

# Transgender Equity in Behavioral Health Settings

Presenter: Jesse Gilbert  
(pronouns: they/them)



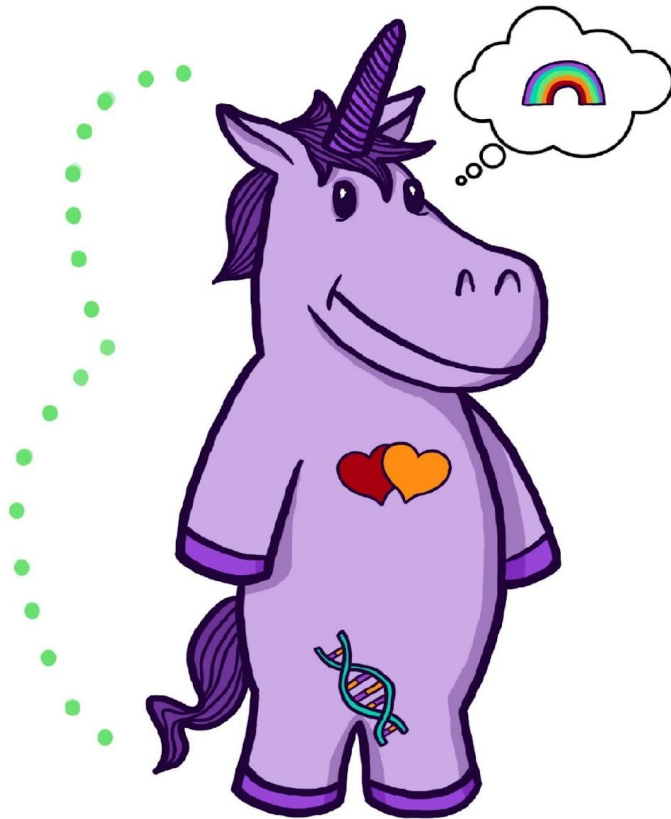
# Welcome!

## Agenda:

- Introduction
- Language and Experience
- Myth: Transgender Identities are a “Fad”
- Conjugation and Use of Pronouns
- Gender Affirming Care
- Barriers to Care Access
- Evolution of Gender Diagnoses in the DSM
- Transgender Experience and Suicidality
- Violence Statistics and Infographics
- Policy
- Resources

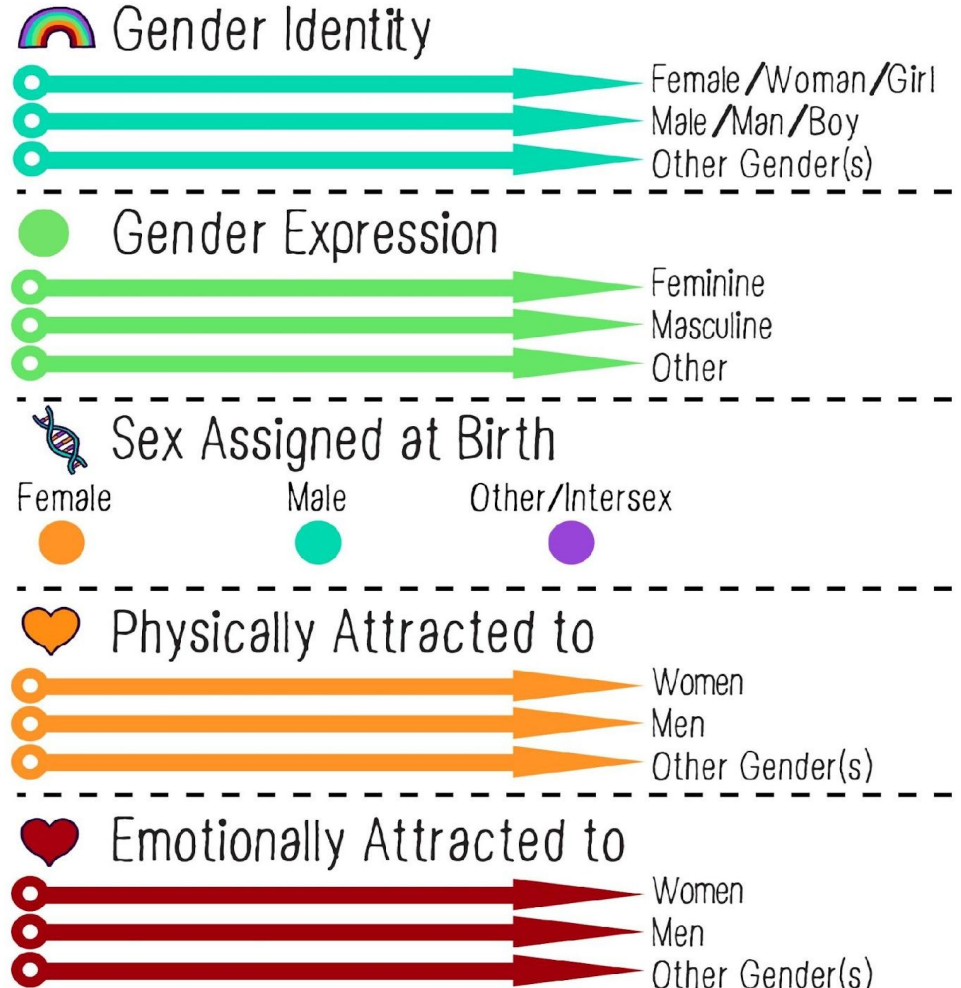
# The Gender Unicorn

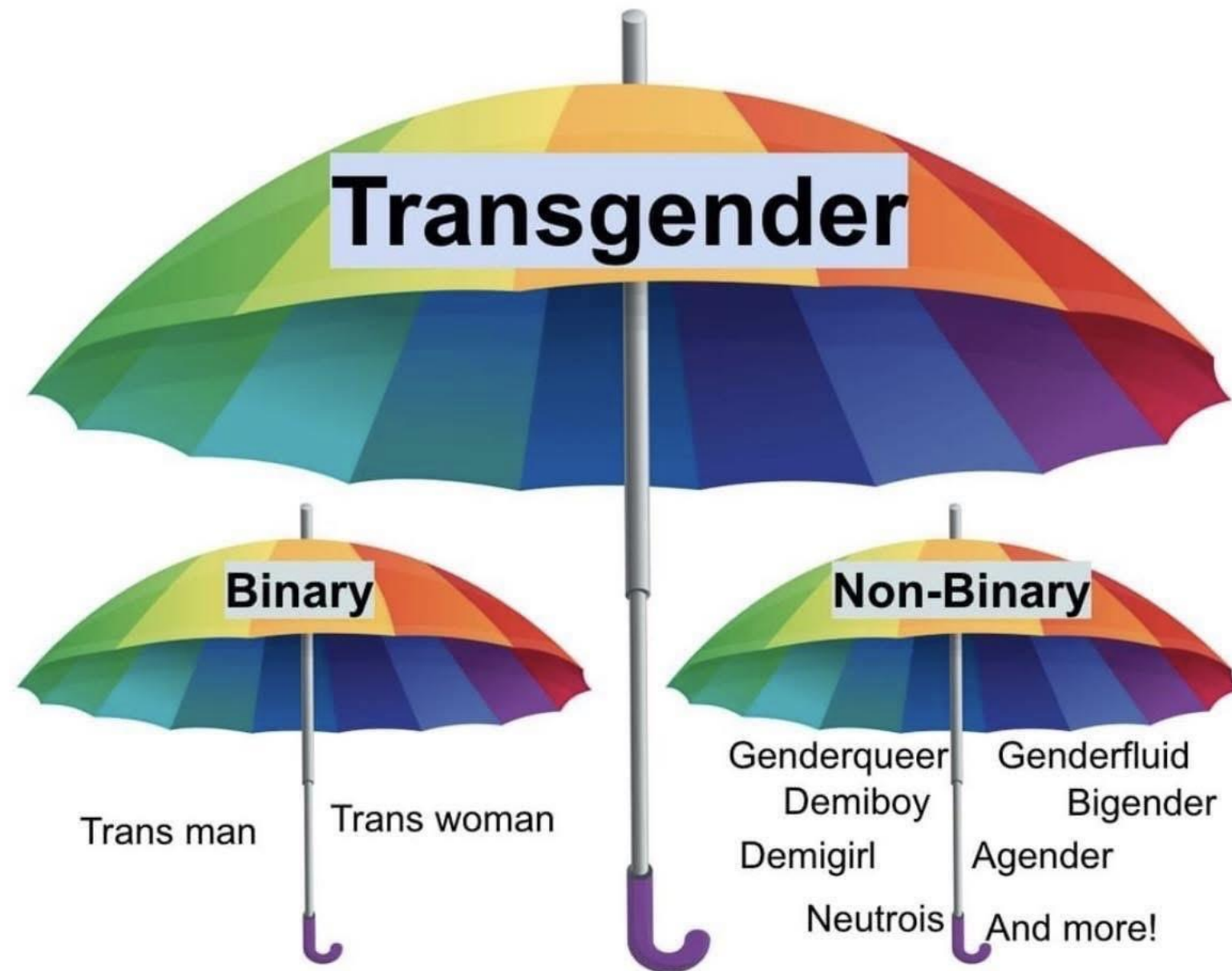
Graphic by:  
**TSER**  
Trans Student Educational Resources



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

Design by Landyn Pan and Anna Moore





# Transgender

## Binary

Trans man

Trans woman

## Non-Binary

Genderqueer

Demiboy

Demigirl

Neutrois

Genderfluid

Bigender

Agender

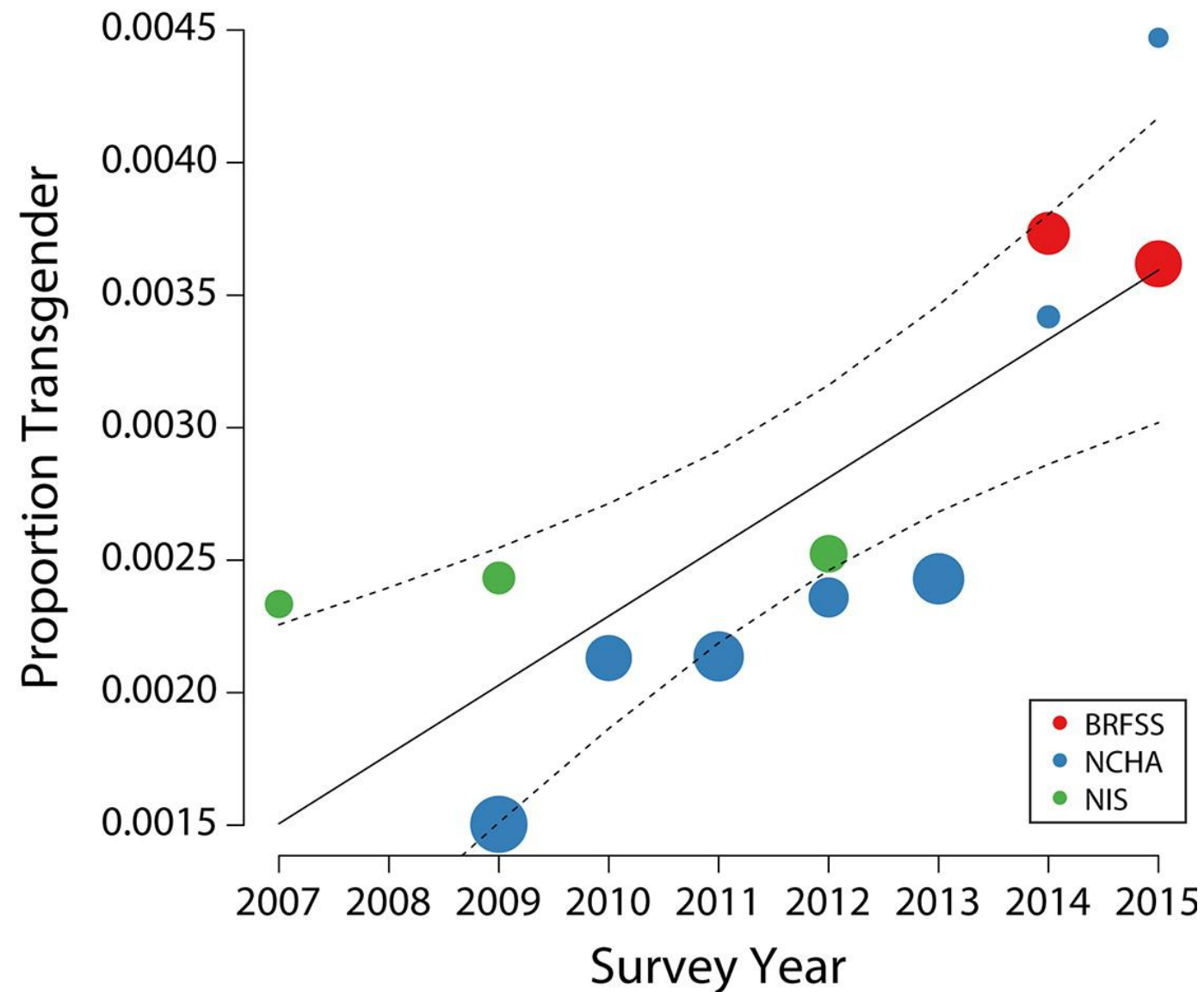
And more!

# More terminology

- Cisgender (cis)
- Misgendering
- Outing
- Transphobia
- Transantagonism
- Deadname
- Gender nonconforming/gender expansive
- Gender diverse
- Mx.

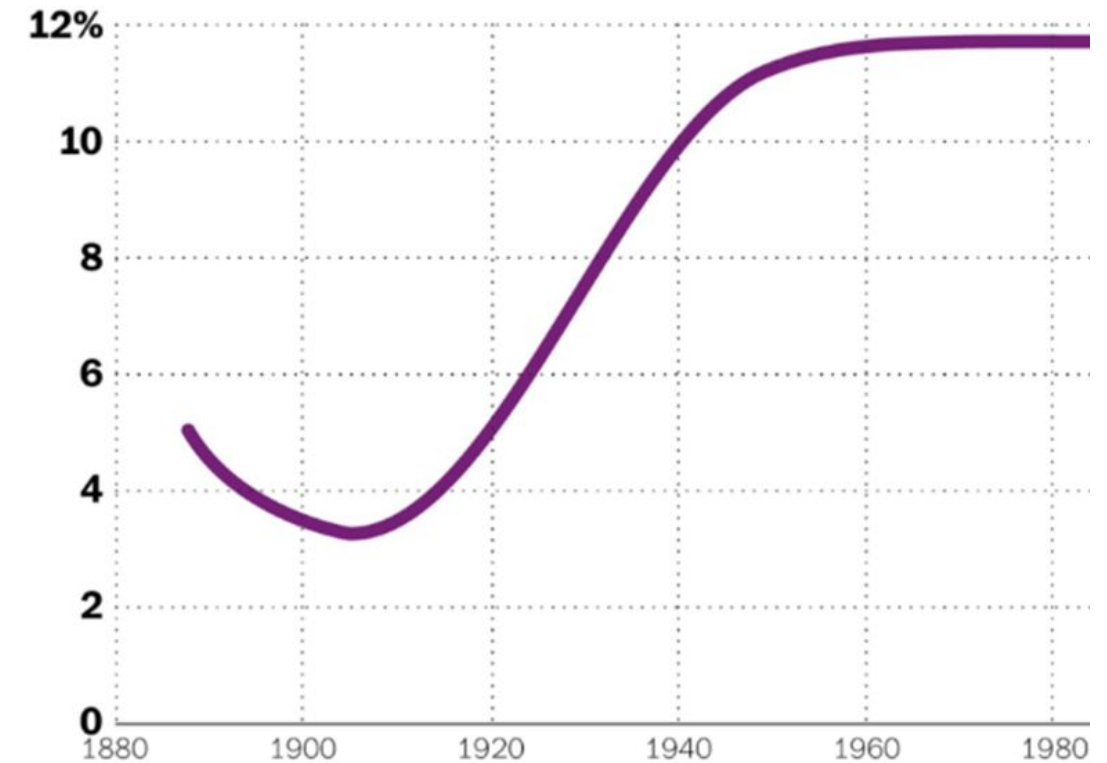
**MYTH:  
Transgender/Nonbinary  
identities are a “fad”**

Source: American Journal of Public Health



## The history of left-handedness

Rate of left-handedness among Americans, by year of birth



Source: Slow Reveal Graphs -- Rate of Left-Handedness in the US: Stigma & Society

WAP0.ST/**WONKBLOG**

Source: Survey data reported in "The History and Geography of Human Handedness"

# Introduction to Pronouns

Pronouns are important and should be addressed with patients at the start of treatment. The following presents recommendations for pronoun use:

- When a clinician is unsure of someone's pronouns, it's appropriate for the clinician to ask and express their own pronoun at the same time.
- Should a clinician make a mistake in using someone's pronouns, the clinician should apologize, thank the patient for correcting them, and continue the conversation.

*Source:*

*<https://www.psychiatry.org/psychiatrists/diversity/education/transgender-and-gender-nonconforming-patients/definitions-and-pronoun-usage>*

# Conjugation of Nonbinary Pronouns and Pronoun Use:

- They/them pronouns: “They drive themselves to their appointments.”
- Neopronouns (for example: ae, aer, aers): “Ae drives aerself to aer appointments.”
- Helpful resources: [PracticeWithPronouns.com](https://www.practicewithpronouns.com), [Pronouns.org](https://www.pronouns.org)

# Question:

What is another example of how one would avoid or address misgendering with either colleagues, clients or by oneself that a provider could implement?

- If you realize you have misgendered someone: apologize, correct yourself and move on.
- If a client corrects you on their pronouns: apologize, thank them for the reminder, and move on.
- When speaking to other service providers, if a colleague misgenders a client: correct them in the moment, regardless of whether the client is present.
- When working with clients in a group setting: if Client A misgenders Client B, you can repeat back what Client A said while using Client B's correct pronouns. That said, it is constructive to discuss with the transgender or nonbinary client how they are comfortable with such a situation being handled.



# Gender Affirming Care

- **Gender-affirming care** encompasses a range of social, psychological, behavioral, and medical interventions “designed to support and affirm an individual’s gender identity” when it conflicts with the gender they were assigned at birth.

*Source:*

*<https://www.aamc.org/news/what-gender-affirming-care-your-questions-answered>*

- Gender-affirming care for transgender people is best-practice, medically necessary health care. And research has consistently found that receipt of gender-affirming care can significantly improve the lives of people who receive it.
- *Source:*  
*<https://www.hrc.org/resources/get-the-facts-on-gender-affirming-care>*

**Gender Affirming Therapy** is a therapeutic stance that focuses on affirming a patient's gender identity and does not try to “repair” it.

The core themes of gender affirming therapy include the following:

- Trauma
- Shame
- Depression
- Self-harm
- Violence
- Sexuality
- Medical Treatment
- Societal Stigma

Core interventions include:

- Gender affirmation
- Space for processing and understanding
- Linking to social supports, legal services, health care providers
- Creating a safe zone
- Allowing for diversity
- Reflection and empathy

*Source: [psychiatry.org](https://www.psychiatry.org)*

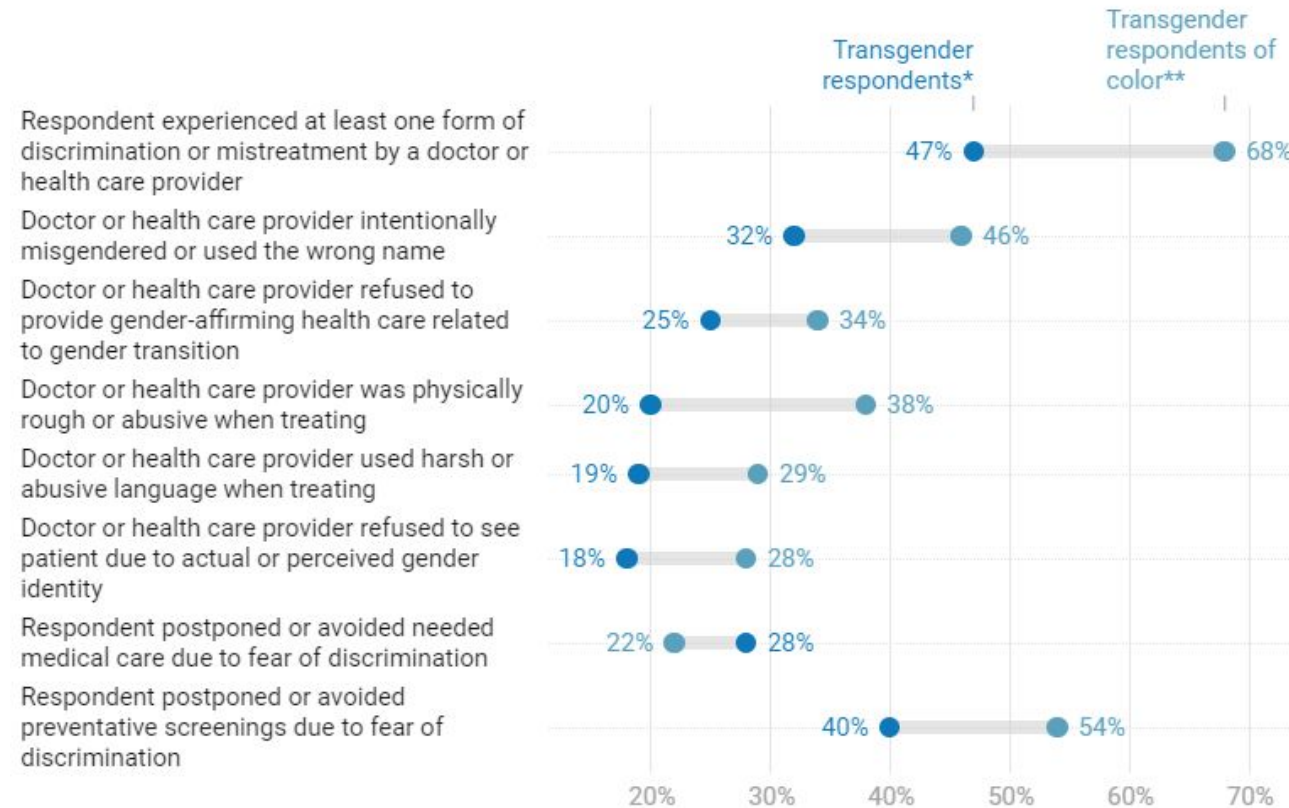
# Question:

Do you have examples of gender affirming actions you've taken or seen in your practice?

# Barriers to Care Access

## Nearly half of transgender adults report experiencing mistreatment or discrimination with a health provider

Shares of transgender adults who reported experiences of discrimination or mistreatment by health providers in the year prior to CAP's survey, 2020



# Negative Experiences and Healthcare

- Almost half (47%) of respondents experienced at least one negative interaction with a healthcare provider. The most frequent negative interactions included healthcare providers using the wrong names or pronouns (37%), respondents having to teach their healthcare provider about trans people to receive appropriate care (18%), and healthcare providers asking unnecessary or invasive questions about the individual's trans status that was unrelated to the visit (11%).

*Source: National Transgender Survey -- Health and Wellbeing Report 2022.*

- More than half of the trans and nonbinary sample reported symptoms consistent with serious mental distress.
- Nearly one-third (20%) reported either binge drinking, illicit substance use, or prescription misuse.

*Source: UCLA Williams Institute School of Law*

# The Diagnostic and Statistical Manual of Mental Disorders

History of transgender and non-binary identities expressed in the DSM:

- History of transgender and non-binary identities expressed in the DSM:
- In the first two publications of the DSM (DSM I: 1952, DSM II: 1968) there was no category that referred to gender identity.
- In the DSM III (1980), a classification was added relating to gender identity which was referred to as “transsexualism.”
- In the DSM IV (1994), the definition was changed to a diagnosis of “gender identity disorder”
- In the DSM V (2013), that diagnosis were removed and replaced with a new classification.

# Criteria: Gender Dysphoria in Adolescents and Adults

- A marked incongruence between one's experienced/expressed gender and assigned gender, of at least six months' duration, as manifested by at least two or more of the following: (listed criteria found in supplemental materials).
- The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

*Source: APA*

*<https://www.psychiatry.org/psychiatrists/diversity/education/transgender-and-gender-nonconforming-patients/gender-dysphoria-diagnosis>*

# Impact

- Without a diagnosis of gender dysphoria many clients are prevented from accessing gender affirming treatments.
- Not all transgender people experience gender dysphoria, and such a classification is therefore not a comprehensive and accurate way to assess a client's experience of gender.
- **Gender euphoria** is a more culturally affirming and precise framing to use when thinking about gender expansive experiences. It is defined as satisfaction or joy caused when one's gendered experience aligns with their gender identity.

1. The evolution of the psychiatric understanding of gender identity is heavily influenced by stigma and societal lack of awareness.
2. The diagnosis that a client does or does not receive can influence not only the way a clinician perceives the client, but also the level of care which that client is able to access.

# Question:

According to the 2022 US Trans Survey's Health and Wellbeing Report, what percentage of respondents self-reported at least one suicide attempt in their lifetime?

- A. 9%
- B. 15%
- C. 27%
- D. 40%

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# Transgender Experience and Suicidality

- Respondents who experienced discrimination or were a victim of violence were more likely to report suicide thoughts and attempts.
- Respondents who experienced family rejection were also more likely to report attempting suicide.
- Access to gender-affirming medical care is associated with a lower prevalence of suicide thoughts and attempts.

*Source: UCLA Williams Institute School of Law*

# Protective Factors Against Suicide

- Effective clinical care for mental, physical and substance use disorders.
- Regular attendance in appointments.
- Easy access to a variety of clinical interventions and support for seeking help.
- Restricted access to highly lethal means.
- Strong connections to family, and family support of gender identity.
- Others using and respecting chosen name and pronouns.
- Community support.
- Support through ongoing medical and mental healthcare relationships.
- Skills in problem solving, conflict resolution, and emotional intelligence.
- Cultural and religious beliefs that discourage suicide and support self-preservation.

Source: Preventing Trans Suicide: An Introduction for Health and Services Providers

Transphobia and discrimination are common in healthcare settings and add to already existent mental health struggles. It can lead to negative outcomes including increased suicidality and a reticence for patients to seek care in the future. Preventive measures include: others using and respecting chosen name and pronouns; support through ongoing medical and mental healthcare relationships; and effective clinical care for mental, physical and substance use disorders.

- According to the National Coalition of Anti-Violence Programs, 72% of reported hate murders against LGBT people and people living with HIV in 2013 were committed against transgender women, with 67% against transgender women of color. (SOURCE: Lambda Legal)
- In a more recent survey published in 2024, more than one in four (26.8 percent) of transgender people report experiencing physical force by police. Black transgender people were the most likely to have experienced physical force by the police among all LGBTQ+ people by race. (SOURCE: ACLU)
- Transgender and nonbinary respondents (44.9 percent and 33.1 percent, respectively) were significantly more likely than LGBTQ+ cisgender men (14.6 percent) to have experienced insulting language by the police. (SOURCE: ACLU).

# **WARM LINES THAT DON'T CALL THE POLICE**

More resources: [InclusiveTherapists.com/crisis](https://InclusiveTherapists.com/crisis)

- **Call Blackline**: 800-604-5841
  - Centers BI&POC, LGBTQ+ Black Femme Lens
- **Trans Lifeline**: 877-565-8860 (US),  
877-330-6366 (Canada)
  - Run by and for Trans people
- **Wildflower Alliance Peer Support Line**:  
888-407-4515
  - Trained peer supporters
- **StrongHearts Native Helpline**:  
844-762-8483
  - Centering Native Americans & Alaska Natives
- **Thrive Lifeline**: 313-662-8209
  - Trans-led and operated
- **LGBT National Help Center**: 888-843-4564

@InclusiveTherapists

## I Just Lost Access to Hormones—What Can I Do Right Now?

**You're not alone. They've tried to break us before—and they will again. But you can protect your body, your mind, and your next steps, even when it all feels like it's falling apart.**

## If You Just Lost Access to Hormones:

**You might feel shaky, emotional, sore, or off-balance. This is NOT medical advice just things that have helped others feel a little better.**

**Try this:**

Drink lots of water. Helps with aches, hot flashes, and mood swings (Mayo Clinic).

Stretch slowly every day to ease pain and stay mobile (Cleveland Clinic).

Eat some protein—like peanut butter, beans, or shakes—to help your body hold strength (Academy of Nutrition and Dietetics).

Don't isolate. Text or call someone, even if you don't feel like talking (NIH/NIMH).

## Use What Still Works—Add What's Missing

Some clinics are closing. Some providers are quiet-quitting. But don't give up on everything—Still have telehealth (FOLX, QueerDoc, Plume) Use it while it lasts.

Join private online groups:

r/TransDIY, r/asktransgender, or mutual aid Discords

Ask: "Does anyone know a safe way to get HRT right now?"

Use Signal or Telegram if you're worried about tracking.

People are out here, organizing and helping—quietly, but for real.

**You Still Deserve Care**

If you're crying, aching, or feel like you're falling apart—you're not broken.

**You're reacting to something real.**

**Tonight, try this:**

**Wear clothes that feel like you**

Light a candle or lamp and say your name

Take a photo of yourself—just for you

Message one trans person: "I lost access." Someone will answer.

Look at a photo or memory that reminds you of a moment you felt strong

Do one tiny task: fold a shirt, wash one dish, brush your hair—anything that says,

**"I'm still here"**

**Not a quick fix, but, give this a try...**

**Not a quick fix, but, give this**  **INFO: [pointofpride.org](http://pointofpride.org) – free HRT for a year, application opens May 15**  
**In the meantime, don't count on them only!**

If the system threw you out, we won't.  
You're still you. Still valid. Still VERY MUCH part of LGBTQIA+  
And we've always taken care of each other.



# Client Resources

- Fireweed Collective
- The Trevor Project
- Lambda Legal
- Inclusive Therapists
- Marsha P. Johnson Institute
- Trans Latin@ Coalition
- Sylvia Rivera Law Project
- Queer Asian Social Club
- National Queer Asian Pacific Islander Alliance
- National Black Trans Advocacy Coalition
- Native Youth Sexual Health Network
- FindHelp.org
- Transgender Law Center
- Rainbow Guidebook
- SAGE
- And more...

# Scenario:

Elle is a 27 year old transgender woman who is admitted for treatment. She goes **stealth** – meaning that she “passes” as a cisgender woman and chooses not to disclose to other people that she is trans. Medically and socially, Elle has transitioned. However legally due to multiple factors, she still holds her **dead name**. While facility staff honor her correct name and pronouns in group, every day when Elle comes into the facility she is confronted with her dead name on the group sign in sheet due to the need for legal identifiers on these forms. Her dead name is not only triggering for Elle, but also **outs** her to others in group. Including it on front facing paperwork indicates to others that she is trans, despite her wishes to keep that information confidential.

How might a facility maintain legal responsibilities while honoring Elle’s wishes for confidentiality?

# It's Okay to Not Know!

Organizations that can help:

- A Local LGBT Center
- Inclusive Therapists
- World Professional Association for Transgender Health
- Health Professionals Advancing LGBTQ+ Equality
- LGBTQIA Health Education
- Transgender Law Center
- Disability Rights California
- And more

Your clients are not alone in this, *and neither are you.*

# Inclusive Policies

- Collect information at registration on patient pronouns and chosen name, along with name on insurance and legal documents. This information can then be shared across all staff through a system that makes sense for your organization. For example, it is sometimes possible to create fields in your electronic health record, or to use the notes field. Another option is to use an alert sticker to flag the patient chart.
- Train all staff annually in culturally affirming communication with TGD patients. Train all new staff within 30 days of hire.
- Mark single-occupancy bathrooms as “All Gender.” If this option is not possible, have a policy and signage that allow TGD patients to use the bathroom that most closely matches their gender identity.
- Include “gender identity and expression” in your non-discrimination policies. Post those policies.
- Have clear lines of referral for complaints and questions from both staff and patients.
- Appoint a staff person responsible for providing guidance, assisting with procedures, offering referrals, and fielding complaints. This person should check in with staff regularly to address any issues that arise and should offer a space for staff to voice questions and concerns in a non-judgmental atmosphere.
- Have policies in place that hold staff accountable for making negative or discriminatory comments or actions against TGD people. Make sure that all staff are aware of these policies.

*Source: Affirmative Services for Transgender and Gender Diverse People – Best Practices for Frontline Health Care Staff*

# Policy Part II

- Encouraging each introduction of all patients in a group setting by disclosing name and pronouns removes the burden and discomfort of trans clients and avoids singling them out.
- Be mindful of the framing and language used in handouts, websites, and other facility materials. For example: avoid language favoring binary gender or highlighting struggle/implying pathological frameworks of the trans experience and opt as much as possible to use gender neutral language and culturally affirming terminology such as gender affirming care.
- Ongoing networking and collaboration with providers and organizations of lived experience provides an opportunity for more robust client resources and ensures a sustainable positive change in a facility's efforts to bring about equitable spaces.

# More Resources:

- Fireweed Collective
- The Trevor Project
- Best Practices in Mental Health for Transgender and Gender Non-Conforming Patients (Video)
- Trans and Gender Diverse Resource Library (Provider's Resources)
- Behavioral Health Care for Transgender People
- LGBTQIA+ Health Education
- Preventing Trans Suicide: An Introduction for Health and Services Providers
- Affirmative Services for Transgender and Gender Diverse People – Best Practices for Frontline Health Care Staff
- WPATH Standards of Care, 8th Edition
- Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents
- Practice With Pronouns
- Pronouns.org
- And more...

Thank you for being  
here!