- Female
- Transgender Male/Trans Man
- Transgender Female/Trans Woman
- Genderqueer
- Additional category (please specify):

Decline to answer

2. What sex were you assigned at birth? (Check one)

- Male
- Female
- Decline to answer

3. What pronouns do you use? (he/him, she/her, they/them, etc.)

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Structural Inequalities & Health Disparities

The Impact of Stigma and Discrimination on Transgender and Gender Non-binary People

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Gender Identity & Mental Health

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Barriers to Mental Health Care

- ▶ History of pathologizing of gender dysphoria by the mental health community (DSM)
- ▶ The World Professional Association for Transgender Health (WPATH) standards of care requiring letters from mental health providers to access gender-affirming medical care exacerbated these tensions
 - ▶ More recently, the WPATH SOCs were modified → referral letters for hormone therapy are recommended, but not required to access hormone therapy
 - ▶ Some insurance companies DO still require this
 - ▶ Letters from TWO mental health providers are still required to access gender-affirming surgeries

*****Mental health issues experienced by transgender people **may or may not** be related to their gender dysphoria*****

*****Many transgender individuals do not experience mental health issues at all*****

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Gender Dysphoria

A condition where someone feels distress about or a severe disconnect between their sex, and the way society perceives and treats them based on socially constructed norms, and their true gender

People often work through different steps to affirm their gender to alleviate this distress

- ▶ DSM-V (2013) “gender identity disorder” → “gender dysphoria”
 - ▶ Effort to destigmatize
 - ▶ The distress experienced is related to gender incongruence, rather than from the identity itself
- ▶ DSM-V also introduced language in the diagnostic criteria “of the other gender (or some alternative gender different from one’s assigned gender)”

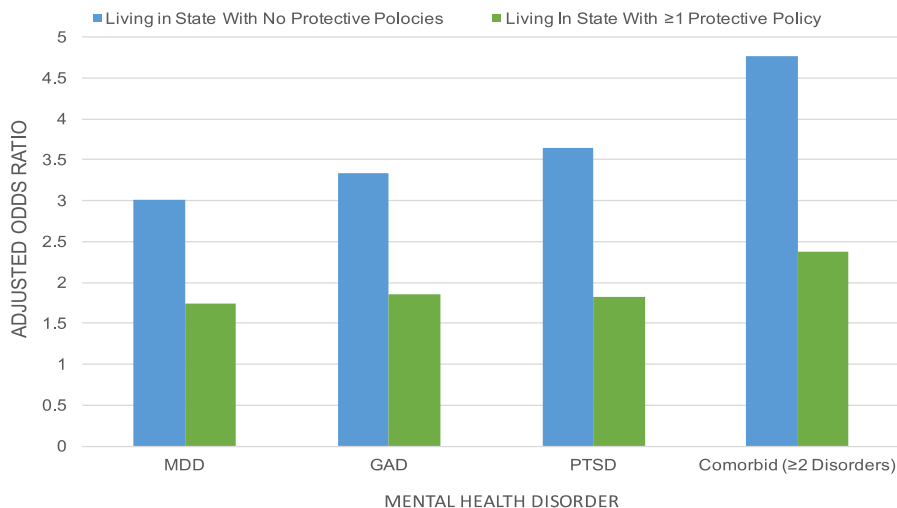
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Exploring Gender Dysphoria

- ▶ Not all people who identify as transgender experience gender dysphoria*
- ▶ Everyone's gender dysphoria is different
- ▶ **(Some) Types of Dysphoria:**
 - ▶ Physical Dysphoria – related to specific body parts or presentation
 - ▶ Social Dysphoria – dependent on certain situations/spaces/interactions
 - ▶ Family/Inclusion/Affirmation Dysphoria – related to feelings of being misunderstood, non-acceptance, rejection from family or friends
 - ▶ Problem solving strategies for managing various experiences of dysphoria
- ▶ “Dysphoria Hot Spots”
 - ▶ Bathrooms, gym, restaurants, etc...

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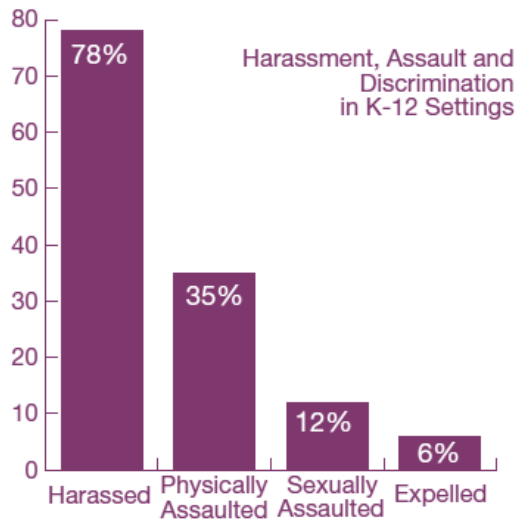
Mental Health Comorbidity is Greater Among LGB Individuals Living in States with Structural Stigma



Hatzenbuehler ML, Keyes KM, Hasin DS. State-level policies and psychiatric comorbidity in lesbian, gay, and bisexual populations. *Am J Public Health*, 2009;99(12):2275-2281

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Harassment and Discrimination in Education



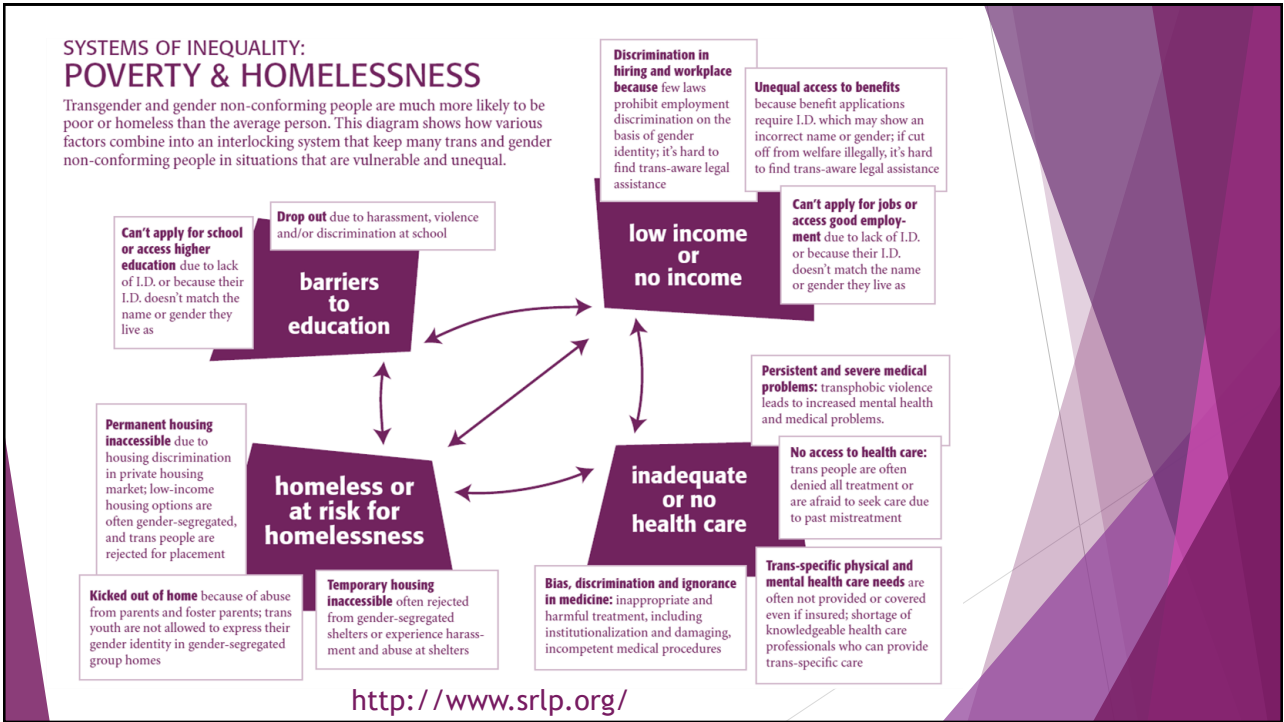
National Transgender Discrimination Survey, 2009

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Employment and Economic Security

- ▶ Transgender individuals are **twice as likely to be unemployed** compared to the general population.
- ▶ **Ninety percent experience harassment** at work or hide their identity to avoid this.
- ▶ About **half** report that they lost their job because of their gender identity.
- ▶ **Sixteen percent** involve themselves in illegal activities because they cannot find a job due to their gender identity.
- ▶ Those who lose their jobs due to their gender identity are **four times as likely to be homeless**.

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Transgender communities:

- Are underserved.
- Delay care due to fear of discrimination.
- Face challenges in finding competent providers.

Postponement Due to Discrimination by Providers

Gender Identity	Needed Care (%)	Preventive Care (%)
MTF	24%	27%
FTM	42%	48%
GNC (MTF Spectrum)	17%	18%
GNC (FTM Spectrum)	23%	33%

Grant et al., 2011.

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Mental Health Disparities

According to the Trevor Project's National Survey on LGBTQ Youth Mental Health 2019 (n=25,896 LGBTQ youth in the U.S., ages 13-24):

- ▶ **More than half** of transgender and non-binary youth have seriously considered suicide.
- ▶ 29% of transgender and non-binary youth respondents have attempted suicide.

According to the U.S. Transgender Survey 2015 (n=27,715 transgender-identifying adults, 18+)

- ▶ 39% of respondents experienced serious psychological distress in the month before completing the survey, **nearly eight times** the rate in the U.S. population (5%).
- ▶ 40% have attempted suicide in their lifetime, **nearly nine times** the rate in the U.S. population (4.6%).

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Gender-Affirming Mental Health Care

Mental health providers working with transgender individuals should:

- ▶ Examine their own beliefs regarding gender and sexuality, gender stereotypes, and transgender identities
- ▶ Identify gaps in their own knowledge, understanding, and acceptance
 - ▶ Participate in trainings (formal and informal)
 - ▶ Engage with the community through advocacy groups

Working with transgender patients:

- ▶ Model an acceptance of ambiguity as individuals
 - ▶ Explore identity in a safe, non-judgmental space
 - ▶ Explore unique gender expression
- ▶ Identify and process experiences of stigma and bias
 - ▶ Acknowledge intersecting identities that influence their experiences
 - ▶ Build on existing strengths to gain coping skills

APA, 2015

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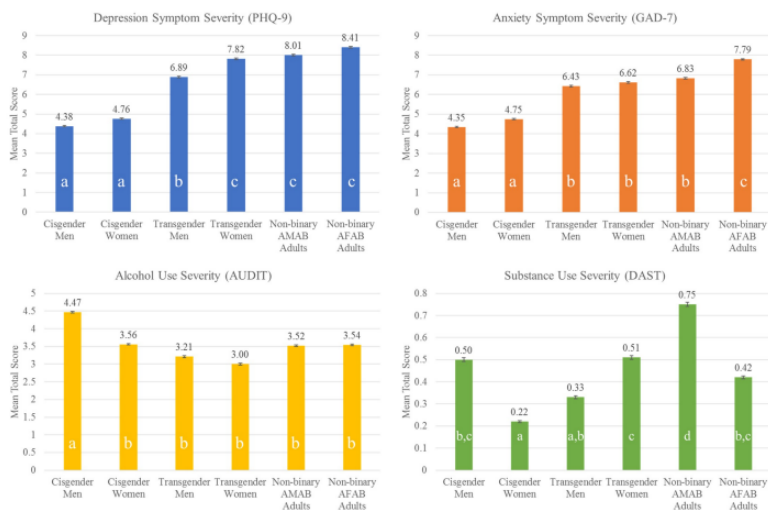
Supporting the Family

- ▶ Validating parental emotions
 - ▶ Acknowledge that this can be difficult
 - ▶ Reassurance that gender identity persists in the majority of youth who come out in adolescence
- ▶ Offering mediation when parents/guardians and the young person are in very different places
 - ▶ Managing expectations about goals for beginning medical transition
- ▶ Support vs. Acceptance
 - ▶ Provide opportunities for parents to get individual support
 - ▶ Connect them with ways to connect with other parents
 - ▶ PFLAG, Persad
 - ▶ POP
 - ▶ **Tolerance, love, and support eliminates mental health disparities**

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Most prominent co-occurring disorders

Stanton AM, Batchelder AW, Kirkosian N, Scholl J, King D, Grasso C, et al. (2021). Differences in mental health symptom severity and care engagement among TGGD individuals: Findings from a large community health center. PLoS ONE 16(1): e0245872.

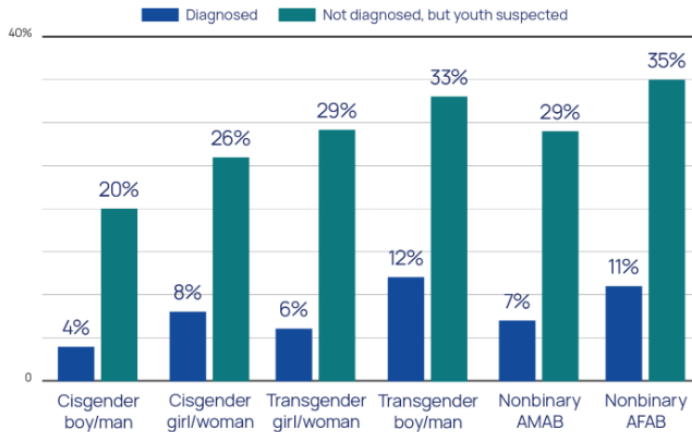


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Most prominent co-occurring disorders (cont.)

Trevor Project, National Survey on LGBTQ Youth Mental Health (2021)

Percentage of LGBTQ Youth Who Reported an Eating Disorder by Gender Identity



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Gender affirming hormones and mental health

Turban JL, King D, Kobe J, Reisner SL, Keuroghlian AS (2022) Access to gender-affirming hormones during adolescence and mental health outcomes among transgender adults. *PLoS ONE* 17(1): e0261039.

Total N = 21,598	No GAH	GAH 14–15	GAH 16–17	GAH ≥ 18
	n = 8860	n = 119	n = 362	n = 12257
	n (%)	n (%)	n (%)	n (%)
Suicidality (Past 12 months)				
Past-year suicidal ideation	5144 (58.1)	48 (40.3)	40 (33.6)	5237 (42.7)
Past-year suicidal ideation with plan	2731 (30.8)	29 (24.3)	39 (32.8)	02537 (20.7)
Past-year suicide attempt	853 (9.6)	8 (6.7)	40 (33.6)	756 (6.2)
Past-year suicide attempt requiring inpatient hospitalization	220 (2.5)	1 (0.8)	40 (33.6)	247 (2.0)
Mental Health & Substance Use				
Past-month severe psychological distress (K6 ≥ 13)	4545 (51.3)	40 (33.6)	145 (40.1)	3419 (27.9)
Past-month binge drinking	2083 (23.5)	39 (32.8)	74 (20.4)	3214 (26.2)
Lifetime illicit drug use	1918 (21.6)	40 (33.6)	93 (25.7)	4455 (36.3)

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Effects of COVID-19 on TGNB youth and mental health outcomes

Hawke LD, Hayes E, Darnay K, Henderson J. Mental health among transgender and gender diverse youth: An exploration of effects during the COVID-19 pandemic. *Psychology of Sexual Orientation and Gender Diversity*. 2021 Feb 4.

Table 2

Mental Health, Substance Use, and Social Support Reported by Participating Transgender and Gender-Diverse Youth, Compared With Cisgender Youth, With Logistic Regression Significance Tests

Variables	Transgender and gender diverse ^a		Cisgender ^b						
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>B</i>	<i>SE</i>	Wald (1)	<i>p</i>	OR (95% CI)
Pre-COVID-19 mental health ^{c,d}	3.06	.68	2.72	.77	0.288	0.265	1.177	.278	1.334 (0.793, 2.243)
Pre-COVID-19 substance use ^{c,d}	1.72	.51	1.56	.57	0.085	0.324	0.069	.793	1.089 (0.577, 2.053)
Intra-COVID-19 mental health ^{c,d,e}	3.89	.74	3.26	.79	0.970	0.298	10.573	.001	2.637 (1.470, 4.731)
Intra-COVID-19 substance use ^{c,d,e}	1.59	.47	1.50	.59	-0.473	0.522	0.819	.365	0.623 (0.224, 1.735)
Social support from family ^{c,f}	3.79	1.62	4.68	1.56	-0.311	0.116	7.154	.007	0.733 (0.584, 0.920)
Social support from friends ^{c,f}	5.32	1.26	5.04	1.52	0.173	0.141	1.505	.220	1.189 (0.902, 1.569)
Social support from significant other ^{c,f}	5.29	1.57	5.06	1.78	0.099	0.119	0.693	.405	1.104 (0.875, 1.394)

Note. OR = odds ratio; CI = confidence interval; pre-COVID-19 = 3 months prior to coronavirus 2019; intra-COVID-19 = impact of coronavirus 2019 at the time of survey completion.

^a *N*s range from 28 to 29. ^b *N*s range from 572 to 590. ^c Significance tests controlling for sample. ^d Higher mental health and substance use scores indicate more problematic mental health and substance use, respectively, on a 1 to 5 scale. ^e Significance tests controlling pre-COVID-19 mental health or substance use. ^f Higher social support scores indicate more social support, on a range of 1 to 7.

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Protective factors

- ▶ Mental health outcomes look almost identical to cis-gender individuals when our TGNB youth experience supportive, affirming environments
- ▶ Resiliency
 - ▶ Evolving a self-generated definition of self
 - ▶ Embracing self-worth
 - ▶ Awareness of oppression
 - ▶ Connection with a supportive community
 - ▶ Social activism
 - ▶ Hope for the future

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Clinical Best Practices

How to make a Welcoming Space

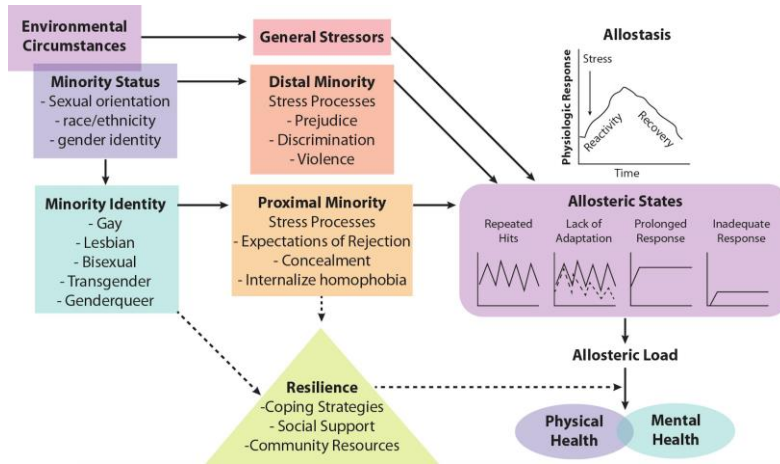
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Welcoming Policies and Best Practices

- ▶ Transgender and non-binary people assume stigma and discrimination everywhere they go, especially in the healthcare system.
- ▶ Have signs and other visual cues in the clinic indicating a safe space for transgender people, such as rainbow, transgender, or non-binary flags, or the equality symbol.
- ▶ The registration process is key, especially for transgender, non-binary, and other gender expansive individuals.
- ▶ Intake forms should be inclusive of a range of gender identities. Patients should be free to check any and all boxes that they feel apply. Forms should always include an option to write in one's specific gender identity.
- ▶ Having all-gender or gender-neutral bathrooms with appropriate signage is highly recommended.

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Minority stress

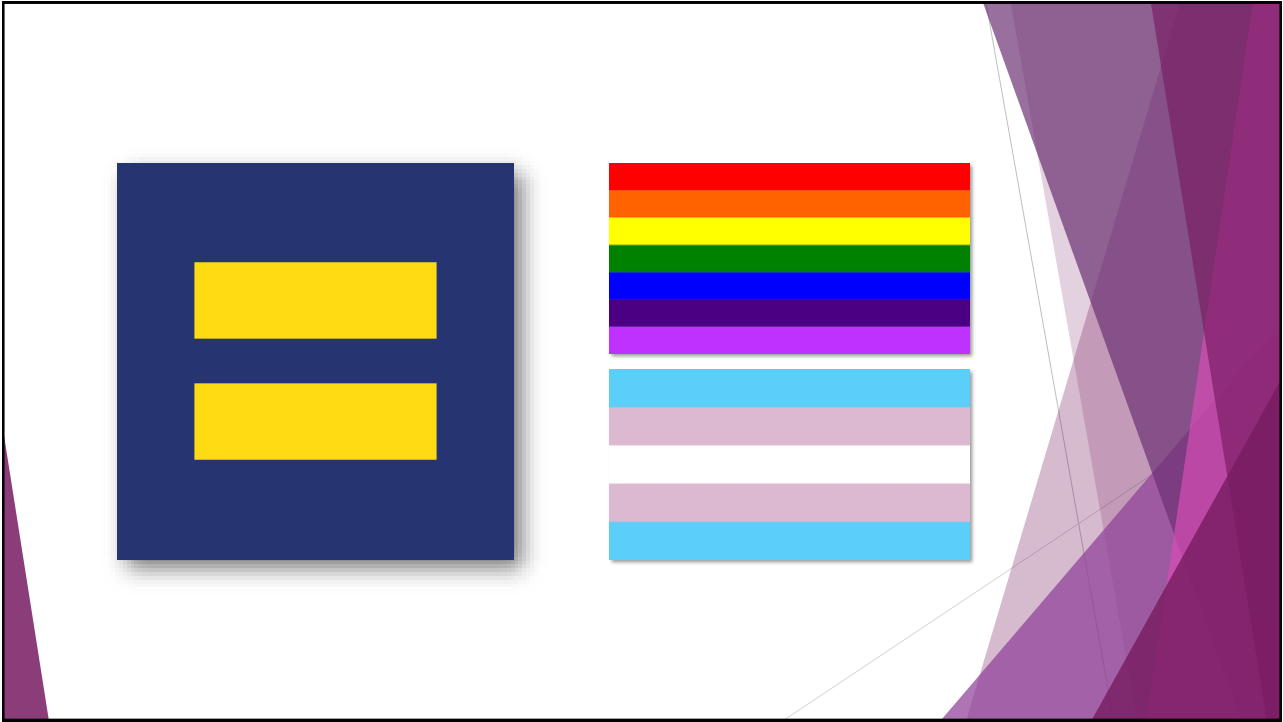


Credit: K. Tetzlaff

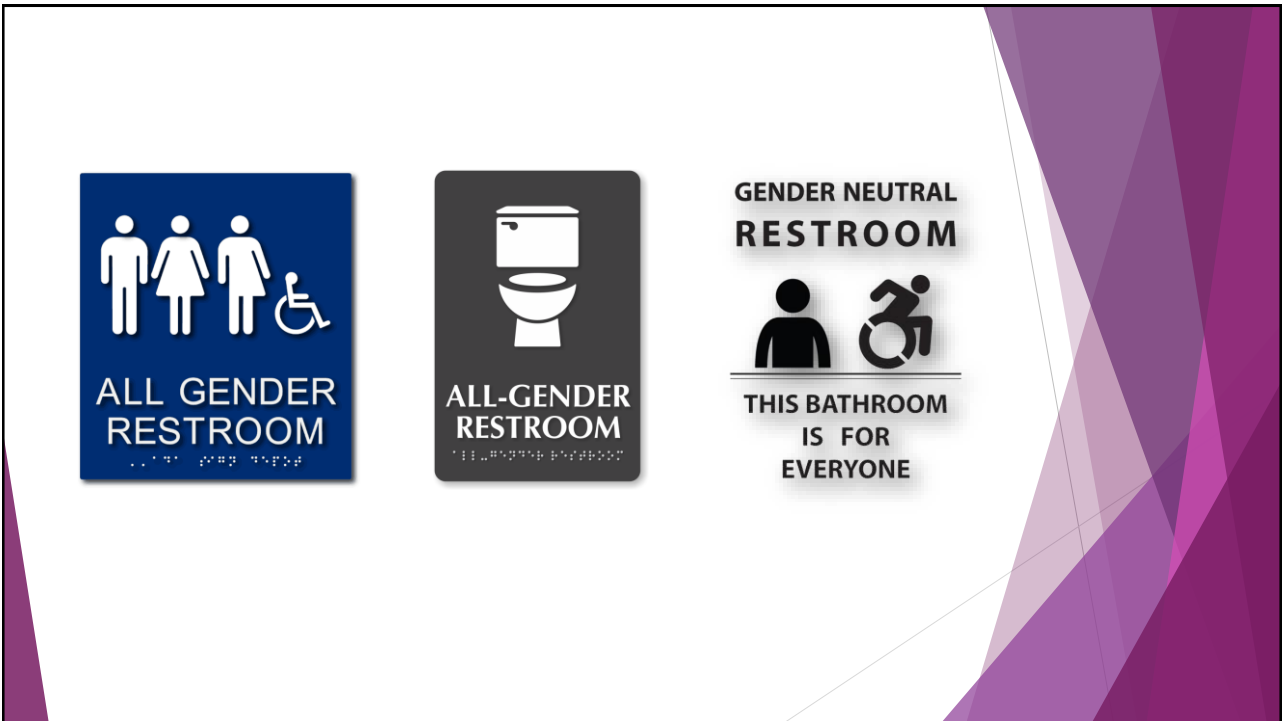
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Show Our Youth That You Understand and Care

- ▶ When you introduce yourself always give your pronouns: “Hello my name is Dana and I use She/Her pronouns”
- ▶ Make a habit of asking about gender identity: “What name do you use? What should we call you?”
- ▶ Always respect a confidentiality and avoid outing people.
- ▶ Always ask permission to discuss/ask questions about sexuality or gender identity.
- ▶ Normalize, normalize, normalize!

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What Is Trauma Informed Care??

A provider, or organization that is **trauma-informed**:

1. *Realizes* the widespread impact of trauma and understands potential paths for recovery.
2. *Recognizes* the signs and symptoms of trauma.
3. *Responds* by fully integrating knowledge about trauma into policies, procedures, and practices.
4. Actively works to avoid *re-traumatization*.

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Does All Trauma Lead to PTSD?

NO. Trauma can manifest in many “trauma-related” ways...



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Trauma in Trans* Communities

- **Childhood and adolescence are particularly vulnerable developmental periods**
- **Non-binary identities or expressions are at heightened vulnerability**
 - Gender nonconforming identities / expressions
 - Overlying impact of sexual orientation
 - Time period during physical and societal transitioning
- **Intersectional factors are important and can modify risk, including:**
 - Race/ethnicity
 - Religion
 - Rural geographic location and disconnection to social networks
- **Coming out and disclosure of gender identity is NOT always protective**

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Why Trauma Informed Care??

- Adverse childhood events, traumatic experiences, and chronic daily discrimination are near universal
- Trauma may result in significant neurobiological, psychological and physical sequelae
- Avoidance of health care among individuals who have experienced trauma is high
- Trauma informed care (TIC) can engage patients and minimize re-traumatization

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TIC: Establishing Safety

- Begin with the basics: waiting areas, safe spaces, names/pronouns, restroom labelling, discussing insurance
- Asking about and showing interest in life experiences, what feels fair or unfair, past and current challenges
- Acknowledging stress and trauma

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TIC: Assessing Stress

Questions for Discussion Minority Stress

- How do you feel regarding your friends, family, or coworkers knowing about your gender identity?
- What, if any, harassment, discrimination, or stigma have you experienced as a result of your gender or appearance?
- How have people will treated you differently, look down on you, or think less of you because of your gender identity? How do you feel about this?
- Do you ever feel depressed, anxious, upset, or stressed when you think about your gender identity or gender expression?
- What do you do to cope when you encounter stressful situations or feelings of depression/anxiety related to your sexual orientation, gender identity or gender expression?

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TIC: Choice and Empowerment

FOR EVERY CLINICAL ENCOUNTER...

1. Ensure that **control** remains with the patient
 - Consent to the treatment, especially if it's from a medical provider
 - Empowerment to stop the session, communicate with you, or ask for modifications at any time
2. Engage in **shared decision-making** regarding what is done
3. Always **explain the procedure/reason for asking the questions**, using the patient's preferred terminology for body parts
4. Discuss what **modifications** can be made to promote comfort (e.g., have a supportive person at the appointment)
5. **Acknowledge** the patient's trauma history & **validate** any negative consequences they feel due to the trauma

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A Trauma-Informed Approach

- ▶ Many, if not all, transgender and gender diverse people experience trauma just from existing in our current society.
- ▶ Narrate every action. Explain what you are doing and why you need to do it.
- ▶ Ask permission to talk about sensitive subjects and especially before touching.
- ▶ Employ active listening, believe, and validate.
- ▶ Recognize the underlying reasons for a behavior may stem from gender dysphoria

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Additional Consideration to Discuss

- ▶ Does patient was a referral for additional services?
 - ▶ No transition is one size fits all
 - ▶ Be open with your patients about what s/he/they are interested in (and know the referral resources or someone who does)

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Additional Consideration to Discuss

► Intersectionality

- Understand the importance of layering multiple identities and the exponential effects (i.e., Crenshaw, 1989)

Primary Factors	Structural Factors	Contextual Factors
Race	Education	Geographic Location
Ethnicity	Poverty	High Crime
Gender	Inequality in Income	Trauma Exposures
Sexual Orientation		Previous Experiences with MH
Religion		Incidents of Discrimination
Disability		Previous Experience with Health Care Systems
Pregnancy		Interaction with Police
Nationality		

Seng, et al. (2012)

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Additional Tips for Providers

- Understand identity is unique and a patient's understanding of their identity may change over time.
- Understand the importance of using the correct name and pronouns.
- It is okay to make mistakes. Apologize, correct yourself, and move on.
- Parents of transgender or non-binary kids often also need support.
- Continue to educate yourself about transgender health.



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Stay Involved

- ▶ Becoming competent in transgender health is a process, one lecture will not do.
- ▶ Encourage your institution to train all staff in transgender health.
- ▶ Talk to your colleagues about increasing awareness and knowledge of transgender health.



The Bottom Line

- ▶ Mirror the language you hear your patient use.
- ▶ Resist the urge to make assumptions.
- ▶ Enter each interaction with humility – we never know the whole story!

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Tough Questions

Emotional Support Workshop

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Questions

- ▶ How to navigate if a child has revealed a new name and/or pronoun, when parents appear to consistently use the child's previous name?
- ▶ With increasing data and studies from Europe, specifically the UK, Germany, and Finland on gender dysphoria and social trends to conform, especially with adolescent girls, is the way in which we support students questioning their gender in the US changing? Specifically, the UK psychological and psychiatry associations have taken a newer guiding role for practitioners to support these students but not prescribe gender change until after teen years.
- ▶ In the face of rising numbers of middle school students expressing a desire to change their name and / or gender, how can the adults in their lives support them best at this age, especially our youngest students at 11 or 12 years old? Could it be that some students are following a trend?
- ▶ How do you effectively work with families who are in different places with the transition process? As in, the child is feeling confident and ready to start the process but parents are not quite in the same space?
- ▶ How do you react when someone else corrects you for misgendering someone?
- ▶ "This is so hard. Am I doing the right thing?"
- ▶ "Do you think I am going to hell?"
- ▶ A patient confides after an appointment that they probably won't fill their prescription because they cannot afford it. Who can they contact?
- ▶ A patient's partner/parent/friend insists on being in the room. The patient looks at you nervously. What can you say?

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Value Statements

Discussion of Different Perspectives

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How strongly do you agree or disagree?

- ▶ Transgender patients deserve the same level of quality care from medical institutions as cisgender patients.
- ▶ When I meet someone, I am uncomfortable if I cannot identify them as a man or a woman.
- ▶ I am afraid of using an incorrect pronoun / It bothers me when someone corrects the pronoun I use for them..
- ▶ Transgender people should have a comprehensive psychiatric evaluation to receive hormone therapy.
- ▶ Transgender patients should only seek health care from transgender clinics.
- ▶ Gender identity does not change throughout the life span.
- ▶ Cosmetic surgeries are frivolous and should not be funded by tax-payer money.
- ▶ All people deserve to have the restroom be a safe space.
- ▶ Transgender women belong in women-only spaces.

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Case Studies

Real World Examples

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Case Study

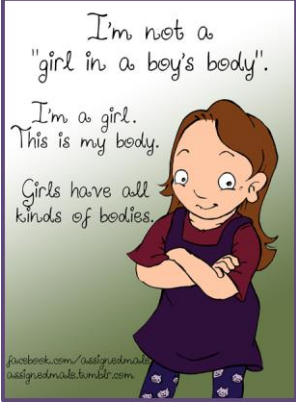
You meet a 15 year old non binary transgender person and their parents in the waiting room of the clinic. You introduce yourself to the family and learn that they are here today to discuss transition-related hormone options. Mom refers to their child by the correct name and pronouns and has a lot of questions for you about the possible risks of starting testosterone. She asks you if all of the effects of testosterone are permanent. Dad then volunteers loudly to you that he “has a daughter”, and “nothing will ever change that”. Your client looks down at their feet and nervously twists several bracelets they are wearing. You notice multiple scars on the inside of their wrist.

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Case Study

A 20 year old non-binary transgender patient is admitted to the adult psychiatric suicide unit after a recent attempt. The patient is homeless, having just been expelled from their group home because of the suicide attempt. The catalyst for their most recent attempt was discovering that their prescription to start testosterone was never filled. The other adult patients are much older (40-plus) and want nothing to do with the patient, furthering their sense of isolation. While the patients chosen name is being used and is written on their chart and room label, when informing staff they use they/them pronouns the information is received with a shrug and dismissive laughter. They later learn that they are being released because their ideation and attempts are viewed as chronic.

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I'm not a "girl in a boy's body".

I'm a girl.
This is my body.

Girls have all kinds of bodies.

facebook.com/assigpedmate
assigpedmate.tumblr.com

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Thank You!

Questions?

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Adolescent Medicine Contact information

To refer patients:

- ▶ Adolescents & young adults (up to age 26) who are interested in gender affirming medical care.
- ▶ Parents of gender diverse youth who have questions about gender affirming medical care.

Call (412) 692-6677 → option 4

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