Mental Health Needs of Transgender & Questioning Youth

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Objectives

• Describe primary mental health needs of transgender youth
• Describe critical role of family support in positive mental health outcomes
• Describe successful pediatric office interventions
• Identify resources to use or share with families to support the mental health of transgender youth
Why is mental health important?

YOU have a role
Mental Health

Transgender

Karl Heinrich Ulrichs, 1864

“Our character, the manner in which we feel, our entire temperament is not masculine, it is feminine. We only act male. We play the male just as an actress plays a man on stage... it is impossible for us to transform our female instinct into a male instinct.”
Background

- Karl Heinrich Ulrichs (1864): female psyche caught in a male body
- John Money (1950’s): gender role vs. identity
- Harry Benjamin (1950-1960’s): transsexualism
- DSM III-R: Gender Identity Disorder

Gender Development

- Kohlberg’s Developmental Theory of Gender Identity (1966)

  *Gender Identity* (Preschool)
  - Ability to Apply Labels to Self & Others
  - Gender Lacks Permanence
  - Focus on Differences, Difficulty with Similarities

  *Gender Stability* (Young Children, age 4-5)
  - Understanding that Gender is Stable over Time
  - Belief that One can Influence Gender by Appearance & Behavior

  *Gender Consistency* (School Age, age 6+)
  - Understanding that Gender is Consistent throughout Life
  - Suggests that Conflict by this Stage will Persist
Gender Development

**Essentialist Theory**
- Gender Determined by Genes, Hormones & Anatomy

**Social Learning Theory**
- We Adopt Behaviors through Modeling Others

**Cognitive Psychological Theory**
- People Make Sense of World through "Schemas" or Belief Systems based on Past Experience & Learning.

Reinforces a Binary Model of Gender Labeling

Background
- 1990’s: challenges to gender binary
The Genderbread Person v2.0
Access at http://itspronouncedmetrosexual.com

The Gender Unicorn
Access at http://itspronouncedmetrosexual.com
Mental Health

Transgender

Gender Nonconformity

- 2-10% of Children Under Age 12 Display *Regular* Nonconforming Behaviors, Very Few Express Interest in Changing their Gender
- In One Study of 9,000 Kids, 83% of Those Reporting Gender Nonconforming Play in Childhood Identified as “Heterosexual, Cis-Gendered” as Adults
Gender Nonconformity

• Preschool Children Tend to Use Gender Conforming Toys Less and Gender Nonconforming Toys More When They Believe They Are Alone
• Frequency and Intensity of Fantasy Play Involving Cross-Gender Roles Appears to be the Same Among Preschool Boys and Girls.

...Gender nonconformity in pre-pubertal children is a NORMAL developmental process

• So what might suggest “something more”?
Gender Nonconformity
Persistency, Consistency, Insistency

In terms of:
• Cross gender expression
• Desire for other gender body or body parts
• Dislike and distress over one’s gender and body

• NOTE: Gender & Sexual Diversity ≠ Risk

Gender Nonconformity

“She never wanted to wear dresses.”
“He liked to play with dolls and dress up with his sisters.”
“She always wanted to have her hair cut short.”
“He did not want to join little league like his brother did.”
“All her friends are boys.”
“S/he was always a little different from peers, even as early as in preschool or kindergarten.”
“He drove his father crazy by never wanting to join his brothers outside but instead playing with his sister and her friends.”
“She told me in first grade that she was a boy.”
“He wanted to grow his hair long and wear jewelry.”
“She adamantly refused to wear a dress to her aunt’s wedding.”
“He wanted to be in the school play in the role of Cinderella.”
YOU have to ASK!

“Going Underground”
Sociocultural pressures lead children, teens and family to SUPPRESS rather than EXPLORE nonconforming identity
• Fosters internalization & self criticism
  • Secretive thoughts, feelings behavior
  • Shame, guilt, low self esteem
• A negative self-concept is reinforced by
  • Parental distress
  • Criticism in social settings
  • Bullying
Risks

- Depression
- Anxiety
- Substance Abuse
- Suicide
- Body Image Issues
- Eating Disorders

Epidemiology

- 1:3 transgender persons in San Francisco had attempted suicide, the vast majority before the age of 25 (Clements-Nolle, Marx & Katz 2008)

- Lifetime suicide attempt rate among trans men, 46%, and trans women, 42%, are much higher than the general US population, 4.6% (Haas et al. 2014)
Epidemiology

- Gender Nonconformity before age 11 and depressive symptoms over time (Roberts et al. 2013):

Why is mental health important?
LGBTQ Mental Health Needs

• Validation
• Acceptance
• Unconditional Support

(Note that it is no different from their heterosexual peers)

Establishing Alliance

• LGB youth who attempt suicide report higher levels of psychological abuse, parental discouragement about childhood gender atypical play, and “gay-related” verbal abuse (including being called “sissy” or “tomboy” by parents) (D’Augelli et al 2005)
• The risk of suicide was found to be 20% greater for LGB youth in less supportive environments (with less same-sex couples, GSAs, and school antibullying policies) (Hatzenbuehler 2011)
Establishing Alliance

- In terms of your patient’s mental health, the MOST important thing YOU can do is build alliance, avoid judgment, and make your clinical a “Safe Space”
- In a recent study, nearly half of first year medical students showed some explicit bias, and over 80% exhibited implicit bias against gays and lesbians (Burke et al 2015)
- LGBTQ youth are sensitive to such bias.

Establishing Alliance

- Transgender youth in focus groups noted four challenges contributing to their health vulnerability:
  - Lack of safe environments
  - Poor access to physical health services
  - Inadequate resources for mental health needs
YOU have a role

Creating “Safe Space”

• Post rainbow flag, pink triangle, HRC logo
• Identify unisex bathrooms
• Exhibit posters showing racially and ethnically diverse LGBT persons
• Make brochures and media available about LGTBQ health concerns
• Visibly post a non-discrimination statement
• On forms, include option for transgender or “other”

(GLMA 2006)
Approach to the History

- ASK, ASK, ASK… EVERYONE about gender, relationships, and sexuality
- Explain your policies for confidentiality up front
- Expect to treat a transgender patient someday if you have not yet. Don’t be surprised by it
- As with all patients, show empathy and open-mindedness. DO NOT make assumptions about gender, partners, or sexual behavior.
Approach to the History

• Use open-ended questions and let patient define themselves using their terms rather than applying your labels
• Be ready to explain why you are asking questions. “To assess your health risks, can you tell me about…”
• When talking about sexuality and relationship, use gender neutral terms, such as “partner”
  (GLMA 2006)

Confidentiality

“As your doctor, I am called to respect your confidentiality. This means that the things we talk about will just stay between the two of us. It is important that you feel comfortable disclosing information so that I can provide you with medical advice and recommendations based on your specific situation. The only exception to my ability to keep your information confidential is if you tell me you are going to harm yourself or others. As your doctor, I want to keep you and everyone healthy so if you have thoughts or intentions to harm yourself or others, then I would have to tell the appropriate people to prevent that from happening. Do you have any questions about this?”
Approach to the History

• If you are unsure…
  ...ASK, ASK, ASK

• Don’t be afraid to ask for clarity. Show that you are genuinely interested because who they are and what they do is an important part of their health

• Be prepared to answer your patients’ questions such as
  • “Do you have any LGBTQ patients?
  • How do you feel about LGBTQ people or issues?”

Things to Ask:

• Comfort level with and acceptance of gender and sexual identity - How OUT are they?
• Sexual and substance risk factors
• Extent of social networks and supports
Sample Questions

- “At what age did you become familiar with your sexual identity?”
- “How would you describe your gender? Sexual orientation? Do you have any concerns?”
- “What types of sexual experiences have you had? What gender were your partners?”
- “How out are you? Who knows about your gender and sexual identity?”
- “Who are the most important people in your life? What is the nature of your relationships?”
- “What are some of the positives and negatives (barriers) to coming out?”

(Ruble & Forstein 2008)

It is confusing…
The Genderbread Person Revised

Access at
http://itspronouncedmetrosexual.com

Families

• Studies show LGB adolescent-parent relationships are most challenged around time of “coming out”
• While initial parental reactions may be negative, many families become sensitive to needs and well being of their LGB children and relationships improve (D’Augelli et al 2005)
• Acceptance & rejection are different constructs and often co-exist in families
Families

• Family acceptance in adolescent is associated with young adult positive outcomes:
  • Self-esteem
  • Social support
  • General Health
• Also protective for negative health outcomes:
  • Depression
  • Substance abuse
  • Suicide ideation & attempts
  (even after controlling for socioeconomic and other “background factors”)
  (Ryan et al. 2010)

Families

• Acceptance is a PROCESS… for the LGBTQ person and for their families/supports
• Stages of Grieving/Loss vs. Acceptance
• People go though emotions at their own pace, some get “stuck,” some have difficulty understanding emotions, many need support
• “Loving is letting go”
Mental Health Referrals

• Mental health care providers should NOT be put in the position of being a “gatekeeper” to services
• Instead, they should be considered a member of the patient’s care team or medical home just as mental health should be viewed as an essential component to one’s overall wellbeing

Mental Health Referrals

• YOU set the stage!
• Your ability to build alliance with the youth will reassure them and impact their follow through on mental health referrals
• Make sure the youth and their family understands that medical and mental health providers are working together on their behalf.
When to refer?

• Indications for a child psychiatrist are no different from any other patient
  • If there are ongoing safety concerns, potential for psychotropic meds that go beyond provider’s experience, or if significant risk factors present
  • See AACAP Indications for Referring https://www.aacap.org/aacap/Member_Resources/Practice_Information/When_to_Seek_Referral_or_Consultation_with_a_CAP.aspx

• Gender affirming psychotherapy and family therapy can be very beneficial for all patients, especially around challenges of “coming out”

Advocacy

• Many of the studies reviewed emphasize the role of an accepting social environment in a LGBTQ youth’s health

• Pediatricians have an important role in advocating for LGBTQ education and acceptance in:
  • Schools (e.g. GSA’s)
  • Workplaces
  • Communities
  • Local Politics
Resources

- Gay & Lesbian Medical Association (add yourself to the LGBTQ-friendly provider directory) www.glma.org

Hotlines, Resources for Youth
- GLBT National Youth Talkline (peer counseling, local resources) 800-246-PRIDE
- National GLB Youth Hotline 800-347-TEEN
- The Trevor Project (suicide prevention, resources) 866-488-7386, www.thetrevorproject.org

Education on LGBTQ issues & Mental Health
- Gender Spectrum (resources, trainings for gender sensitivity) www.genderspectrum.org
- The Gender Book (book explaining complexities of gender, resources) www.thegenderbook.com
- National Alliance on Mental Health, https://www.nami.org/Find-Support/LGBTQ
- Gay, Lesbian & Straight Education Network (resources for educators) www.glsen.org

Family Resources
- The Family Acceptance Project, familyproject.sfsu.edu
- Parents, Families & Friends of Lesbian And Gays (PFLAG), http://community.pflag.org
- The Parents Project, www.theparentsproject.com
- [Unofficial Book List: http://www.bidstrup.com/parbiblio.htm]

Resources

Safe Space/Zone Materials:


References


D’Augelli et al. (2005). Predicting the suicide attempts of lesbian, gay and bisexual youth. *Suicide and Life-Threatening Behavior*, 35, 6, 646.


