Supporting LGBTQ Youth in the Primary Care Setting

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Disclosures

• No financial conflicts of interest
• I will be discussing off-label uses of medications
Objectives

• Recognize best practices for creating a welcoming and affirming office environment for LGBTQ youth
• Understand the medical options for transgender and gender diverse youth and community resources for LGBTQ youth and families
• Recognize the health disparities and potential risks in the LGBTQ community as well as potential protective factors
Gender JOY (Journeys of Youth) at Chase Brexton

- Primary Care - Pediatrics and Family Medicine
- Behavioral health - individual, group, family therapy
- Child and Adolescent Psychiatry
- Case Management
- Pediatric Endocrinology
- The Center for LGBTQ Health Equity - resources for individuals and families, and trainings for organizations
Gender JOY (Journeys of Youth)

- 138 patients prescribed blockers
- 751 on masculinizing hormones
- 480 on feminizing hormones

Gender Identity
- Boy/Man/Transman
- Girl/Woman/Transwoman
- Nonbinary/other

Age
- 7 to 17
- 18 to 21
- 22 to 26
Making a Welcoming Office

• Use inclusive language on intake paperwork, website, when taking a sexual history
• Brochures, handouts with information for people of all sexualities and gender identities
• Posters or decals that display same-gender couples, or Pride flags.
• Ensure language and pronoun use is uniform throughout the office- front desk staff as well as physicians
What To Say When Someone Comes Out

• “Thank you for trusting me.”
• “I respect you.”
• “Your confidence is safe with me.”
• “It takes a lot of courage to tell your truth.”
• “Have you been able to tell anyone else?”
• “Do you need help of any kind?”
• “Do you feel supported by the adults in your life?”
• “Now that you told me, how do you feel?”
What NOT To Say When Someone Comes Out

- I knew it!”
- “Are you sure?”
- “Whatever you choose to do is your business.”
- “You’re just confused.”
- "It’s a phase – it will pass.”
- “Shhh, don’t tell anyone else.”
- “You can’t be gay/lesbian – you’ve had relationships with members of the opposite sex!”

Courtesy of Kate Bishop
Physicians Use of Inclusive Sexual Orientation Language During Teenage Annual Visits

Stewart C. Alexander, PhD, et al
LGBT Health Volume 1, Number 4, 2014

Direct, inclusive (3.3%)

• E2: “Have you had sex before?” Yes. “How often?” A few times. “Were these with boys, girls, or both?”
• E3: “What about pressures for dating at all?” No. “Have you had sex yet?” No. “Are you dating anyone?” Yes. “Is this a boyfriend or a girlfriend?”
• E4: “Have you ever had sex?” Yes. “Are you sexually active?” No. “Do you have a partner right now?” Mmm hmm. “And how long have you been with that partner?” About two months.

Indirect, non-inclusive (48.6%)

• E11: “Boyfriend and girlfriend. People who have sex together. Do you have any questions about that? Have you started doing that stuff?”
• E12: “And I always tell my teens is if someone is going to have sex before marriage they should always always, always use a condom and birth control. Every single time.

Direct, non-inclusive (48.2%)

• E5: “Do you have a boyfriend?”
• E6: “What about sex–having sex with girls and stuff like that?”
• E7: “And you are a beautiful girl and I am sure boys have approached you. Any sexual experimenting?” No. “It is all confidential here, we just want you safe, you can always ask us anything. If you become sexually active, condoms, condoms, condoms.”
• E8: “Ok, now about boys. Are you dating a boy now?”
• E9: “How many girlfriends do you have? Are you seeing any girls now?”
• E10: “Now I am going to ask you something personal. I ask all my teens this question, so don’t be upset. Do you like girls or boys?” Boys. “Okay, okay. I didn’t think you liked girls. But, I have to ask.”
Cultivate Rapport to Grow Trust

- Ask the patient “What is the name you go by?” and add to chart
- Use the same language as the patient uses to describe gender, relationships, behavior, anatomy, and identity
- Ask clients for clarification when they say things you don’t understand.
- Non-judgmental, direct, and specific
- Discuss confidentiality and limitations

Courtesy of Kate Bishop
## Client Registration

The information in your medical record is confidential and is protected under Massachusetts General Laws Ch. 111, Sec. 70. Your written consent will be required for release of information except in the case of a court order.

### Client Information

- **Name on Legal Documents**: [Redacted]
- **Sex on Legal Documents**: Female
- **Date of Birth**: [Redacted]
- **Social Security #**: [Redacted]

### Contact Information

- **Home Phone**: [Redacted]
- **Cell Phone**: [Redacted]
- **Work Phone**: [Redacted]
- **Billing Address**:
  - City: [Redacted]
  - State: [Redacted]
  - ZIP: [Redacted]

### Other Information

- **Employment Status**: Unemployed
- **Racial Group**: [Redacted]
- **Ethnicity**: [Redacted]
- **Country of Birth**: USA
- **Veteran Status**: Veteran

### Gender Identity

- **What are your pronouns?** (e.g., he/him, she/her, they/them)
- **Genderqueer, neither exclusively male nor female**
- **Transgender Male/Trans Man Female-to-Male (FTM)**
- **Transgender Female/Trans Woman Male-to-Female (MTF)**

### Additional Notes

- "What sex were you assigned at birth?" [Redacted]
- Redacted text: "What sex were you assigned at birth?"
Prevalence

• 13-17 year olds 2017
  – Sexual Minority Youth 11.2%
  – 1.8% transgender, 1.6% unsure - prior study estimate had been 0.7% transgender youth

• Gallup Poll adults LGBT 2012 3.5%

• HRC poll showed 67% of LGB and 61% of transgender youth described not disclosing their sexual orientation or gender identity to their health care provider.

• Sexual Minority Youth 15.6% 2019

• Gallup Poll adults LGBT 2020 5.6%
Discrimination Compromises Health

• LGB respondents in states without protective policies were 5X more likely than those in other states to have 2 or more mental health disorders.

• LGB people who had experienced “prejudice-related major life events” were 3x more likely to have suffered a serious physical health problem over the next year.

• LGB people who live in communities with high levels of anti-gay prejudice DIE 12 years earlier than their peers in other communities.
Transgender Health

41% experienced serious psychological distress in the month before completing the survey.

IN THE PAST YEAR...

30% of those who saw a healthcare provider reported having at least one negative experience related to being transgender.
- verbally harassed
- refused treatment
- physically or sexually assaulted
- had to teach the provider about transgender people to get appropriate care

22% did not see a doctor when they needed due to fear of being mistreated.

38% did not see a doctor when needed because they could not afford it.

Schools are **unsafe** and unwelcoming for the majority of LGBT students.

- **65%** heard homophobic remarks like “fag” or “dyke” frequently or often.
- **30%** missed at least one day of school in the past month because they felt unsafe or uncomfortable.
- **85%** were verbally harassed in the past year.

**Learn more in GLSEN’s latest National School Climate Survey at [GLEN.org/NSCS]**
Emphasize Harm Reduction

• Meets people where they are
  – Non-judgmental and reality-based
  – Moves client towards wellness
  – Client-centered
  – Honors autonomy and supports self-efficacy
  – Recognizes intermediate steps to change

• Uses motivational interviewing to explore the client’s dilemma in changing behavior.
  – Gives clients space to identify *their own reasons* for wanting to change.
40% of homeless youth are LGBT.
The #1 reason they’re on the streets is family rejection.
Encourage Social Networks

- Peer-primacy is part of adolescent development
- Offer a buffer around identity-related distress
- Help to build scaffold of resilience
- Established support for when things go wrong
- Possibility models: positive reflection creates hope
  - Especially crucial for LGBTQ/SGL youth of color facing both internalized racism and homophobia

Slide Credit: Kate Bishop
Resilience

• Research has indicated that LGBTQ youth employ a variety of effective coping strategies.
  – Acceptance and Resistance of Stereotypes
  – Connections with Supportive Others
  – Self-care Behaviors
  – Social Activism
  – Cognitive and Behavioral Flexibility
    • meta-cognitive executive skills of “noticing, planning, monitoring, evaluating, reflecting, sharing with others, enlisting help, and engaging in behaviors that contribute to their acceptance and self-care.”

• Harper et al., 2012; Toro-Alfonso et al. 2006; Meichenbaum, 2013
Age of Gender Identity and Disclosure (USTS 2015)

Most common age –
- Child “felt different”: under 5 years
- Child thought “I am transgender”: 11-15 years
- Child disclosed to others: 16-20 years
Affirmative Intervention for Families with Gender Variant Children

- Treatment focused on parents (Hill, Menvielle, et.al 2010)
  - Acceptance and unconditional love are central to a healthy gender-variant child/adolescent
  - Helping parents understand and support their child’s declared gender, and to encourage the child to have a safe cross-gender exploratory experience, helping parents cope with antipathy about gender variance
  - Therapists focus intervention on sensitivity training in schools, violence prevention, and developing skills to deal with unsupportive peers/family/schools

- Family acceptance in adolescence is associated with young adult positive health outcomes (self esteem, social support, and general health) and is protective for negative health outcomes (depression, substance abuse, and suicidal ideation and attempts). (Ryan-2010)
Family Matters

- Families of gender variant children may experience loss, grief, shame.
- Parents may struggle between acceptance for the well-being of their child vs. worries about their child’s safety and stigma
- When a child is struggling, the family may experience additional stress while watching their child struggle
- Families may struggle with the balance of guiding children towards gender norms vs. celebrating uniqueness
- Families may be worried about facing social judgment of parenting decisions
- Stress may be worsened by uninformed professionals

Families in Transition: A Literature Review, Dierckx (2016)
AAP Statement in Support of Transgender Children, Adolescents and Young Adults

7/27/2017

POLICY STATEMENT

Office-Based Care for Lesbian, Gay, Bisexual, Transgender, and Questioning Youth
Why Support for Trans Youth Matters

- 72% Reported Life Satisfaction
- 64% Reported High Self-Esteem
- 70% Described Mental Health As “Very Good” or “Excellent”
- 0% Faced Housing Problems
- 23% Suffered Depression
- 4% Attempted Suicide

Trans Youth with Supportive Parents

- 33% Reported Life Satisfaction
- 15% Described Mental Health As “Very Good” or “Excellent”
- 55% Faced Housing Problems
- 75% Suffered Depression
- 57% Attempted Suicide

Trans Youth with Unsupportive Parents

Based on a 2012 study of 433 individuals

Infographic Design by Londyn Pan
Illustrations by Ethan Lopez
Social Transition for Pre-pubertal Children

• Social transition prior to puberty is a personal and individual decision for families- early social transition vs. “wait and see” approach

• Mental Health professionals’ task is to listen and learn what youth is experiencing and feeling about gender, allowing safe space to explore gender identity and gender expression

• Medical needs: supportive primary care who will learn about gender care and guide the family to appropriate resources
Mental Health of Transgender Children Who Are Supported in Their Identities

- Study by Kristina Olson (Pediatrics, 2016) looked at pre-pubertal transgender children ages 3-12, who socially transitioned
- Mental health was compared between transgender children and their cisgender siblings or peers
- The transgender children had similar rates of depression and only slightly higher rates of anxiety
- Mental health struggles are not necessarily inevitable for transgender youth
Chosen Name Use Is Linked to Reduced Depressive Symptoms, Suicidal Ideation, and Suicidal Behavior Among Transgender Youth

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b University of British Columbia, Vancouver, British Columbia, Canada
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Article history: Received November 17, 2017; Accepted February 1, 2018

Keywords: Transgender; Youth; Depression; Suicidality
Chosen Name Use and Mental Health

• This study asked in which contexts youth were being called by their chosen name—home, school, work, and with friends.

• Baseline characteristics were similar (mental health, SI, suicidal behavior by age, sexual identity, gender identity, race/ethnicity, access to free lunch, geographic location)

• Those who were using their chosen name in multiple contexts:
  • 5.37 unit decrease in depression
  • 29% decrease in suicidal ideation
  • 56% decrease in suicidal behavior

• Using a chosen name is life-saving!
“They are too young to know their gender!”

... said no one ever to cisgender kids who express their gender.
Diagnosis - Medical Approach
DSM V - Gender Dysphoria

**In Children**
- Marked incongruence between expressed/experienced and assigned gender, lasting more than 6 months in several categories
  - Belief that one is the expressed gender
  - Preference for gender non-conforming attire, playmate, pretend play; rejection of gender typical play and attire
  - Dislike of anatomy, desire for expressed gender’s sex characteristic
- Causes distress/impairment in school/relationships

**In Adolescents/Adults**
- Marked incongruence between expressed/experienced and assigned gender, lasting more than 6 months, in at least 2 categories
  - Belief that one is the expressed gender and has typical feelings/reactions of expressed gender
  - Strong desire to be treated as expressed gender
  - Dislike of one’s pubertal development or anticipated pubertal development and desire for expressed gender’s sex characteristics
- Causes distress/impairment in personal or occupational function

With or without a disorder of sexual differentiation (an intersex condition)
Physical Interventions for Adolescents

• 1. Fully reversible interventions.
  – GnRH agonists “puberty blockers”
  – Spironolactone to decrease testosterone
  – Oral contraceptives or Progestin to suppress menses

• 2. Partially reversible interventions.
  – Hormone therapy

• 3. Irreversible interventions.
  – Surgical procedures.
Female Pubertal Development
Male Pubertal Development

Height spurt:
- 10.5 to 16
- 13.5 to 17.5

Penis:
- 10.5 to 14.5
- 12.5 to 16.5

Testis:
- 9.5 to 13.5
- 13.5 to 17

G. rating:
- 2
- 3
- 4
- 5

Pubic hair:
- 2
- 3
- 4
- 5

Age (years):
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- 16
- 17

Apex strength spurt
GnRH agonists

- Leuprolide (IM injection) or Histrelin (implant) used successfully for central precocious puberty
- Not FDA approved for puberty suppression in transgender children.
Reversible Interventions

• Puberty blockers (GnRH agonists) stop estrogen/progesterone or testosterone production temporarily and will stop the IRREVERSIBLE pubertal development of adolescence- allowing for more time to explore gender

• This can cause lower bone mineral density, slower growth, and possibly the lack of fertility development

• Other options include continuous OCP or Progesterone options (oral, injectable, implant, IUD), or androgen blockers (spironolactone, finasteride, bicalutamide)
Gender Affirming Hormone Therapy

• What age to start?
  – Peer concordance vs. time to mature
• Benefits in appearance, psychological
• Concerns about consent, irreversibility, fertility
## Feminizing Hormone Therapy

<table>
<thead>
<tr>
<th><strong>Risks</strong></th>
<th><strong>Effects</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Increase breast size- 2-3 years to maximum</td>
<td>• Increased risk of blood clots, similar to cisgender pregnant women, or women taking birth control</td>
</tr>
<tr>
<td>• Change fat distribution to hips/buttocks/thighs</td>
<td>• Prolactin levels may increase</td>
</tr>
<tr>
<td>• Decrease muscle mass and upper body strength</td>
<td>• Bone density may be lower (similar to women in family)</td>
</tr>
<tr>
<td>• Decrease facial and body hair growth</td>
<td>• Spironolactone can cause electrolyte balance-uncommon with normal kidney function</td>
</tr>
<tr>
<td>• Softer skin</td>
<td>• Risk of breast cancer may increase, but not as high as in natal women</td>
</tr>
<tr>
<td>• Decreased sexual function, testicular volume, libido, +/- sperm development</td>
<td>• Emotional changes</td>
</tr>
<tr>
<td></td>
<td>• Elevated morbidity and mortality in transgender women NOT related to hormones- suicide, HIV infection, drug abuse</td>
</tr>
</tbody>
</table>

*Smith, 2014, Weinand, 2015, Wierckx, 2012*
## Masculinizing Hormone Therapy

<table>
<thead>
<tr>
<th><strong>Risks</strong></th>
<th><strong>Effects</strong></th>
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</thead>
<tbody>
<tr>
<td>• Higher risk of heart disease and cholesterol pattern similar to men in family</td>
<td>• Increased body and facial hair</td>
</tr>
<tr>
<td>• Polycythemia- uncommon with typical doses of testosterone used</td>
<td>• Deeper voice</td>
</tr>
<tr>
<td>• Acne can be severe</td>
<td>• Increased upper body strength and musculature, redistribution of fat</td>
</tr>
<tr>
<td>• Insulin resistance as fat redistributes in male pattern- higher baseline glucose also observed in transgender males</td>
<td>• May cause acne, hair loss when older</td>
</tr>
<tr>
<td>• Emotional changes</td>
<td>• Decrease/stop menses +/- ovulation</td>
</tr>
<tr>
<td>• Cancer risks: screening still needed- Pap at 21</td>
<td>• Clitoral growth/vaginal dryness</td>
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Cross-Sex Hormones and Metabolic Parameters in Adolescents With Gender Dysphoria

Jason Jarin, MD, a Elyse Pine-Twaddell, MD, b, c Gylynthia Trotman, MD, d Jaime Stevens, MD, b Lee Ann Conard, DO, d Eshetu Tefera, MS, e Veronica Gomez-Lobo, MD f

PEDIATRICS Volume 139, number 5, May 2017:e20163173
Effects of Gender Affirming Hormone Therapy on Adolescents with Gender Dysphoria

- 2008-2014 from 4 clinical sites retrospectively analyzed
- 72 affirmed male (average age 16), 44 affirmed female (average age 18)
- Baseline BP, BMI, testosterone, estradiol, prolactin, lipids, electrolytes, LFT, H/H, HbA1c compared with levels at:
  - 1-3 months
  - 4-6 months
  - Beyond 6 months for patients taking hormones at 6-36 months
- Repeated measures analysis of variance models used to evaluate changes over time
Effects of Gender Affirming Hormone Therapy on Adolescents with Gender Dysphoria

- Hemoglobin and Hematocrit increased significantly, then plateaued in affirmed males, and HDL decreased significantly.
- No statistically significant changes in AST/ALT, BUN/Cr, estradiol, prolactin, triglycerides, HgbA1c and TG/HDL ratio
- In affirmed females, increase in prolactin (to typical female range), decrease in testosterone, no significant change in H/H, AST/ALT, BUN/Cr, lipids, BP
Risks of Non-Prescribed Medications and Treatments

• Hormones obtained from the internet or friends may be of dubious quality and unknown doses
• Injectable hormones have risks of shared vials or shared needles
• There are higher risks of certain types of estrogen
• Silicone injections can cause infections, be disfiguring, or trigger a life-threatening reaction in the body
Psychological Outcome after Puberty Suppression and Gender Reassignment

• 55 young transgender adults were assessed before blockers, before hormones, and after surgery.
• After gender reassignment gender dysphoria steadily improved.
• Well-being was similar to or better than same-age young adults from general population.
• “A clinical protocol of a multi-disciplinary team ... including puberty suppression followed by cross-sex hormones and gender reassignment surgery, provides... the opportunity to develop into well-functioning young adults.”

Medical Options For Non-binary Individuals

• GnRH agognists can lower hormones- but not indefinitely
• Low dose testosterone
• Estradiol used without male hormone blocker
• Intrauterine Device or implanted progesterone to stop periods
• Surgery without hormones
Dating, Mating, Relating Issues
Fertility

- If puberty blockers are used, then one cannot just collect sperm or eggs because they will be immature - other options to discuss

- Discussion around fertility must be developmentally appropriate

- There are options to preserve fertility for pubertal adolescents
  - Must be physically late in puberty
    - Sperm production occurs, on average, at age 13-14, with Tanner III-IV testes and II-III pubic hair
    - Egg maturation occurs, on average at age 12-13, with Tanner IV breasts and pubic hair
  - In order to harvest eggs; must take medications, invasive, expensive, and unclear feasibility
  - Sperm preservation relatively less expensive and simpler

- There is low utilization of fertility preservation among transgender youth - 2 out of 72 adolescents counseled about fertility attempted FP in one study (Nahata, 2017)
Can Eggs/Sperm Be Saved From a Pre-pubertal Child/ Early Adolescent??

• Cancer treatments can cause infertility- and so children with cancer are sometimes offered fertility preservation before cancer treatment
• Some procedures are experimental, others becoming standard for cancer patients

<table>
<thead>
<tr>
<th>Ovarian Tissue Cryopreservation</th>
<th>Immature Testicular Tissue Cryopreservation</th>
</tr>
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<tbody>
<tr>
<td>Removing outer layer of ovary with immature eggs, outpatient surgery</td>
<td>Surgical biopsy of testis and freezing of testicular tissue</td>
</tr>
<tr>
<td>Cortex frozen- can later be thawed and transplanted</td>
<td>20 live births reported from this method</td>
</tr>
<tr>
<td>Or, can try to mature eggs <em>in vitro</em></td>
<td>Biopsy frozen- can later been thawed and transplanted</td>
</tr>
<tr>
<td></td>
<td>Has not been successful in humans, YET</td>
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<td>Or, can try to mature sperm <em>in vitro</em></td>
</tr>
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<td></td>
<td>Has been done in mice, not successful in humans, YET</td>
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</table>
MYTH:
If you take hormones you will be infertile...

It may still be possible for trans people to become pregnant or get someone pregnant while on hormones.

Remember to practice safe Sex!

TSER
Trans Student Educational Resources
The Importance of Contraception

• If conception occurs while one or both people are taking hormones, there is a higher risk of birth defects and preterm death.

• Since trans men taking testosterone may have lack of monthly periods, there may be an assumption of infertility—but accidents happen! (1/3 of pregnancies carried by transgender men were UNINTENTIONAL (Light, 2014)
  – Barrier methods- condoms
  – IUD, LARC

• Trans women may assume that sperm are not being made, but pregnancies can still happen if sperm and egg meet!

• Study from Canadian Transgender Youth Survey, 2014:
  – 5% of sexually active transgender youth (14-25) had been involved in a pregnancy
  – Similar to national average of cisgender youth
Authors hypothesized that transgender youth would have fewer sexual experiences due to gender dysphoria and fewer romantic experiences due to social difficulties. Survey given to 183 youth ages 11-17.
Results/Discussion

• Transgender adolescents were generally less experienced than cisgender peers, romantically and sexually.

• **BUT**, authors were surprised that transgender youth had significantly more experience than they had expected, falling in love, romantic, and sexual experience.

• The questions asked limited a lot of the answers—sexual intercourse was defined as vaginal penetration with a penis—limiting a lot of types of sex that transgender youth may engage in.

• Similarly, orientation categories were limiting.

• Authors noted discomfort and dissatisfaction that transgender youth had with body, but did not ask those questions of cisgender youth.

• The questions were of pre-treatment youth and they did not delineate between youth on puberty blockers or not (affecting libido). They also predict that post-treatment results would have been different as hormone therapy may affect mood, libido and body image.

• **TAKEAWAY**: Ask youth who they are attracted to, if they are sexually active, what they are doing with their bodies, and if they are using protection! **No assumptions.**
Interviewed 12 transfeminine and 18 transmasculine adolescents 15-20 years old, receiving hormonal care at youth clinic (requiring parental consent)

Themes identified:

- Engagement in romantic relationships
  - Romantic history
  - Parents’ rules on dating
  - Courtship
  - Dating hardship compared with cis-peers
  - Transphobia in the LGBT community
  - Transphobia in dating apps
Themes:

- Disclosure of identity and relationship
  - Disclosure of identity during relationship formation
- Engagement in abusive relationships
  - Emotional abuse
  - Sexual assault
- Perceived Impact of Hormone therapy on romantic health - testosterone/estrogen

Participants described gender affirming hormone care as bestowing them with confidence or comfort in their body and themselves. This in turn allowed participants to feel comfortable in exploring romantic relationships.
Because of stigma and discrimination, LGBTQ youth are more likely than non-LGBTQ youth to struggle with their mental health.

- Transgender youth are far more likely than their non-transgender peers to experience depression — nearly four times the risk, according to one study (Reisner 2015). Similarly, LGBTQ teens experience significantly more depression symptoms than their heterosexual peers (Marsh 2011).

- In a 2016-2017 survey from HRC, 28 percent of LGBTQ youth — including 40 percent of transgender youth — said they felt depressed most or all of the time during the previous 30 days, compared to only 12 percent of non-LGBTQ youth (HRC Foundation 2017).

- LGBTQ young people are more than twice as likely to feel suicidal, and over four times as likely to attempt suicide, compared to heterosexual youth (Kann 2016); the rates may be especially high for bisexual teens (Marsh 2011). According to one study, a third of transgender youth have seriously considered suicide, and one in five has made a suicide attempt (Reisner 2015).

- Basic issues like restroom access have a profound effect on transgender youth well-being. For instance, one study showed that transgender students denied access to gender-appropriate facilities on their college campuses were 45 percent more likely to try to take their own lives (Seelman 2016).
Mental Health Issues/Needs for LGBTQ Youth

• Mental Health- Depression, anxiety, self-harm, suicidality
• Violence Victimization/ Bullying
• Body Image and Eating Disorder
Interventions for mental health, substance abuse and violence victimization reviewed.

Methods of intervention were varied-state-level policy interventions, therapist-administered family-based intervention, computer-based intervention, online intervention, and gender-affirming medical interventions.

ALL treatments IMPROVED the targeted mental health outcomes, bullying victimization, reduced substance use.
“Supergirl’s Nicole Maines Opens Up About Transitioning in First Grade: ‘We Took It Very Slow’

The actress said she was ‘blessed and very lucky to grow up in the environment that I did and to have the parents that I did’"

People Magazine
July 02, 2020
Local Referral Resources

- Youth Empowered Society (YES) Drop-In Center
- Baltimore Safe Haven
- Hearts and Ears
- Project TEA Time (HIV Prevention services)
- STAR TRACK Adolescent Health Program (UMB)
- Chase Brexton Health Care
- GLSEN Baltimore
- Center for Black Equity Baltimore
- Health Care for the Homeless
- FreeState Justice Project
- Homeless Persons’ Representation Project
- LIGHT Health and Wellness
- Youth Equality Alliance
- Transgender Response Team (DHMH)
National Resources

- American Medical Student Association’s LGBT Health Action Committee (www.amsa.org/gender)
- The Fenway Institute Adolescent Health Working Group National Association of Community Health Centers, Inc. (http://www.lgbthealtheducation.org/)
- GLMA – Gay & Lesbian Medical Association (www.glma.org)
- Gay Health (www.gayhealth.com)
- Lambda Legal (www.lambdalegal.org)
- GLBT health Access Project (www.glbthealth.org)
- Bisexual Health (www.biresource.org/health/)
- Transgender Care (www.transgendercare.com/default.asp)
- The Trevor Project (https://www.thetrevorproject.org/)
- Translifeline: (https://translifeline.org/) US (877) 565-8860
- Intersex Society of North America (www.isna.org)
- PFLAG – Parents, Family & Friends of Lesbians and Gays (www.pflag.org)
- HRC - Human Rights Campaign (www.hrc.org)
- GLAAD - Gay and Lesbian Alliance Against Defamation (www.glaad.org)
- NGLTF - National Gay and Lesbian Task Force (www.ngltf.org)
- National Center for Transgender Equality (http://transequality.org)
- National Black Justice Coalition (http://nbcj.org/)
- National Coalition of Anti-Violence Programs (www.ncavp.org)
Questions?

Additional Resources:

• Pediatric and Adolescent Transgender Health Interest Group- Google Group
  – This group is meant for all health care professionals who work with transgender children and adolescents. It is meant to be a resource to share information among providers and foster discussion.
  
  • Contact: Elyse.pine@gmail.com

• Transline- https://transline.zendesk.com/home
  – A national online transgender medical consultation service that offers health care providers up-to-date transgender clinical information and individualized case consultation across a broad range of clinical transgender issues.