Twelve Minutes on Transgender Mental Health: Twelve Questions

Stephen B. Levine, MD
Clinical Professor of Psychiatry
Case Western Reserve University
Center for Marital and Sexual Health
Co-director, Gender Identity Clinic
Nothing Commercial To Declare

• I co-direct a psychiatric service for transgendered folks
• I am the editor of the Handbook of Clinical Sexuality for Mental Health Professionals
Personal Introduction

• 43 years of clinical interest in trans phenomena
• Some describe me as having a “conservative” voice, which is a diplomatic way of saying they disagree with my outlying opinions
• I am ethically uneasy about what is occurring in care delivery
1. What is Mental Health?

“The ability to love and to work.”

Sigmund Freud

“The capacity to maintain a functional life without symptoms—*to hold it together*—in the face of current and ever-changing demands.”

Leston Havens, MD
2. What is Mental Illness?

A. Meeting criteria for a DSM-5 or ICD-10 diagnosis other than Gender Dysphoria (practical definition)

B. Functional deficits that predispose to an inability to form and sustain supportive, caring intimate relationships, to attain financial independence through work, to protect oneself by making good, reality-based judgments (conceptual definition).

C. Epidemiologically, whatever criteria are being used to define “a case” (study specific definition)

D. Some think it is impossible to provide an overarching inclusive definition
3. Can the Question of Trans Mental Health Be Answered?
Trans People are Heterogeneous!

1. Natal males vs. natal females

2. Gender nonconforming vs. those that aspire to SRS vs. post operative transsexuals

3. When a transgender identity is declared varies from early childhood to late adulthood

4. Different societies shape its manifestations differently over time and by region
Trans People are Heterogeneous!

5. Stable vs. changeable orientations throughout transitions

6. Paraphilic interests, preoccupations, and involvement range from none to intense

7. Early caregiver bonds range from impoverished, traumatic or uncaring to loving protective highly supportive ones

8. Brain and bodily intact vs. brain and bodily disadvantaged
What is Homogeneous about Trans People?

• Share challenges of adapting to their new gender roles and overcoming their private sense of inauthencity

• Share challenges of coping with family, institutions and others that treat them with concern, suspicion, derision, disinterest, hostility, disenfranchisement, discrimination and potentially violence

• Share the political fight for civil rights and acceptance

• Share an increased risk for HIV, unemployment, alone single status
4. Is the Development of a Trans Identity Contributed to by Brain Structure?

- Brain imaging studies are not definitive
- Transgender identities are found much more commonly among those with Autism Spectrum Disorder in both sexes than in the general population.
  - Range among Gender Dysphoric children and adolescents is 5 to 23%
5. What are the Associated Psychiatric Co-morbidities?

Lifeskills Project in Boston and Chicago

298 Non-patient Trans Women 16-29 years

1. 41.5% had 1 or more diagnosis;
2. 20.1% had 2 or more
3. Lifetime and current major depressive episode, 35.4% and 14.7%,
4. Suicidality, 20.2%; (Increasing depression with age)
5. Generalized anxiety disorder, 7.9%;
6. PTSD, 9.8%;
7. Alcohol dependence, 11.2%;
8. Other substance abuse 15.2%.

Reisner, JAMA Pediatrics 3/21/16
6. What are the Psychiatric Co-Morbidities Among Patient Samples

– Depends on who is examining them, but the following are typically observed in various combinations

• Anxiety, depression, self-harm, substance abuse

• A history of abuse and neglect, compulsivity, substance abuse

• Sexual concerns, personality disorders, eating disorders, psychotic disorders

• Autistic spectrum disorder

• WPATH’s Standards of Care, 7th edition, 2011
7. What Patterns Are Commonly Associated with the Transgendered State in Many Countries?

• Unemployment
• Inadequate self care and access to health care
• Limited education/skills
• Poverty
• Deterioration of family relationships
• Disability income
• Criminality
8. What Subjective Problems Does Transitioning Improve?

1. Hopelessness about adequacy in original gender role

2. Depression over not liking one’s body

3. Despair over perceived personal expectations of natal gender role

4. Guilt over unexpressed longings and private behaviors—can dress and express myself now as desired
8. What Subjective Problems Does Transitioning Improve?

4. Isolation: I am a member of a new group

5. Anatomic dysphoria when breasts or genitals are removed

6. Powerlessness from not being recognized as one desires
9. Does Being Transgendered Predispose To Future Mental Illness?

- Anxiety Disorders
- Post traumatic stress disorder
- Substance Abuse
- HIV related
- Depression:
  - Suicidal ideation/_attempts: 20x VA non trans veterans
  - Suicide: comparable to those with serious mental illness among VA patients;
  - Completed suicides were 19x Swedish general population among post SRS
10. Should Transgender Phenomena Be Considered A Symptom Of Mental Illness?

• The politically correct, WPATH viewpoint: No! Being transsexual, transgender, or gender nonconforming Is a matter of diversity, not pathology

• The politically incorrect: Trans phenomena are adaptive disadvantages that create distress or impairment in social, vocational, health and relational dysfunction. Just because a pattern appears to be socially normal, such as, adolescent drinking, does not mean it will not lead to the psychological or physical impairments of alcoholism.

• Are short term improvements of transition, hormones, or SRS more important than the long term outcomes of the patient groups?
11. Why are Most MHPs and Physicians Uncomfortable with this Population?

- Because ethical principles crash into each other within the mind of the professional

  1. Above all do no harm
  2. Respect for patient autonomy
  3. Honesty/Informed consent
  4. Devotion to the patient’s welfare—beneficence
  5. Care based on knowledge (vs. care based on personal political belief)
My “conservative” voice says a MHP can believe in the right to express gender as a person sees fit without abandoning the commitment to an in-depth understanding of the patient to improve his (her) functioning.