



Caring for Transgender People with Severe Mental Illness

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Transgender people, like the general population, can suffer from a variety of common and rare severe mental health illnesses (SMI).

Severe mental illness (SMI) refers to psychiatric disorders that are relatively persistent and result in comparatively severe impairment in major areas of function, disruption of normal developmental processes, and reduced vocational capacity and social relationships.¹ People with SMI experience unique vulnerabilities within society, which include a longstanding history of being institutionalized, marginalized, victimized, and subjected to experimental psychiatric interventions.² There is strong evidence that people with SMI are woefully underserved and rarely receive evidence-based treatments even when they are able to access care.²

In turn, transgender people are more likely than the general population to experience discrimination in housing, employment, and healthcare.³ Many are verbally and physically victimized starting at a young age.³ Abuse related to gender minority status has a dose-response relationship with major depressive disorder and suicidality among transgender adolescents.⁴ Daily experiences of anti-transgender stigma, prejudice, and discrimination become internalized and ultimately affect psychological health.^{5,6} An estimated 40% of all transgender people have attempted suicide in their lifetimes.³ Though research on transgender behavioral health is limited, studies have found a higher risk for mood disorders, posttraumatic stress disorder (PTSD), and substance use disorders, but not psychotic disorders compared to the rest of the population.^{7,8} When risk profiles based on transgender status and SMI intersect, patients are liable to experience a particularly dangerous array of vulnerabilities that require attentive, specialized care.

The dearth of published literature on SMI among transgender people⁹ makes it challenging to provide evidence-based recommendations or tailored treatments. Information pertaining specifically to transgender patients with SMI is limited to case reports on patients with psychotic symptoms and questions about the legitimacy of gender dysphoria in these instances.^{9,10} Based on recent case reports in the literature and our clinical experience at a health center specializing in transgender health care,^{9,11} we developed general recommendations on caring for this high-risk population with the understanding that more robust evidence must be developed.

Recommendations on Caring for Transgender People with SMI

Gender-Affirming Treatment

Mental illness in transgender people first needs to be understood as separate from the diagnosis of gender dysphoria, which refers to the discomfort or stress caused by a discrepancy between a person's gender identity^a and sex assigned at birth. Many, but not all transgender people experience gender dysphoria at some point in their lives. It is important to highlight that while gender dysphoria is a diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), transgender identity is not in the DSM-5, and should not be considered a form of psychopathology.¹² For most transgender people with or without SMI, their gender dysphoria is alleviated by achieving a satisfactory level of affirmation of their gender identity through social, legal, and/or evidence-informed gender-affirming health services. Many transgender people will require both hormone therapy and surgery to alleviate gender dysphoria, while some may need only one of these options or neither.¹³ Mental health clinicians should take the opportunity to provide information regarding both medical and non-medical options for gender affirmation, including psychotherapy.^{2,13} Effective psychotherapy that addresses gender dysphoria and gender identity exploration may involve focusing on:

- Gender identity, expression, and role
- Improving body image
- Adverse effects of minority stress and stigma on psychological health
- Enhancing resilience
- Reducing internalized transphobia
- Considering the “coming out” process (physical, psychological, social, sexual, reproductive, economic, and legal implications).^{10,13}
- Building peer and social supports

Gender-affirming interventions should be initiated for patients who meet diagnostic criteria for gender dysphoria if co-occurring mental health conditions are reasonably well-controlled and the patient is able to make an informed decision about treatment with clear and realistic expectations. In many cases, gender-affirming health care will help stabilize or resolve co-occurring psychiatric problems.¹³

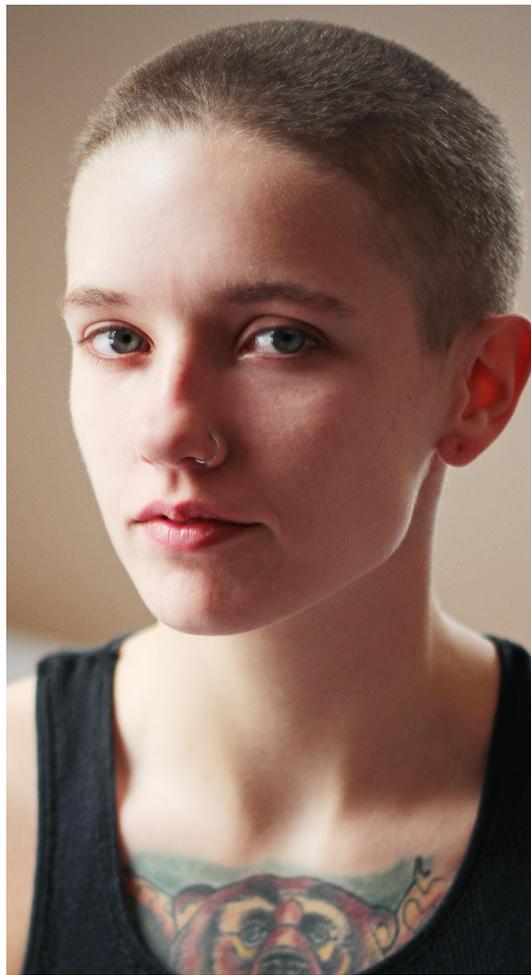
a. Gender identity refers to a person's inner sense that they are a man, a woman, another gender, or no gender. Transgender people have a gender identity that differs from the one traditionally associated with their sex assigned at birth (for example a person assigned male at birth who identifies as a woman, or a person assigned female at birth who identifies as a man). Some people have a non-binary gender identity in that they do not identify as strictly man or woman. For more information on transgender identities and health care, see www.igtbhealtheducation.org/transgender.



Issues Related to Psychosis

Behavioral health clinicians may feel uncertain of whether a patient with psychosis is having gender-related delusions or is experiencing gender dysphoria. Published case reports indicate a tendency towards withholding gender-affirming medical treatments for these patients.⁹ However, recent case series illustrate that gender dysphoria is typically separate from psychosis and often predates the onset of psychotic symptoms.^{9,10} Although, it is not uncommon for transgender people to first disclose their gender identity during an acute psychotic episode, this may be due to a particularly disinhibited state rather than the presence of delusions regarding gender.^{9,10} In these instances, a person who spent their lives hiding their gender identity may feel less concerned about anti-transgender stigma, rejection, and abandonment during a psychotic episode, and may therefore exhibit a more unfiltered expression of their innate gender identity.

Furthermore, there is a clear difference between the bizarre beliefs expected in the extremely rare case of delusions regarding one's gender, versus the realism of a felt incongruence between gender identity and sex assigned at birth that may persist long after optimized treatment of psychosis.⁹ The literature indicates that not only is there no association between gender dysphoria and psychosis, there is also a trend toward improvement in psychotic symptoms with gender-affirming treatment.⁹ Therefore, it is our overall recommendation that patients with gender dysphoria and SMI receive timely referral to gender-affirming care, even in the setting of psychosis, provided symptoms are reasonably well-controlled and that there is capacity to provide informed consent for the particular gender-affirming treatments under consideration. These recommendations align with the World Professional Association for Transgender Health (WPATH) Standards of Care (SOC) for mental health professionals.¹³ This clarification is important, as complete resolution of symptoms in this population is not always feasible, and its pursuit by clinicians may perpetuate gatekeeping of medically-necessary gender-affirming care.^{10,14}



Gender Identity Fluidity

Clinicians caring for transgender clients should also be aware that fluctuations in gender identity and expression are common and do not necessarily indicate psychiatric illness. Some patients will be in the process of discovering their gender identity and will eventually settle on a single identity; others will have a non-binary gender identity, and their gender expression and identity may or may not vary over time. Patients who fluctuate between gender identities within a single conversation may be having disorganized thoughts, or may be having difficulty conceptualizing a non-binary gender identity. Behavioral health clinicians, therefore, must patiently support clients in understanding their gender identity and expression.¹⁰

Systems of Care for Transgender Patients with SMI

Effective care models for transgender patients with SMI typically offer integrated primary and behavioral health care. Health centers providing this type of care should also consider developing close collaborative working relationships with endocrinology and surgical services.¹⁴ When transgender patients receive care in integrated gender-affirming environments, outcomes are more favorable than when fragmented care is received in clinical silos.¹⁵ The literature on SMI in the general population provides evidence for the effectiveness of PACT (program for assertive community treatment) teams and wraparound services.¹⁶ These services include 24-hour coverage by multidisciplinary treatment teams, integration of treatment and rehabilitation, small caseloads and frequent client contact, and close attention to illness management and daily living problems.¹⁶ Like many health care providers, however, providers in these service models for SMI have typically not been trained to address the unique needs of transgender clients. We recommend training staff on providing gender-affirming care, including how to engage in effective, sensitive communication, and how to create gender-inclusive care environments for transgender people with SMI.

Health centers serving larger populations of transgender patients would benefit from enhancing internal capacity services and resources to care specifically for transgender patients with SMI. Health centers can also partner closely with local SMI and transgender care agencies to integrate expertise and develop innovative, collaborative models of care. Through better partnerships between existing agencies focused on SMI and gender affirmation, this highly underserved population will gain increased access to quality health care that meets both needs. Health centers can currently access training and technical assistance to care for transgender patients with SMI at no cost through the National LGBT Health Education Center (www.lgbthealtheducation.org).



Resources

World Professional Association for Transgender Health

www.wpath.org

National LGBT Health Education Center – Transgender Health

www.lgbthealtheducation.org/topic/transgender-health

SAMHSA-Behavioral Health Treatments and Services

<https://www.samhsa.gov/treatment>

SAMHSA-HRSA Center for Integrated Health Solutions

www.integration.samhsa.gov

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