



Mental Health Care of Gender Diverse Youth and Adults

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Disclosures

No financial disclosures / conflicts of interest

Objectives

1. Understand the mental health disparities faced by gender diverse individuals
2. Discuss the physiology of minority stress theory
3. Identify 3 strategies for improving your psychiatric care to gender diverse individuals

Framework for Understanding

- Lesbian
- Gay
- Bisexual
- Queer
- Straight
- Pansexual

Sexual Orientation

- Cisgender
- Transgender
- Genderqueer / nonbinary

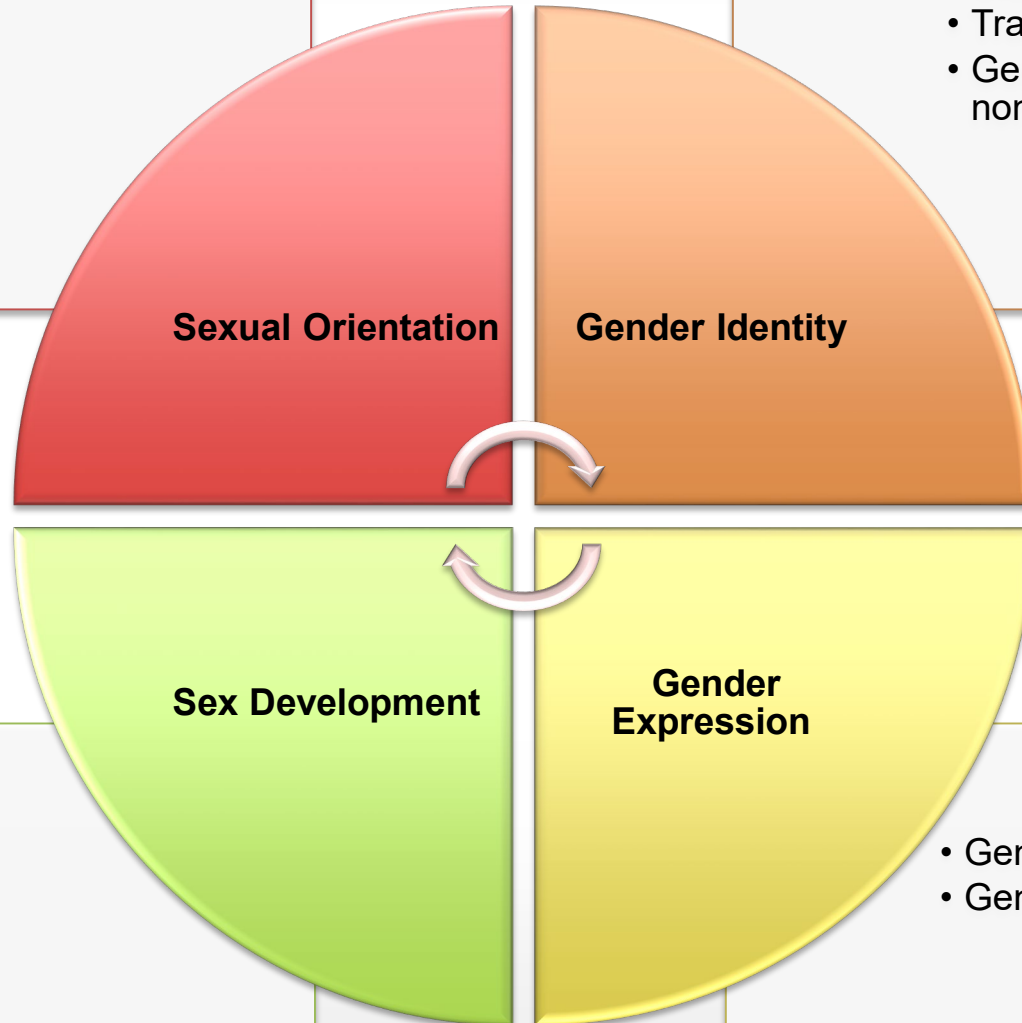
Gender Identity

Sex Development

- Male / Female
- Difference of sex development
- Intersex

Gender Expression

- Gender nonconforming
- Gender conforming



Mental Health Disparities

Mental & Behavioral Health Disparity
Suicidal ideation and attempts
Non-suicidal self-injury
Depression
Anxiety
Post-traumatic stress disorder
Disordered eating
Tobacco, alcohol, and illicit drug use
Higher risk sexual practices

Trauma and LGBT Mental Health

Life Stage	Trauma	Prevalence or Odds Ratio (OR)
Childhood / Adolescence	Emotional	<ul style="list-style-type: none"> • 82% of LGBT youth report verbal harassment while at school • More likely to miss school because of fear compared with heterosexual youth (OR = 2.4)
	Physical	<ul style="list-style-type: none"> • 38% of LGBT adolescents report physical assault while at school • 39.9% of bisexual females, 50.2% of bisexual males, 43.3% of gay males, and 44.4% of lesbian females have experienced childhood physical abuse (OR 1.2 compared to heterosexual youth)
	Sexual	<ul style="list-style-type: none"> • 21% of gay males, 24% of bisexual males, 32% of lesbian females, and 40% of bisexual females have experienced sexual abuse (OR = 3.8)
Adult	Emotional	<ul style="list-style-type: none"> • 56% of transgender individuals report verbal harassment
	Physical	<ul style="list-style-type: none"> • 38% of gay men report hate crimes against their person or property • 19% of transgender individuals report physical violence
	Sexual	<ul style="list-style-type: none"> • 46% of bisexual women have been raped in their lifetime • 47% of bisexual men have experienced lifetime sexual violence • 50% of transgender respondents reported assault or rape by a partner
Older Adult	Emotional	<ul style="list-style-type: none"> • 63-65% of older LGBT individuals report lifetime emotional violence
	Physical	<ul style="list-style-type: none"> • 40% of older LGBT individuals report lifetime physical violence
	Sexual	<ul style="list-style-type: none"> • 58% of older transgender individuals report experiencing at least one instance of forcible sex in their lifetime

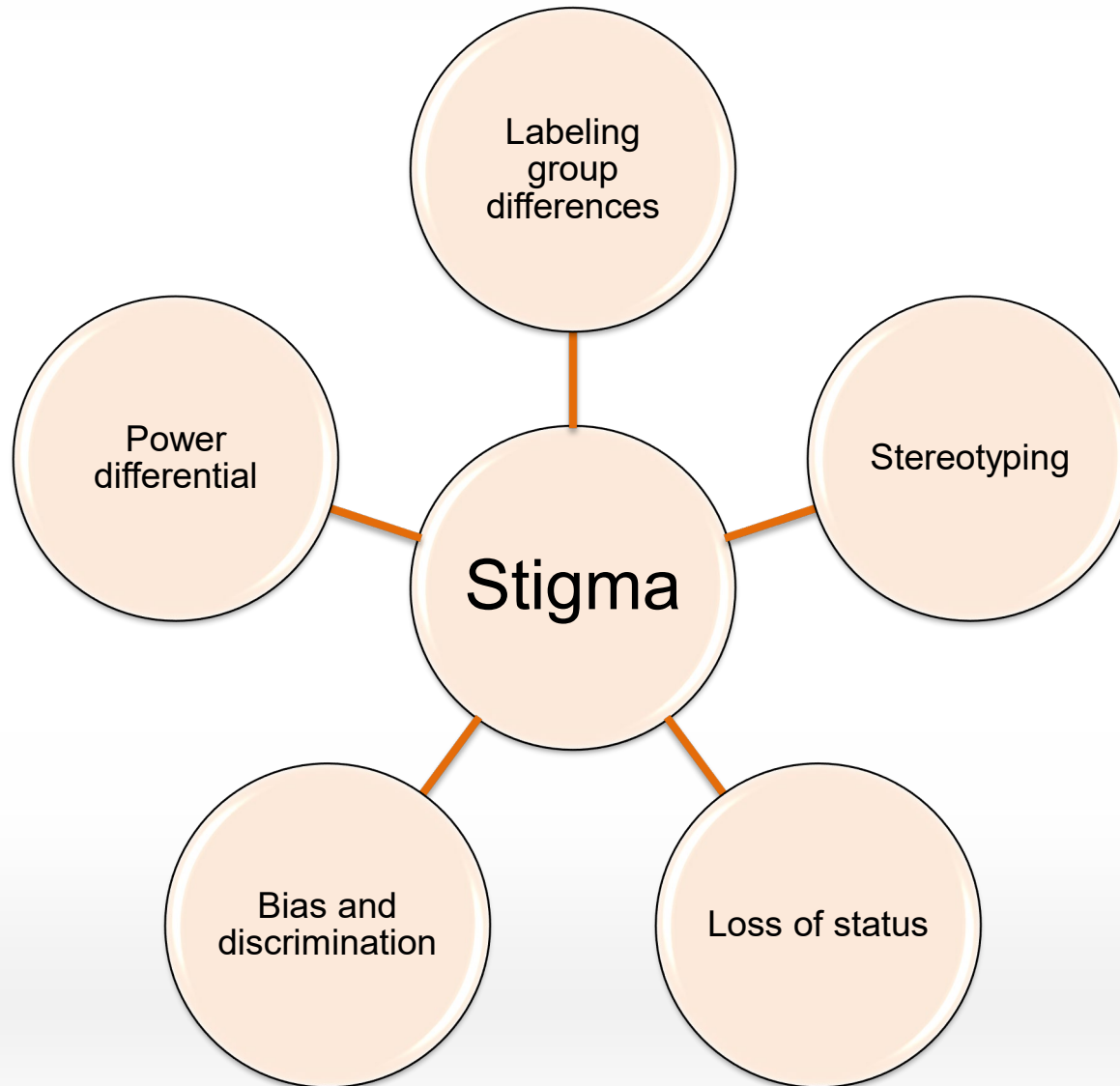


Mental Health Disparities

What underlies the disproportionate mental health burden?

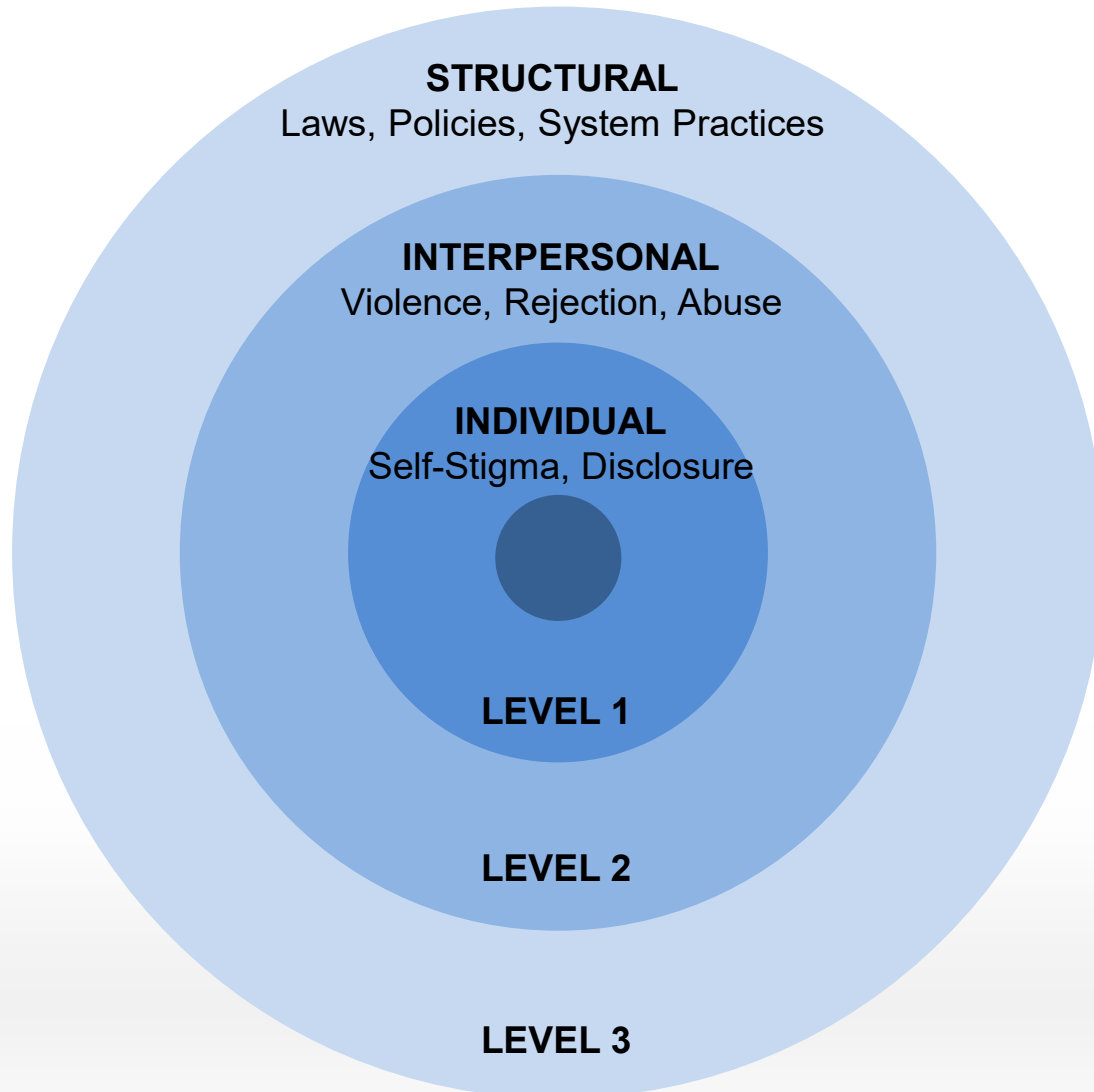
Stigma & Trauma Exposure

A multilevel construct....

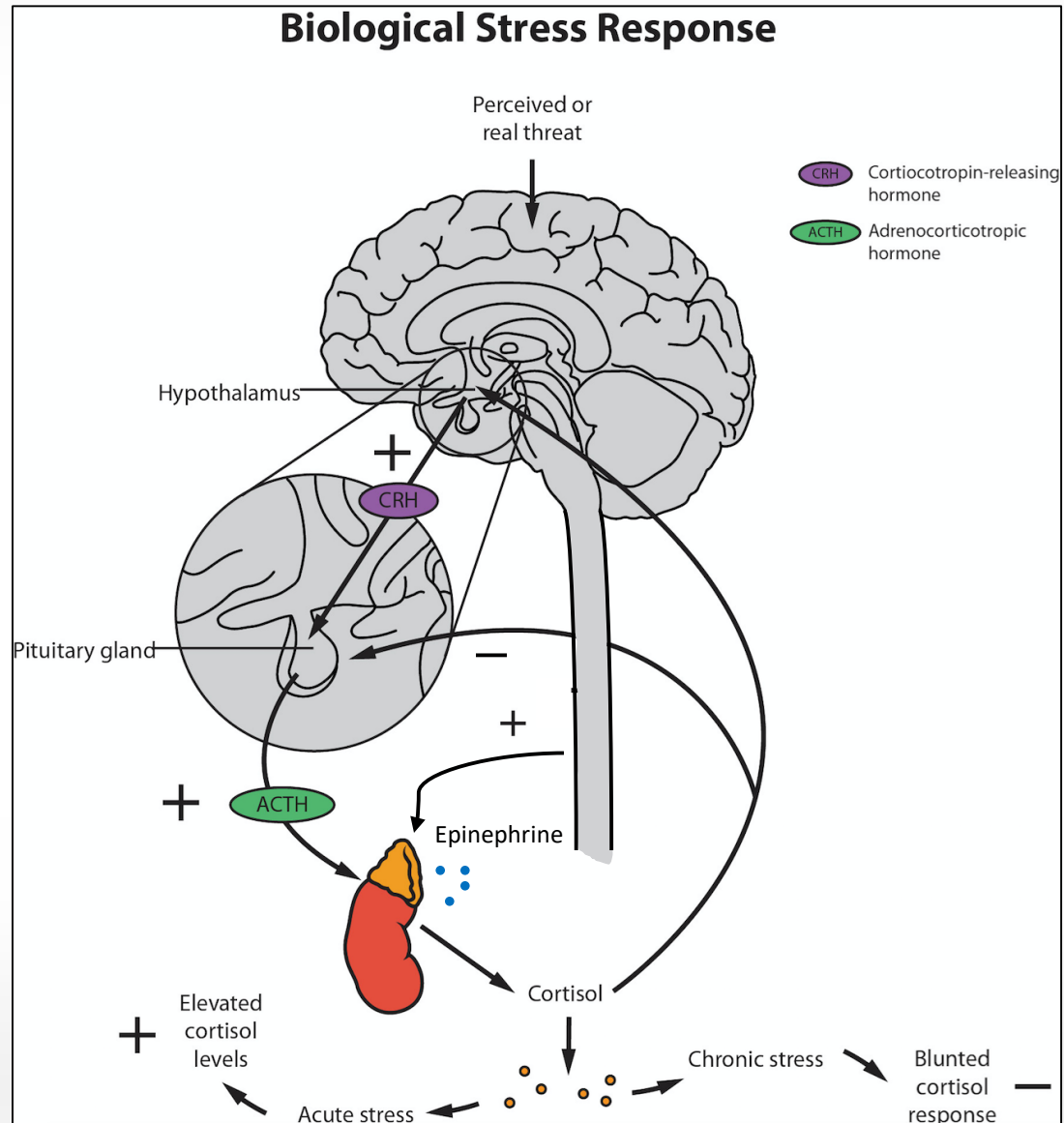


Stigma & Trauma Exposure

...applicable throughout society...

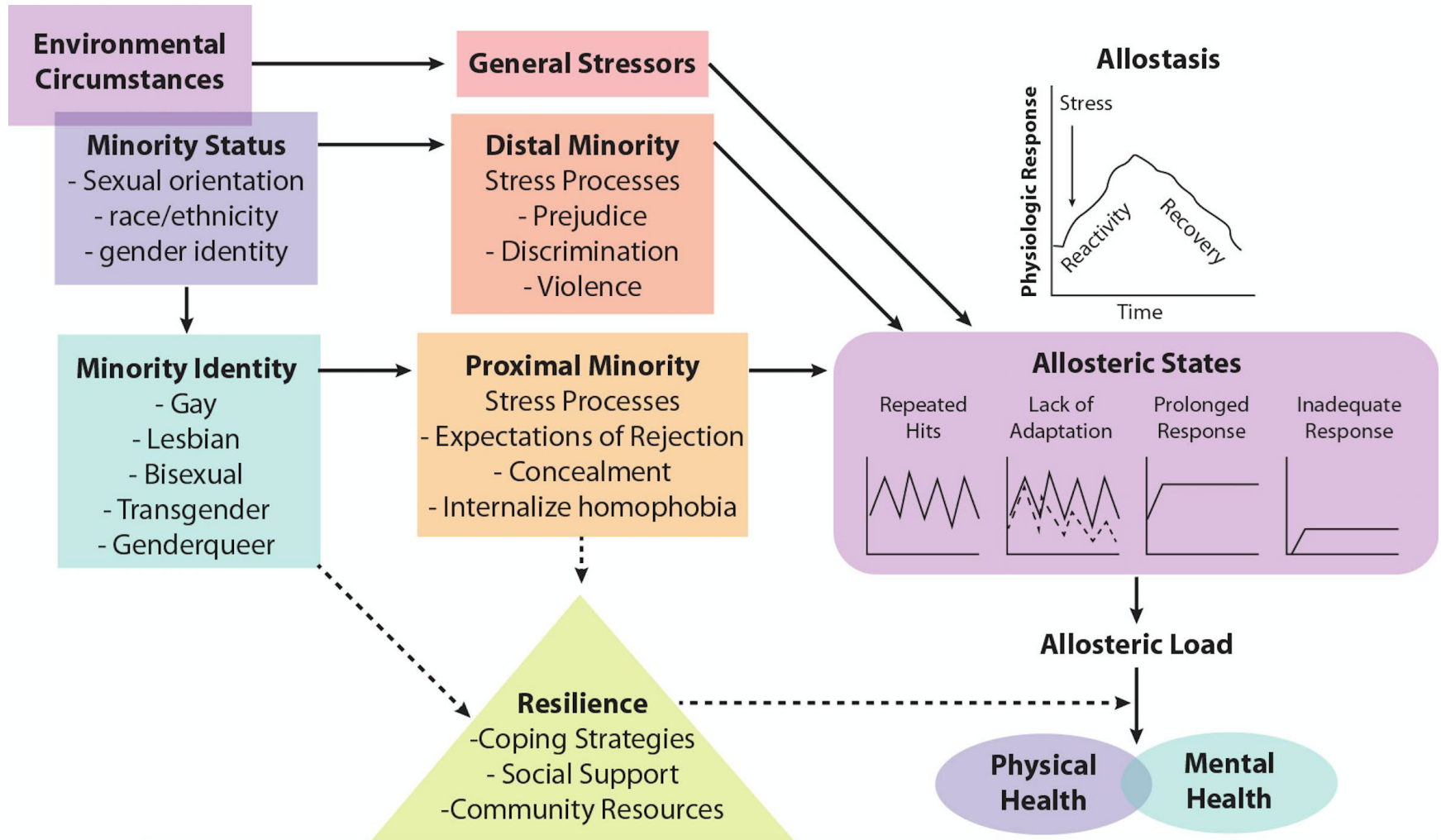


Biology of LGBTQ Mental Health

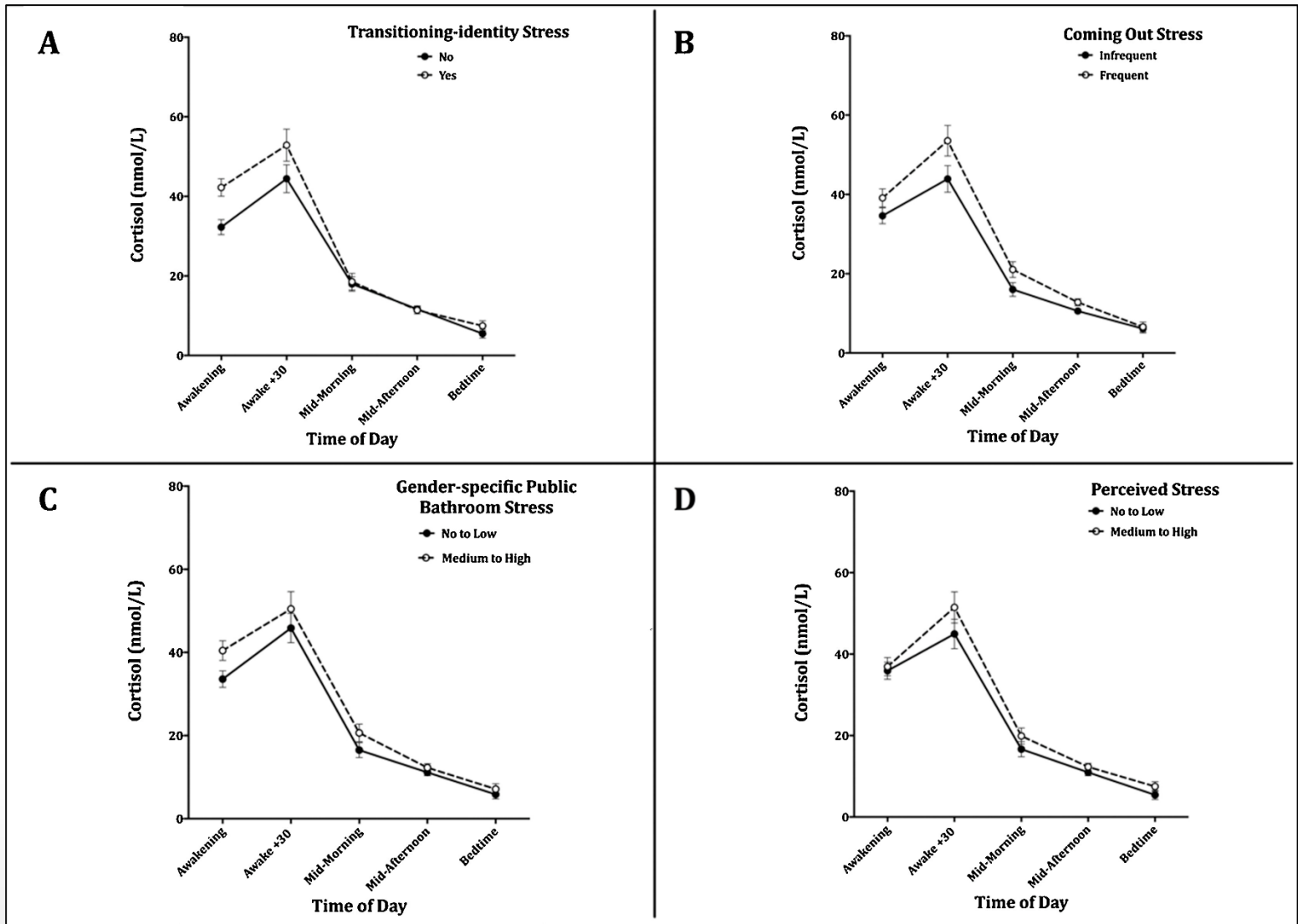


Minority Stress Theory

Minority Stress Theory describes the process by which levels of stigma (i.e. stressors) are related to health disparities in minority communities

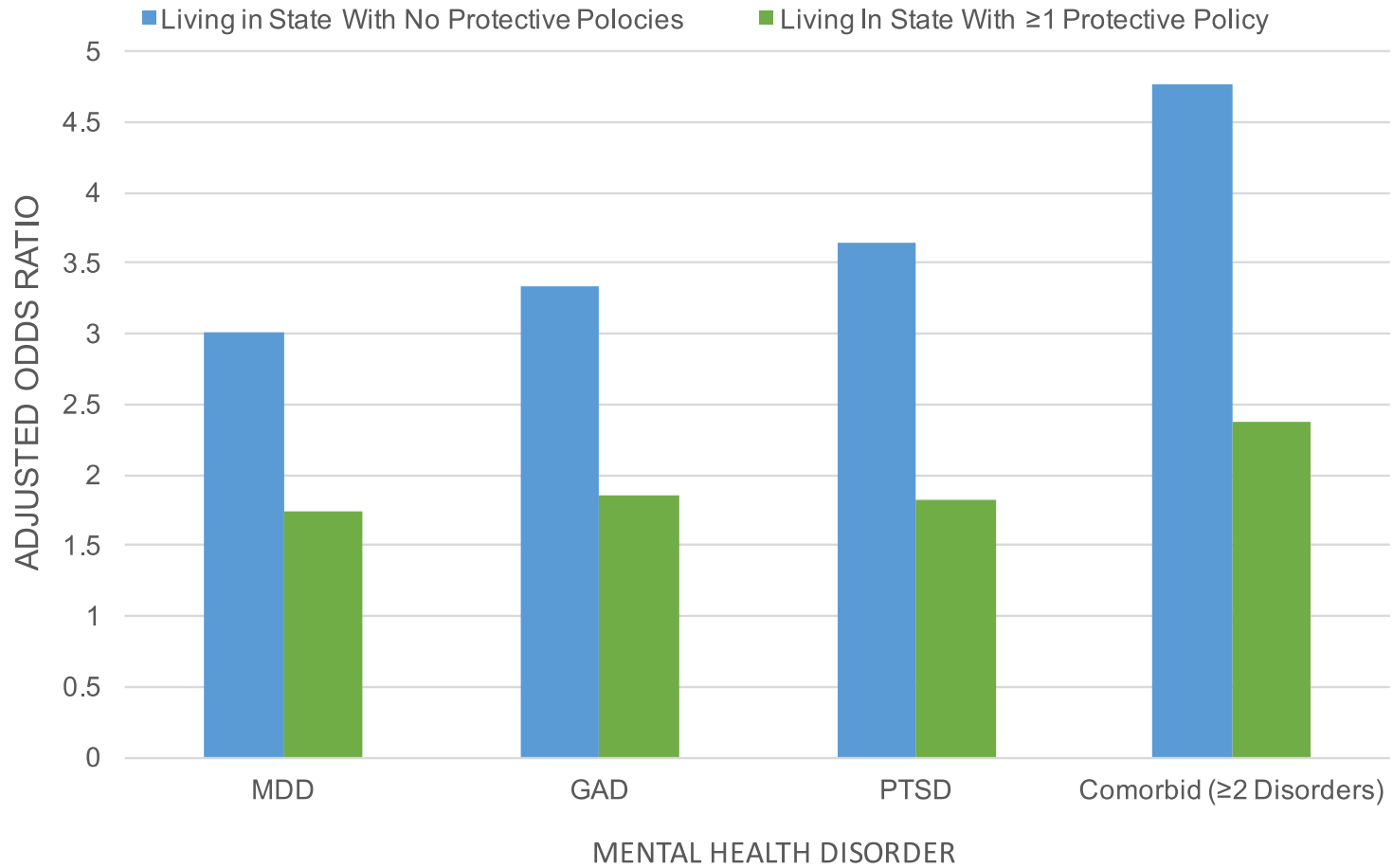


Minority Stress & Cortisol



Structure and LGBT Mental Health

Mental Health Comorbidity is Greater Among LGBT Individuals Living in States with Structural Stigma



Protective Factors

Childhood / Adolescence	<ul style="list-style-type: none">• Family acceptance• Family connectedness• Adult caring• School safety
Adulthood	<ul style="list-style-type: none">• Social support from friends and family• Emotional coping and expression• Positive LGBT identity• Self-acceptance / coming out• Internal locus of control
Older Adulthood	<ul style="list-style-type: none">• Social support• Self-reliance• Physical activity



Enhancing the Clinical Interview

Enhancing the Clinical Interview

Affirmative Treatment Approach

Approach to care that embraces a positive view of trans* identities and relationships and addresses the negative influences of transphobia and cis-sexism



Avoids discrimination by embracing and individuals identity, attraction and behavior

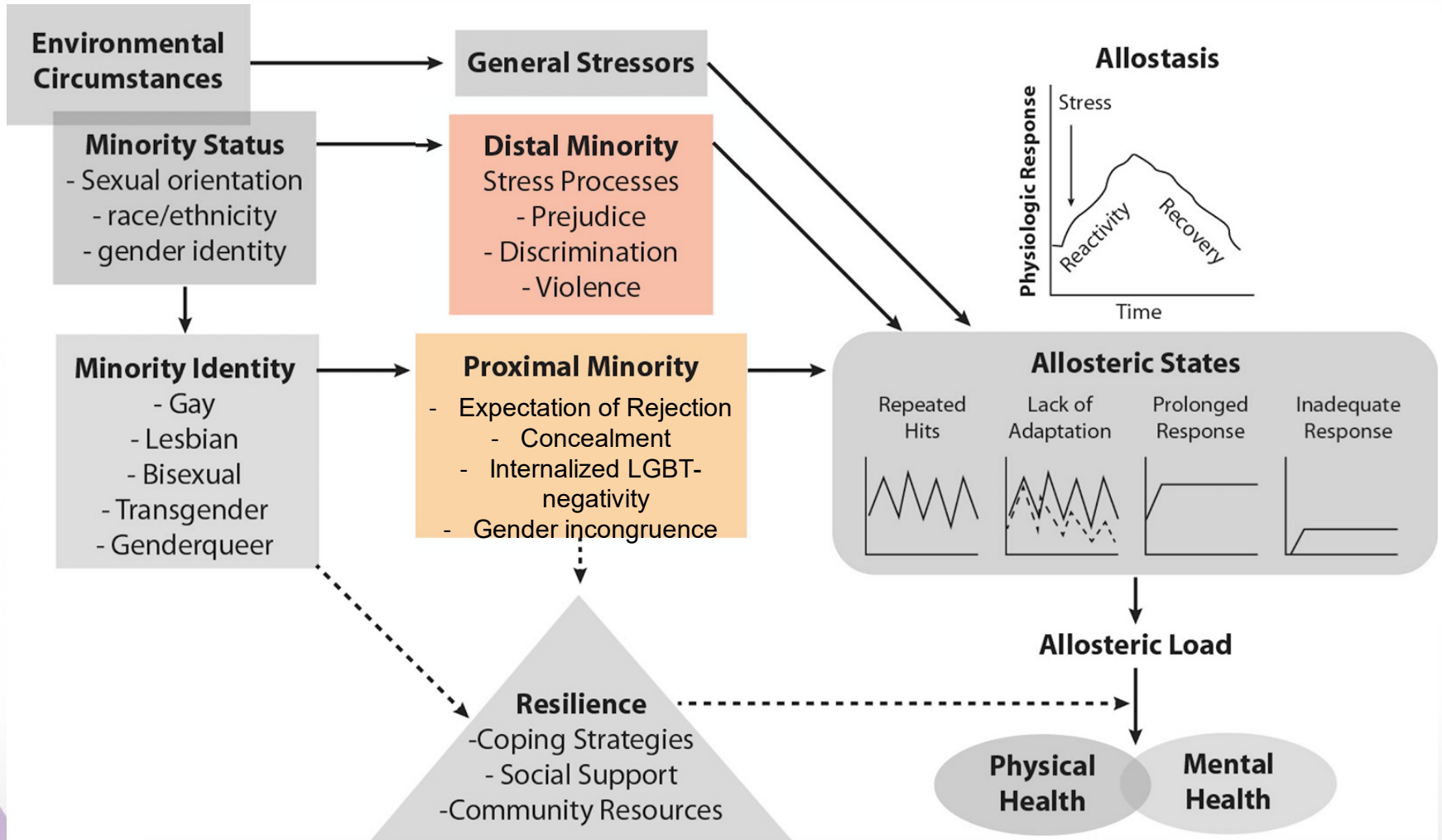


Avoids harm by validating feelings and emphasizing individual value



Acknowledges lack of data while treating the patient in an ethically appropriate manner

Enhancing the Clinical Interview



Enhancing the Clinical Interview

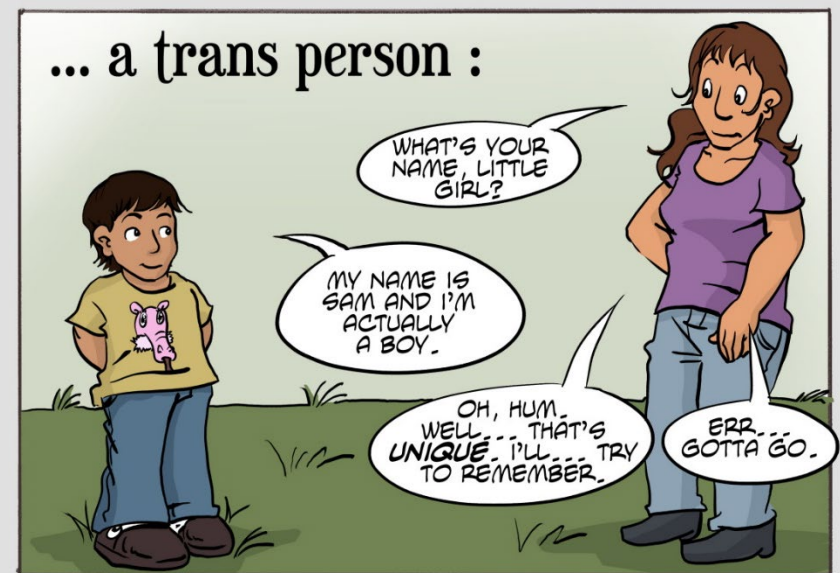
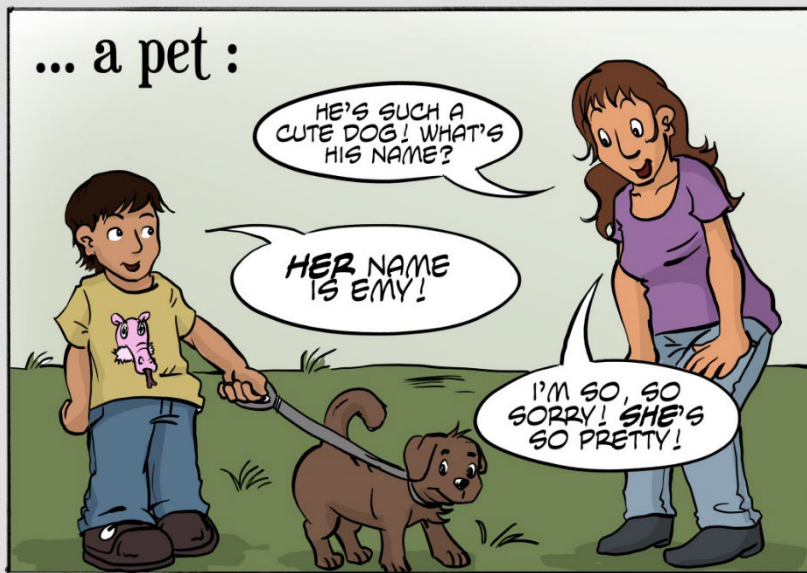
Distal Stressors

- What, if any, harassment, discrimination, or stigma have you experienced...
- Has anyone ever threatened you...
- How often do you hear someone, or a loved one, use slurs

...as a result of your sex assigned at birth, gender identity, or transgender experience?

Enhancing the Clinical Interview

Misgendering...



Misgendering: traumatic and harmful practice of referring to someone with name/pronouns/sex assigned at birth

Enhancing the Clinical Interview

Proximal Stressors

- Are you comfortable with your friends, family, or coworkers knowing about your sex assigned at birth and/or gender identity?
- Are you concerned that people will treat you differently, look down on you, or think less of you because of your sex assigned at birth and/or gender identity?
- Do you conceal your sex assigned at birth and/or gender identity?

Enhancing the Clinical Interview

Protective Factors

Strength of Transgender Identity (e.g. Pride)

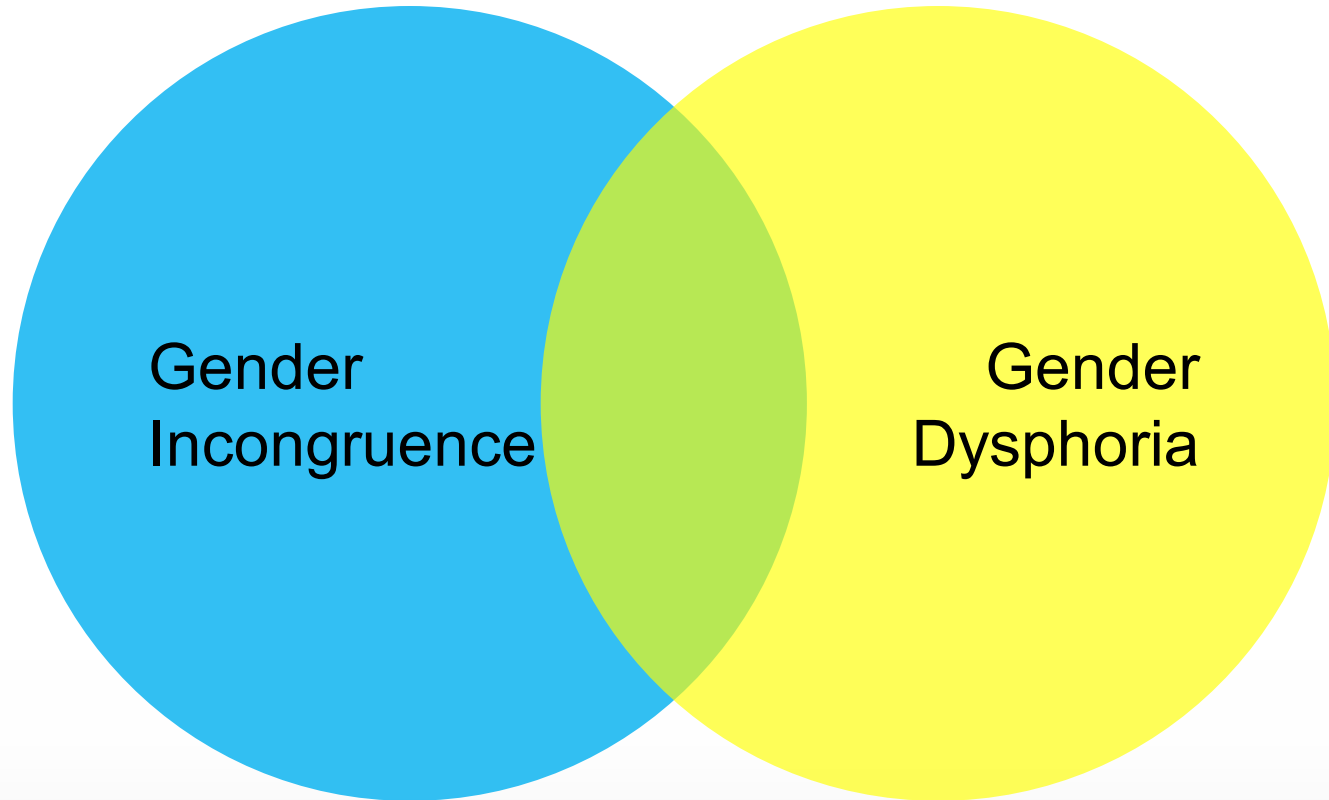
Social Support

Community Connectedness

Family Support

Affirmation (e.g., IDs, pronouns, chosen name, restrooms)

Enhancing the Clinical Interview



Enhancing the Clinical Interview

Gender Incongruence (ICD-11): a marked and persistent incongruence between an individual's experienced gender and the assigned sex

Gender Dysphoria (DSM-5): clinically significant distress or impairment in functioning, or with a significantly increased risk of suffering, associated with gender incongruence (of at least 6 months duration)



Enhancing the Clinical Interview

Taking a Gender History

- What has your gender journey been like so far?
- Sometimes the term “dysphoria” is used to describe the pain associated with gender incongruence. Is this a term you would use? What has it felt like?
- Does your “dysphoria” get in the way of you living your life? How?
- What strategies have you used to affirm your gender?
- How have these strategies helped you?
- What, if any, additional gender affirming treatments would you like?



Enhancing the Clinical Interview

Setting Boundaries

How Mental Health Can Help, When Patients Want...

- Help patients navigate steps in social transition as they are ready
- Help navigate challenges that arise related to social transition
- Provide support when youth and family are not on the same page
- Help understand sources of dysphoria
- Set realistic expectations
- Help manage any existing psych comorbidities that may or may not be related to gender

Setting Boundaries

When Mental Health Should Not Be Used

- To address “mental health issues” before gender transition (very rarely should this happen)
- Gatekeeping to “clear” a patient for gender affirmative hormone* treatments

*surgeons and insurance companies often involve us for clearance prior to surgeries (for better or worse...)

Psychopharmacology



Psychopharmacology

Key Points

- Patients can be psychiatrically unwell (i.e., have SI) but still consent to hormone treatment – do not withhold
- Dysphoria can manifest as depression, anxiety, PTSD, externalizing – treat medically with hormones alongside mental health
- Psychologic/psychiatric symptoms typically decrease w/in 6 months and continue thereafter
- Abrupt withdrawal from hormones can precipitate severe psychiatric changes
- No significant hormone/psych med interactions

Psychopharmacology

Alkaline phosphatase, hemoglobin/hematocrit, and creatinine may vary

- ↑ bone mass
- ↑ muscle mass and number of myocytes
- ↑ menstruation suppression
- ↑ erythropoiesis

Lab measure	Lower Limit of normal	Upper Limit of normal
Creatinine	Not defined	Male value
Hemoglobin/Hematocrit	Male value if amenorrheic*	Male value
Alkaline Phosphatase	Not defined	Male value

↑
Taking estrogens
Menstruating*
Stopped hormones
Early FtM transition

↑
Taking testosterone
Not menstruating
Stopped hormones
Androgen blockers only
Early MtF transition

Psychopharmacology

CVD Risk Factors: Transwomen

- TGs: increased 23mg/dl (95% CI 5 to 42)

CVD Risk Factors: Transmen

- TGs: increased 31mg/dl (95% CI 7 to 55)
- HDL: decreased 6mg/dl (95% CI 0.7 to 11)
- Systolic BP: increased 1.7mmHg (95% CI 0.2 to 3.3)

Cardiovascular Disease

- Increased risk of DVT, PE, MI and stroke among transwomen
- May be due to increased tobacco use, obesity, and diabetes



THANK YOU!