Gender Affirming Mental Health Services

WPATH Training on current standards in mental health treatment, outcomes, and access to care for Gender dysphoria associated with Gender incongruence

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Disclosures

None

Disclaimer

CPT & Diagnostic codes listed in this presentation present the most frequently utilized. The types of mental health services provided will differ depending on the specialty of the provider and the needs of the patient.



Content

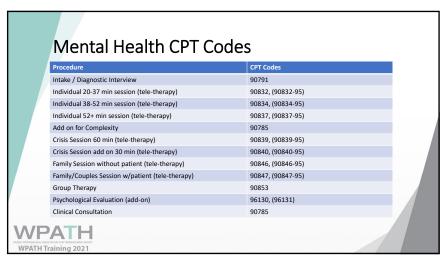
- The Roles of Mental Health Providers and common codes
- Gender Health Evaluations and Standards of Care, Version 7¹
 - Symptoms & Diagnosis
 - · Meeting criteria or not
 - Coding
- Understanding Gender Dysphoria
 - Impact on Mental Health & Quality of Life
 - Internal vs External Factors
- Outcomes of Mental Health & Medical Treatment
- Mental Health & Access to Care



Common Roles for Mental Health Providers



- Individual Therapist (child/adolescent/adult)
- Family / Couple Therapist
- Group Therapist (in or out of treatment facility)
- Gender Health Evaluator / Letter Writer
 - Collaborator in living authentically
- Gender Educator/Advocate
- Gender Coach



Gender Health Evaluations & SOC7

Purpose:

- Assess Gender Dysphoria & Refer for treatment as necessary
 - · Psychosocial assessment:
 - Gender history
 - · Assess, diagnose, and discuss treatment for co-occurring issues
 - · Assess ability to consent to treatment
 - · Gender Psychoeducation
 - · Different identities and presentations
 - · possible interventions
 - · Assess eligibility for medical treatments (hormones/surgery)
 - Create a social/medical/legal/psychological treatment plan
 - · Make referrals for medical treatments
 - Prepare for medical interventions (pre & post care)



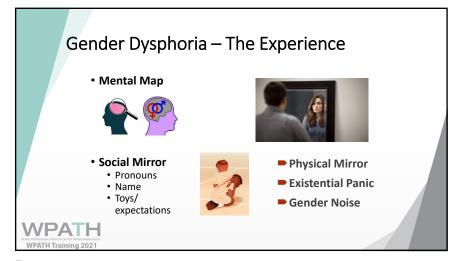
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(Coleman et al, 2011)

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Gender (Dysphoria) Noise

- Non-stop narration
 - It goes beyond body dysphoria
 - Cacophonous
 - Intrusive
 - Volume changes based on context
 - · Never fully goes away



Gender (Dysphoria) Noise

Often involves:

- Fears about safety
- how others see you or will react to you
- how you sound
- how you walk. talk, gesture
- Making sense of microaggressions





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Factors that Influence Health Disparities

Internal Experiences

- Gender Dysphoria
- Co-occurring Mental Health Issues not related to minority stress
- The internalization of negative attitudes

External Experiences

- Misgendering
- Minority Stress (potential or experienced discrimination, oppression, violence, etc.)
- Family /Community Support (or lack of support)
 - stressors resulting from rejection, maltreatment, harassment, discrimination, and a transphobic society
- · Employment/housing/food insecurities



(James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016; Hendricks & Testa, 2012)

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DSM Diagnosis of Gender Dysphoria

Criterion A:

 A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least two or more of the following:

Criterion B:

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

Full Criteria for Gender Dysphoria may not be currently present, yet treatment may be medically necessary



Impact on Mental Health/Quality of Life

US National Transgender Study

- 39% experienced serious psychological distress in the month prior to completing the survey, compared with only 5% of the U.S. population.
- 40% of respondents have attempted suicide in their lifetime—nearly nine times the attempted suicide rate in the U.S. population (4.6%).
- 33% who saw a health care provider had at least one negative experience related to being transgender
- 23% did not seek the health care they needed in the year prior due to fear of being mistreated as a transgender person
- 33% did not go to a health care provider when needed because they could not afford it.



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(James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016)

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Impact on Mental Health

(Across multiple studies)

- High Rates Depression
 - 44 % 84 % trans and non-binary people had clinical depression
 - Rates increase with intersections of marginalized identities and age
- High Rates of Anxiety
 - 45% -90% of TGNB people experienced clinically significant anxiety
- Suicidality
 - 40%-50% had attempted suicide
- Self-harming behavior
 - 19%-43% had engaged in self-injurious behavior.



(Budge, Adelson, & Howard, 2013; James et al. 2016; Veale et al. 2017; Becerra-Culqui et al. 2018))

Common Co-Occurring Mental Health Issues

- Autism 3 to 6 times more likely
- ADHD
- OCD
- Eating Disorders 18% vs 1%
- Social Phobia (anxiety)
- PTSD
- Substance Mis-use

Main Factors that Influence Mental Health and Quality of Life

(excluding discrimination/violence/oppression)

- Family Support
 - Support from family is protective against depression, and significantly associated with a higher quality of life and decreased perceived burden about being transgender
- Mis-alignment & Misgendering vs Authenticity
 - Navigating a world in a body that doesn't align or is read as trans vs being mirrored as your authentic self.
- Medical treatment and the impact of not receiving care/coverage.
 - Medical necessity of alignment to bring one's body into a normal healthy state given their affirmed gender.



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(Katz-Wise et al., 2016; Ryan et al., 2010; Simons et al., 2013).

Outcomes Related to Social/Medical Interventions

Across the board improvements in mental health and quality of life

- · Significant reduction in depression, anxiety, self-harm, suicidality, and substance
- · Prepubertal children who socially transition have similar levels of difficulties as their cisgender peers
- · Improves body image, well-being, and decreases gender dysphoria
- · Improved quality of life, greater relationship satisfaction, higher self-esteem and confidence
- Hormone therapy was associated with increased QOL, decreased depression, and decreased anxiety across Identity and age.
- Pubertal suppression reduces odds of suicidality, anxiety & depression



(Olson et al. 2016: Passos et al. 2019: Becker et al. 2018: Poudrier

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Factors that Improve Success in the Treatment of Gender Dysphoria

- Adequate preparation and mental health support prior to treatment
- Proper follow-up care from knowledgeable providers
- Consistent family and social support
- Positive surgical outcomes (when surgery is involved)
- Access to care



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Common Roadblocks in Access to Care

(Insurance)

- Coverage for Transgender Health
- · Finding out what's covered
- Access to providers
 - Having providers on panels that know how to do Gender Health **Evaluations**
 - Single Case Agreements
 - Issues with search criteria when a specialist is needed



Common Roadblocks in Access to Care

(Children & Families)

- Finding providers that understand child development, co-occurring childhood issues, and gender development for gender expansive youth
- Coverage for family/parenting sessions
- Access to GnRH agonists (puberty suppression)
 - · Impact of onset of puberty or potential onset
- Advocacy / Consultations with schools



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Common Roadblocks in Access to Care

(Adolescents)

- Limits on types of therapy (Family Therapy)
- Fertility preservation when starting hormones
- Surgical interventions (Age limits)
 - Male chest reconstruction
 - Less common
 - · Tracheal shave
 - · Breast augmentation
 - Genital surgery



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Common Roadblocks in Access to Care

(Adults)

- Family/Couples Therapy
- Fertility preservation when starting hormones
- Voice Therapy
- Electrolysis
- Surgical Interventions
- · Facial Feminization/Masculinization
- Tracheal Shave
- · Breast Augmentation
- Vocal Cord Surgery



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Thank You!