

# Transgender Health Panel Discussion

Washington Silk MSW

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Dr. Shrenik Parekh

Psychiatrist

Child & Adolescent Mental Health

Grand River Hospital

Dr. Carys Masserella

Emergency Medicine

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A Day in Psychiatry- 2018

Wednesday November 7<sup>th</sup>, 2018

Bingeman's Conference Centre

Kitchener, Ontario

**Transgender Health  
Panel Discussion**  
Washington Silk, MSW

**I DO NOT** have any affiliation (financial or otherwise) with any for-profit or not-for-profit organizations.

**I DO NOT INTEND** to make therapeutic recommendations for medications that have not received regulatory approval (e.g “off-label” use).

Mitigating Potential Conflicts of Interest:

**Not applicable**

This 2018 **Day in Psychiatry** educational event has received unrestricted educational grants from the following organizations:

- Lundbeck
- Otsuka
- Janssen
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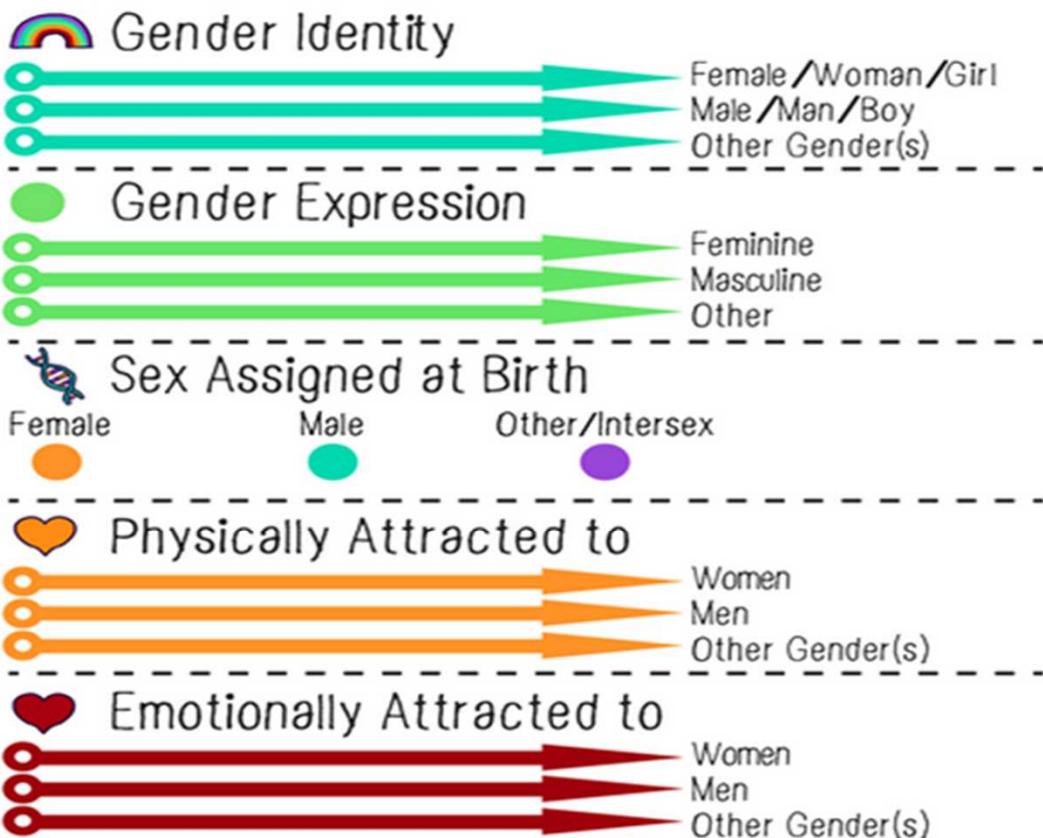
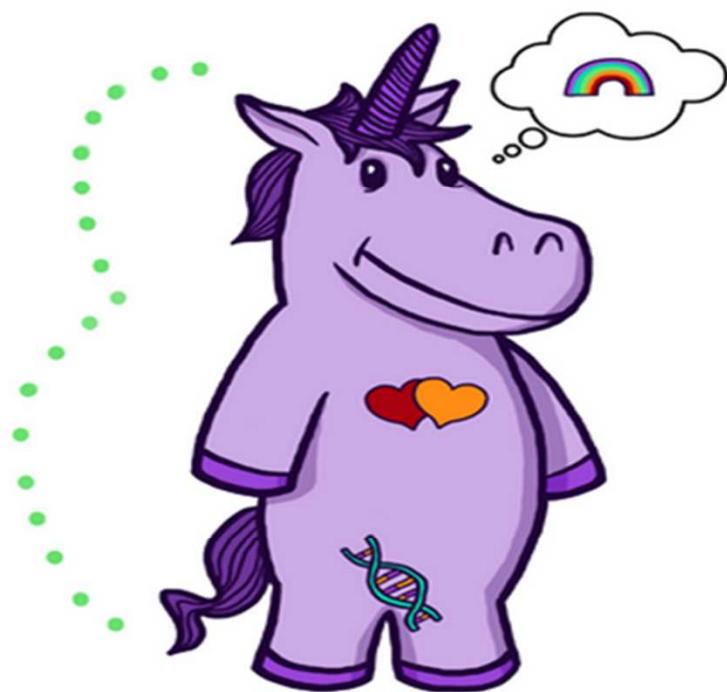
# Learning Goals



- A. Understanding the context of gender identity conversations
- B. Review the DSM V diagnostic criteria for “gender dysphoria”
- C. Review key mental health practices in transgender health care
- D. Identify common barriers to providing transgender health care
- E. Identify local and regional resources for transgender healthcare practitioners

# The Gender Unicorn

Graphic by:  
**TSER**  
Trans Student Educational Resources



To learn more, go to:  
[www.transstudent.org/gender](http://www.transstudent.org/gender)

Design by Landyn Pan and Anna Moore

# Global Context



- ❑ Across the OECD we are seeing large increases in presentations to child and adolescent gender clinics
- ❑ 5 to 10 fold increase in numbers at clinics

## Ontario Context

**June 2015, - [Affirming Sexual Orientation and Gender Identity Act](#)** passed unanimously in Ontario legislature.

**March 1, 2016** - OHIP changed funding criteria for sex reassignment surgery qualified health care providers throughout the province can now assess and refer patients for the surgery.



# Ontario Context Adult Transgender Care

## OHIP Qualified Health Care Providers:

- Physicians
- Nurse Practitioners
- Registered Nurse
- Psychologist
- Registered social worker with a Masters Degree

**Qualification is a self-assessment of competence and training is strongly encouraged; the Ministry may request documentation of qualification.**

## Qualifications can be received through:

- Rainbow Health Ontario
- WPATH (World Professional Association for Transgender Health)
- CPATH (Canadian Professional Association for Transgender Health)
- Working at a healthcare facility that practices trans primary health care in accordance with current WPATH Standards of Care

# Ontario Context Youth Transgender Care

**Primary places to refer Children and Adolescents for Transgender Care:**

- CHEO
- Sick Kids
- McMaster
- Quest CHC

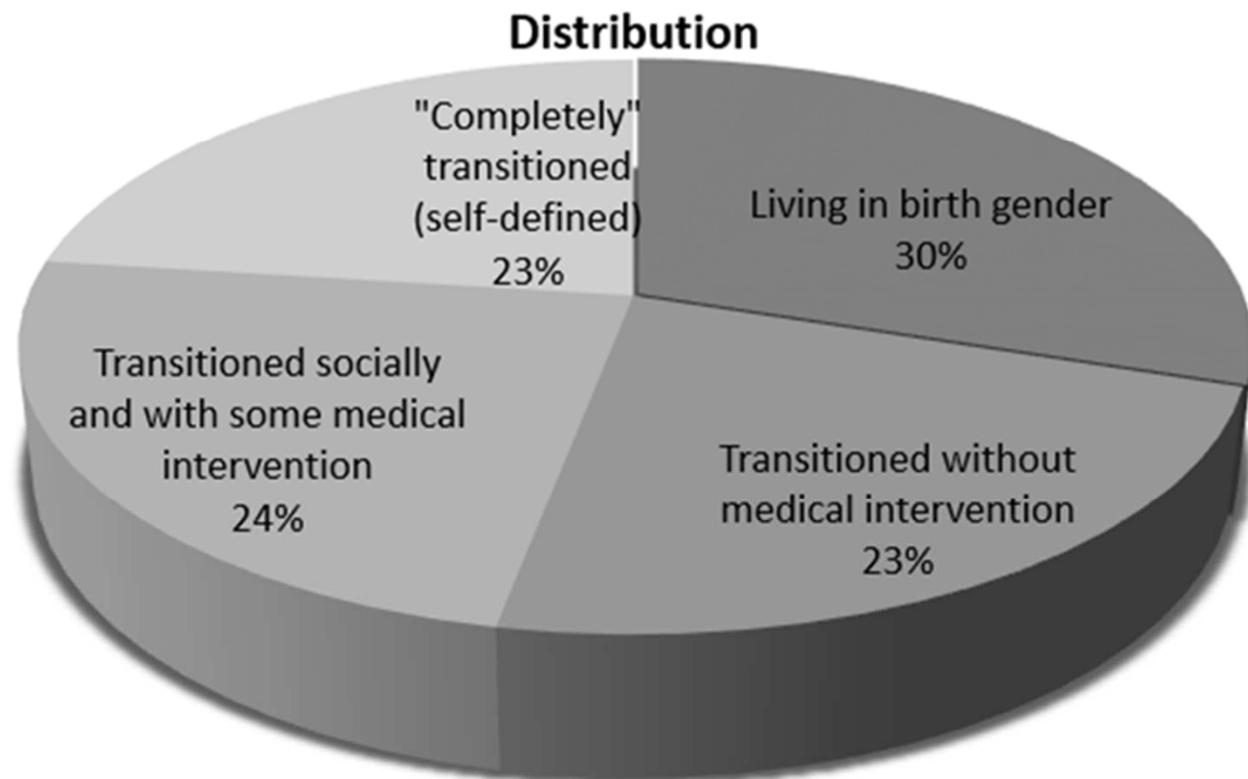
**WPATH Assessment and Treatment of Children and Adolescents with Gender Dysphoria**

**Competency of Mental Health Professionals Working with Children or Adolescents with Gender Dysphoria**

The following are recommended minimum credentials for mental health professionals who assess, refer, and offer therapy to children and adolescents presenting with gender dysphoria:

1. Meet the competency requirements for mental health professionals working with adults, as outlined in section VII;
2. Trained in childhood and adolescent developmental psychopathology;
3. Competent in diagnosing and treating the ordinary problems of children and adolescents.

# Roughly 1 in 200 Ontarians is Trans



Reference: [Scheim AI, Bauer GR. Sex and Gender Diversity Among Transgender Persons in Ontario, Canada: Results From a Respondent-Driven Sampling Survey. \*The Journal of Sex Research\* 2014](#)

## **Gender Dysphoria (DSM 5)**

### **Gender Dysphoria in Children**

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration as manifested by at least six of the following (one of which must be Criterion A1):

1. A strong desire to be of the other gender or an insistence that one is the other gender (or some alternative gender different from one's assigned gender).
2. In boys (assigned gender) a strong preference for cross-dressing or simulating female attire; or in girls (assigned gender) a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical female clothing.
3. A strong preference for cross-gender roles in make-believe play or fantasy play.
4. A strong preference for toys, games, or activities stereotypically used or engaged in by the other gender.
5. A strong preference for playmates of the other gender.
6. In boys (assigned gender), a strong rejection of typically masculine toys, games and activities and a strong avoidance of rough and tumble play; or in girls (assigned gender) a strong rejection of typically feminine toys, game and activities.
7. A strong dislike of one's sexual anatomy.
8. A strong desire for the primary and or secondary sex characteristics that match one's experienced gender.

B. The condition is associated with clinically significant distress or impairment in social, school or other important areas of functioning.

## **Gender Dysphoria (DSM 5)**

### **Gender Dysphoria in Adolescents and Adults**

A. A marked incongruence between one's experienced/expressed gender and assigned gender, of at least 6 months duration as manifested by at least two of the following:

1. A marked incongruence between one's experienced/expressed gender and primary/ and or secondary sex characteristics (or in young adolescence, the anticipated secondary sex characteristics).

2. A strong desire to be rid of one's primary and secondary sex characteristics because of a marked incongruence with one's experienced/expressed gender ( or in young adolescents, a desire to prevent the development of anticipated secondary sex characteristics).

3. A strong desire for the primary and or secondary sex characteristics of the other gender.

4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).

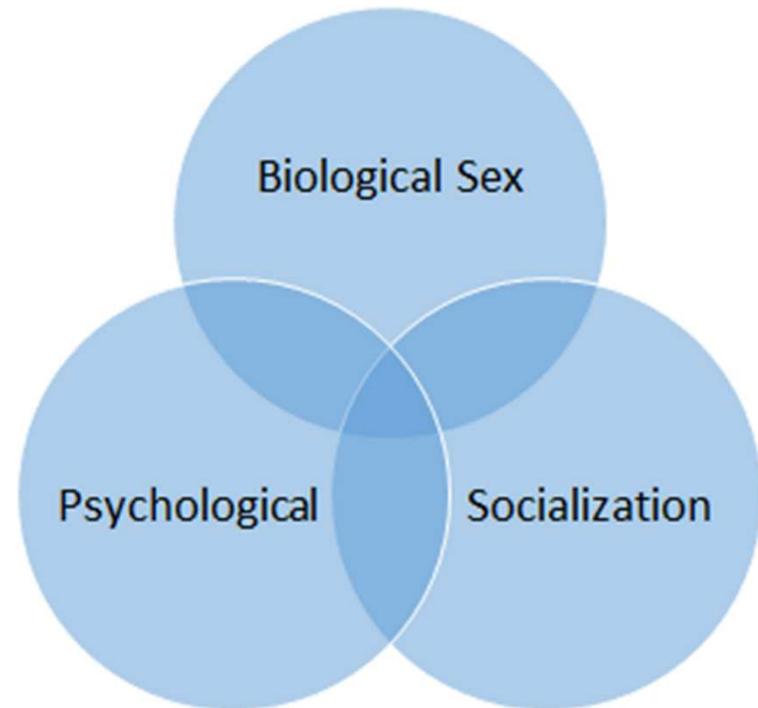
5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).

6. A strong conviction that one has typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, school or other important areas of functioning.

## Etiology:

- ❑ Causal factors for transgender identification are not fully understood
- ❑ Considered a result of interactions between biological, psychological and social factors leading to presentation as Gender Dysphoria



# Biological Determinants

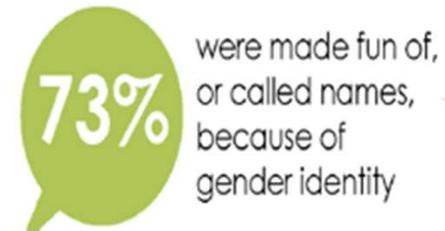
- ❑ Molecular and Behavioral Genetics: Identical twins are more likely to be concordant for GD than nonidentical (Heylens et al., 2012)
- ❑ Most youth with GD do not have Disorder of sex development (DSD)
- ❑ Prenatal sex hormones: Chromosomal females with Congenital adrenal hyperplasia (CAH), with high levels of prenatal androgen, show more masculinized gender role behavior in childhood and adolescence (Zucker, 1999; Henes, 2001; Choen-Bendahan et al., 2005)
- ❑ Even though most females with CAH show a sex-typical gender identity, there is higher rates of GD compared to general population (Pasterski et al., 2014)

# Coexisting Psychiatric Conditions and Behaviors

Higher rates of internalizing psychopathology (mood and anxiety disorders) possibility due to minority stress, isolation and dysphoria

High prevalence of suicide attempts based on patient reporting from Gender Clinics:  
Boston- 9.3%; London 10%; Los Angeles 30%

## Transgender Minority Stress Experiences in Waterloo Region (N 112)



## Limitations and Challenges of DSM 5 Criteria



- ❑ Identity is not an illness or a pathology
- ❑ Not all Transgender people experience dysphoria in the same way - there is no one right way to be Transgender
- ❑ The client is the expert of their gender identity not DSM criteria
- ❑ There is no diagnosis to make
- ❑ As healthcare professionals are job is to support the patient through transition and provide access to safe, effective medical and surgical care

# Barriers to Care

- ❑ Healthcare professionals not trained or comfortable managing transgender patients
- ❑ Lack of education in training programs at undergraduate and postgraduate level
- ❑ Fear of gender dysphoria diagnosis and patient regret
- ❑ Concern regarding who should manage transgender patients
- ❑ Psychiatry, Primary Care, Endocrinology, Paediatric Adolescent Specialists

# Question: What is the attempted suicide rate for Transgender People in Ontario compared to Cisgender?



In Ontario the transgender and cisgender suicide attempt rates are the same



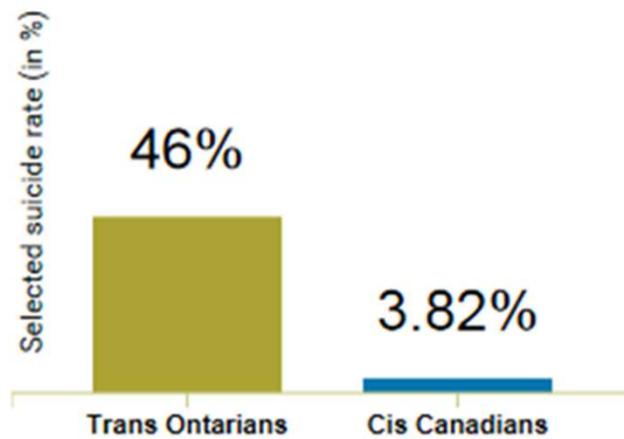
In Ontario transgender suicide attempt rates are much higher



In Ontario transgender suicide attempt rates are slightly higher

Compare rates between *trans* and *cis* people:

SUICIDE ATTEMPT (ACROSS LIFESPAN) ▾



Taken from: <https://www.rainbowhealthontario.ca/TransHealthGuide/intro-needforcare.html>

When do you think a transgender person is the most vulnerable to suicide attempts during medical transition?

## Vote



During their medical transition



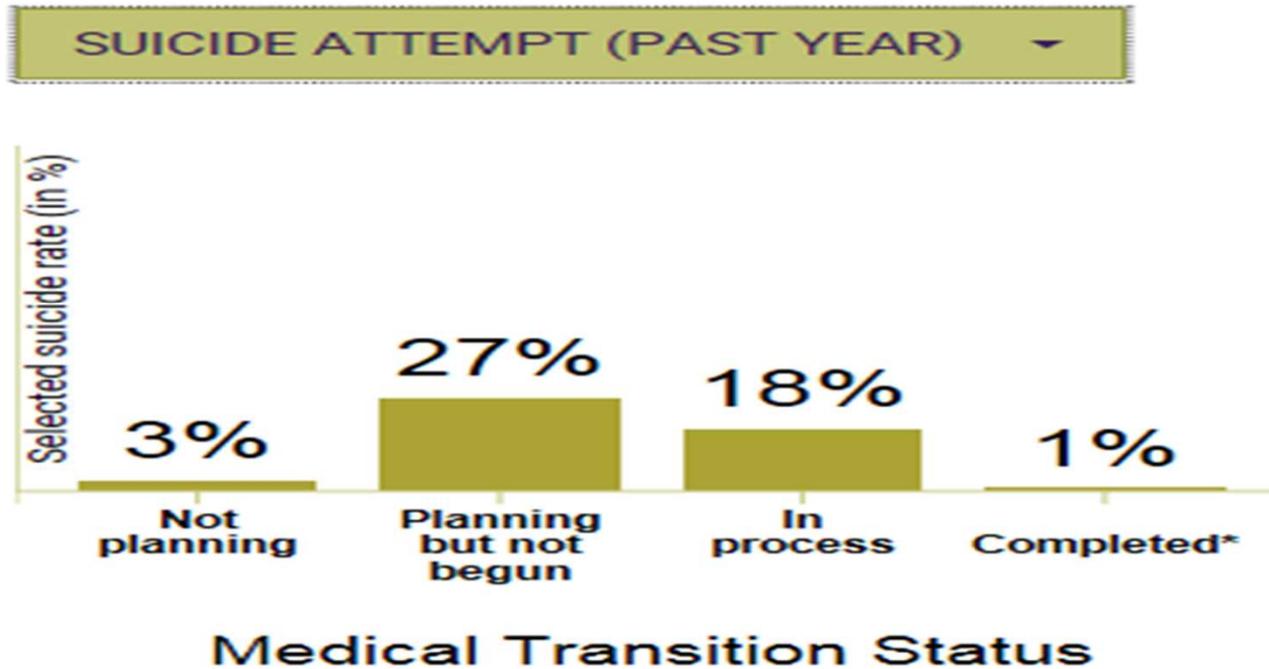
When they want to transition but they have not yet begun



After they have medically or socially transitioned

# Transgender Health is Urgent

*Suicidal ideation and attempt rates of trans people at different stages of medical transition:*



Taken from:  
<https://www.rainbowhealthontario.ca/TransHealthGuide/intro-needforcare.html>

# The Importance of Peer and Family Support

## Peers

Rates of peer bullying as high as 80%

Poor peer relations is one of the strongest documented predictors for emotional distress in Transgender or gender non conforming youth

## Family Support

Transgender youth from highly rejecting families are 8 times more likely to attempt suicide

Transgender youth from moderately rejecting families are twice as likely to attempt suicide

# Gender Affirming Care

- ❑ This has become the standard of care regarding youth and adolescent patients
- ❑ In essence the goal is to provide positive and supportive care for people with transgender identities
- ❑ Why? Evidence has shown improved mental health, better outcomes and less risk of self harm

# Affirmative Care for Adolescents



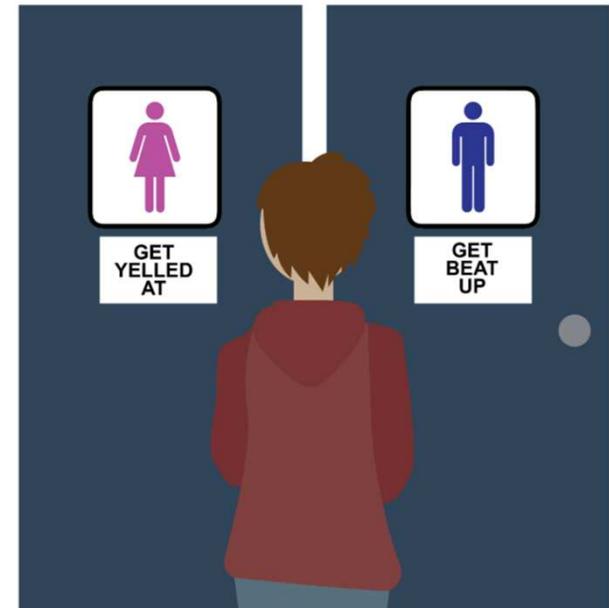
What's it look like?	Criticisms:
•Follows child's emerging sense of self	•Child too young to make such big decisions
•Keeps lines of communication open	•Bullying, teasing
•Clear message of support – gender independence will not mean loss of love	•Stigma for whole family
•Destigmatizing. Diversity is not pathology	
•9 out of 11 international experts	(Hershel Russell)

# Treat Adolescents, because...

- ❑ The overwhelming majority of adults who have undergone SRS are happy, satisfied, and express little regret (e.g., Lawrence, 2003)
- ❑ Studies indicate unsatisfactory outcomes and regret associated with a late transition (Cohen-Kettenis & Gooren, 1999)
- ❑ Better outcomes with earlier transition; facilitates greater 'passing' & prevents development of 2<sup>o</sup> sex characteristics
- ❑ Worst outcomes related difficulty 'passing' as the desired gender, and the resulting social stigma

# Creating Inclusive Care

- ❑ Ask and use clients authentic pronouns
- ❑ Use inclusive intake forms
- ❑ Gender Neutral Bathrooms
- ❑ All staff must be trained on LGBTQ2+ Health Issues



## Supporting Transgender Clients

Best Practices	Examples
Avoid specific gender markers	"How may I help you today?"
Ask respectfully about gender identity	"We would like to be respectful – we have some options in terms of gender identity – which one best fits you?"  <input type="checkbox"/> Transgender <input type="checkbox"/> Transwomen <input type="checkbox"/> Transmen <input type="checkbox"/> Non-Binary <input type="checkbox"/> Two Spirit <input type="checkbox"/> Intersex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer Not To Say <input type="checkbox"/> Unknown
Only ask information that is required	Ask yourself: What do I want to know? What do I need to know? How can I ask in a sensitive way?
When a clients name has changed, ask respectfully	"Could your file or account be under another name?" Avoid: What is your legal name? What is your real name?"

## What Pronouns would you like us to use for you?

1	2	3	4	5
e/ey	em	eir	eirs	eirself
he	him	his	his	himself
[name]	[name]	[name]'s	[name]'s	[name]'s self
per	per	pers	pers	perself
she	her	her	hers	herself
sie	sir	hir	hirs	hirself
they	them	their	theirs	themself
ve	ver	vis	vers	verself
zie	zim	zir	zirs	zirself

### Pronouns-- A How To Guide

**Subject:** 1 laughed at the notion of a gender binary.

**Object:** They tried to convince 2 that asexuality does not exist.

**Possessive:** 3 favorite color is unknown.

**Possessive Pronoun:** The pronoun card is 4.

**Reflexive:** 1 thinks highly of 5.

The pronoun list on the reverse is not an exhaustive list. It is good practice to ask which pronouns a person uses.

© 2011 UW-Milwaukee LGBT Resource Center

Best Practices	Examples	Customer Service
Politely what the customer/client's name or pronoun they would like to use?	"I would like to be respectful – how would you like to be addressed?" or "What pronoun would you like me to use for you?"	Open-Mindedness
Did you make a mistake? Politely apologize	"I apologize for using the wrong pronoun. I did not mean to disrespect you."	Accountability
Gender neutral language	Use "they" instead of "he" or "she" if you don't know someone's pronouns.	Reliability

# Kitchener Waterloo Context

OutLook 2017: Primary Care Experiences (112)



90.2% had a Primary Care Provider (PCP)

Of these:

- 49.1% shared their gender identity with their provider
- 50.1% do not discuss gender identity-related information with the PCP
- Only 55.4% felt comfortable discussing their GI with their PCP
- Almost half have ever had to educate their PCP on trans-specific needs
- 25.5% avoided an emergency room when they needed it because they are trans

# Best Practices for Affirming Transgender Care

December 13, 2016

List of Affirming Principles for working with Trans and Gender-Diverse folks

LeeAndra Miller, MA – [leeandra.miller@ctys.org](mailto:leeandra.miller@ctys.org)

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- 1 • Diversity not Pathology
- 2 • Minority Stress
- 3 • Trauma-Informed Care
- 4 • Gender Self-Determination
- 5 • Respect Names and Pronouns
- 6 • Informed Consent

# Best Practices for Affirming Transgender Care

- 
- 7 • Advocacy Where Needed
  - 8 • Inclusion of Non-Binary Identities
  - 9 • Exploration of a Range of Gender Identities and Expressions
  - 10 • Support Through Transitions
  - 11 • Working with Families and Caregivers to Strengthen Relationships
  - 12 • Build Resilience
  - 13 • Unpack our Own Biases

# Emerging Canadian Research and Best Practices



Trans Youth CAN! is a new study of youth referred for blockers or hormones at ten clinics in Canada.

Trans Youth Can! is looking at medical, social and family outcomes over a two-year period for transgender and gender non conforming children and youth.

The study aims to provide better information for doctors and nurses, counselors, schools, and for trans youth and their families.

<http://transyouthcan.ca/>

# Want to learn more?



## Rainbow Health Ontario Mentorship Calls Wednesday Weekly at Noon

This is an opportunity for professional service providers across the province to call in by telephone and connect with clinicians with experience working with gender-diverse clients.

**CALL IN INFO:** 416-850-2050 OR 1-866-261-6767

**PARTICIPANT CODE:** 1570576

## Trans Primary Care

An online guide for primary care providers by Rainbow Health Ontario based on the Sherbourne Health's [Guidelines and Protocols For Hormone Therapy and Primary Health Care for Trans Clients](#)

### Resources Include:

- [Assess new/newly transitioning clients](#)
- [Manage feminizing hormone therapy](#)
- [Manage masculinizing hormone therapy](#)

<https://www.rainbowhealthontario.ca/TransHealthGuide/>

# TRANSGENDER HEALTH & WELLNESS CONFERENCE WATERLOO REGION

SATURDAY  
NOV 17  
2018  
8 a m - 6 p m

MICHAEL G. DEGROOTE  
SCHOOL OF MEDICINE  
WATERLOO REGIONAL CAMPUS  
10b Victoria Street South  
Kitchener, Ontario

@TransHealthWR

This initiative is funded in larger part by the University of Waterloo HeForShe Equity Grants program.

# Kitchener Waterloo Resources

Youth	Adults	Adults Continued
<p>OK2BME Youth Group 12-18 year olds,</p> <p>OK2BME/KW Counselling Services</p> <p>Grand River Hospital</p> <p>YouthLine - <a href="http://www.youthline.ca/">http://www.youthline.ca/</a></p>	<p>Spectrum Trans Peer Support Group</p> <p>Trans Peer Support Group -Self Help,CMHA</p> <p>Gender Journeys Group -Langs Community Health Centre</p> <p>ARCH – Medical Transition Support, Guelph</p> <p>Grand River Hospital</p> <p>Kitchener Downtown Community Center</p>	<p>Plan B KW Cooperative – Community Organization</p> <p>WLU Rainbow Centre</p> <p>GLOW</p>

# Kitchener Waterloo Resources for Families

PFLAG Waterloo Wellington Perth [Regionwaterloo@pflagcanada.ca](mailto:Regionwaterloo@pflagcanada.ca)

Trans Fam hbmathers@gmail.com

The Rainbow Kids – Wellington Parent Facebook Group

LGBTQ2+ Parenting Network

Gender Creative Kids Canada

KW Counselling- OK2BME

# Bibliography and Resources

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Rainbow Health Ontario Gender Independent Children Fact Sheet [http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce\\_uploads/2012/10/RHO\\_FactSheet\\_GIC\\_E1.pdf](http://www.rainbowhealthontario.ca/wp-content/uploads/woocommerce_uploads/2012/10/RHO_FactSheet_GIC_E1.pdf)

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