Mental Health Considerations in Transgender Youth

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CME Disclosures

Anna Kerlek, MD and Richard Gilchrist, MD do not have relevant financial relationships to disclose.
Goal

To foster clinical competence in those caring for youth presenting with gender non-conforming behavior or gender dysphoria
Big News!!!

Director's Message: NIH Formally Recognizes Sexual and Gender Minorities as a Health Disparity Population
"The term SGM [sexual and gender minority] encompasses lesbian, gay, bisexual, and transgender populations as well as those whose sexual orientation, gender identity and expressions, or reproductive development varies from traditional, societal, cultural, or physiological norms."

Mounting evidence indicates that SGM populations have less access to health care and higher burdens of certain diseases, such as depression, cancer, and HIV/AIDS. But the extent and causes of health disparities are not fully understood, and research on how to close these gaps is lacking.
Learning Objectives

- Describe mental health needs of youth with potentially evolving gender identities and those with gender dysphoria
- Recognize gender dysphoria in youth
- Participants will review protective factors and risk factors for suicide/poor outcomes in transgender youth.
- Describe possible interventions to address various mental health needs
- Participants will feel more comfortable making referrals for mental health care and/or providing appropriate supports
Outline

- Brief review of terminology
- Gender Dysphoria and possible comorbid conditions
- Assessment
- Interventions
- Resources
Terminology

- Assigned sex / natal sex (AFAB/AMAB)
- Gender Identity
- Gender Expression
- Transgender / Cisgender
- Transgender and Gender Non-conforming (TGNC) / Gender Fluid / Genderqueer
- Sexual Orientation
- Gender Dysphoria
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- Gender Dysphoria
The Genderbread Person, revised

Gender is one of those things everyone thinks they understand, but most people don't. Gender isn't binary. Gender's not even a spectrum or a continuum. Gender is a complex concept of n-dimensions that varies wildly from person to person. The only way to understand a person's gender is to ask them.

Ask me about my identity❤️

Brought to you by Eden
Gender Identity and Sexual Orientation

Assigned at birth:
- Male
- Female
- DSD

Identify as:
- Male
- Female
- Other

Attracted to:
- Men
- Women
- Both
- Neither
Gender Dysphoria

“Persons experiencing gender dysphoria need a diagnostic term that protects their access to care and won’t be used against them in social, occupational, or legal areas. When it comes to access to care, many of the treatment options for this condition include counseling, cross-sex hormones, gender reassignment surgery, and social and legal transition to the desired gender. To get insurance coverage for the medical treatments, individuals need a diagnosis. The Sexual and Gender Identity Disorders Work Group was concerned that removing the condition as a psychiatric diagnosis—as some had suggested—would jeopardize access to care.”


“All of these systems attempt to classify clusters of symptoms and conditions, not the individuals themselves. A disorder is something with which a person might struggle, not a description of the person or the person’s identity.

WPATH guidelines, Version 7
Gender Dysphoria in Children

302.6 (F64.2)

- A marked incongruence between one’s experienced/expressed gender and assigned gender, of at least 6 months’ duration, as manifested by at least six of the following (one of which must be Criterion A1):
  - A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one’s assigned gender).
  - In boys (assigned gender), a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing.
  - A strong preference for cross-gender roles in make-believe play or fantasy play.
  - A strong preference for the toys, games, or activities stereotypically used or engaged in by the other gender.
  - A strong preference for playmates of the other gender.
  - In boys (assigned gender), a strong rejection of typically masculine toys, games, and activities and a strong avoidance of rough-and-tumble play; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities.
  - A strong dislike of one’s sexual anatomy.
  - A strong desire for the primary and/or secondary sex characteristics that match one’s experienced gender.

- The condition is associated with clinically significant distress or impairment in social, school, or other important areas of functioning.

- Specify if: With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome).
Gender Dysphoria in Adolescents/Adults

302.85 ( F64.0 )
A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months' duration, as manifested by at least two of the following:

- A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
- A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
- A strong desire for the primary and/or secondary sex characteristics of the other gender.
- A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
- A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
- A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

- The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- Specify if: With a disorder of sex development (e.g., a congenital adrenogenital disorder such as 255.2 [E25.0] congenital adrenal hyperplasia or 259.50 [E34.50] androgen insensitivity syndrome). Coding note: Code the disorder of sex development as well as gender dysphoria.
- Specify if: Posttransition: The individual has transitioned to full-time living in the desired gender (with or without legalization of gender change) and has undergone (or is preparing to have) at least one cross-sex medical procedure or treatment regimen—namely, regular cross-sex hormone treatment or gender reassignment surgery confirming the desired gender (e.g., penectomy, vaginoplasty in a natal male; mastectomy or phalloplasty in a natal female).
Transgender Identity in Numbers

- Older publications cited that 1:11,900 to 1:45,000 for male-to-female individuals (MtF) and 1:30,400 to 1:200,000 for female-to-male (FtM) individuals.
- Williams Institute Survey Data in 2011 estimate that 0.3% of adults identify as transgender.
- 1 in 200 identified as transgender in a large phone-based Massachusetts survey, Conron et al, 2012.
- We do not have solid data for children/adolescent transgender population numbers.
- Less than 12 years old, male/female ratio ranges from 6:1 to 3:1 (Zucker, 2004).
- Gender dysphoric adolescents older than age 12, the male/female ratio is closer to 1:1.
Differences in Trajectory

- Childhood Gender Dysphoria (prepubertal) vs. Adolescent presentation of Gender Dysphoria

1. In childhood onset gender dysphoria, gender dysphoria will continue into adulthood in 6-23% (in a retrospective cohort existing of mainly phenotypic XY).
2. When phenotypic male and female patients are included in the cohort, persistence into adulthood changes to 12-27%
3. Majority of male childhood onset gender dysphoria will identify as homosexual in adulthood (older data)
4. GD rarely desists after the onset of pubertal development
Why this matters.

Medical/Mental Health Disparities*

- Suicide Attempts (approx 40%)
  Bullying modifier (50%)
- Substance Use
- STIs/HIV
- Cancer
- Depression
- Violence/Homicide

*National Transgender Discrimination Survey (2011)
Recent Trends in Gender Dysphoria

- Adolescent referrals are increasing and surpassing child referrals for first time in 30 years (Wood, Sasaki, Bradley, Singh et al., 2013)

- Inversion of sex ratio - Increasing trend of females assigned at birth presenting at higher rates than males assigned at birth (Aitken et al., 2015) - 748 adolescents combined from Amsterdam and Toronto

- Increase in clinics serving these youth (Hsieh & Leininger, 2014)
  - 2007: one clinic in a pediatric academic medical center in the U.S.
  - 2015: approximately 30 clinics in pediatric academic medical centers

- Variation in models of care delivery
  - Some clinics based within mental health division
  - Other clinics based within medical/pediatric/endo division
Who is part of the team at Nationwide Children’s Hospital THRIVE program?

- Psychiatry
- Adolescent Medicine
- Endocrinology
- Social Work
- Therapy if indicated; outside providers, NCH counselor or psychologist
- Urology and gynecology if indicated
Assessment

- Ask questions, be curious, don’t assume; ask name and pronouns at the onset. Introduce your name and pronouns as well.
- Proceed in your assessment as you would for every child/adolescent, making sure to not forget to review sexual feelings, experiences, gender history, high-risk behaviors, bullying, suicide, substance use.
- Recommend seeing families together, youth alone, guardians alone, join together to conclude and set goals for next steps
- Consider use of standardized measures
- Allow youth to set the pace
- Any sign of judgment will undermine clinical alliance
Gender Identity
- Underlying motivations vs core identity
- Degree of insistence
- Degree of wavering and reasons for this
- Anticipated body changes
- Intimacy and Sexuality
- Age appropriate reproductive understanding

Environment
- Family rejection/support
- Victimization and isolation
- Peer acceptance/bullying
- Awareness of others’ perceptions and reactions to anticipated body changes

Coping
- Internalized transphobia
- Internalized homophobia
- Degree of resilience and connectedness
- Degree of maturity and consolidation of identity

Language
- Racial Identity
- Ethnic Identity
- Cultural Identity

Genetic Loading/propensity
- Cognitive Development
- Thought Process
- Insight/Judgment

Affective Regulation/Dysregulation
- Character defenses/strategies
- Interpersonal Functioning

Scott Leibowitz, MD
THRIVE Program
Comorbidity

- Depression
- Anxiety
- Substance Use
- Eating Disordered behavior
- Autism Spectrum Disorder
- What is the relationship between these mental health issues and gender expression/identity?
Suicide

- Risk assessment
- Risk factors
- Protective factors
Interventions

- Clinicians are neutral regarding the outcome of the diagnostic process, and support the youth if treatment is indicated.
- Treat the comorbidities -- therapy and medication management if indicated.
- Internal referral vs External referral.
- Liaison with schools, other agencies and medical providers – do not assume all parties in a youth’s social system know about their gender identity.
- Medical interventions such as pubertal suppression, gender-affirming hormone treatment, surgery, fertility considerations, voice and communication therapy.
- Access, insurance, cost all play a role.
To consider:

- DeVries, in a retrospective study of 70 patients, found 100% of patients that received hormone intervention went on to receive sexual reassignment surgery.
Guidelines in Early Adolescence

- Meet criteria for gender dysphoria
- In FTM, person should have achieved Tanner stage 2 in breast development
- In MTF, suppression should start when testicular volume equals 4 cc to avoid the reversible characteristics (i.e. Adam’s apple, low voice, masculine bone configuration, no hair pattern
- Pubertal changes often cause increase in gender dysphoria
Initial Management and Gender-affirming hormones

- Fully reversible gonadotropin releasing hormone analogs (GnRH analog) are used to suppress puberty – these can be expensive, not covered by insurance
- Induction of puberty with gender-affirming hormones (testosterone, estrogen), based on state of development and chronological age
- Providers will review the expectations that patients have about the use of hormones in their phenotypic gender transition.
Surgical Interventions

- Genital reassignment surgery is not done until at least 18 plus;
- One year of consistent and compliant hormone therapy plus;
- Agreement from 2 mental health professionals plus;
- Agreement from physician providing endocrine transition therapy
- Mastectomy may be considered an earlier age if recommended by one healthcare professional
Roles of Mental Health Professionals

- Assess and treat comorbid mental health conditions
- Assess for Gender Dysphoria
- Provide gender-affirming care
- Family counseling and individual psychotherapy to address comorbid conditions, as well as allow youth to explore their gender identity in a supportive setting
- Refer for physical interventions as indicated
- Educate and Advocate
Resources

- Nationwide Children's THRIVE Program - www.nationwidechildrens.org/thrive
- Kaleidoscope Youth Center - www.kycohio.org
- The Trevor Project - www.thetrevorproject.org
- TransOhio - www.transohio.org
- Trans Youth Family Alliance - www.imatyfa.org
- PFLAG - www.community.pflag.org
- Hudson’s FTM Resource Guide - www.ftmguide.org/
- National Center for Transgender Equality - http://www.transequality.org/
- TransProud - www.transproud.com
- Trans Student Educational Resources - www.transstudent.org
- Many books are now available as well; Trans Bodies, Trans Selves is a particular favorite.
References

- AACAP Practice Parameter Gay, Lesbian, Bisexual, Transgender Youth; Volume 51 Sept 2012
- Child and Adolescent Psychiatric Clinics of North America 20 (2011); all articles in this volume
- Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People; Center of Excellence for Transgender Health, University of California San Francisco, 2nd edition, 2016.
- Healthy Kids Colorado Survey 2015
- WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People; Version 7, 2011.
Questions?

Thank you!

http://www.nationwidechildrens.org/thrive