Pam and Rolando Del Maestro William Osler Medical Students Essay

Is Psychiatry Failing the Transgender Community?

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“To better is to change.....but to perfect is to change often”. This quote by Winston Churchill, best exemplifies what I believe is the best current strategy for providing care to transgendered peoples. I am a cisgendered male and an MDCM candidate at McGill University Faculty of Medicine. Until recently, like many I was unaware of the struggles of transgendered people. I believe this is the fundamental flaw in this essay. By convention, I have had the privilege of being a cisgendered straight male my entire life, and I have no right speaking for the transgendered community. I can empathise and I can listen. But I will never be able to live the experience of a transgendered person and thus can never truly speak to discrimination in healthcare in this community. Despite this, I see it as a necessity to become informed about this community. 0.6% of the Canadian population is composed of individuals who identify as transgendered and 0.3-0.5% of the world's population is classified as transgendered [1,2]. This statistic is most likely an underrepresentation, since strong prejudice likely forces many to repress their true gender identity. This prejudice had resulted in the unethical and inhumane treatment of transgendered peoples in modern day society. The unjust care provided, stretches to more than simply physical care, as it is known that there are significant gaps in the delivery of both physical and mental health care. These gaps in care stem from systemic prejudice present in society. This societal stigma results in a greater need for mental health care among transgendered persons and less access to care due to social economic barriers and transphobia from health care practitioners. Despite the unfortunate situation that is faced by transgendered people, there is still hope in the form of advancements made in society and the medical

community. If built upon, these advancements could result in the better treatment of mental health issues of transgendered peoples.

Justin Newell was a 13-year-old transgender male teenager form Cape Breton Nova Scotia. Justin was a Royal Canadian Air Cadet and he enjoyed playing video games. He loved hanging out with his friends and took time to support them through tough times, despite the problems that he faced. Justin was a victim of significant bullying in school and through social media. Stephanie Melski, Justin's aunt, stated that students would tell him to "Go kill himself" and "Go shoot yourself in the face." Despite this, Justin was a motivated teenager and he took action to fight back against bullying by presenting in his school on transgendered education. On June 3rd Justin had dinner with his father and discussed his plans for the summer and what he was looking forward to next. Justin was found dead within a few hours. [3,4]

Unfortunately Justin's story is not an isolated incident.

Studies have demonstrated that 41% of transgendered participants reported that they had attempted to take their own life [5,6] as opposed to 1.1 % in the general population [5]. This represents a 25 times greater rate of attempted suicide [5,6] in the transgendered population. As shocking as this statistic is, it is important to note that it is not the only evidence of poor mental health outcomes in transgendered patients. It is estimated that 59% of transgendered individuals have clinically significant depression

and they were found to have a higher rate of anxiety and somatization when compared to the general population [7,8,9]. These differences do not vary with age, as young and older LGBT members suffer from similar mental health needs. Older LGBT members had higher rates of anxiety, depression and substance abuse as compared to the average population [10]. Compared to cisgendered youth, transgendered youth had a 2-3 times higher risk of depression, anxiety, suicidal ideation and attempt, self-harm, and need for mental health treatment [10,11]. Unfortunately this may indicate that our previous efforts to better the care of transgendered individuals may have been of no avail. Nowhere is the difference between transgendered and cisgendered individuals better studied than in veteran populations. The rate of suicide in Veteran Affair's Hospital was 20 times higher among transgendered veterans compared to the general veteran population and transgendered veterans had higher levels of depression, serious mental illness and PTSD [12,13,14]. The disparity between cis and transgender individuals is particularly egregious since even within government institutions inequalities still exist. It is clear that transgendered individuals are burdened with greater rates of mental illness than cis-gendered peoples, however the true atrocity is in the mental health care that they receive. From an Ontario sample, 43.9% of transgendered peoples reported an unmet medical need, compared to only 10.7% of cisgendered individuals [2]. This was particularly apparent among transgendered males [2]. In terms of mental health care, transgender patients were 2.4 times more likely to report an unmet mental health need than cisgendered individuals and were 1.6 times to report untreated depression [15]. Furthermore, among veterans 36% reported delays in

receiving mental healthcare [16]. These patients have increased needs, but it is clear that they are not able to access the care that they require and deserve. For this reason, only 37% of transgendered people reported good access to care compared to 49% of cisgendered individuals [2]. It is the reason why we must examine and study the causes of such disparity and poor mental health among this population. Transgendered patients face significantly worse mental health outcomes and solutions are necessary to create a more equitable society.

Although transgendered persons are not particularly well studied and there are many gaps in our understanding of their health care needs. One factor that is well known is that transgendered peoples face significant stigma in their everyday lives. It is known that 57% of transgendered people have families who choose to terminate ongoing relationship with them. 60% report harassment from law enforcement officers and 50-60% describe similar treatment in the work environment [6]. Internationally, the prevalence of violence against transgendered people was 44%, the majority of these crimes were physical (17%) and/or sexual (34%) in nature [1]. Transgendered patients suffering from PTSD reported facing discrimination due gender identity (83%), masculine/feminine appearance (79%), sexual orientation (68%), sex (57%) and age (44%) [17]. In this study, the level of discrimination was correlated with higher rates of PTSD [17]. Our previous efforts to end transphobia may not have been effective as both the young and elderly face discrimination. Older LGBT members were more likely to report discrimination and mistreatment than non LGBT members, and youth

transgendered peoples were also more likely to face discrimination than cisgendered counterparts [10,18,19]. There is no denying that transgendered people face extreme discrimination due to their gender status and that the impact on their lives is far-reaching.

The gender discrimination faced by this minority results in several mental health care issues. Structural stigma by society and internalized self transphobia arising from one's upbringing results in higher suicide rates among transgendered people [20]. Transgendered related stigma was found to be associated with higher rates of depression (beta=0.31) and anxiety(0.39) and was negatively associated with mental health related quality of life [21,22]. Among all LGBTQ members discrimination in the form of harassment and rejection were correlated with lower life satisfaction and suicidal ideation [7]. The social persecution which transgendered people face results in increased demand of health care services in this population. However, this does not translate into more comprehensive services for transgendered peoples.

Transgendered people are often trapped in lower socioeconomic status, which results in a decline in mental health, due to a lack of access to care. In a sample of 1640 transgendered participants 47.3% and 44.8%, respectively reported living in situations with employment discrimination and lack of hate crime protection [23]. It is estimated that 69% of transgendered peoples have experienced some form of homelessness [6,24]. Young transgendered women were 6% more likely to be unemployed and 29%

more likely to have limited education. Furthermore, the national unemployment rate in the transgender community is double that of the national average [18,25]. As a result transgendered peoples are four times more likely to live in poverty and, an American study showed that 48% of participants postponed medical care due to an inability to pay [5,24]. Furthermore, transgender women were more likely to need social support and had higher unmet needs for basic services [6,24]. Living in low socioeconomic states can increase the odds of mood disorders by 26% and the odds of self-directed violence by 43% [23]. There is extensive research regarding the reduced socioeconomic status of transgendered peoples, with few studies suggesting that there is equal status with cisgendered individuals. These significant differences are the result of unfair societal stigma forced onto this minority population. This lower socioeconomic status is a contributing factor as to why this population cannot access effective health care in countries where socialized medicine in not established.

It would be easy for me as a future health care practitioner to end this discourse here. However, to blame the rest of society as the problem and attribute no culpability on the health care provider would be disingenuous. This would be an inaccurate portrayal of the reality transgendered people face when accessing care. Despite the fact that health care practitioners are less likely to endorse negative attitudes of transgendered people, 19-60% of patients report refusal of care due to their transgendered status and 28% report harassment in medical settings [5,6,25]. Patients have even experienced direct violence in hospital settings due to their gender status [5].

Many primary care practitioners deny them care because the treatment is “out of their scope of practice” [26]. This is despite the fact that most physical care that transgendered people require is not significantly different from the care provided to cisgendered individuals [26]. Among health care practitioners, those who endorsed religious beliefs, and who were male were more likely to support homophobic and transphobic views [27]. Discrimination based on gender identity has not been isolated to clinical practice but extends to clinical research as well. Prior to writing this essay, I searched various database and contacted librarians at the Osler Library of the History of Medicine, to identify trends before 2000 in the management of mental health issues in transgendered peoples. However, I found no reliable research to include in this paper. Furthermore, the global burden of transgendered mental health care has not been studied effectively, with countries outside of the Americas providing little to no research [1]. The majority of African and Asian countries produce little to no data on the topic and only the United States of America produced more than 60 publications on the topic (Figure 1) [1].

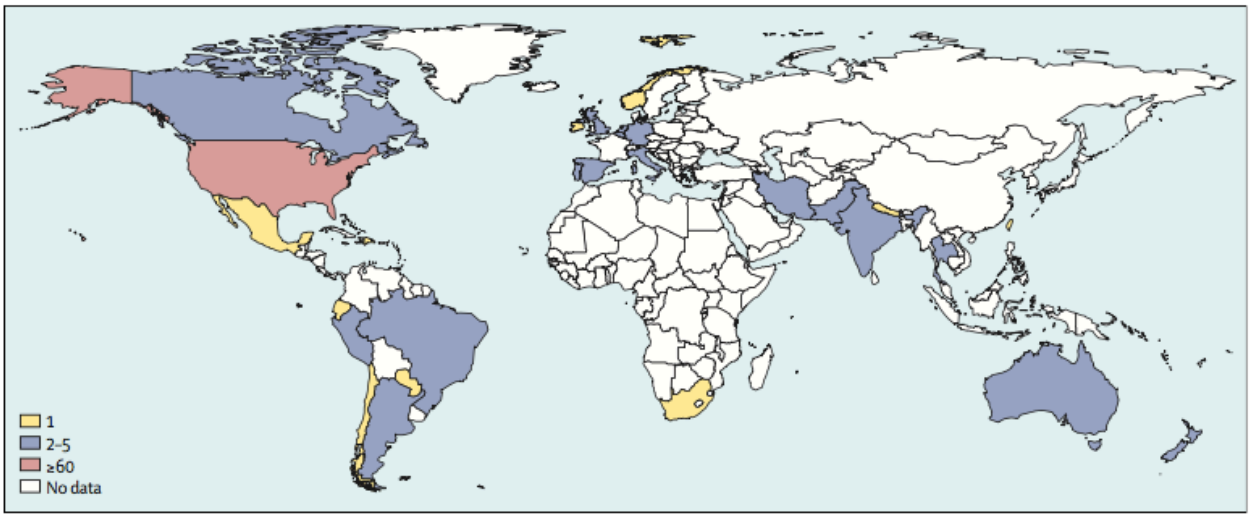

Figure 1: Distribution of Studies on Transgender Health in 2016 [1]

Even in Canada, there are communities where there is little known about the health, well being and/or experience of local LGBTQ members [28]. Despite the fact that hundreds of thousands of articles are published every year covering topics affecting smaller populations with less significant health burdens, there are still significant gaps in the literature regarding mental health treatment for transgendered people. The reality is that health care workers are and always will be members of society. We live in a society that endorses a binary definition of gender. Consequently, health care providers also accept this norm. This has not gone unnoticed by the transgendered community. Transgendered people are aware of the stigma they face when it comes to receiving health care. As a result 28% report postponing care due to previous discrimination [5,25]. Often times patients report that they “are being interrogated” about their gender status and not about their medical history. More importantly 50% of transgender patients reported having to inform their physicians on transgendered issues and care [2,5,25,26].

Members of the transgendered community are aware of the discrimination they face in health care settings and it is time that the general and medical community become aware of it too.

There has been a history of discrimination and stigma that transgendered people are forced to confront. This discrimination comes from law enforcement, employers, their families and more. As a result of such discrimination patients experience greater rates of mental illness such as anxiety, depression and suicide. However, due to structural stigma, patients are less able to access care due to lower socioeconomic status and bias in the medical community. In a sense transphobia both causes and exaggerates mental illness in the transgendered community. This is the cause of the staggering mental health struggles faced by transgendered peoples.

There are many barriers faced by transgendered people in accessing mental and physical health care. But fortunately, efforts are being made to change that. Despite the significant divide between the scientific medical community and the transgendered communities; dedicated people are taking steps to change things for the better. For example, it has been found that education of health care practitioners is effective in reducing transphobic and homophobic stereotypes [27]. Such programs also have been found to help health care practitioners accept their own gender identity [27]. Specifically, liberation therapy for health care practitioners, can help practitioners identify the privileges of having a cisgendered identity and can help liberate them from their own

gender oppressive experiences [29]. Implementation of such programs would help both the transgendered and medical communities; and would strengthen communication between them. Furthermore, clinical practitioners have realized that those of the LGBT community have health needs and require unique interventions when it comes to treating patients with mental health issues [30]. Recently the development of the LGBT-DOCSS scale that is used to assess the mental health needs of patients in a culturally sensitive manner [30]. This scale, developed by Dr. Markus Bidell is used to help effectively diagnose LGBT patients with mental health disorders [30]. Importantly, health care practitioners are beginning to bridge the research gap [1]. Since 2010, there has been an explosion in the number of studies on transgendered health care and specifically there has been a unique emphasis on mental health (Figure 2 & 3) [1]. Majority of the research that I have found were conducted in the last ten years, the vast majority of which were culturally sensitive and supportive of the transgender community [1].

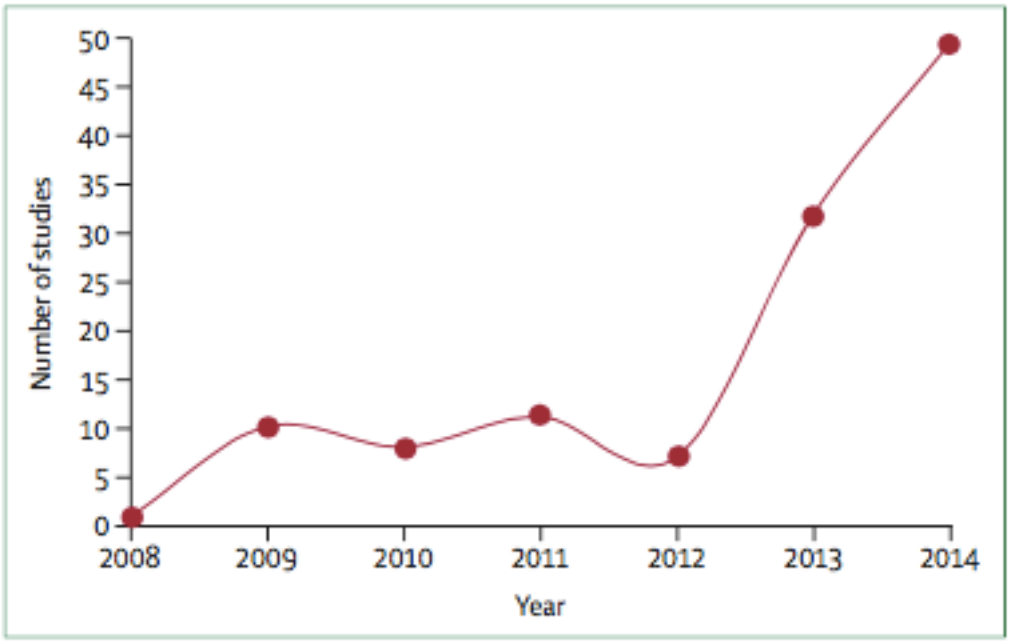

Figure 2: Number of publications per year on transgendered health issues [1]

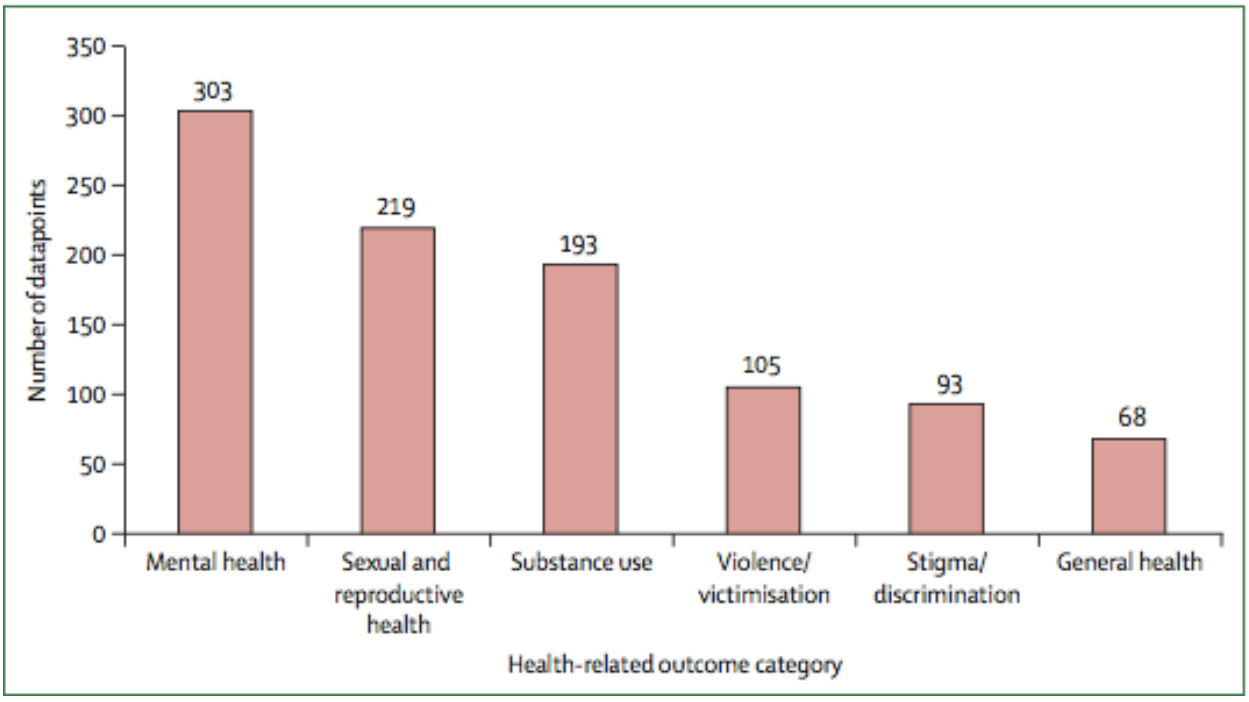

Figure 3: Distribution of 981 data points from research about transgender health; grouped by six health related outcome categories [1]

Governments and health organizations have also begun to take actions to support transgendered peoples. In Canada, many provincial governments have agreed to cover health care costs for mastectomies and sex reassignment surgeries and there is increasing pressure to cover male chest contouring and voice therapies as well. Currently the *Centre for Addiction and Mental Health*, Canada largest mental health and addiction teaching hospital and a world leading research centre, has begun to advocate with *Re:searching for LGBT Health* to engage in research to provide evidence for healthcare practitioners to implement in their care of transgendered patients [31]. As well, the Canadian Federation of Medical Students has produced literature regarding the importance of covering transgendered health care in medical education [32]. Even here in the city of Montreal, the non-profit organization “Head and Hands” strives to provide LGBT youth effective and comprehensive healthcare. During my short time with “Head and Hands”, I was fortunate enough to see patients receiving both social and medical support from an interdisciplinary team. In this setting practitioners took a culturally safe approach to providing care and patients appeared appreciative and satisfied with the care they received. Together these initiatives hold significant hope since education and training for health care practitioners with increased research holds the best possibility for improving the health of transgendered peoples [10].

As a cisgenderd person I applaud these efforts, but I cannot truly speak to their effectiveness or how the transgendered communities view them. If the transgendered community has the courage to accept their gender identity in the face of significant

discrimination, then we as health care practitioners should have the courage to look internally to our own failures as healers. If there is one thing I have learned from this essay is that when we fail to admit we have biases, then we fall victim to them. Nothing would make me happier than being able to say that I am able to live my life without any potential bias, but that would be untrue. I too am a product of my environment and I may suffer from transphobic thoughts as well. And I could give up now and submit to apathy, believing there is nothing I can do; but that too would be false. Medical practitioners have attempted to put aside their biases to work with the transgendered community - to listen, to care, to change. They have attempted to admit their folly and take action against prior missteps and although we do not know that their efforts will be fruitful we do know there are efforts to implement positive change. And “to better is to change. But to perfect is to change often.”

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