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Mental Health Care for Transgender and Gender Diverse Youth

Statement of the International Society of Psychiatric-Mental Health Nurses

The mission of the International Society of Psychiatric-Mental Health Nurses (ISPN) is to support advanced-practice psychiatric mental health nurses in promoting mental health care, literacy, and policy worldwide. This policy brief promotes gender-affirming care across healthcare settings that includes psychiatric mental health care to diverse individuals, families, and communities generally and transgender and gender diverse youth, specifically.

Background

Transgender and gender diverse (TGD) individuals, a heterogenous subgroup of the larger LGBTQIA+ community, are those whose sex assigned at birth does not align with their experienced gender identity. A recent survey of United States (U.S.) high school youth reported that 3.3% of high school students identified as transgender and 2.2% identified as questioning (Suarez et al., 2024). Currently, there are nearly 43 million youth age 10-19 in the US with 300,000 (1.4%) of those identifying as transgender or nonconforming (ACT for Youth, 2025). TGD young people face disproportionate rates of discrimination, victimization, persecution, marginalization, rejection, and non-affirmation stemming from interpersonal, community, and structural systems (Anderson & Ford, 2022) and in a variety of settings that includes home, school, and health care (Anderson et al., 2023). TGD people have been present across the millennia; historically, the Roman Emperor Elagabalus, Lili Elbe; in literature, Jan Morris, Jennifer Finney Boylan; in the arts, Julia Serano, Chaz Bono; in academia, Susan Stryker, Joy Ladin, Jamison Green; and in sports, Renee Richards, Schuyler Bailer.

Language used to describe TGD identities and experiences have evolved. In this paper, the term transgender and gender diverse (TGD) is used to refer to any individuals who do not identify as cisgender. A brief review of terms used in this statement follow**. Sex** refers to an

individual's assigned biological status usually occurring at birth and whose anatomical characteristics are typically female (Assigned Female at Birth or AFAB), male (Assigned Male at Birth or AMAB), and intersex**. Sexual orientation** relates to a person's experience of attraction – emotional, romantic, sexual – to other people and may or may not align with behaviors or relationships. **Gender** is a social construction of what is feminine or masculine and can vary across times and cultures while **gender identity** is one's internal knowledge of self. **Cisgender** describes a person whose gender identity corresponds to their sex assigned at birth**.** **Transgender (or trans) and gender diverse** is an umbrella term for people whose gender identity is different from the gender/sex assigned to them at birth.

Mental Health Impact

TGD youth experience elevated rates of poor mental health and suicidality, largely due to increased exposure to stressors related to minoritized gender identity and decreased social supports (Bochicchio, et al., 2021). The Trevor Project (2024), a suicide prevention and crisis intervention nonprofit organization that serves LGBTQIA+ young people, reports that 43-52% of TGD young people considered suicide in the past year while 13-18% attempted suicide in the past year. Subsequently, many TGD young people have reported experiencing discrimination during psychiatric inpatient admissions and are likely to delay accessing desired mental health care due to fear of harassment or mistreatment by mental health professionals (Seelman et al., 2017). Delayed care may exacerbate impaired general health and mental health outcomes, including increased risk for suicide.

In addition to health care discrimination, family rejection, such as emotional neglect, verbal abuse, ejecting youth from the home, etc., is a well-established risk factor for suicide outcomes among TGD youth (Cramer et al., 2022; Ream, 2020). Alternatively, family support of their youth's TGD identity is cited as a critical protective factor against suicide risk in addition to school belonging and peer support (Austin et al., 2020; Riggs et al., 2020). Specifically, TGD youth who have access to gender-affirming spaces, clothing, and gender-neutral bathrooms at school report lower rates of attempting suicide than those who do not (The Trevor Project, 2024).

Violence Against TGD People

Gender diverse youth face higher rates of victimization compared to their cisgender peers. Violent victimization may include rape or sexual assault, robbery, aggravated assault, and simple assault. In the United States, the rate of violent victimization against TGD persons (51.5 victimizations per 1,000 persons age 16 or older) was 2.5 times the rate among cisgender persons (20.5 per 1,000) (United States Department of Justice, 2022). Non-violent victimization can include bullying and cyberbullying (Hinduja & Patchin, 2020). TGD students experience more general and cyber victimization in schools than their cisgender peers, specifically TGD students are six times more likely to be bullied, and over 70% of TGD students have suffered victimization in the past year (Hatchel & Marx, 2018). U.S. TGD students (61%) reported higher rates of bullying compared to cisgender, sexually minoritized students (45%). Youth who were Native/Indigenous (70%), white (54%), and multiracial (54%) reported higher rates of being bullied compared to those who were Latinx (47%), Asian American/Pacific Islander (41%), or Black (41%) (The Trevor Project, 2021).

Internationally, a stark rise in unprecedented violence against TGD people is occurring with greater numbers of TGD people being attacked and murdered (ILGA Europe, 2023). Additionally, hate crimes related to gender and sexual minoritized populations are on the rise and increasing in many countries where anti-LGBTQIA+ sentiments are increasingly common. What some groups deem curative, interventions such as conversion therapy and corrective rape (Doan-Minh, 2019), utilize violent acts (sexual assault, physical abuse, electroconvulsive shock, and aversion therapy) to attempt to force youth into heterosexuality and/or being cisgender, often traumatizing the recipient (Trevor Project, 2018). Conversion therapy has been associated with an increased risk of suicide attempts in children ages 11-14 (Campbell, 2023). Five countries have banned conversion therapy while 27 US states allow conversion therapy (Slinn, 2022).

TGD youth exposed to violence and/or discriminatory trauma of any type are at greater risk for negative ramifications such as worsened academic performance, higher rates of school dropout, lower socioeconomic status, and increased mental health challenges (e.g., depression, anxiety, substance use disorders, suicidality) (Anderson & Ford, 2022; CDC, 2024; Coleman, et al, 2022; Hatchel & Marx, 2018). The occurrence and intersection of these sequalae can increase the risk of health disparities later in life and worsen overall quality of life (CDC, 2024).

Gender Affirming Care

The goal of gender-affirming care is “to partner with people to holistically address their social, mental, and medical health needs and well-being while respectfully affirming their gender identity” (Coleman et al., 2022). Gender-affirming care encompasses a broad range of health supports for TGD individuals across the lifespan including social affirmation, puberty blockers, gender affirming hormone therapy and gender affirming surgeries. Importantly, social affirmation can include a variety of non-invasive methods of affirming one’s gender (e.g., clothing, hair, voice therapy, etc.). A process termed social transition (also called social affirmation) occurs when an individual changes their name and pronouns and/or their gender expression through methods such as clothing or hair style. Though a lot of the rhetoric around gender affirming care focuses on medication and surgeries, not all TGD individuals seek medical intervention; there are ample methods for affirming a youth’s gender identity before they or their family are ready to make decisions about medical transition.

When TGD individuals experience gender dysphoria, which is a psychiatric diagnosis of distressful incongruence between one’s sex assigned at birth and one’s gender identity, they may seek medical intervention as an aspect of their gender-affirming care (Coleman et al., 2022). Pathologizing the experience of TGD individuals by labeling them with a psychiatric diagnosis is not an appropriate approach to care. However, we acknowledge doing so in the current health care system is an unfortunate reality to being able to access affirming medical intervention. Medical intervention associated with gender-affirming care includes an interdisciplinary team approach (e.g., adolescent medicine, endocrinology, mental/behavioral health, etc.) and can involve age-appropriate treatments such as pubertal suppression, hormone therapy, and gender-affirming surgeries. Gender affirming care is not a one-size-fits-all approach but rather is intended to be individualized to the age, development, and goals of the TGD client. Overall, psychosocial and medical gender affirming health care practices have been demonstrated to yield lower rates of adverse mental health outcomes, build self-esteem, and improve overall quality of life for TGD youth (Tordoff, et al., 2022). Family support and education are paramount for assisting families to navigate through their journey.

Health care institutions may be more inclusive with organizational policies that require education and training for health care workers on providing inclusive health care, foundational knowledge about gender, and potential health care needs of gender minoritized communities. Additionally, best practice in patient assessment should embrace asking the name and pronouns of all clients, inquiry of preferred anatomy terms to be utilized, appropriate modification of electronic medical record to reflect chosen name and pronouns, patient-centered and trauma-informed physical examinations, and considering lab results and reporting in the

context of the patient's circumstances (e.g., medications, etc.). Additional recommendations include availability and signage for gender-inclusive restrooms, TGD representation on health infographic displays, use of gender inclusive intake forms, and training of all staff regarding implementation of inclusive practices.

Legislation

Since 2021, 24 states have passed restrictions on various gender transition treatments, i.e. access to gonadotropin-releasing hormone (GnRH) analogues (puberty blockers and hormone therapy). More than 75% of TGD youth ages 13-17 (230,000 youth) live in states that either ban access to gender affirming care or have introduced laws to ban care (Williams Institute, 2024). These laws that ban gender-affirming care extend to participation in sports, use of bathrooms and other sex-separated facilities, or affirmation of gender identity through pronoun use (Williams Institute, 2024). While the laws are presented as an avenue to protect children, in reality, they reflect lawmakers' bias, punish caregivers and health care providers, and amount to state sanctioned medical neglect and emotional abuse (Georges, Brown, & Cohen, 2024). Lawmaking, regulations, and support for TGD individuals at the federal level remains fluid and dissonant. For example, attacks on longstanding guidelines (1972) developed by the U.S. Department of Education for Title IX protections, gender affirming care, and statements that there are only two sexes demonstrate current forms of discrimination and non – affirmation against TGD people.

In the United Kingdom, the use of GnRH analogues (puberty blockers) was recently banned for youth under 18. This action was in response to the Independent Review of Gender Identity Services for Children and Young People: Final Report (2024), also known as *The Cass Review*. The Cass Review postulated gender medicine should be prescribed after a multidisciplinary assessment and occur within a research protocol. The World Professional Association for Transgender Health (WPATH), an interdisciplinary professional and educational organization formed in 1979, is dedicated to transgender health and dissemination of accurate information through ethical guidelines, standards of care, conferences and peer reviewed journal (WPATH, 2024).

Policy Implications

Psychiatric mental health advanced practice nurses advocate for health care professionals to come together to generate systemic change that creates a meaningful and lasting effect for TGD youth and their families. Dedicated healthcare professionals have a

significant impact on changing institutional culture, climate, and practice. Developing task forces or unit champions to support TGD youth, training sessions on implicit or unconscious bias, and implementing universal mental health screening and assessment are key policy recommendations for healthcare providers. Grassroots efforts can exert powerful influence on policymakers as well as raise the critical consciousness of the public. Advocacy groups and non-profit organizations, like the Trevor Project, have ignited the conversation and sustained the dedication to mental health for LGBTQIA+ youth. Developing strategic partnerships and collaborations with local stakeholders can also move the needle for policy changes. As mental health nurses, our position of respect for human dignity, advancing health and human rights, and social justice in nursing and health policy, is grounded in the American Nurses Association *Code of Nursing Ethics* (ANA, 2025). From a policy perspective, we advocate for a national strategic plan that incorporates gender-affirming care into the umbrella of mental health care services. A helpful model for doing so is provided by the "Toolkit on Mental Health and Suicide Awareness for LGBTQIA+ People" (IGLYO, 2023). Another policy recommendation is to use the Standards of Care for the Health of Transgender and Gender Diverse Youth developed by the World Professional Association for Transgender Health (WPATH, 2024).

Summary

As an international psychiatric mental health nursing organization, ISPN advocates for the elimination of mental health disparities. Advocacy includes a non-partisan approach to gender-affirming care focusing on eliminating care disparities while bridging the gaps between those who have access to gender-affirming care and those who do not. The lived experience of youth who identify as TGD cannot be ignored and the belief that all youth have the inherent right to mental health care – regardless of gender or gender-identity – is reaffirmed (ANA, 2018). Psychiatric mental health nurses prioritize equity, inclusivity, and person-centered care to reduce stigma, discrimination, and unfair treatment of TGD youth. The inherent dignity, value, and worth of all persons, including transgender and gender diverse youth, is respected.

Recommendations

1. Develop policy that ensures accountability of health care providers, institutions, and systems to provide evidence-based care that promotes the health and well-being of TGD people across the lifespan.

2. Champion widespread adoption of standardized guidelines for providing gender affirming mental health care to TGD youth.
3. Endorse education and training for mental health professionals that clarifies gender affirming care content.
4. Denounce attacks on health clinics and state legislation that threaten access to evidence-based gender-affirming care of TGD youth.
5. Support accurate understanding of evidence-based care and continue research needed to ensure informed and competent healthcare.
6. Address the dissemination of misinformation and false information.
7. Reduce poor mental health outcomes in TGD youth through use of affirming names and pronouns use, access to supportive adults, and inclusive care from health professionals.
8. Oppose legislated state bans on TGD people as contrary to evidence-based care, human rights, and social justice.
9. Advocate for health insurance benefits based on developmental need and mental health care for TGD individuals.

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