

P21

Gender Diversity in Mental Health and substance use

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(He, him and his)
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Disclosure

- Medical Director, Pride Institute, Eden Prairie, MN – since 2014

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“Someone will remember us, I say
even in another time”



Sappho of Lesbos 570 BCE

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Slide 1

PZ1

Patrick Zhao, 9/20/2019

Goals

- A brief review of gender diversity (GD) history
- A brief introduction of standard gender care services
- Review of GD in mental health and substance use
- Review of social determinants of health in GD


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PART I: THE HISTORY OF GENDER DIVERSITY

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GD history (1)


- **From antiquity to 19 century**
- 5,000-3,000 BCE: gala priest of Sumer
 - "They wear effeminately nursed hair,...and dress in soft clothes. They can barely hold their heads up on their limp necks. Then, having made themselves alien to masculinity, swept up by playing flutes..."
- 19th century: Karl Heinrich
 - First to live as openly as gay and wrote and advocated for gay legal rights



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HISTORY (2)


- From 19th Century to mid of 20 century
- "Psychopathia Transexualis" David Cauldwell, 1949
- First transgender person in America: Christine Jorgenson: 1950s



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HISTORY (3)

- From mid of 20th century and forward
- Dr. Harry Benjamin gender clinic, 1960s: first separated gender and sex clinically
- The World Professional Association for Transgender (WPATH) founded in 1985
- Closure of univ. clinics & no coverage of medicare since 1980s
- Inclusive & covered services since early 2000



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HISTORY (4): GD in DSMs and ICDs

- **DSM (III to IV-tr to 5):** "from transsexualism to gender identity disorder to gender dysphoria disorder"
- **ICD-10 to 11:** ICD-11 has redefined gender identity-related health, replacing diagnostic categories like ICD-10's "transsexualism" and "gender identity disorder of children" with "**gender incongruence** of adolescence and adulthood" and "gender incongruence of childhood", respectively;
 - Out of MH and behavioral disorder
 - Into sexual health conditions

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GENDER DIVERSITY

- **Gender diversity:** includes any persons identify as non-cisgender. It includes transgender and gender fluid, etc.
- **CIS-GENDER:** A person whose assigned sex at birth matches their gender identity and/or expression.

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Prevalence of GD

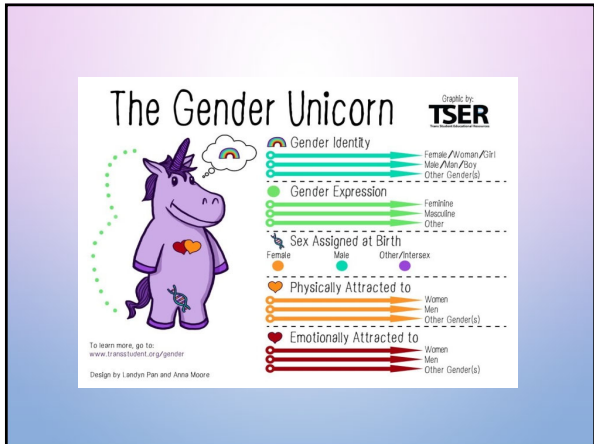
- Nearly *1 million* people identify as transgender in the United States (US) – **CDC** website
- **World Health Organization** estimates 0.3–0.5% (25 million) of the global population
- Currently, 0.4–1.3% of the general population is estimated to be transgender and gender-diverse
- 2017 Gallup survey: 4.5% of adult Americans identified as **LGBT**
 - 5.1% of women identifying as **LGBTQ**, compared with 3.9% of men.
 - *0.6% of U.S. adults identify as transgender.

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Gender and Sex Diversity Lingo

Resource: Trevor project

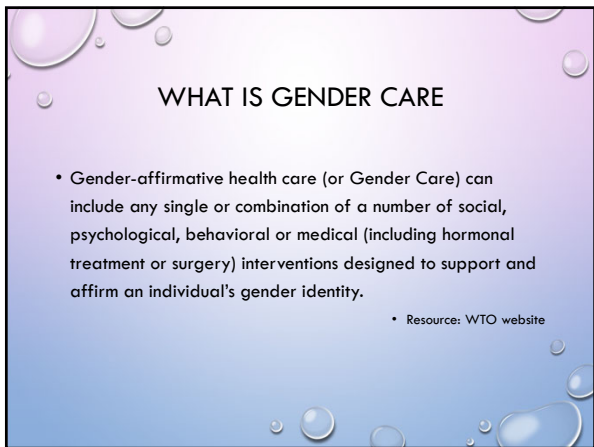
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Transition in GD

- Social transition
- Hormonal transition
- And Surgical transition or gender reassignment surgery

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Transition And Care

- **Social transition**
 - Self-awareness and self-ID or coming out
 - Preferred Name vs birth name
 - Pronouns
 - Legal documents
 - School/public/work relationship aspect such as bathroom and transgender in sports

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Transition And Care

- **Hormonal transition**
 - **Feminizing hormonal therapy:**
 - **Androgen blocker:** T-blocker; decrease sex driver; testicle size; sperm; urine production; fatigue
 - **And estrogen:** soft skin, breast/chest, hair, body fat (thigh and buttocks); nausea; facial hair; Adam apple; vocal pitch
 - **Masculinizing hormonal therapy:**
 - **Testosterone:**
 - Dose range varies;
 - Hair; male type of baldness; clitoris growth; cessation of menses; decrease fat; increase muscle mass; sex drive; lowered voice
 - Cholesterol; blood pressure; liver; weight; HA and mood changes; male type of balding
 - **Puberty blocker**

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Transition And Care

- **Surgical transition or gender reassignment surgery**
 - Per WPATH SOC 7, in general, one to two letters from mental health providers, person in transition may be required to be undergoing hormonal and social transition for a period of time.
- **Pre-op requirements**
 - BMI requirement
 - Smoking cessation one to three months pre and post op
 - SUD treatment/sobriety
- Feminizing and masculinizing surgeries
- Rate of surgical transition varies

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Part II GD in MH and SUD services

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MR. A

- 30-year-old transgender male, he/him/his pronouns; single/partnered; no children; he is socially and legally transitioned since 2013 after honorably discharged from Army and has received gender care including hormone.
- He was admitted to Pride institute, a SUD RTC service after being committed and hospitalized in VA Hospital over one month after one latest severe suicide attempt of OD on his own meds.

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MR. A's Chief complaint

- **Chief complaint:** "under commitment after SA..." "in VA hospital for 25 days..." "I took a lot of my antidepressant."
- **Client's wishes/goals of treatment:** "I can not understand things are abstract." "...unable to understand jokes and pretended I can."

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Co-occurring MH and SUD in GD

- There are known associations between mental health symptoms & substance use and transgender identity among adults
- Similar findings are in children and adolescents

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MH in GD

-SAMHSA NSDUH Data Review

Category	Sexual Minority (%)	Sexual Majority (%)
Total 18 or Older	27.4*	17.1
18 to 25	42.1*	19.8
26 or Older	25.3*	16.7
Male	31.3*	13.7
Female	41.5*	20.4

- 1 in 5 U.S. adults experience mental illness – LGBTQ individuals are more than twice as likely as heterosexuals to have a mental health disorder in their lifetime
- Transgender individuals are nearly four times as likely as cisgender individuals (people whose gender identity corresponds with their birth sex) individuals to experience a mental health condition. (*NAMI website, lasted searched on June 28th*)

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SUD in GD

-SAMHSA NSDUH Data Review

Age Group	Cisgender	Transgender
Total 18 or Older	17.7	54.0*
18 to 25	14.1	36.3*
26 or Older	20.4	41.1*

- GD individuals are almost four times as likely as cisgender individuals to experience a substance use disorder (per NAMI website)
- JAMA Feb 2021 article: cross-sectional study used the OpiumLabs Data Warehouse of 74 million adults aged 18 years or older;
- Illicit drug use is significantly higher in high school-aged youth who identify as LGB or are unsure of their identity (per NAMI website search)

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Suicidality in GD

- 48% of GD adults considered suicide in the last year, compared to 4 percent of the overall U.S. population. (<https://pride365plus.com>)
- 60% for trans and nonbinary youth consider suicide in the twelve months, more 50% strongly considered to end their lives. (Trevor Project 2020 study)
- 40% of transgender adults have attempted suicide in their lifetime, compared to less than 5% of the general U.S. population. (NAMI website)

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Suicidality in GD youth

- Transgender youth face further disparities as they are twice as likely to experience depressive symptoms, seriously consider suicide, and attempt suicide compared to cisgender lesbian, gay, bisexual, queer and questioning youth. (per NAMI website)

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Self-Harm Prevalence and Ideation in GD Youth

- High rates of self-harm ideation and behavior (SIB), self-reported depression and bullying for Trans youth, especially during and after puberty
- Hypothesis: high rates of SIB and SI contribute to the higher ER and hospital admissions and other higher level of services.

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MR A CONTINUED

- Before our meeting, Mr. A completed PHQ9, HADs and ACEs
 - **PHQ 9:** 14
 - **HADs:**
 - anxiety 14
 - and depression 15
 - **ACEs:** 4 of 10

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Affect Issues in GD youth

- For all diagnostic categories, prevalence was several-fold higher among TGNC youth than in matched reference groups.
- Common diagnoses for children and adolescents were attention deficit disorders (transfeminine 15%; transmasculine 16%)
- and depressive disorders (transfeminine 49%; transmasculine 62%), respectively.

• FINDINGS FROM STRONG STUDY (STUDY OF TRANSITION, OUTCOMES, AND GENDER)

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Affect issues in GD adult

- Bouman, *et al.* found that levels of anxiety in transgender people were three times higher than those in a matched sample from the general population.
- Witcomb, *et al.* reported that transgender people had a four-fold increased risk of a probable depressive disorder compared to a matched control sample from the general population

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Trauma and Violence in GD (1)

- Adverse childhood experiences (ACEs) are highly prevalent in this group.
- GD youth demonstrated unique patterns of ACEs and were higher in 9 of 10 categories.
- **29%** of LGBTQ youth have experienced homelessness, been kicked out, or run away.
- **10% CONVERSION THERAPY OR REPARATIVE THERAPY**

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Trauma and Violence in GD (2)

- Trans people experience violence at rates far greater than the average person. The **majority (54%)** of trans people have experienced some form of intimate partner violence (IPV); **47%** have been sexually assaulted in their lifetime
- Transgender participants reported emotional abuse, physical neglect, and emotional neglect more frequently compared to cisgender LGB people

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Trauma and Violence in GD (3)

- 350 transgender people were killed in 2020
- a fifth (22%) of the transgender people murdered were killed inside their own house.
- Sadly, 2020 has seen at least 44 transgender or gender non-conforming people fatally shot or killed in USA (source: HRC website)

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MR. A

- The results of Autism quotient 10 items (AQ 10), Empathy quotient 10 items (EQ 10)
 - AQ-10: 8
 - EQ-10: 1
- **Neurodevelopmental findings:**
 - **Speech:** "history of delay"
 - **Mannerism:** " used to banging head and punching self," etc.
 - **Sensory:** " need something heavy on me. It calms (me) down;... not flowing away." " make me feel more secure."
 - **Social ability:**
 - Eye contact and emotion: "feel awkward." " focused on something behind their faces." " took me awhile to understand the punch line."
 - Interest: "" hobby of national flags." " match flags with country,"

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NEURODEVELOPMENTAL ISSUES IN GD (1)

- Compared to cisgender individuals, transgender and gender-diverse individuals have, on average, higher rates of autism, other neurodevelopmental and psychiatric diagnoses
 - Baron-Cohen 2020

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NEURODEVELOPMENTAL ISSUES IN GD (2)

- *Amsterdam Gender Clinic study: 204 children and adolescents*
 - ASD: 10% of transfeminine and 4% of transmasculine subgroups
 - Source: *J Autism Dev Dis.* 2010;40(8).
- ASD: 7% of transfeminine and 3% of transmasculine subgroups
 - Source: the STRONG study, *Pediatrics.* May 2018; Volume 141, number 5. e20173845

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NEURODEVELOPMENTAL ISSUES IN GD (3)

- Baron-cohen and colleagues studied approximately dataset of 650,000
 - Compared to cisgender individuals, transgender and gender-diverse individuals have, on average, higher rates of autism, other neurodevelopmental and psychiatric diagnoses.
 - For both autistic and non-autistic individuals, transgender and gender-diverse individuals score, on average, higher on self-report measures of autistic traits, systemizing, and sensory sensitivity, and, on average, lower on self-report measures of empathy
- AACAP recommended ASD assessment while provider working with GD youth

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Eating disorder symptoms IN GD

- Transgender adults and adolescents report higher incidences of fasting more than 24 h, laxative usage, diet pill usage, steroid usage without prescription, dietary restraint, bingeing, purging, and general disordered eating behaviors compared to cisgender peers
- Per STRONG data, in teenage age from 10 to 17 years old, ED in transfeminine and transmasculine was 18% and 28%
- ED screening as a part of comprehensive assessment

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MR. A

- DOC: alcohol
- "took me two days to finish a handle." Recently, he drank about one handle per day. "longest sobriety was 50 days when he was in VA CD treatment. "I black out after a handle." "I fell and chipped two front teeth."
- He has had withdrawal seizures x 3 times for the past few months. He was treated for VA hospital for each episode.
- "I remembered I was drinking. I woke up in VA hospital. I was told I overdosed."
- Now craving is 3.5 of 5

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Substance use In GD

- Four times higher in adult (per NSDUH study and NAMI)
- In adolescence, associations between GNC and substance use also varied by sex.
• [JAMA Pediatrics](#) 2018 Nov; 172(11)
- In adult, "...Gender minority stressors were independently associated with excessive alcohol use among transgender men and cannabis use among transgender women."
• [J Prim Prev](#) 2017 AUG;38(4):19-445.
- "The prevalence of substance use was 2.5-4 times higher for transgender youth compared with their nontransgender peers (depending on the substance)."
• [Addict Health](#) 2017 Dec;5(16):729-735

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Social Determinant Of Health And Beyond

- Stigma (or LGBTQ-phobia) and Minority stress theory
- Biological factors: Neurodevelopmental issue + co-occurring MH and CD conditions

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Mr. A

- Formulation and treatment recommendations

"...the gender dysphoria is enduring and has had unique presentations at various developmental stages, which intertwined with behaviors and mood issues. now, he is socially and hormonally transitioned.

The genetic and epigenetic risk and strength factors were reviewed and discussed. it includes long standing neurodevelopmental issue, genetic loadings, trauma etc. meanwhile, he is connected with VA for services and is on disability.

...also completed neurodevelopmental assessment. The results/findings shed new light on chronic social reciprocity issues, motor/sensory issues. in my opinion, client is on the spectrum. And will benefit from proper support and intervention such as sensory tools, social skills training and support.

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Formulation

- ...Also recommended an increase of olanzapine. d/c Prozac which is not helpful and start titration of Lexapro. Will complete OCD-I; and review the findings and discuss treatment at follow up."

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Impetus Of Gender Care On MH And SUD

- IN LATE 70S, THE GENDER CLINICS WERE CLOSED, AND HORMON CARE AND SURGICAL PROCEDURES WERE NOT REIMBURSABLE.
- CLIENT'S RESILIENCY AND TRAINING AND EDUCATION OF FAMILY ARE PROMISING IN REDUCING SIB AND SI IN GD CLIENTS ESP. YOUTH
- A SWEDISH STUDY OF POPULATION REGISTRA SHOWED SURGICAL GENDER CARE, BUT NOT HORMON CARE, REDUCED THE MH CARE COST.
- Arceleus et al found gender affirmative hormone treatment reduced the symptoms of depression 18 months after the treatment, esp for GD patients with higher social support.

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President Joe Biden speaks to transgender people at the NCTE Trans Equality Now Awards



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Bostock Supreme Court Ruling

- *Bostock v. Clayton County*, that the protections of Title VII of the Civil Rights Act of 1964 ("Title VII") extend to individuals who are discriminated against in the workplace based on their sexual orientation or gender identity



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Summary

- GD has a long and rich history
- GD individuals often face with social determinant of health factors detrimental to their wellbeing
- Co-occurring MH and SUD in GD population is real and consistent. MH and SUD are four times higher in GD individuals, and approx. 50% GD persons have had SA in life time.
- There is growing evidence that gender care may reduce the MH and SUD issues in GD

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Call for Action

- While working with GD clients, MH providers should strive to provider gender affirmative care. It entails, but not exclusively,
 - Complete comprehensive LGBTQ affirming assessment
 - Always screen for SIB and SII
 - Screen for common co-occurring MH and SUD conditions
 - Provide evidence based care of GD and or refer to LGBTQ specialist.

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LGBTQ+ RESOURCES

- Trevor project
- HRC
- NCTE (National center for transgender equality)
- Pride365+
- CDC, SAMHAS, NAMI, etc.





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Thank you

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