

Bending the Binary: Contemporary Concepts for Gender & Mental Health Services

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Dr. Lisa Razzano (she/her) is Professor of Psychiatry at UIC and Deputy Director for the Department of Psychiatry's Center on Mental Health Services Research and Policy. She has over 30 years of experience in mental health services and disability research.

Dr. Razzano is author/co-author of over 100 published studies regarding physical and mental health co-morbidities, medication adherence, workforce development, curriculum design and integration, sexual and gender minorities, and services research strategies.

Her past research funding includes serving as PI or co-PI for 6 previous RRTCs (1990-2020) as well as multiple other federally-funded programs, and she has been recognized with awards for research, teaching, and mentoring nationally and the University of Illinois.



Currently, Dr. Razzano is PI for a disability rehabilitation research program (DRRP) in health and function examining health literacy among people with serious mental illness (SMI), as well as co-PI for the RRTC on health and function for people with SMI and a research DRRP evaluating a peer health navigator model.

In addition to her academic appointment, Dr. Razzano chairs the American Psychological Association's Task Force on Serious Mental Illness/Serious Emotional Disturbance.

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- The presenter has no financial relationships with commercial interests or conflicts of interest to report.
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Program Summary

Over the past 50 years, concepts regarding gender and sexuality have changed within the mental health community. Both transgender and nonbinary identities are increasingly recognized, yet not always well understood within community mental health settings. This program focuses on gender identity and expression as social determinants of health and mental health, as well as explores concepts essential to understanding gender diversity in mental health practices. Participants also are encouraged to reflect on their personal trajectories of understanding and expressing gender to enhance supports for diverse types of clients and other individuals in their own journeys.

Upon completion of this activity, participants will be able to:



1. Define contemporary terms and concepts associated with gender non-binary individuals and communities;
2. Describe key areas of impact for mental health and well-being related to gender identity and other social determinants of health across the lifespan; &
3. Identify gender-affirming services and systems approaches for working with individuals who identify as non-binary and their support systems.

Sex, Gender & Sexual Orientation

Sex: typically assigned at birth (or during ultrasound) based on the appearance of external genitalia.

- When the external genitalia are ambiguous, other indicators (e.g., internal genitalia, chromosomal, hormonal sex) are considered to assign a sex
- Aim of assigning a sex that is most likely to be congruent with the child's gender identity

Gender: constructs for appearance, personality, and behavior that, **in a given culture**, associate with boy/man/male (of the masculine) or being a girl/woman/female (of the feminine).

- For many people, gender **identity** – a more cognitive manifestation - is congruent with sex assigned at birth (cisgender); for trans- and gender non-binary (GNB) individuals, gender identity differs in varying degrees from sex assigned at birth.
- Gender **role** – associate behaviors - with some role characteristics conforming and others not conforming to what is associated with girls/women/feminine or boys/men in a given culture and time.

Principally dimorphic constructs.

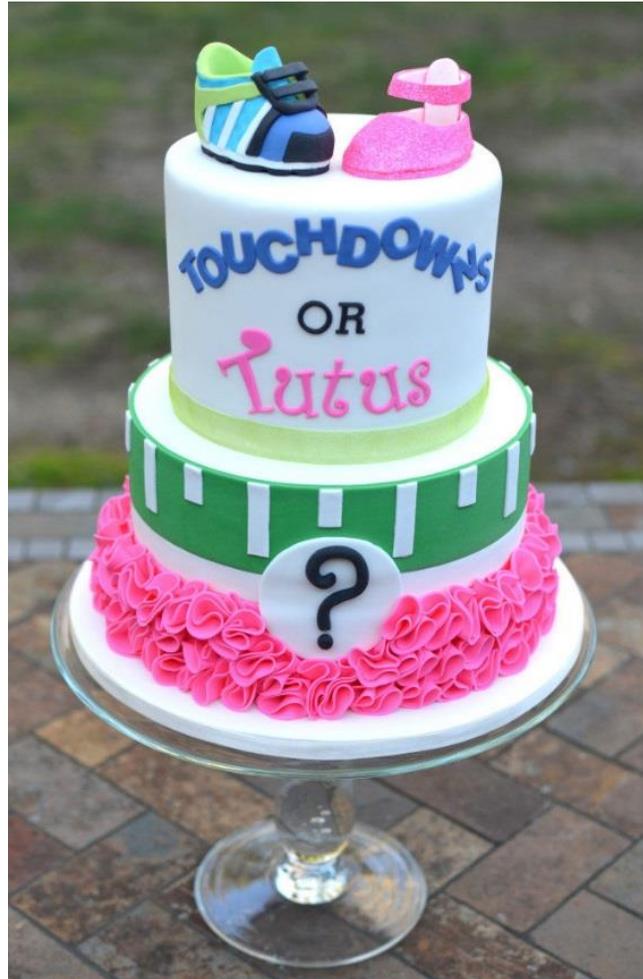
Sexual Orientation

Sexual orientation: a component of identity that includes a person's sexual and emotional attraction to other people, behaviors and/or social affiliation that may result from this attraction.

- Individuals may identify with diverse kinds of sexual orientation lesbian, gay, heterosexual, bisexual, queer, pansexual, or asexual, among others – with attractions to men, women, both, neither, or to people who are cisgender, transgender, gender non-binary, gender-queer, or have other gender identities.

What's does gender reveal?

Sex creates a foundation for gender, providing cognitive and behavioral frameworks, viewed with attributions and expectations.



Gender roles are constructs for social roles – scripts.

Very complex developmental process set in to motion before birth.

Appearance, personality, and behavioral characteristics may or may not conform to that script = that expectation based on sex assigned at birth, & according to cultural and environmental standards.

WHO ARE YOU?

What expectations do (or did) we/people have about us based on the sex assigned at birth?

How has this shaped our personal development?

Our professional development?

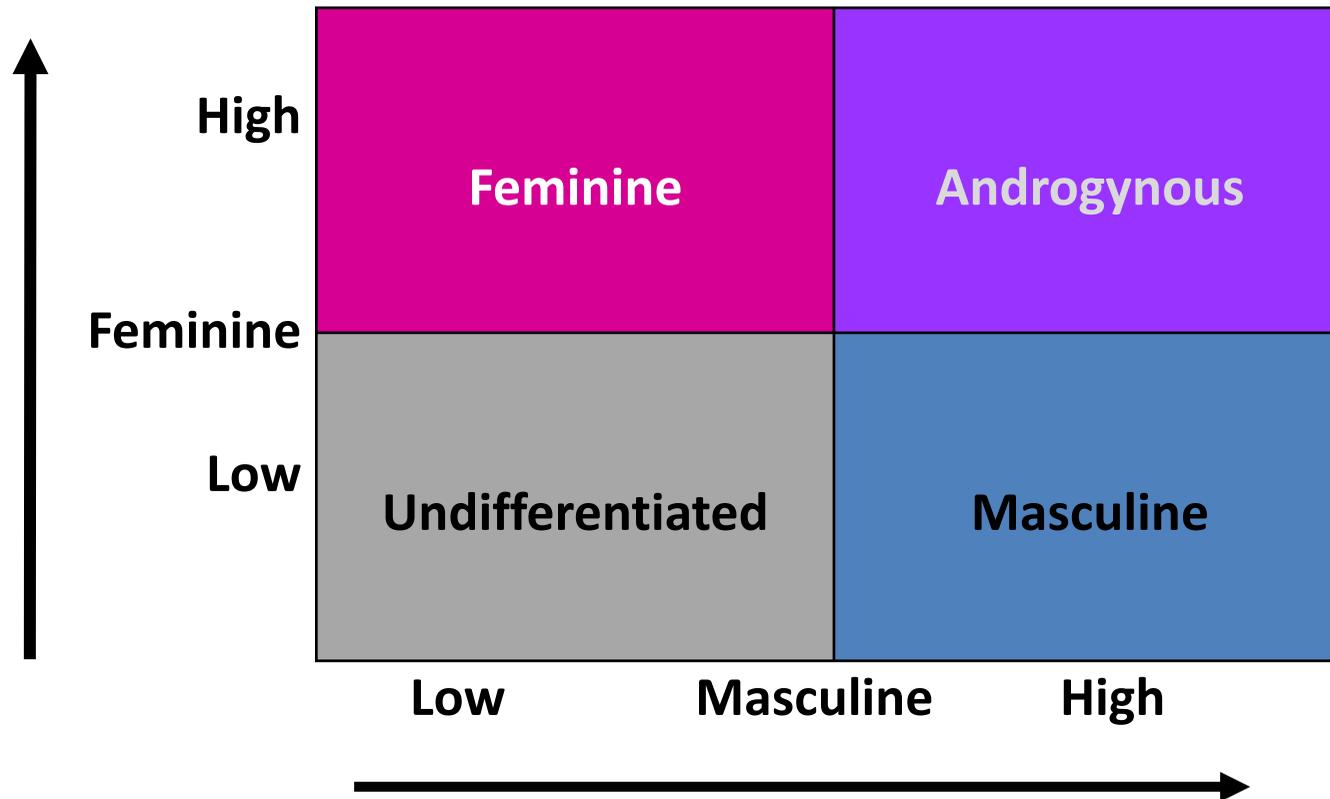


How do these assumptions & expectations affect us today?

Cognitive-Behavioral Constructs (Bem, 1972)

Masculinity & Femininity as orthogonal constructs with cluster behaviors

- Endorsing behaviors, attributions based on sex at birth



**Some negative social attributions
for cross-sex behaviors.**

Masculinity Items	Femininity Items
self reliant	yielding
defends own beliefs	cheerful
independent	shy
athletic	affectionate
assertive	flatterable
strong personality	loyal
forceful	feminine
analytical	sympathetic
leadership ability	sensitive to other's needs
willing to take risks	understanding
makes decisions easily	compassionate
self-sufficient	eager to soothe hurt feelings
dominant	soft spoken
masculine	warm
willing to take a stand	tender
aggressive	gullible
acts as a leader	childlike
individualistic	does not use harsh language
competitive	loves children
ambitious	gentle

Lack of internal consistency in brain & gender characteristics.

- Genetic, Hormonal, Neuroanatomical Studies
 - shift from purely dimorphic view of human brain & behavior
 - conceptualization changes from two classes, one typical of males, another typical of females to understanding variability of gender within the human brain mosaic.

Structural & functional brain characteristics are more similar between transgender people and control subjects with the **same** gender identity than between individuals sharing biological sex.

Local differences in:

- Number of neurons, volume of subcortical nuclei
- Structural differences of gray, white matter microstructure
 - Neural responses to sexually-relevant odors
 - Visuospatial functioning

Possibility that gender identity is related to cerebral networks involved in self-perception.



At the social level, shifting to a view that examines human variability and diversity has important implications for social debates on long-standing issues: meaning of sex & gender as social categories.

Gender Terms Constructs, & Fluid

Cisgender: adjective used to describe a person whose gender identity and gender expression align with sex assigned at birth;

Transgender: an adjective that is an umbrella term used to describe the full range of people whose gender identity and/or gender role do not conform to what is typically associated with their sex assigned at birth.

Although the term “transgender” is commonly accepted, not all TGNC people self-identify as transgender – usually individuals are transitioning to life as the other gender;

Non-binary or Non-conforming: an adjective used generally to describe people whose gender identity or expression differs from gender norms associated with their assigned birth sex; **Enby**

Gender Fluidity

As an identity, gender fluidity is often used among or to describe individuals whose gender identity may not match the sex assigned to them at birth.



- Many individuals describe feeling like they move between genders.
 - Not everyone who experiences changes in their gender expression or identity identifies as gender-fluid.
- Some conceptual grounding in sex/gender dimorphism, moving between two poles

Gender & the DSM

The first 2 editions of *DSM* contained no mention of gender identity.

In 1972, a disguised psychiatrist speaks before the APA as a gay man

In 1973, reclassification of homosexuality as NOT a mental disorder

DSM-III first published with the diagnosis “transsexualism” (1980)

- In 1990, the World Health Organization added it to ICD-10.

With the release of *DSM-4* (1994), “transsexualism” was replaced with “gender identity disorder (GID) in adults and adolescence”

With the publication of *DSM-5* (2013,) GID was eliminated and replaced with “gender dysphoria.”

- Focused the diagnosis on the gender identity-related distress that some transgender people experience, and for which they may seek psychiatric, medical, and surgical treatment, rather than on transgender individuals or identities themselves.

Gender Identity & *DSM-5*

The DSM–5 articulates explicitly that:

“gender non-conformity is not in itself a mental disorder.”

Gender variance itself is not a form of psychopathology.

Dysphoria related to the distress caused by the body and mind not aligning & societal marginalization of gender-variant people.

Presence of ego-dystonia required to qualify as formal diagnosis

Recommended to discuss with individuals about the diagnosis, prior to charting.

DSM-5 is the first edition recognizing individuals may identify as the other gender, or alternative genders different from one’s assigned sex or social constructs of gender identity

DSM-5 also includes a separate classification of “gender dysphoria in children.

Overall, hospital- and community-based, nationally representative studies demonstrate higher rates of mental health issues in comparison to cisgender respondents.

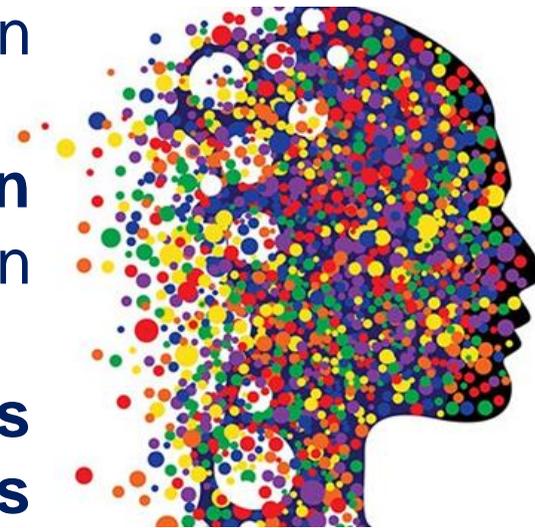
Anxiety

40% transwomen, 48% transmen

Depression

51% transwomen, 48% transmen

Schizophrenia Spectrum Disorders
Autism Spectrum Disorders
Other Psychotic Disorders
Other Mental Health Disorders



- 41% attempting suicide
- 18% used drugs, alcohol

8% responded that they used drugs/alcohol to cope with mistreatment or harassment specifically related to gender identity

Among non-binary & transgender individuals 5-18 years old in school surveys:

- 40% were excluded by their peers (frequently or often)
- 78% were harassed, bullied

15% of these kids left school

Reported harassment occurred by peers & by **teachers**

- 35% experienced physical assault
- 12% experienced sexual assault
- 43% reported having support from a family member



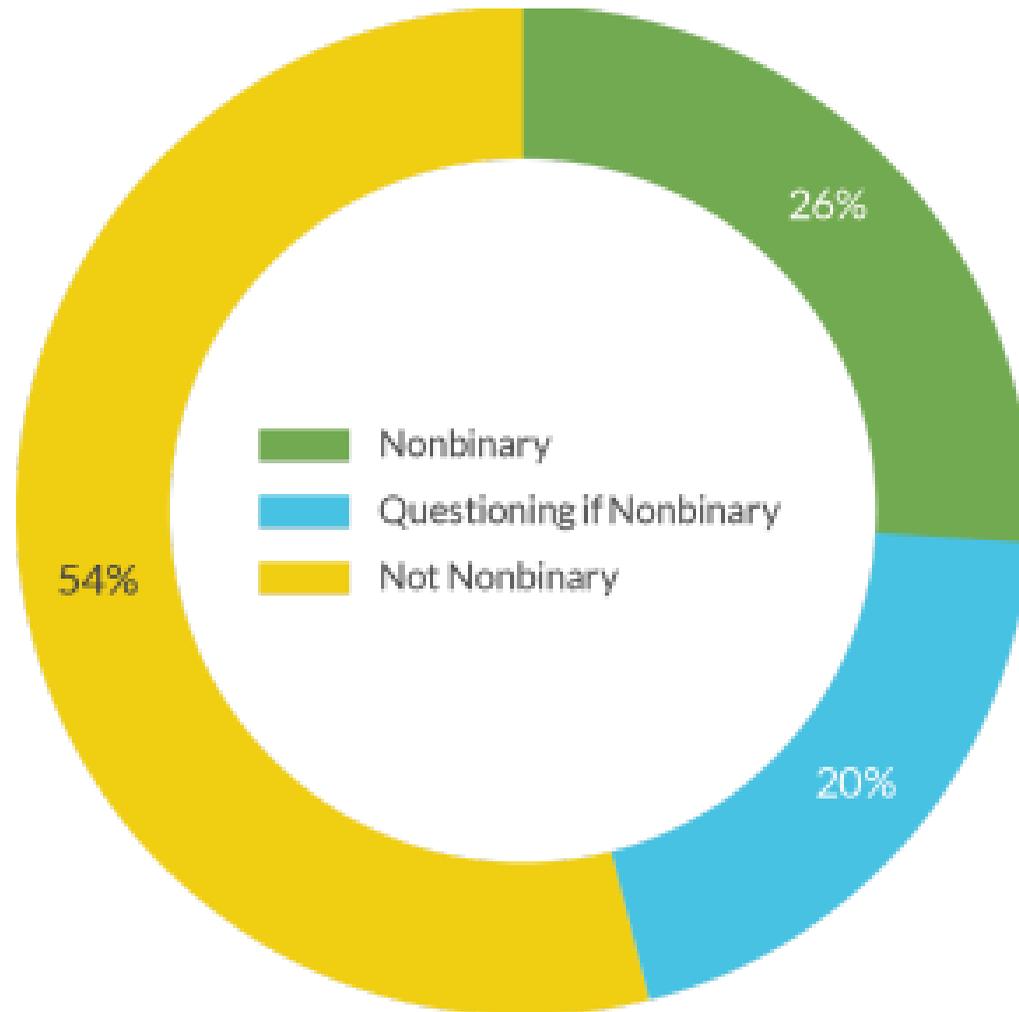
Transgender Adults' Experience of Social Determinants of Health

- 54% Intimate Partner Violence (Lifetime)
- 47% Sexual Assault (Lifetime)
- 46% Verbal Harassment (past year)
- 9% Physical violence (past year)
- 59% avoided using a public restroom due to fear of confrontations
- 39% Other Disabilities
- 57% Family Rejection or Estrangement
- 29% Live in Poverty (14% US pop)
- 15% Unemployed (5% US pop)
- 30% Experience Homelessness (Lifetime)
- 20% participated in underground economies



Within Population Health

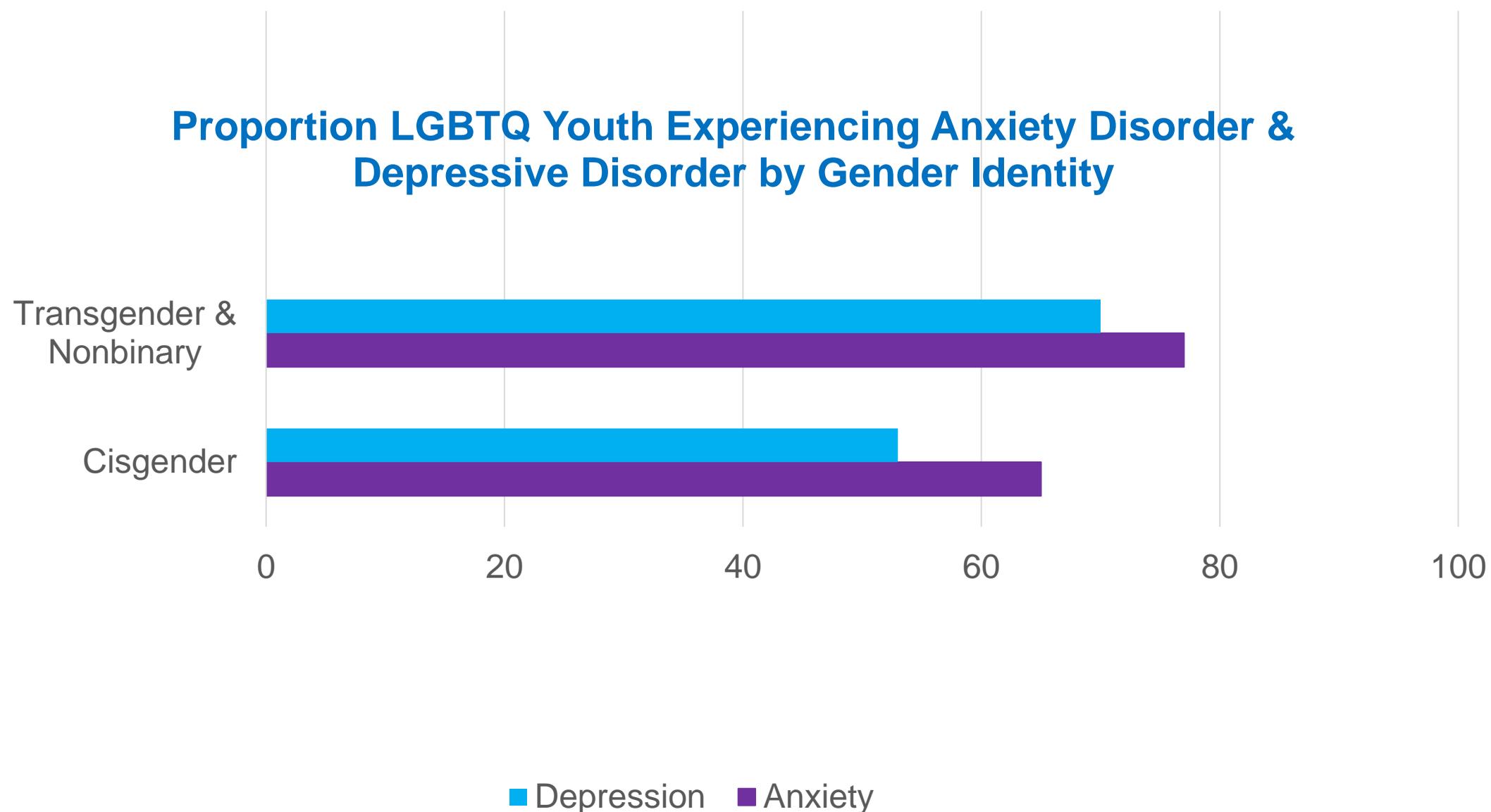
Trevor Project 2021 National Survey on LGBTQ Youth Mental Health
Approximately 35,000 LGBTQ youth, Ages 13-24 across the U.S.



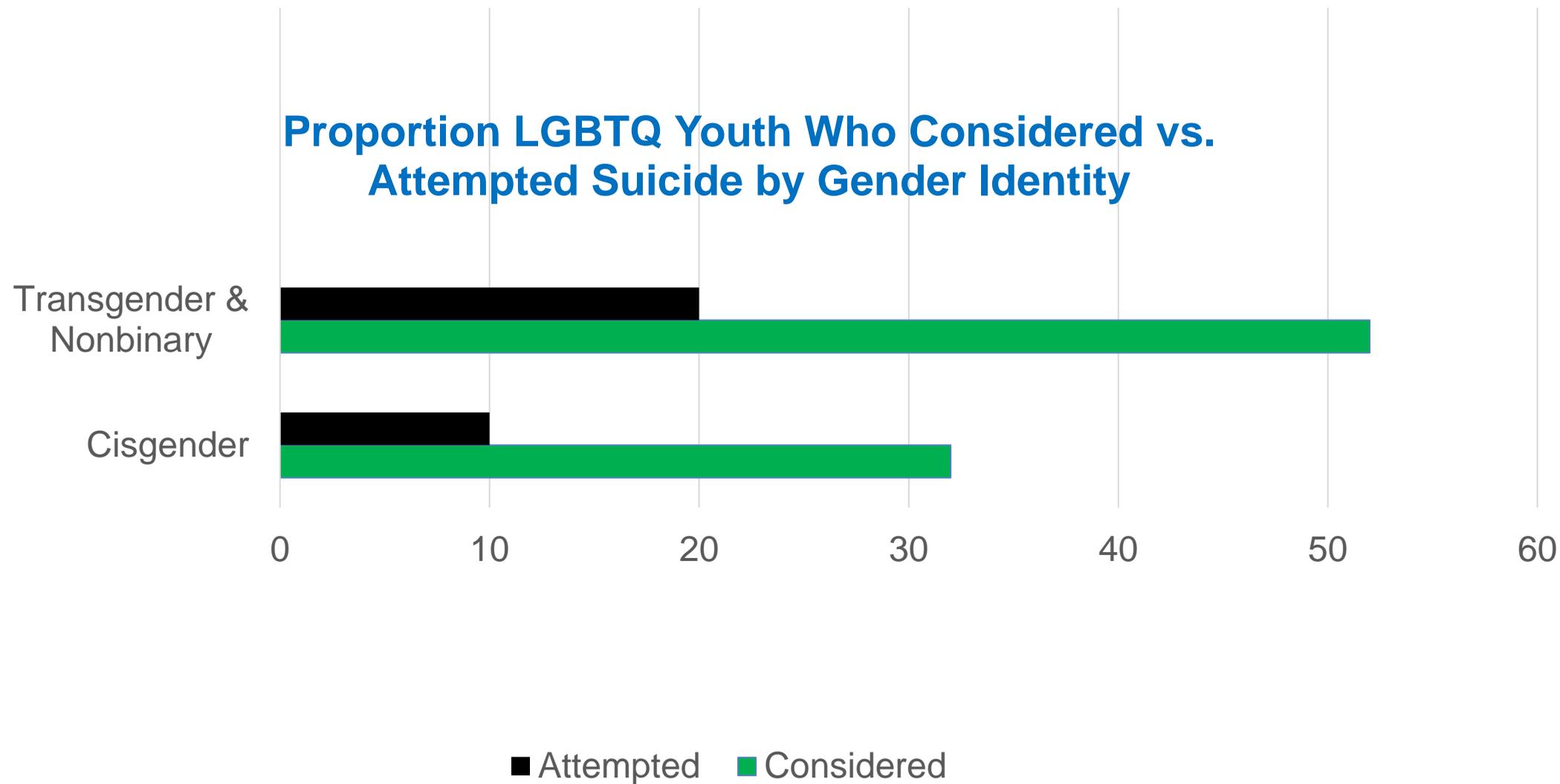
26% of LGBTQ+ youth identified as nonbinary

- 50% of nonbinary youth also identified as transgender
- 17% of AMAB respondents identified as nonbinary
- 28% of AFAB respondents identified as nonbinary

Gender Identity & Mental Health Disparities: Anxiety & Depression

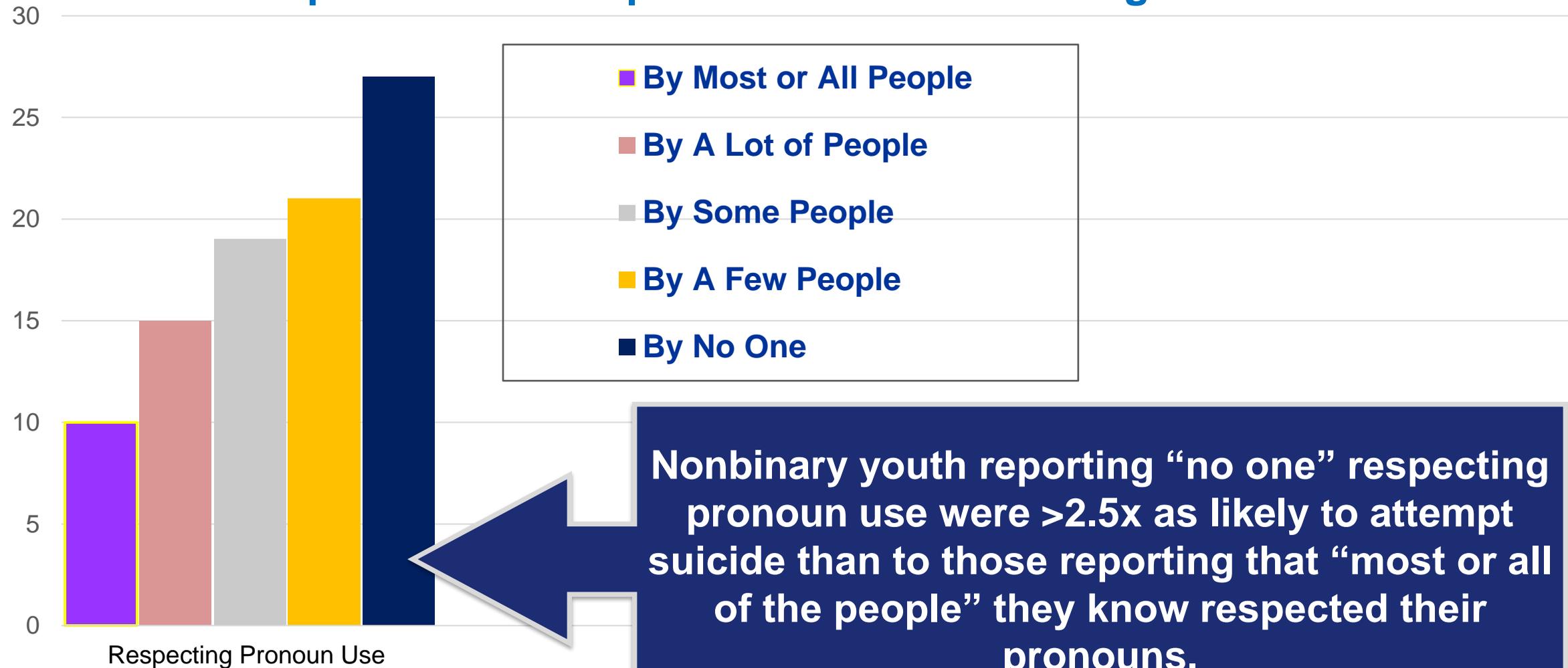


Gender Identity & Mental Health Disparities: Suicide



Impact of Gender-Affirming Pronouns

Proportion of Nonbinary Youth Who Attempted Suicide by Experience of Respect for Gender-Affirming Pronouns



Nonbinary youth reporting “no one” respecting pronoun use were >2.5x as likely to attempt suicide than to those reporting that “most or all of the people” they know respected their pronouns.

According to the CDC, many risk factors are linked to being GLBTQ in hostile environments and the effects that exposure has on mental health.

- 40-50% of LGBTQ people in the US say they have seriously considered suicide over the past 12 months;
 - 50% for transgender and non-binary youth surveyed.
- Gay, bisexual, and other men who have sex with men at greater risk for suicide attempts, especially before the age of 25, than men in the GP
 - Men in GP = 79% suicides, 4x rate of women; Women try more often, men are more successful
- A study of youth (grades 7-12) found that lesbian, gay, and bisexual youth were more than twice as likely to have attempted suicide as their heterosexual peers.

<https://www.thetrevorproject.org/>

Dhejne, C., Vlerken, R. V., Heylens, G., & Arcelus, J. (2016). Mental health and gender dysphoria: A review of the literature. *International Review of Psychiatry*, 28(1), 44-57. doi:10.3109/09540261.2015.1115753

Grant, Mottet, Tanis et al. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

Healthcare Equity & Discrimination

28% reported harassment in medical settings

24% reported denial of equal treatment by doctors' offices & hospitals

2% reported experience of violence in doctors' offices

13% report being denied treatment at mental health clinics

**Medical professionals' awareness of people's transgender status
increased likelihood of discrimination:**

19% report being refused care specifically due to gender identity

50% report having to teach their medical provider about gender-affirming care.



**The majority of non-binary people show
improvements in these experiences within
supportive gender-affirming environments.**

The Gender Affirmative Lifespan Approach is a psychotherapeutic framework meant to be individualized to clients' unique needs and gender-related goals.

- Based in health disparities theory and research, GALA asserts that therapeutic interventions combating internalized oppression and transnegativity = improve mental health & overall well-being for gender diverse clients. |
- GALA promotes teaching a gender spectrum as a natural expression of the diversity of gender to allow all clients the freedom to find themselves in all of the gender possibilities, rather than choosing from a narrow two option category.
- GALA represents an inclusive, transaffirmative approach to competent clinical care with non-binary individuals.

Foundational Tenets of GALA-Centered Models & Services

- Trans-affirmative care;
- Intersectionality;
- Transparency;
- Developmental differences in care across the lifespan; &
- Interdisciplinary approaches



Therapeutic interventions are designed to promote positive gender identity development through 5 core components:

1. Building resiliency;
2. Developing gender literacy;
3. Moving beyond the binary;
4. Promoting positive sexuality; &
5. Facilitating empowering connections to medical interventions (if desired).

Training Across Organizations

- All staff should be trained to use appropriate/inclusive language when addressing or referring to clients and/or their significant others
- Training should include learning how to identify & challenge any internalized discriminatory beliefs about LGBT/N people
- Basic familiarity with important LGBT/N health issues
- Clear processes for reporting any observed harassment or discrimination

When greeting others

Avoid: ladies gentlemen ma'am sir girls guys etc.

Consider using instead:

“Thanks, **friends**.
Have a great
night.”

“Good morning,
folks!”

“Hi, **everyone!**”

“And for **you?**”

“Can I get
you **all**
something?”

Why?

Shifting to gender-inclusive language respects and acknowledges the gender identities of all people and removes assumption.

Be mindful of language

Based on Toni Latour's "Hello there" cards.

Learn more at qmunity.ca

simplify.

Old language → recommended update

- Mother/father → parent(s)/guardian(s)
- Husband/wife → spouse/partner(s)
- Family history → use “blood relative” in questions
- Nursing mother → currently nursing
- Female only/male only → remove sex-specific language and include “not applicable” as a response question

How would you rate gender literacy?

What does your organization/clinic/health department do to augment culturally mindful systems focused on the needs and experiences of TGNC individuals?



How can your organization/clinic/health department do to increase access to culturally mindful systems focused on the needs of TGNC individuals?

A Time for Advocacy



Blocking trans medical care

These states have acted to restrict access to gender-affirming healthcare for youth.

- Laws passed
- Bills pending (as of March)
- Executive action



Williams Institute at UCLA School of Law

LOS ANGELES TIMES

“**Oklahoma** governor signs *ban on non-binary birth certificates*” (4-2022)

“**Alabama** governor signs two anti-transgender bills into law: One *criminalizes medical care* for trans youth; another requires students use bathrooms matching birth certificates” (4-2022)

“Transgender **Texas** kids are terrified after governor orders that parents be *investigated for child abuse*” (2-2022; currently blocked)

“**Florida** Senate Passes ‘*Don’t Say Gay or Trans*’ Bill” (3-2022)

“**Idaho** House Passes Discriminatory Bill to *Criminalize Gender Affirming Care* for Transgender Youth” (3-2022)

“**Arizona** governor signs bill *outlawing gender-affirming care* for transgender youth” (3-2022)

“**South Carolina** Passes Ban On Transgender Athletes Playing Women's Sports in Public Schools (4-2022)

“**Georgia** Senate lawmakers pass bill that bans transgender athletes from school sports (2-2022)

“**Missouri** House, Senate GOP push to ban transgender athletes” (3-2022)

“**Wyoming** senate passes anti-transgender sports bill” (3-2022)



“**Montana** governor signs bill banning transgender students from sports teams” (5-2021)

“**Louisiana** Senate Passes Discriminatory Anti-Transgender Sports Ban” (4-2022)



Discussion



Thank
you!

<https://www.thetrevorproject.org/>

<https://transequality.org/know-your-rights/schools>

www.ohsu.edu/transgender-health/

<https://transcare.ucsf.edu/>

<https://fenwayhealth.org/care/medical/transgender-health/>

<https://www.luriechildrens.org/en/specialties-conditions/gender-development-program/>

<https://www.chicagohouse.org/translife-care>

<https://www.apa.org/pi/lgbt/programs/safe-supportive/lgbt/school-administrators.pdf>

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http://www.thetaskforce.org/static_html/downloads/reports/reports/ntds_full.pdf

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