

# 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.

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## Content

- The Roles of Mental Health Providers and common codes
- Gender Health Evaluations and Standards of Care, Version 7<sup>1</sup>
  - 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

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## 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**

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## Mental Health CPT Codes

Procedure	CPT Codes
Intake / Diagnostic Interview	90791
Individual 20-37 min session (tele-therapy)	90832, (90832-95)
Individual 38-52 min session (tele-therapy)	90834, (90834-95)
Individual 52+ min session (tele-therapy)	90837, (90837-95)
Add on for Complexity	90785
Crisis Session 60 min (tele-therapy)	90839, (90839-95)
Crisis Session add on 30 min (tele-therapy)	90840, (90840-95)
Family Session without patient (tele-therapy)	90846, (90846-95)
Family/Couples Session w/patient (tele-therapy)	90847, (90847-95)
Group Therapy	90853
Psychological Evaluation (add-on)	96130, (96131)
Clinical Consultation	90785

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## 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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## Gender Dysphoria – The Experience

### • Mental Map



### • Social Mirror

- Pronouns
- Name
- Toys/expectations



- Physical Mirror
- Existential Panic
- Gender Noise

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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



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## 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



## 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*

## 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

## Mental Health Diagnostic Codes

Diagnosis	ICD Code (DSM Code)
Gender Dysphoria in Adolescents and Adults (Transsexualism)	F64.0 (302.85)
Gender Dysphoria in Children	F64.2 (302.6)
Other Specified Gender Dysphoria	F64.8 (302.6)
Unspecified Gender Dysphoria	F64.9 (302.6)

## 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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## 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.

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## 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

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## 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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## 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 abuse.
- 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 et al, 2019; Tomita et al 2019)

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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

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## 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!

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