

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 (MHP) and common CPT codes
- Changes in the Standards of Care, Version 8 for MHP
- Gender Health Evaluations and Standards of Care, Version 8
 - Symptoms, Diagnosis, and Access to Care
 - Updated criteria & focus
 - Diagnostic Coding
- Understanding Gender Incongruence / 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*

Mental Health CPT Codes

Procedure	CPT Codes
Intake / Diagnostic Interview	90791
Individual 16-37 min session (tele-therapy)	90832, (90832-95)
Individual 38-52 min session (tele-therapy)	90834, (90834-95)
Individual 53+ 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 30-45; 45)	90791 (99354 & 99355)
Clinical Consultation	90785

The Standards of Care, Version 8

Goal:

To assist transgender and gender diverse (TGD) people in accessing safe and effective pathways to achieving lasting personal comfort with their gendered selves with the aim of optimizing their overall physical health, psychological well-being, and self-fulfillment

- ✓ Use of a patient-centered care model for initiation of gender- affirming interventions that partners with TGD people & their families
- ✓ The medical necessity of treatment and care is clearly recognized for those who experience dissonance between their sex assigned at birth and their gender identity.
- ✓ There's no 'one-size-fits-all' approach and TGD people may need to undergo all, some, or none of these interventions to support their gender affirmation.
- ✓ Work with a multi-disciplinary team with professionals from different disciplines within the field of transgender health for consultation and referral, if required

Gender Health Evaluations & SOC8

Purpose:

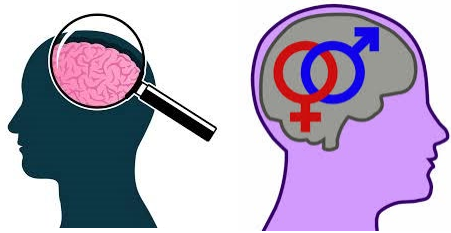
- Assess for Social/Psychological/Legal/Medical needs
- Assess for Gender Incongruence/Dysphoria & Refer for Treatment as Necessary
 - Biopsychosocial assessment:
 - Comprehensive only when there is complexity
 - Gender history
 - Assess, diagnose, and discuss treatment for co-occurring issues
 - Assess capacity to consent to treatment
 - Gender Psychoeducation
 - Different identities and presentations
 - possible interventions, risks & benefits including fertility
 - 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)

Medical Referrals

- Based on needs at stage of development rather than age or any trajectory
- Marked and sustained gender incongruence should be present
- Single opinion from a master's level health care provider with ability to:
 - identify co-existing mental health or other psychosocial concerns and distinguish these from gender dysphoria, incongruence, and diversity
 - assess clinical aspects of gender dysphoria, incongruence, and diversity
 - Assess capacity to consent/assent
 - Mental health conditions that could negatively affect medical treatment are discussed (for adolescents addressed)
- It is not necessary for TGD people to experience severe levels of distress regarding their gender identity to access gender- affirming treatments

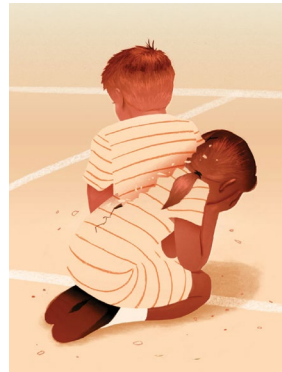
Gender Dysphoria – The Experience

- **Mental Map**



- **Social Mirror**

- Pronouns
- Name
- Toys/
expectations



- **Physical Mirror**
- **Existential Panic**
- **Gender Noise**

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



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*

(Coleman, et al. 2022; James, Herman, Rankin, Keisling, Mottet, & Anafi, 2016; Hendricks & Testa, 2012)

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

(APA, 2022)

Mental Health Diagnostic Codes

Diagnosis	ICD Code 10 (DSM)
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.

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

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

- Eating Disorders – 18% vs 1%
- Autism 3 to 6 times more likely
- ADHD
- OCD
- 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 state healthy state given their affirmed gender.

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

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

Common Roadblocks in Access to Care

(Insurance coverage)

- Coverage for Transgender Health
- Outdated Guidelines and Misinterpretation of the SOC
- Finding out what's covered
- Access to providers
 - Having providers on panels that are competent in gender affirming care & diagnosis
 - Single Case Agreements
 - Issues with search criteria – when a specialist is needed
 - No reimbursement for team consults

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

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

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

Thank You!