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Mental Health In The Primary Care Of Trans Patients

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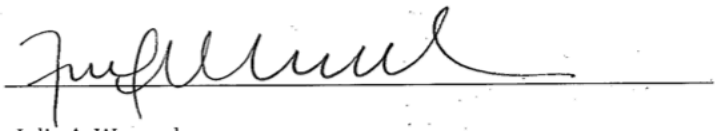

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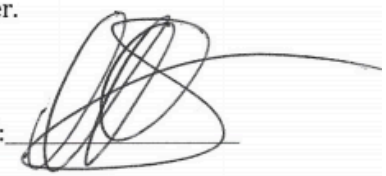
Signed: 

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Abstract

Primary care clinicians working with trans patients may not realize the impact of systemic inequality on the mental health of their patients. Although clinical guidelines for care exist, most do not explicitly address this context of inequality. Placing guidelines in a framework of cultural safety will increase the likelihood that patient narrative, needs and culture are respected and taken into consideration when providing care and developing treatment plans for trans patients, thereby decreasing the impact of systemic inequality and improving the quality of the healthcare provided. Considering the positive impact that primary care clinicians can have on the health of their patients, placing cultural safety at the center of guideline-concordant care is critical.

Introduction

Mental health screening and treatment in the primary care of trans patients presents challenges for clinicians who may have little knowledge of gender incongruence (personal gender identity that differs from the patient's birth sex assignment as male or female) and how this incongruence affects the mental health care of trans patients. The addition of guidelines for mental health care of trans patients based in the framework of cultural safety will help guide providers unfamiliar with trans care. These guidelines will also help providers who need more information to address the mental health screening and treatment of trans patients at risk for or experiencing depression, anxiety, chemical dependency and/or suicidal ideation. For these less-experience providers, additional training in trans care is also recommended.

Although the DSM-5 no longer includes gender incongruence as a mental health disorder, trans identity is associated with mental health disorders such as depression, anxiety, suicidal ideation, and substance abuse at least in part because of inequalities that trans individuals experience on a daily basis [1-9]. These inequalities include marginalization and lack of access to healthcare, employment, and housing [10-13]. Both depression and anxiety have been shown to increase with gender-based discrimination in in these areas [14,15]. Between 26-45% of all trans people have attempted suicide at least once in their lives compared to 2-9% of the general population [11,16], and the likelihood of suicide attempts significantly increased with one or more experiences of trans-related discrimination in clinical, employment and housing settings, particularly with gender-related appearance changes related to hormonal or social transition [17]. Additionally, in the 2011 National Transgender Discrimination Survey (NTDS), 26% of trans respondents stated that they used alcohol or drugs in order to cope with mistreatment in institutional settings [11].

Inequality in the treatment of trans people is rife within the healthcare system. While clinical guidelines focus on the provision of quality healthcare, they do not address inequalities and discrimination experienced in the provision of care [7,11,12]. In a national cross-sectional survey of 1,711 trans men, 41% of participants reported verbal harassment, physical assault or denial of care in a clinical setting [18]. In addition, in 2015, one-third of all trans patients surveyed reported at least one negative experience with a health care provider including denial of hormonal care (8 %), verbal harassment (6 %), physical assault (1%), as well as lack of provider knowledge regarding appropriate care of trans patients (24%) [12]. In contrast, a Colorado survey of 417 trans patients found that having a trans-inclusive provider was correlated with decreased rates of depression and suicidal

ideation [19]. Patients with trans-inclusive clinicians were about half as likely to experience depression as those without and were less likely to have had suicidal thoughts in the past 12 months when compared to individuals who described not having inclusive providers [19].

In 2015, the American College of Physicians acknowledged the existence of health disparities for trans patients, highlighting the role that clinicians must play in eliminating these disparities [2]. Cultural safety is one proposed framework that may help clinicians reduce these disparities by advocating for and supporting trans patients so as to provide better, more comprehensive mental health care. Developed by Maori nursing scholar, Irihapeti Ramsden, the cultural safety framework recognizes that knowledge regarding the disadvantaged social status of oppressed populations is missing from most available clinical care guidelines or healthcare practice [20]. Cultural safety is an outcome produced through the application of cultural competence, elimination of implicit bias in the clinical setting, and the active work of providers to decrease barriers to care within the clinical setting as well as outside of the patient-provider setting [21-23]. Beyond recognizing disparities, cultural safety seeks to reduce bias and discrimination within and outside of the healthcare setting by encouraging active provider involvement in these efforts [24,25]. Cultural safety includes: *partnerships*, *protocols*, *process*, *positive purpose* and *personal knowledge*. Within a cultural safety framework providers seek to form *partnerships* with patients in order to transfer power to patients, while also seeking to understand the patients' cultural *protocols* or norms and incorporate them into clinical care. Engagement in the *process* of mutual learning on the part of the clinician and patient is important as is the need for clinicians to demonstrate *positive purpose* by providing meaningful care that

fits into patients' lives. Finally, *personal knowledge*, understanding one's own biases and beliefs during provision of care is also integral to cultural safety.

Trans patients have mental health needs that are poorly understood by primary care clinicians and therefore have an unmet need for proper screening and treatment in a primary care setting in order to access culturally safe mental health interventions [26-28]. Our goal in developing guidelines for the culturally sensitive screening and treatment of mental health conditions in trans patients is to provide clinicians with an approach that may help them better respond to the mental health needs of their trans patients.

Methods

We first assessed the literature regarding mental health care and cultural safety in trans patients. Literature searches included the following databases: SCOPUS, Google and Google Scholar, as well as the Grey Literature Database (Figure 1). The search terms used to identify articles that addressed mental health in trans patients included: transgender + mental health +/- primary care, transgender + depression+/- primary care, transgender + anxiety+/- primary care, and transgender + suicide+/- primary care, transgender + gender dysphoria +/- symptoms. In addition, unpublished but peer-reviewed clinical guidelines for trans care were examined for information regarding screening, diagnosis, and management of mental health concerns. The following terms were used to identify these care guidelines: transgender + clinical guidelines, and transgender + protocols. Not every article or clinical guideline found was used; specifically we excluded qualitative mental health articles, articles written before 2006, articles with specialized topics for mental health providers, articles focused on youth under the age of eighteen, and articles that framed trans identity as a mental health issue. Where appropriate, we also searched reference lists from these

articles to identify additional, pertinent literature. To identify cultural safety content, we included the following terms: cultural safety, cultural safety + transgender, and cultural safety + LGBT. Exclusion criteria included: articles written before 2006, and articles written specifically for mental health providers or other professionals that did not have relevance to the primary care mental health experience.

These articles and guidelines were used to develop clinical guidelines for best practices for the mental health care of trans individuals using a cultural safety framework. Once a draft of these guidelines was written, they were evaluated by an expert panel that included six individuals: three clinical Directors of Transgender Health with more than ten years of experience treating trans patients in California, New York and Connecticut, all of whom have been involved in writing clinical guidelines for trans care including international guidelines; one nurse practitioner with more than ten years of clinical experience treating trans patients and with extensive experience writing clinical guidelines for trans care; an Australian cultural safety expert who has published articles on LGBT care and cultural safety; as well as the New York City Department of Mental Health and Hygiene Director of LGBT Projects. Experts were asked to evaluate the guidelines for accuracy and relevance. Options for responses were "Yes/no" and "high/low," respectively.

The reviewed experts agreed that the written clinical guidelines were accurate and relevant to the mental health care of trans people with 100% agreement. There were three comments written in the recommendations sections of the mental health section, one stating that chemical dependency, versus tobacco cessation alone needed to be mentioned, another recommendation asked for clarification of mental health screening and the last comment mentioned the need for an in-depth exploration of gender dysphoria analysis as a

distinct topic. The first two of these were incorporated into the completed guidelines presented in this manuscript. The last recommendation was not incorporated because it was likely more appropriate for mental health specific settings.

Results

Screening for Depression, Anxiety, Chemical Dependency and Suicidal Ideation

Due to their high risk for depression, anxiety, chemical dependency including tobacco dependency, and suicidal ideation, asymptomatic trans patients should be assessed for these conditions when they first present to clinic and routinely thereafter at each follow-up visit. Providers should be particularly aware that as hormonal changes lead to changes in the patient's appearance, stressors, anxiety, and depression may also increase [8,9,11,14,29-33]. These changes may alter trans patients' mental health status and wellness, and anticipatory guidance regarding these changes may be helpful for patients in order to prepare them for how their appearances might change after six months or one year and with prolonged treatment [4,7].

The Patient Health Questionnaire-2 (PHQ-2) and Patient Health Questionnaire-9 (PHQ-9) are standardized primary care screening tools for depression, and the Generalized Anxiety Disorder-7 is a frequently used screening tool for anxiety. As with all screening tests, these identify symptoms of depression or anxiety without providing diagnostic criteria. Therefore, while a positive score may suggest depressive symptoms, the source of these symptoms, whether major depressive disorder or gender dysphoria disorder, is not identified; a referral to a mental health specialist is typically required for a definitive diagnosis. Primary care providers, however, can further explore these symptoms with their patients by incorporating alternative interviewing techniques (Table 1) that are guided by

the patients' needs and narratives. Providers should ask patients about the causes of their isolation, lack of pleasure, appetite changes, as well as suicidal ideation in order to offer meaningful solutions. Providers must ask trans patients about their mental health status, the obstacles to psychological well-being including lack of access to employment and housing that they may face on a daily basis, and providers must offer appropriate resources and referrals, including to mental health providers trained in trans care [11,12,19,34,35].

Screening for chemical dependency should also take place at initial intake and at routine follow-up visits among asymptomatic individuals as increased rates of these conditions are common in trans patients [11,12,36]. An increase in stress is a common cause of substance use and abuse [7,37] and one of the most important drivers of stress among trans people is discrimination. As discrimination increases because of changes in physical appearance or changes in the pronouns used to refer to one's self, the risk of substance abuse also increases. Strategizing with patients to help identify alternative approaches to dealing with the discrimination is an important role of the primary care provider.

Treatment

When mental health conditions are diagnosed, treatment interventions will depend on the patient's stated overall needs but should prioritize trans-affirming primary care interventions such as hormones and surgeries as well as referrals to trans-inclusive mental health environments (Table 1). Hormones or gender confirming surgeries should rarely be denied to trans patients when depression or anxiety are present because trans-affirming primary care has been demonstrated to alleviate these mental health conditions [15,19,38,39]. Although additional treatment options may be offered to address mental health issues,

partnering with patients requires allowing patients to direct when and if these medical and therapeutic options, including clinically indicated medications or safe and evidence-based therapies, will be used (Table 1). Gender-affirming care including hormones and surgeries should not be withheld if the patient does not choose to treat their depression or anxiety with provider recommended therapies [7,40].

Chemical dependency support services should also reflect culturally safe care for trans patients and be offered alongside primary care hormonal or surgical interventions. These services should be offered if a patient is symptomatic for chemical dependency and requests these services or if the provider detects a need for chemical dependency treatment services. Once again, these services should never be offered in lieu of trans-affirming primary care [7].

In the case of suicidal ideation, culturally safe care includes contracting with the patients for safety and referrals for more intensive care. If the patient expresses passive suicidal ideation, introduce outside mental health service and suicide-prevention contracts early, but initiate or continue any appropriate hormonal care that the patient may request. However, if a trans patient expresses active suicidal ideation, the interventions will reflect the same standards of care for any other suicidal patient, including immediately contacting an appropriate mental health provider or direct emergency room referral [17,41].

Community services including trans support groups should also be offered to patients at an initial visit and then as indicated with follow-up care. Trans social and support groups have been shown to be harm-reduction tools in trans peoples' lives [42-44]. Although patients may not have access to their family of origin or friends prior to gender transition, offering community support services and assisting patients in identifying their

own community supports can increase access to and utilization of sources of personal support. Collating local and online support group resources for patients can be a way that primary care providers can give resources to patients for support services that are accessible to patients seeking supportive mental health services outside the clinical setting.

Conclusions

Providing culturally safe care is challenging for providers who may have little knowledge of the risks of depression, anxiety, suicidal ideation and chemical dependency associated with their trans patients' gender identity. Trans patients often face inequality and discrimination within the healthcare system which increases their likelihood of mental health concerns and decreases the likelihood that they will be able to access culturally safe care. Professional organizations such as the American College of Physicians acknowledge that healthcare disparities affect trans patients' mental health, but there are few resources available to providers and patients that will help to ensure that trans patients have access culturally safe mental health care within the primary care setting [45]. Helping clinicians provide culturally safe mental health care was the motivation behind the development of these guidelines

These peer-reviewed written clinical guidelines for the mental health care of trans patients through a cultural safety perspective are an important addition to the body of clinical guidelines that already exist. The cultural safety framework has never been applied to clinical guidelines for the mental health care of trans patients in published literature. This application of the cultural safety framework is significant because it focuses on the experiences of discrimination and lack of access to care that trans patients experience. These experiences of exclusion and discrimination are viewed as cornerstones for

assessing and treating trans patients' mental health needs both within and outside of the clinical setting.

Strengths and Weaknesses

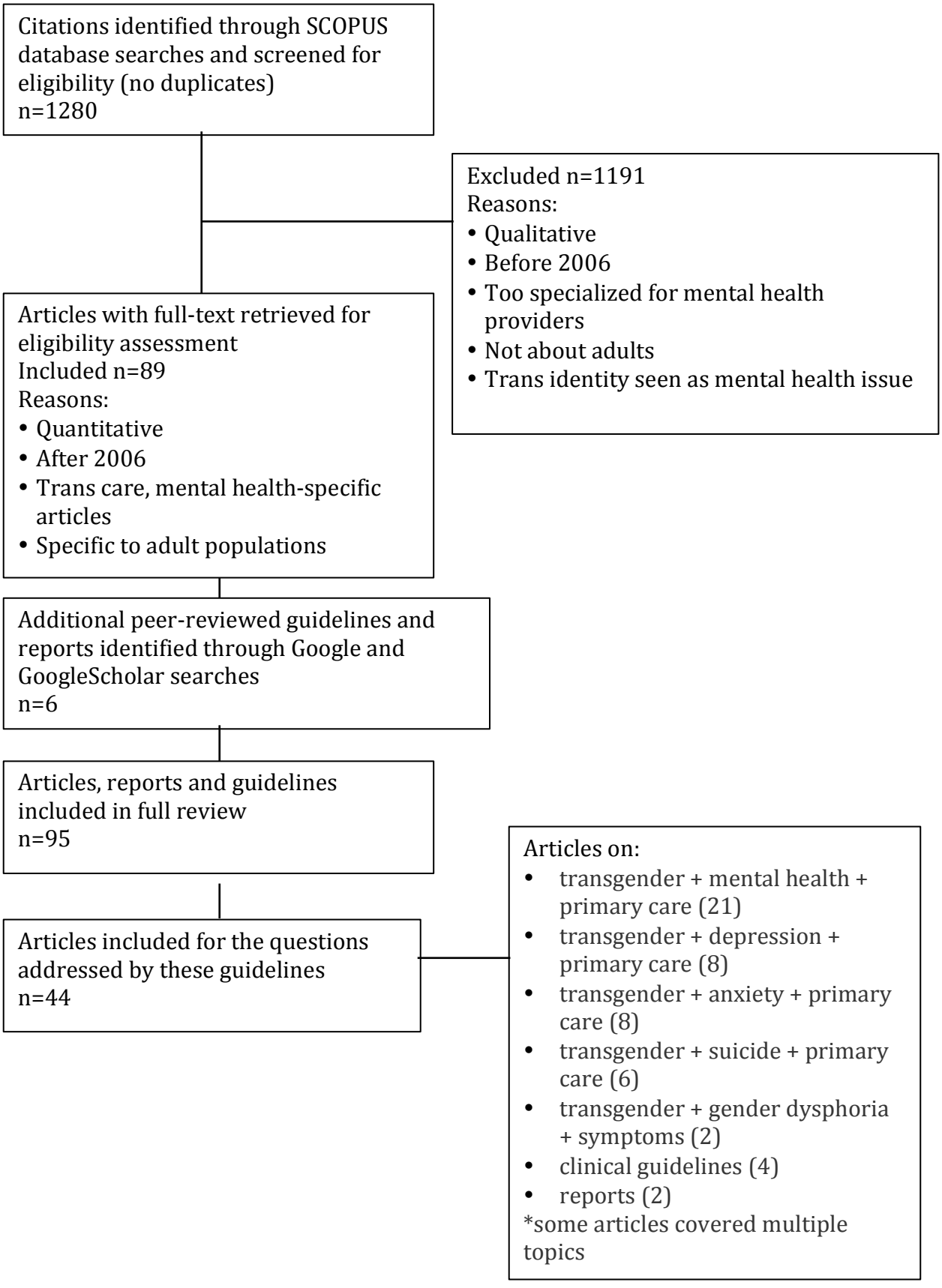
The strengths of applying the cultural safety lens within the primary care mental health care of trans patients lie within the framework itself, which focuses on individual patient outcomes versus the education or actions of the clinician. This framework application was validated through expert panel analysis, from experts in either trans care and cultural safety. This framework, employed in primary care mental health screening, diagnosis and treatment places greatest importance on patient narrative and experiences, elimination of barriers to care, as well as providing clinical solutions that reflect the patient's desires or personal protocols. The cultural safety framework addresses patient well-being both within and outside of the clinical settings. This framework applied to clinical care was strengthened by expert panel validation.

The biggest weakness in this discussion of utilizing the cultural safety framework in the mental health care of trans patients is the lack of randomized control trial study literature that supports the use of this framework. The evidence that exists to support the framework's usage is largely qualitative, including clinician experience based and patient narrative based [24]. Additionally, there is no body of literature focused solely on the culturally safe primary care and/or mental health care of trans patients. Although culturally safe care for trans patients requires individualization the results of this care may be difficult to measure. Further research regarding culturally safe mental health care for trans patients should be undertaken with both qualitative and quantitative measures evaluated in order to further illustrate the efficacy of this framework.

Table 1: Cultural Safety in the Mental Health Screening and Care of Trans Patients

Partnerships, Protocols, Process, Positive Purpose, Personal Knowledge	
Partnerships	Patient's goals set the goals for trans-affirming care, even if the patient is exhibiting signs of mental health or substance use disorders **Screening:** Depressive symptoms may not indicate a mental health diagnosis or treatment and therefore further evaluation of gender affirming needs is warranted with a positive screen **Treatment and Needs:** Untreated gender dysphoria may present as a mental health issue and gender-affirming care should be offered regardless of or alongside possible mental health interventions
Protocols	Understand that patients may not want their mental health or substance use issues addressed before hormonal care **Screening:** Positive screens for chemical dependency do not indicate delay of gender-affirming care **Treatment and Needs:** Connect patients with trans-inclusive chemical dependency resources
Process	Check in routinely about a patient's mental health to increase opportunities for conversations regarding psychosocial effects of gender-affirming care and to provide additional care as indicated. **Screening:** Discuss mental health at routine visits **Treatment and Needs:** Offer trans-inclusive mental health resources consistently
Positive Purpose	Providers should seek to support the patient's mental health goals **Screening:** Ask the patient to prioritize their overall goals for care, even if mental health screen is + for depression, anxiety, chemical dependency **Treatment and Needs:** The mental health treatment goals for the patient should reflect patient goals, unless they are danger to self
Personal Knowledge	Providers should seek written knowledge as well as patient narrative illustrating the difference between mental health issues versus trans identity as well as systemic inequality resulting from that identity **Screening:** Assess patient's history of discrimination in work, housing, and healthcare as part of their mental health screening **Treatment and Needs:** Research appropriate treatment options for patient that are gender-affirming

Figure 1: Literature Search



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