

MENTAL HEALTH CARE WITH EMERGING ADULTS

Eric Yarbrough, MD

OVERVIEW

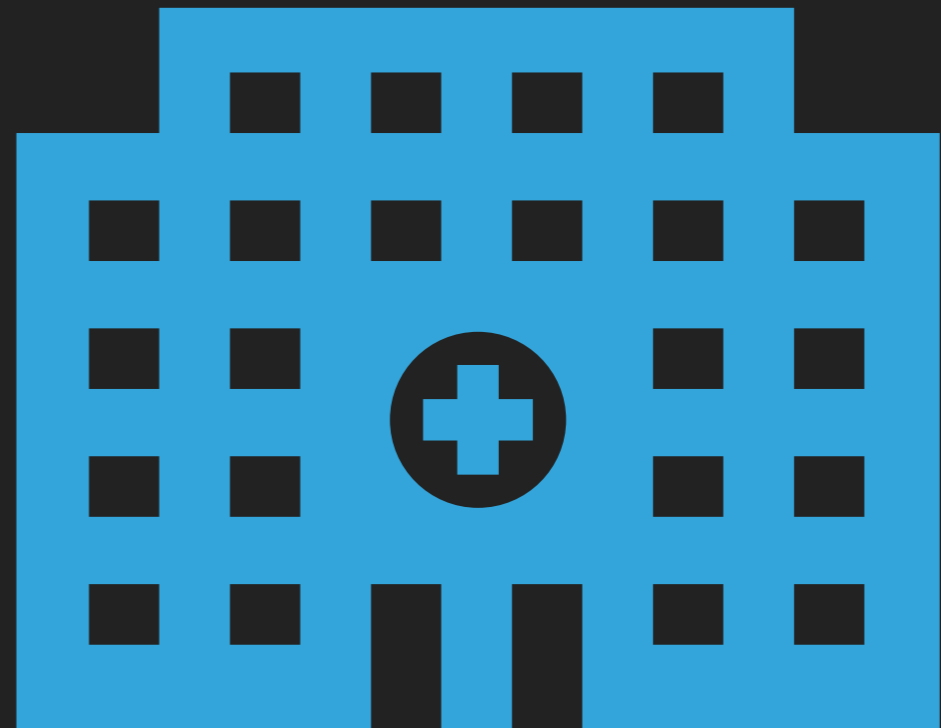
- ▶ Disclosures
- ▶ Evaluation
- ▶ Symptoms
- ▶ Diagnosis
- ▶ Interventions

DISCLOSURES

- ▶ PERSONAL EXPERIENCE WORKING WITH TGNB/TGNC PEOPLE
- ▶ MY VIEWS MAY DIFFER FROM OTHERS
- ▶ WPATH STANDARDS OF CARE
- ▶ AGLP: THE ASSOCIATION OF LGBTQ PSYCHIATRISTS
- ▶ CALLEN-LORDE COMMUNITY HEALTH CENTER
- ▶ GMHC (GAY MEN'S HEALTH CRISIS)
- ▶ WHAT YOU LEARN IS APPLICABLE TO ALL PATIENTS

EVALUATION

- ▶ WHAT BRINGS A YOUNG ADULT TO SEE A PSYCHIATRIST?
 - ▶ PSYCHIATRIC SYMPTOMS
 - ▶ GENDER DYSPHORIA
 - ▶ FAMILY INTERVENTION



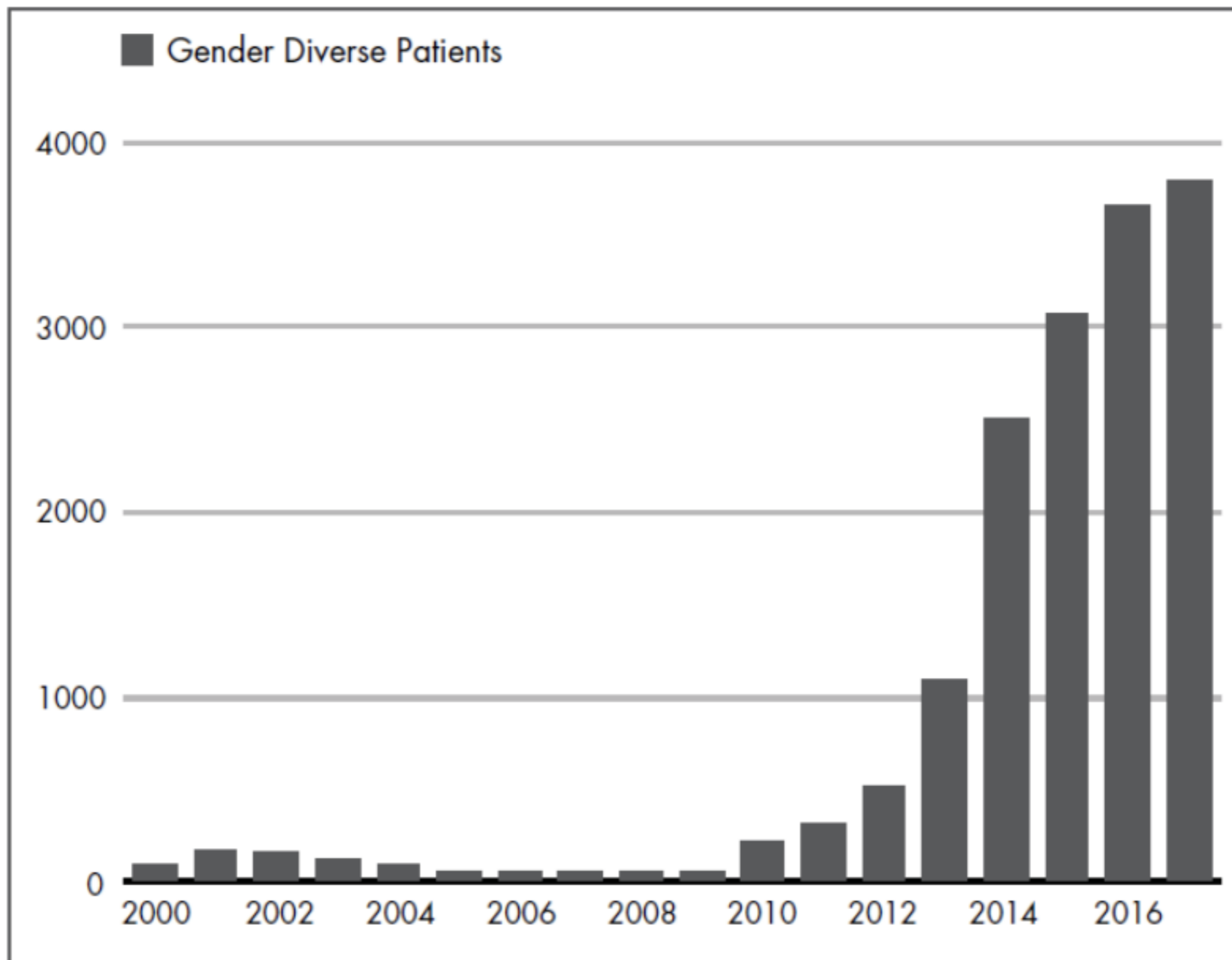


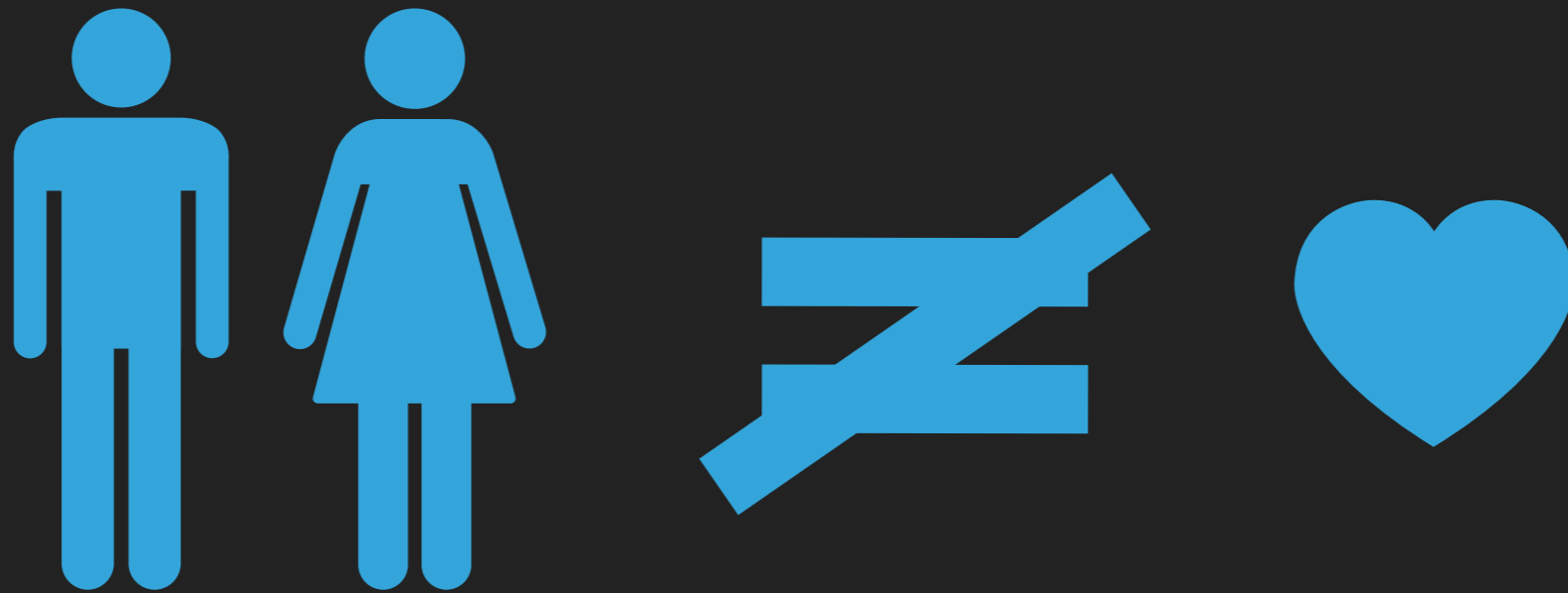
FIGURE 4-1. Increase in number of transgender patients at Callen-Lorde Community Health Center from 2000 to 2017.

Source. P. Carneiro, personal communication, January 9, 2018.

TRANSITION IS NOT UNIDIRECTIONAL



GENDER IS NOT ORIENTATION



MENTAL HEALTH SYMPTOMS

- ▶ DEPRESSION
- ▶ ANXIETY
- ▶ SUBSTANCE USE
- ▶ SUICIDAL IDEATION
- ▶ SUICIDE ATTEMPTS



THE QUESTION OF DIAGNOSIS

- ▶ GENDER
DYSPHORIA
- ▶ PLURALITY
- ▶ PERSONALITY
DISORDER
- ▶ PSYCHOSIS



- ▶ GENDER DYSPHORIA IN ADOLESCENTS AND ADULTS 302.85 (F64.0)
 - A. A MARKED INCONGRUENCE BETWEEN ONE'S EXPERIENCED/EXPRESSED GENDER AND ASSIGNED GENDER, OF AT LEAST 6 MONTHS' DURATION, AS MANIFESTED BY AT LEAST TWO OF THE FOLLOWING:
 - A MARKED INCONGRUENCE BETWEEN ONE'S EXPERIENCED/EXPRESSED GENDER AND PRIMARY AND/OR SECONDARY SEX CHARACTERISTICS (OR IN YOUNG ADOLESCENTS, THE ANTICIPATED SECONDARY SEX CHARACTERISTICS).
 - A STRONG DESIRE TO BE RID OF ONE'S PRIMARY AND/OR SECONDARY SEX CHARACTERISTICS BECAUSE OF A MARKED INCONGRUENCE WITH ONE'S EXPERIENCED/EXPRESSED GENDER (OR IN YOUNG ADOLESCENTS, A DESIRE TO PREVENT THE DEVELOPMENT OF THE ANTICIPATED SECONDARY SEX CHARACTERISTICS).
 - A STRONG DESIRE FOR THE PRIMARY AND/OR SECONDARY SEX CHARACTERISTICS OF THE OTHER GENDER.
 - A STRONG DESIRE TO BE OF THE OTHER GENDER (OR SOME ALTERNATIVE GENDER DIFFERENT FROM ONE'S ASSIGNED GENDER).
 - A STRONG DESIRE TO BE TREATED AS THE OTHER GENDER (OR SOME ALTERNATIVE GENDER DIFFERENT FROM ONE'S ASSIGNED GENDER).
 - A STRONG CONVICTION THAT ONE HAS THE TYPICAL FEELINGS AND REACTIONS OF THE OTHER GENDER (OR SOME ALTERNATIVE GENDER DIFFERENT FROM ONE'S ASSIGNED GENDER).
 - B. THE CONDITION IS ASSOCIATED WITH CLINICALLY SIGNIFICANT DISTRESS OR IMPAIRMENT IN SOCIAL, OCCUPATIONAL, OR OTHER IMPORTANT AREAS OF FUNCTIONING.

THEMES IN MENTAL HEALTH

- ▶ WHERE AM I ON THE SPECTRUM?
- ▶ WHAT ARE THE PROS AND CONS OF HORMONES AND SURGERY?
- ▶ CAN YOU GIVE ME HORMONES?
- ▶ CAN YOU HELP ME FIND A DOCTOR?
- ▶ CAN YOU WRITE ME A LETTER?
- ▶ CAN YOU TALK TO MY FAMILY?
- ▶ HOW DO I FIND WORK?
- ▶ HOW DO I FIND LOVE?
- ▶ WHAT DO I DO NOW?



LETTER WRITING IS A CAPACITY EVALUATION

LETTER FOR SURGERY:
5/17/2019

PATIENT NAME:
PATIENT DOB:

DEAR DR. X,

[NAME OF PATIENT] IS A PATIENT OF MINE SINCE [DATE OF FIRST VISIT]. I AM WRITING THIS LETTER IN SUPPORT OF [NAME OF PATIENT] UNDERGOING [TYPE THE NAME OF THE SURGERY] [METOIDIOPLASTY/VAGINOPLASTY/PHALLOPLASTY/HYSTERECTOMY/OOPHORECTOMY/ORCHIECTOMY/BILATERAL REDUCTION MAMMOPLASTY WITH CHEST RECONSTRUCTION/ BREAST AUGMENTATION].

[NAME OF PATIENT] EXPERIENCES PERSISTENT GENDER DYSPHORIA, AND I AM IN SUPPORT OF THIS GENDER-CONFIRMING SURGERY AS THE NEXT STEP IN THEIR TRANSITION PROCESS. IN ORDER TO RECEIVE GENDER-AFFIRMING HORMONE TREATMENT [NAME OF PATIENT] WAS DETERMINED TO HAVE CAPACITY TO MAKE INFORMED CONSENT.

[PLEASE PROVIDE RELEVANT PSYCHIATRIC HISTORY HERE INCLUDING DIAGNOSIS, RECENT HOSPITALIZATIONS OR SUICIDE ATTEMPTS, WHETHER THEIR SYMPTOMS ARE WELL CONTROLLED, AND WHY THE CLIENT IS READY FOR SURGERY AT THIS TIME IN YOUR OPINION]

THEIR CURRENT MEDICAL HORMONE REGIMEN INCLUDES [INSERT CURRENTLY PRESCRIBED HORMONE] WHICH THEY HAVE BEEN TAKING SINCE [INSERT HORMONE START DATE].

OR

THEY ARE CURRENTLY NOT TAKING HORMONES BECAUSE THEY ARE CONTRAINDICATED BY THE DIAGNOSIS OF [INSERT DIAGNOSIS].

PLEASE CALL ME AT (111) 111-1111 WITH ANY QUESTIONS OR TO ARRANGE FOLLOW-UP CARE.

SINCERELY,

[NAME OF PROVIDER]

[LICENSE NUMBER]