People who are transgender: mental health concerns

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Accessible summary

- The aim of the study was to elicit the views and opinions of transgender people in relation to mental health concerns.
- Four people who identified as transgender participated in semi-structured interviews.
- The main results showed that challenges existed for people around mental health issues.
- Mental health nurses can play a key role in the provision of psychosocial supports to transgender people and their families.

Abstract

Government policy makers are becoming increasingly interested in the views and experiences of people who utilize mental health services to inform rights-based and socially inclusive health and social care initiatives. However, very little information exists in the available literature about transgender people in this regard. The current research was part of a larger mixed methods study that used surveys and in-depth semi-structured interviews. This paper reports on the findings from the interview data that relate to the unique mental health experiences of the people whom identified as transgender ($n = 4$). The data were subject to thematic analysis, and the main themes that emerged included service experiences, treatment issues, other supports, and hopes and aspirations. Participants identified challenges and opportunities for enhancing mental health service provision for transgender people and their families. Some of the highlighted concerns related to practitioner attributes and relevant psychosocial supports. Mental health nurses are well placed to use their knowledge and therapeutic skills to support people who identify as transgender and significant people in their lives.

Introduction

Despite government policy drives towards more socially inclusive healthcare provision, there remains a lack of literature about the views and experiences of transgender people (Equality Authority 2002, Department of Health and Children 2006, Health Service Executive 2009, Department of Health 2013). A recent Irish study investigating mental health and transgender people, *Speaking from the Margins*, revealed that almost 80% of transgender people who responded to the survey ($n = 164$) had contemplated suicide, 40% had attempted suicide and 44% had self-harmed. Respondents indicated that the distress experienced was related to gender dysphoria, family rejection, stigma and violence (Transgender Equality Network Ireland 2013). These figures are consistent with the findings from larger international studies (McNeil *et al.* 2012). Depression, anxiety and suicide are recognized vulnerability factors and may be linked to accessing appropriate health care related to the transitioning process and *minority stress* factors. The concept of *minority stress* is the result of the enduring psychological distress that may be experienced through societal stigma and discrimination (Meyer 2003, Kenagy 2005). Despite issues related to *minority*

stress, transgender people, through their distinctive experiences, have developed coping strategies to deal with potentially adverse circumstances and increased attributes related to resilient factors (Transgender Equality Network Ireland 2013). However, some concerns remain. There are still major gaps that exist within legal and policy frameworks to promote responsive and safe healthcare practices for transgender people. In the United States the *Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People* is a publication of the World Professional Association for Transgender Health (Coleman *et al*. 2011). Its main goal is to guide health practitioners in the provision of appropriate care and treatment options for transgender people. It includes issues such as gynaecological, reproductive and urological care, voice and communication therapy and also mental health service provision. The standards emphasize the fundamental need to support informed choices and harm reduction approaches in the care and treatment of transgender people (Coleman *et al*. 2011).

No such guidance exists in Ireland, and the holistic care and treatment available to transgender people is extremely limited. We still know very little about the unique mental health experiences of transgender people, and the literature remains sparse. The present study addresses gaps in the literature and has given people an opportunity to express their distinct views and opinions of the pertinent issues. It also provides important information for policy makers and mental health service providers to guide in the design and delivery of appropriate and responsive mental health care to this client group.

Methods

Aim and objectives

The aim of the larger mixed methods study was to examine the mental health experiences of lesbian, gay, bisexual and transgender (LGBT) people in Ireland. The objectives included uncovering positive and negative experiences; identifying potential barriers, opportunities and mental health service gaps; and highlighting evidence of good practice that may inform future mental health policy directives.

Design

The larger study involved surveys (n = 125) and in-depth semi-structured interviews (n = 20). This paper will report on the findings from the interviews with people who identified as transgender (n = 4).

Recruitment and interviews

LGBT and mental health organizations, including hospitals and clinics (n = 170), throughout the Republic of Ireland were sent study information and promoted the study through emails lists and social media web sites. Following completion of the online survey, respondents were informed of the option to participate in an interview about their experiences. A semi-structured interview guide was developed and piloted. Finally, interviews were conducted with participants who had completed the online survey. All interviews were tape recorded and lasted between 45 min and 1 h.

Inclusion criteria

People could participate in the study if they were over 18 years of age, identified as LGBT and had used Irish mental health services in the last 5 years.

Ethical approval

The study was reviewed, and ethical approval to conduct the study was granted by the relevant Research Ethics Committee. All study files were stored in accordance with the Data Protection (Amendment) Act 2003 (Government of Ireland 2003).

Participant profiles

In total, four transgender people participated in the in-depth interviews. The ages ranged from 28 to 54 years. Three of the four participants were from Ireland, had married and had two children each. All identified as male to female (MtF) transgender.

Data analysis

Data were transcribed verbatim. Transcripts were reviewed and any identifying information removed by the researcher. The computer programme NVivo, Version 8.0, was used to assist in the organization and analyses of interview data (QSR International 2008). The data were coded and the transcripts analysed for emergent themes. The data were further examined for meaning and similar themes combined. This constant comparative process continued until major categories were formulated and verified (Lincoln & Guba 1985).

Study results

Categories and subcategories emerged, which were organized systematically. The key categories included accessing

services, service experiences, other supports, and main concerns and recommendations. The themes are presented and illustrate what people articulated about the issues that were important to them.

Service experiences

All four of the people interviewed had experienced mental health issues, namely depression and anxiety, and three people spoke of ending their own life. One person spoke of her frustration at being excluded from mental health services:

> . . . but the local area psychiatrist will not see people who are transgender. I think that's an absolute disgrace. They're paid by the state so if they're paid by the state and they should be told to do their job by the state.

She went to see a psychiatrist in London who would provide the necessary signature and paperwork for her to access the Irish Health Service Executive fund, which proved to be 'an arduous process'. She then went to see a psychologist, the only one in Ireland who works specifically with transgender people:

> I went to four or five sessions with him [the psychologist] and then I was referred to the endocrinologist, and we started the hormones. I'd been living completely as a woman for two and a half years. He wouldn't put me on hormones because of my age initially, the third time he said okay, you're determined. I should have done it years and years ago . . .

Often people felt disappointed and frustrated by a process that seemed 'convoluted' and lengthy. She had contemplated going abroad to have the operation and had considered the financial costs:

> It's about seven thousand euro. A few transsexuals go to Thailand for a month, have the operation, and spend a another month, recovering. I still might do that, I just don't know. I'm weighing up the odds.

There appeared to be tensions between clinical decisions about supporting the transition and the person's readiness or preparedness for the process that seemed to fuel the person's frustration:

> He's the guy [endocrinologist] who holds out the promise. He asks at my age do I really want to have the op? I say that it makes me complete if I do and he says that there's also a serious risk. If they see a problem, they don't come out and tell you, the patient, what the problem is. They let you work that out for yourself. So it leads to a lot of stress and friction and aggravation with the treatment process.

Another practitioner, who was expected to provide psychological and emotional support, left this person feeling particularly 'low' in terms of self-esteem. She explained:

> He basically was an aversion therapist and I remember him saying 'you are a freak of nature, you are . . . you're a pervert, you are sexually immature'. I was coming out of the sessions really thinking, I am the lowest of the low.

Another participant told of how she went to London for more tests and further assessment interviews. Eventually, she was told that the operation would go ahead:

> But it was so lonely . . . getting the good news. It was like you're being born again. You just want your mother there to hold you and tell you you didn't do anything wrong. They're the words you want to hear.

Access to appropriate information could be particularly challenging. One participant attempted to obtain information about transgender issues from the public library, but this proved fruitless. Eventually, she spotted a leaflet pinned to a notice board with details of a support group for lesbian and gay people. She recalls:

> I rang this number and this voice of an angel answered and she was fantastic. I became a volunteer, and they helped me so much. They made me feel a part of something bigger and less isolated. I was the only trans person. It saved my life.

She was able to then access the necessary emotional and social supports that would eventually assist her in the transitioning process.

Treatment issues

Once people had identified and eventually accessed the services that were available, their experience with practitioners was sometimes positive. Another participant expressed her sense of relief after many years of blaming and castigating herself:

> The one thing that he did say, I'll never forget it. . .. 'You've such hope'. I just thought I was something to be ashamed of, something to be embarrassed over, whereas that sentence just . . . made me feel like a human being. I was elated because it wasn't my fault. I was born this way. I'd spent 43 years blaming myself. It was a powerful moment.

She returned from her consultation with the psychologist and decided to explain to her partner of 14 years, the mother of her two children:

> As much as she knew I was trans, she certainly didn't think I would go the whole way with it. The relationship went downhill from there. . . .

The situation had reached breaking point and while she was coming to terms with her own life and the 'gender

identity disorder' diagnosis, she felt the relationship was in jeopardy:

> It was absolutely awful . . . it wasn't the sexual orientation. She was my best friend, we were just so close, we never went anywhere without each other, but the fear of everyone else was just something that she couldn't do . . . there was no counsellor, there was no support. I totally contemplated suicide and the faces of my two children kept me alive.

Another person described her circumstances, she had been cross-dressing and the strain on the relationship was becoming more apparent. Her wife had arranged for her to see both a 'faith healer' and a hypnotist. She explained:

> I would do anything I possibly could to take this burden away from my wife. She was troubled by it, she wasn't aware, I wasn't dealing with how serious this was. I was desperately presenting this as something slightly deviant.

One participant was looking around for the 'right' therapist. She had tried a number of practitioners and eventually found one who was attuned to her concerns:

> He was a really good therapist, and we had a good rapport. I have developed a kind of better consciousness of where I'm at in my life, dealing with society's issues around mental illness, around me being trans, around me being female and general inequalities.

For this participant, her psychiatrist, while possessing qualities that she valued, she also appeared to believe that he lacked expertise in dealing with issues specific to transgender people:

> My psychiatrist gave me hope, he was not judgemental, and he actually acknowledged that I needed to do a lot of work on self esteem, and he also accepted that he had no expertise in dealing with trans people.

Other supports

All study participants mentioned the kind of supports they received from non-statutory organizations and groups. One person specifically spoke of the pressure on her partner and children. She mentioned an LGBT group that provided the necessary emotional support to her:

> So the group really helped me. I just needed somebody to keep me alive I suppose. I love my children, I love my partner, and I know they pain so much, but if I had of stayed in that situation there's no doubt I wouldn't be here today talking to you.

She had become more involved in the group and recognized the supportive and empowering nature of the group:

> They gave me so much and I took so much, and I just want to give something back. So I can help people in the future, to better experience the crap that myself and other people have faced.

Hopes and aspirations

Participants were asked to comment on the challenges for improving mental health services to people who identify as transgender. One person spoke about inclusivity, particularly for people in rural areas and importance of adequate supports:

> I'd like to see a broader mental health strategy to both educate and allow transgender people contact in their local area, not just Dublin. The support groups are great in terms of peer support.

Another person mentioned the stress associated with increased marginalization and loneliness:

> If you have a different gender identity to the body that you're born, I wouldn't wish it on anybody. My situation was isolation. It was a horrible feeling. I think I would have to spend weeks and years describing how bad it could possibly feel.

One participant stressed the importance of the availability of practitioners who are competent and possess the necessary knowledge, skills and attitudes to work with people who identify as transgender:

> We really need somebody in mental health who appreciates and is comfortable with transgender issue. We also need an accessible and dedicated health support team. . . .

The concerns around stigma and the negative societal attitudes towards her circumstances was articulated by one participant:

> I'm out and I'm perfectly fine with being out. I'm perfectly fine with being on hormone treatment. It is the discrimination and the sense of ignorance. . . .

Discussion

In terms of mental health issues, the findings reveal some of the important challenges and opportunities that exist for people who identify as transgender. Some of the major issues that have emerged from this study are the frustrations involved in identifying, accessing and using the limited available services as well as the challenges related to funding. For all of the participants, there was a long period of coming to terms with their gender identity, with individuals often struggling to 'fit in' with the prevailing cultural norms. During the process of accepting and adapting to their gender identity, it became apparent that families were deeply affected by the transitioning process. There was a severe lack of support to family members, although three of the people interviewed had married and had children. Participants spoke openly about their mental health experiences, particularly anxiety and depression and of seriously contemplating taking their own lives. This has been

highlighted in recently published statistics and, as a consequence, has become a major public health concern (Transgender Equality Network Ireland 2013). Treatment options and psychosocial supports remain extremely limited within the statutory sector with people having to rely on other LGBT groups and organizations for support. People in the current study presented their views and opinions on what may constitute a more responsive and socially inclusive service including tackling discrimination and providing practitioners who were familiar with transgender issues. Generally, health services to transsexual people are underdeveloped, and the focus remains on gender reassignment surgery overseas with funding provision from the Treatment Abroad Scheme (Health Service Executive 2009, Transgender Equality Network Ireland 2013).

In the United States, the *Standards of Care* for people who identify as transgender recognizes the fundamental ingredients of quality clinical care. These components comprise of strident social and political mechanisms that ensure equality and tolerance for gender and sexual diversity (Coleman *et al*. 2011). Government policy directives, through the adoption of the standards, should be in a more advantageous position to tackle prejudice, discrimination and stigma in relation to transgender issues and concerns. The continued 'pathologizing' of transgender issues and concerns can lead to prejudice and discrimination and fuel *minority stress* and the elevation in mental health issues such as depression, anxiety and suicidality (Meyer 2003, Shipherd *et al*. 2010) and other mental health concerns (Bockting *et al*. 2013, McCann & Sharek 2013).

Implications for mental health nursing practice

Roles for mental health nurses may include: counsellor, psychotherapist, family therapist, advocate, clinician or educator. Mental health nurses can provide support in exploring gender identity and expression and facilitate in the process of 'coming-out'. They may also be involved in the assessment and referral for feminizing or masculinizing medical care (McNeil *et al*. 2012). A crucial part of the role should include psychological support for the family (partner, children or extended family). Mental health nurses can use talking therapies to help people to develop ways to maximize a person's psychological well-being, quality of life and self-fulfilment. Counselling can help people explore gender issues and find ways to address gender dysphoria (Lombardi 2009, Nuttbrock *et al*. 2009). Furthermore, practitioners must be familiar with transgender experiences and issues, and be culturally competent and sensitive in the provision of appropriate care and treatment options. Practitioners need to be knowledgeable and competent in the assessment, diagnosis and treatment of transgender mental health issues. In order to carry out the work effectively, they should receive clinical supervision from an experienced and competent mental health expert peer. In terms of continuing professional development, opportunities to extend knowledge and skills in transgender issues should be more widely available. Additionally, there needs to be adequate funding for future research and collaborative work between transgender community groups and mental health services.

Limitations

While this study provides important insights into the mental health experiences of transgender people, the researcher acknowledges several limitations. The sample size was small and included only MtF transgender people. The analysis was conducted by the author. Future research should include strategies to access larger population samples and use diverse data collection and analysis methods.

In conclusion, the current study has provided valuable insights into the experiences of people who identify as transgender. Opportunities exist for mental health nurses to rise to the challenge in promoting the mental health needs of transgender people, working together with statutory and non-statutory groups, to build capacity and to develop strategies to address the shortcomings and inform future policy directives.

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Conflict of interest

No conflict of interest has been declared by the authors.

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