

WHAT WE UNDERSTAND ABOUT GENDER DYSPHORIA AND OTHER MENTAL DISTRESS:

- Chronic minority stress can eventually lead to the weakening of psychological coping strategies and produce poorer health outcomes (Gamarel, Laurenceau, Resiner, Nemoto, & Operario, 2014)
- After receiving Gender Non-Conforming care, patients/clients reported their psychological well-being increased to 78% while their suicidal ideation dropped 23.2% in their lifetime (Testa & Keo-Meier, 2015).
- “Clinicians should be aware that patients who have gender dysphoria (GD) often suffer from psychiatric comorbidities that worsen during puberty, at which time they are at high risk of suicide” (Lopez, X., Stewart, S., & Jacobseon-Dickman, E.,. 2016).
- Based on a longitudinal evaluation for more than 1 year, total of 55 young transgender adults (22 transwomen and 33 transmen) who received puberty suppression during Adolescence experience clinically significance with Gender Dysphoria ‘was alleviated and psychological functioning had steadily improved.’ [Psychological functioning was evaluated on several factors: (GD, body image, global functioning, depression, anxiety, emotional and behavioral problems) and objective (social and educational/professional functioning) and subjective (quality of life, satisfaction with life and happiness] well-being. (L.C. de Vries, McGuire, Steensma, Wagenaar, Dorelijers, & Cohen-Kettenis, 2014)
- It is more common for adolescents with gender dysphoria to have co-existing internalizing disorders such as anxiety and depression, and/or externalizing disorders such as oppositional defiant disorder (WPATH SOC v7, p.13)

WHAT THE AMERICAN ASSOCIATION FOR PEDIATRICS SUGGEST:

- Recommends working from an Gender-Affirming-Care-Model (GACM) framework where “integration of medical, mental health, and social services, including specific resources and supports for parents and families.²⁴ Providers work together to destigmatize gender variance, promote the child’s self-worth, facilitate access to care, educate families, and advocate for safer community spaces where children are free to develop and explore their gender (Rafferty, 2018).

American Association for Pediatrics Clinical Recommendations:

AAP works toward all children and adolescents, regardless of gender identity or expression, receiving care to promote optimal physical, mental, and social well-being. Any discrimination based on gender identity or expression, real or perceived, is damaging to the socioemotional health of children, families, and society. In particular, the AAP recommends the following:

1. that youth who identify as TGD have access to comprehensive, gender-affirming, and developmentally appropriate health care that is provided in a safe and inclusive clinical space;
2. that family-based therapy and support be available to recognize and respond to the emotional and mental health needs of parents, caregivers, and siblings of youth who identify as TGD;

3. that electronic health records, billing systems, patient-centered notification systems, and clinical research be designed to respect the asserted gender identity of each patient while maintaining confidentiality and avoiding duplicate charts;
4. that insurance plans offer coverage for health care that is specific to the needs of youth who identify as TGD, including coverage for medical, psychological, and, when indicated, surgical gender-affirming interventions;
5. that provider education, including medical school, residency, and continuing education, integrate core competencies on the emotional and physical health needs and best practices for the care of youth who identify as TGD and their families;
6. that pediatricians have a role in advocating for, educating, and developing liaison relationships with school districts and other community organizations to promote acceptance and inclusion of all children without fear of harassment, exclusion, or bullying because of gender expression;
7. that pediatricians have a role in advocating for policies and laws that protect youth who identify as TGD from discrimination and violence;
8. that the health care workforce protects diversity by offering equal employment opportunities and workplace protections, regardless of gender identity or expression; and
9. that the medical field and federal government prioritize research that is dedicated to improving the quality of evidence-based care for youth who identify as TGD.

WPATH SOC V7 Clinical Recommendations for children & Adolescents

Roles of Mental Health Professionals Working with Children and Adolescents with Gender Dysphoria The roles of mental health professionals working with gender dysphoric children and adolescents may include the following:

1. Directly assess gender dysphoria in children and adolescents (see general guidelines for assessment, below).
2. Provide family counseling and supportive psychotherapy to assist children and adolescents with exploring their gender identity, alleviating distress related to their gender dysphoria, and ameliorating any other psychosocial difficulties.
3. Assess and treat any co-existing mental health concerns of children or adolescents (or refer to another mental health professional for treatment). Such concerns should be addressed as part of the overall treatment plan.
4. Refer adolescents for additional physical interventions (such as puberty suppressing hormones) to alleviate gender dysphoria. The referral should include documentation of an assessment of gender dysphoria and mental health, the adolescent's eligibility for physical interventions (outlined below), the mental health professional's relevant expertise, and any other information pertinent to the youth's health and referral for specific treatments.

5. Educate and advocate on behalf of gender dysphoric children, adolescents, and their families in their community (e.g., day care centers, schools, camps, other organizations). This is particularly important in light of evidence that children and adolescents who do not conform to socially prescribed gender norms may experience harassment in school (Grossman, D'Augelli, & Salter, 2006; Grossman, D'Augelli, Howell, & Hubbard, 2006; Sausa, 2005), putting them at risk for social isolation, depression, and other negative sequelae (Nuttbrock et al., 2010).

6. Provide children, youth, and their families with information and referral for peer support, such as support groups for parents of gender nonconforming and transgender children (Gold & MacNish, 2011; Pleak, 1999; Rosenberg, 2002).

Assessment and psychosocial interventions for children and adolescents are often provided within a multidisciplinary gender identity specialty service. If such a multidisciplinary service is not available, a mental health professional should provide consultation and liaison arrangements with a pediatric endocrinologist for the purpose of assessment, education, and involvement in any decisions about physical interventions.

References

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