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Medical and Social Assistance for the Transgender Community: Difficulties and Particularities in Psychiatric and Psychotherapeutic Assistance

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Abstract

The purpose of this paper was to point out the difficulties faced by the transgender community when using psychiatric or psychotherapeutic services and their impact at the social, psychological, and health state level. Our approach favours the increase in the information degree of the medical and psychotherapeutic community concerning the topic, by placing the transgender community in the current psychosocial context. In order to collect the necessary data, we applied two questionnaires to the transgender community and to the professional mental health community, respectively; the first comprised 20 questions and the second comprised 11 questions, and the results were interpreted statistically. From among them, it is worth highlighting the important percentage of transgender who do not live in accordance to the desired identity and the existence of discriminating

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situations in the interaction with the physician or the psychologist. The conclusions of this paper reflect the difficulties and gaps related to the assistance of sexual minorities. We thus propose examples of practices that may allow an increase in medical and social support for the transgender community.

Keywords: transgender, gender identity, discrimination, psychoeducation, medical and juridical assistance, social exclusion.

Introduction

Worldwide, there has been an increasing concern for the development of public health policies meant to improve access to medical services and to increase the quality of life for the transgender community. At the same time, numerous studies suggest shortcomings in the level of health professionals' training in what concerns the specific treatment and interventions necessary for this minority. Transgender persons have largely the same medical, social, and psychological assistance needs as the general population, but there are also certain particularities associated with the transition process, as well as in the field of mental, sexual, and reproductive health (Collazo, Austin & Craig, 2013). However, there are only scarce data in literature providing consistent information concerning health indicators, the efficiency and availability of medical services provided to sexual minorities, as well as the negative impact of the lack of legal, social, and medical support on the quality of life of these minorities (Stroumsa, 2014).

Literature review

Studies report the existence of gaps in the level of information and training of the medical personnel in order to work with the members of the transgender community (Austin & Craig, 2015). Furthermore, we mention stigmatisation, discrimination, lower access to quality medical services, high costs, and lack of reimbursement for the medical procedures involved in the transition process, lack of medical assistance adapted to the particularities of the group, fear and discomfort associated with the urge to reveal one's identity are correlated with a decrease in self-esteem, school dropout, lack of social and professional integration, as well as emotional and behavioural disorders (anxiety, depression, impulse control disorders, suicide attempts, addictions) (Meyer, 2003).

The analysis of the terminology used throughout time in literature brings to light the social and medical difficulties faced by the transgender community. The term "transgender" (preferable to "transsexual") refers to persons whose gender identity does not correspond to the one designated at birth, reuniting groups with

different particularities and being coined by the American psychiatrist John F. Oliven in 1956, though the lack of conformity of persons with the medical and legal sex designated at birth has been mentioned as early as 1920 (Reicherzer, 2008). The first documented medical references on the category pertain to the year 1980, when the American Psychiatric Association (2013) included the term "transgender" in the third edition of the DSM, as mental disorder and sexual deviation (Winters & Ehrbar, 2010). In 2012, mental health professionals decided – for destigmatising purposes – to replace the category "gender identity disorder" with "gender dysphoria", this time categorised distinctly (Stroumsa, 2014). Gender dysphoria defines – pursuant to the fifth edition of the DSM – the discomfort experienced by transgender individuals due to the lack of congruence between the desired and the biological gender. Whereas it is a distinct category, compared to the previous editions of the DSM, gender dysphoria defined in the fifth edition of the DSM largely overlaps the description of sexual identity disorders within the previous editions; it actually preserves the stigmatising direction of the psychiatric diagnosis. In ICD, too – tenth edition – we maintain the pathologizing paradigm of "disorder", transsexualism being included in the category of adult personality and behavioural disorders, subcategory of sexual identity disorders. Whereas the inclusion in a certain diagnosis may be useful for practical reasons concerning access to medical services and for coding and reimbursing them, the presence in the psychiatric diagnosis of the categories referring to sexual minorities do not discourage the medical community from considering that such disorders should be prevented or cured. The very existence of protocols for the standardisation of the medical procedures necessary for the transition process may bring prejudice to this community and it may put the physician or therapist in a position of power, thus deciding if and when the beneficiary is allowed to enter the subsequent phase of transition. This approach provides little consultancy in what concerns working with persons who do not wish to undergo hormonal or surgical gender reassignment procedures (Bess & Staab, 2009; Levine, 2009). Starting with 2018, according to the eleventh edition of the ICD, the World Health Organisation decided to remove the transsexuality category from the chapter of mental disorders and its replacement with the term "gender incongruence", pertaining to the category referring to sexual and reproductive health, in order to allow health systems to reimburse the medical services necessary to the transition process and to reduce stigma (World Health Organization, 2018a; 2018b).

Transgender individuals have particular legal and medical assistance needs. Some of the problems faced by the transgender community are comorbid psychiatric disorders, suicidal and self-harming risk, drug use and abuse (caused especially by chronic stress and the pressure exercised by the expectations of society), sexually transmitted diseases, violence, discrimination, and physical and mental abuse, loss or lack of job, social rejection, late presentation for medical assistance, lack of well-trained medical personnel, and lack of reimbursement for medical procedures involved in transition (Grant *et al.*, 2011). The lack of a permissive

legal framework – there are gaps in legislation, conditioning the change of first name on surgical interventions concerning the genital organs, with a mandatory medical and legal expertise beforehand – represents another social and medical barrier in the unfolding of the transition process (Government Ordinance 41/2003). Thus, such individuals become dependent on the medical and legal system in order to express their own identity.

The medical assistance of transgender individuals may be necessary for general medical conditions or in order to change the sex. It is also necessary to treat associated disorders such as depression, anxiety, suicide attempts, consumption of alcohol, tobacco, drugs and maladaptive mechanisms to face discrimination and the feeling of gender non-concordance. Thus, this field involves primary medical assistance professionals (family physicians), as well as psychiatrists, psychotherapists, endocrinologists (for hormonal therapy), and surgeons (for gender reassignment surgeries) (Grant *et al.*, 2011).

Methodology

We started this paper from the experience of persons in the transgender community who requested psychiatric and/or psychotherapeutic assistance. Starting from their reported difficulties, we applied the questionnaire to the members of the transgender community, thus attempting to identify the needs and problems they face when requesting medical services, especially psychiatric and psychotherapeutic services, as well as the impact of these difficulties at social, psychological, and health state level. We have also tried to obtain the perspective of the medical personnel on the subject, especially in regards to psychiatric and psychotherapeutic assistance. Thus, we applied a 20-item questionnaire addressed to the transgender community and an 11-item questionnaire for mental health professionals. The purpose of this approach was to increase the information degree of the medical and psychotherapeutic community in regards with this topic, the awareness of the difficulties within medical assistance and psychiatric assistance, respectively, for sexual minorities. Based on the answers received, we proposed good medical assistance practices, non-pathologizing and permissive, thus favouring psychoeducation, modification of biased thoughts, increase in social support, fight against discrimination, in order to prevent, as such, the marginalisation of transgender individuals and to associate the psychiatric comorbidities consecutively (Austin & Craig, 2015)

After applying the first questionnaire, we received answers from 63 urban transgender individuals, aged between 20 and 39 (*Table 1*).

Table1. List of items from questionnaire for the transgender community

Item 1	At what age have you realised that your gender identity does not correspond to the one designated at birth? - free answer
Item 2	Do you believe that you live in accordance to your identity? - one answer (yes, totally/ partially / I don't know)
Item 3	If not, what prevents you from living in accordance to your identity? - multiple-choice answer (relationship with one's body, difficulties relating to others, social difficulties, medical difficulties)
Item 4	Have you ever needed medical services? - one answer (yes/no)
Item 5	For what purpose have you needed such services? - one answer (for the transition process, unrelated to the transition process, both)
Item 6	What kind of medical services have you needed? - multiple-choice answer (psychiatric, psychotherapeutic, endocrinological, surgical, other)
Item 7	Have you revealed during the interaction with the physician/psychologist your desired identity? - one answer (yes/ no/ sometimes)
Item 8	What was the attitude of the medical personnel/the psychologist? - one answer (acceptance, neutral, rejection)
Item 9	Have you experienced difficulties or discriminating situations in the physician's /psychologist's office? - one answer (yes/ no/ sometimes)
Item 10	If yes, what were they? - multiple-choice answer (lack of knowledge about the topic, transphobia, disrespect for the identity desired by the addressee, refusal to provide medical assistance, violation of the privacy and confidentiality right, other)
Item 11	What other difficulties related to medical assistance have you encountered? - multiple-choice answer (long waiting times, difficulties finding trained personnel, hormonal treatment hard to find, the request of a psychiatric approval before the transition process, lack of reimbursement for medical services, other)
Item 12	Have physicians or psychologists addressed to you using the pronoun of your choice? - one answer (yes/ no/ sometimes)
Item 13	Have you ever used psychiatric or psychological services? - one answer (yes/ no)
Item 14	Were they covered by medical insurance? - one answer (yes/ no)
Item 15	What was the attitude of the psychiatrist / psychologist? - one answer (positive, neutral, discriminating)
Item 16	Have you ever received from psychiatrist / psychologist the message that transgenderism is a disease you "must cure"? - one answer (yes/ no)
Item 17	Have you ever experienced depressive, anxiety symptoms, or suicidal ideas due to the social and medical difficulties that you face? - one answer (yes/ no)

Item 18	Have you ever felt the urge to consume alcohol, tobacco, or other substances to cope with discrimination or other difficulties? - one answer (yes/ no)
Item 19	Do you find psychiatric/ psychological assistance to be useful? - one answer (yes/ no)
Item 20	What changes would you like to see in medical / psychological assistance? - free answer.

Results

Item 1 (At what age have you realised that your gender identity does not correspond to the one designated at birth?): 19% of the respondents reported that the age at which they realised their gender identity does not correspond to the one designated at birth was 14; the rest respondents indicated ages ranging from 3 to 19 years old. Item 2 (Do you believe that you live in accordance to your identity?): more than half of the respondents (57.1%) reported living only partially in accordance to their identity, 28.6% reported not living at all pursuant to their identity; only 14.3% reported living in full agreement with the desired identity (*Figure 1*).

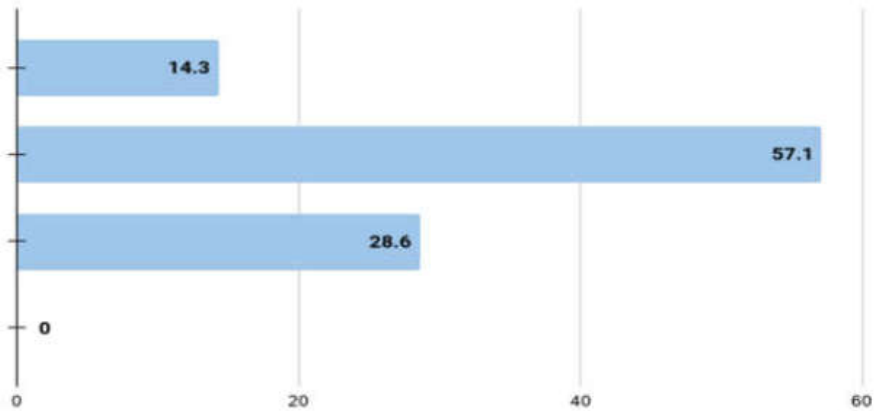

Figure 1. Results related to living in accordance to one's identity.

Item 3 (If not, what prevents you from living in accordance to your identity?): the most common causes for the lack of living in agreement with the desired identity are: relationship with one's body (individuals did not begin or complete the transition process), social difficulties encountered (rigid legislation for name change and gender change, lack of agreement between the name and the gender

in official documents and the desired identity, financial difficulties, workplace discrimination, religious beliefs, lack of support from family and friends), and difficulties concerning medical assistance (lack of specialised endocrinological, surgical, psychiatric services, high treatment costs, difficulties in acquiring hormonal treatment, the need to cover from one's own pocket the treatment associated to transition, not reimbursed by social security funds). It is worth noting that all respondents indicated difficulties concerning all the categories, to various extents. Item 4 (Have you ever needed medical services?), item 5 (For what purpose have you needed such services?), item 6 (What kind of medical services have you needed?): from among the participants, 95.2% reported that they needed medical services, most of them (65%) related to the transition process. The first place was occupied by the need to access endocrinological services (to start hormonal treatment), psychotherapeutic and psychiatric services (psychiatric approval is required for initiating hormonal treatment); the number of persons having used surgical or other interventions was smaller (19%). Item 7 (Have you revealed during the interaction with the physician/psychologist your desired identity?), item 8 (What was the attitude of the medical personnel/the psychologist?): 61.9% of the participants revealed during the interaction with the physician or the psychologist their desired identity, 4.8% did not, while 33.3% revealed their identity sometimes (*Figure 2*).

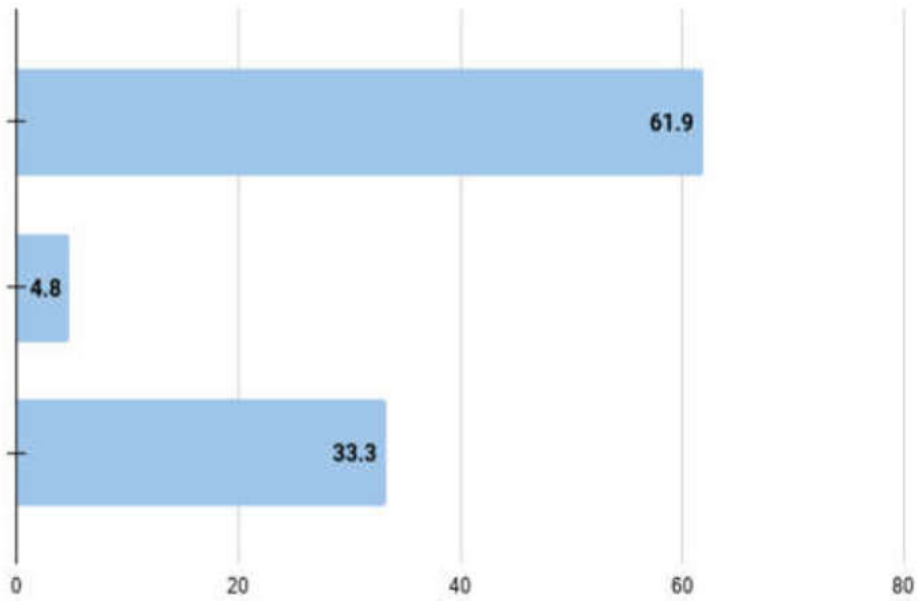

Figure 2. Results related to revealing the desired identity in medical interaction.

The attitude of the medical personnel was of acceptance and support (47.6%) and to a lesser extent neutral (38.1%) or of rejection (14.3%) (*Figure 3*).

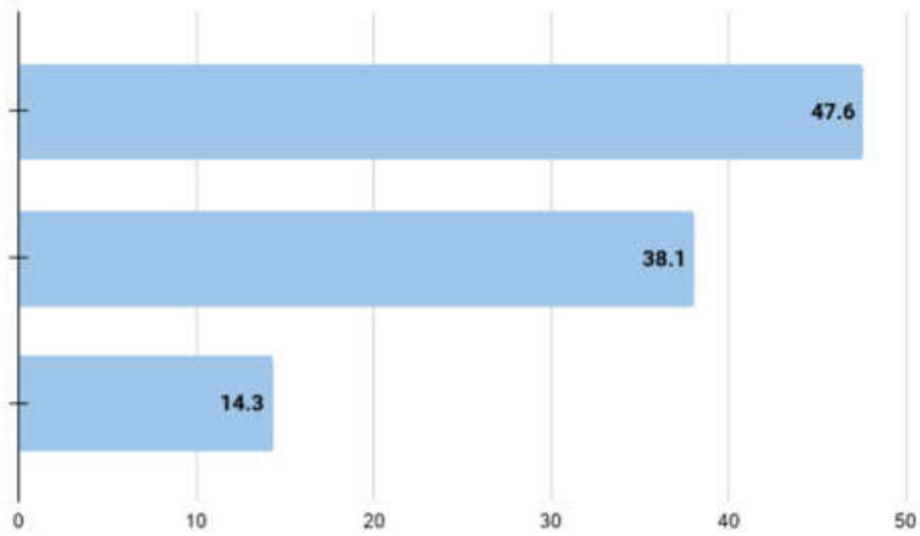

Figure 3. Results related to the attitude of the medical personnel / the psychologist.

Item 9 (Have you experienced difficulties or discriminating situations in the physician's /psychologist's office?), item 10 (If yes, what were they?): some respondents described difficulties or discriminating situations in the doctor's office or in the psychologist's office. The main problems faced by respondents in their interactions with the physician or the psychologist were lack of knowledge about the topic (76.9%), transphobia (30,8%), disrespect for gender identity during the medical act (53.8%), the physician's /psychologist's refusal to provide assistance due to personal beliefs regarding sexual minorities (23.1%), violation of the privacy and confidentiality right (23.1%) (*Figure 4*).

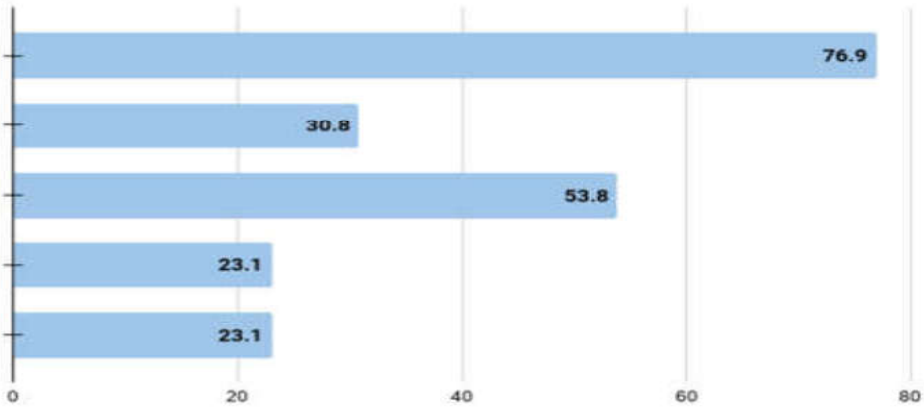

Figure 4. Results related to the existence of discriminating situations and their reasons.

Item 11 (What other difficulties related to medical assistance have you encountered?): other problems reported by all the respondents to this questionnaire were difficulties finding specialised physicians or lack of medical services reimbursed for their transition (55.6%), hard to find hormonal treatment (38.9%), mandatory psychiatric approval before initiating hormonal treatment (27.8%), long waiting times (16.7%). Item 12 (Have physicians or psychologists addressed to you using the pronoun of your choice?): 52.38% of the participants reported that the physicians and psychologists used their desired first name. Item 13 (Have you ever used psychiatric or psychological services?), item 14 (Were they covered by medical insurance?): 95.2% of the respondents reported having used psychiatric and psychological services, most of them not reimbursed by social security funds. Item 15 (What was the attitude of the psychiatrist / psychologist?), 16 (Have you ever received from psychiatrist / psychologist the message that transgenderism is a disease you "must cure"?): in 66.6% of the cases, the psychiatrists and psychologists were supportive; in 28.7% they were neutral, while in 4.76% of the cases, it was discriminating or accompanied by the message that transgenderism is a disease requiring treatment (14.28%). Item 17 (Have you ever experienced depressive, anxiety symptoms, or suicidal ideas due to the social and medical difficulties that you face?), item 18 (Have you ever felt the urge to consume alcohol, tobacco, or other substances to cope with discrimination or other difficulties?): 90.5% of the participants reported having experienced depressive, anxiety symptoms, or suicidal ideas due to the social and medical difficulties related to revealing their gender identity; 81% used at least once alcohol, tobacco, or other substances for anxiolytic purposes and to cope with discrimination. Item 19 (Do you find psychiatric/ psychological assistance to be useful?): 90.5% of the respondents believe that they need psychiatric and psychological services. Item 20 (What changes would you like to see in medical / psychological assistance?): respondents highlighted the need to raise awareness among the medical and psychological community regarding the particularities of assistance for transgender individuals, the creation in medical or psychological practices of a climate favourable to gender identity assertion; the existence of professionals specialised in working with transgender individuals, the existence of separate toilets; the existence of forms involving headings for the desired gender and name; access to reimbursed medical and psychological services for the transition process. Several respondents stated that all these shortcomings determine the transgender community to avoid medical and psychological services. This increases the risk of secondary associated diseases and of self-administering self-purchased treatments at home, without medical supervision.

We also wished to see the perspective of psychiatrists and psychologists. Hence, we launched online a short questionnaire comprising 11 questions, answered by only 36 persons, all of them psychiatrists and psychologists (*Table 2*).

Table 2. List of items from questionnaire for the professional community

Item 1	Do you have any knowledge on transsexuality / transgenderism)? – one answer (yes/no)
Item 2	Do you believe that psychiatric/psychological assistance is necessary for individuals within the transgender community? – one answer (yes/no)
Item 3	If yes, why? Please motivate in a few words – free answer
Item 4	Have you had patients/clients within the transgender community? – one answer (yes/no)
Item 5	Have they come for difficulties related to the transition process or for other types of difficulties? – one answer
Item 6	Have you used in the interaction with these individuals the name and gender in their ID or the one they wanted? – one answer
Item 7	Have you attended specialised training for working with transgender individuals? – one answer (yes/no)
Item 8	Do you offer services reimbursed by the social security funds for the transgender community or are they based on full payment? – one answer
Item 9	What are the main difficulties faced by transgender individuals? Please use the experience acquired in your own office – free answer
Item 10	What is your opinion about individuals who wish to change the sex designated at birth? – free answer
Item 11	Do you believe changes are necessary at the level of psychiatric/ psychological assistance for sexual minorities? Please provide details – free answer

Item 1 (Do you have any knowledge on transsexuality (transgenderism)?): 91.7% of them knew the topic approached, with an 8.3% percentage of the responding physicians and psychologists stating having no knowledge on the topic (*Figure 5*).

Item 2 (Do you believe that psychiatric/psychological assistance is necessary for individuals within the transgender community?), item 3 (If yes, why?): 91.7% of the respondents believe that psychiatric and psychological support is necessary for transgender individuals, thus motivating the emotional assistance entailed stigma concerning this minority and feelings of inadequacy and shame, the need for psychological support to get over the transition period, and the help they need for a better integration in the society. Item 4 (Have you had patients/clients within the transgender community?), item 5 (Have they come for difficulties related to the transition process or for other types of difficulties?): 66.7% of the participants had at least once patients / clients of the transgender community (*Figure 6*), only 40% of these persons address problems associated with the transition process.

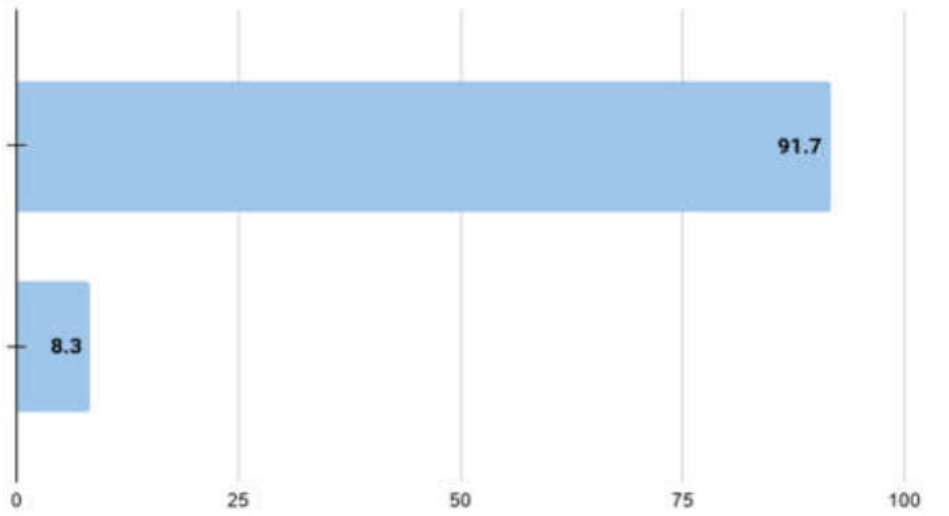

Figure 5. Results related to the knowledge of the professional community about transgenderism.

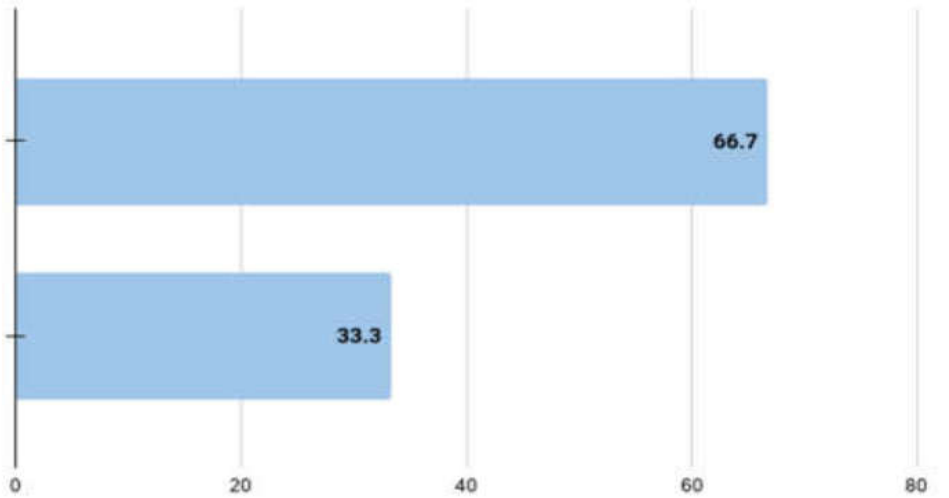

Figure 6. Results related to presence of transgender clients in doctors / psychologist offices and the reason for their presence.

Item 6 (Have you used in the interaction with these individuals the name and gender in their ID or the one they wanted?): 70% of the respondents reported having used in the interaction with these individuals the name and pronoun of their choice, not the one in their IDs. Item 7 (Have you attended specialised training for working with transgender individuals?), item 8 (Do you offer services

reimbursed by the social security funds for the transgender community or are they based on full payment?): 81.8% of the respondents report had not participated in specialised courses for working with transgender individuals but had learnt about it on their own (*Figure 7*), while 66.66% of them had provided medical/ psychological assistance reimbursed by social services funds.

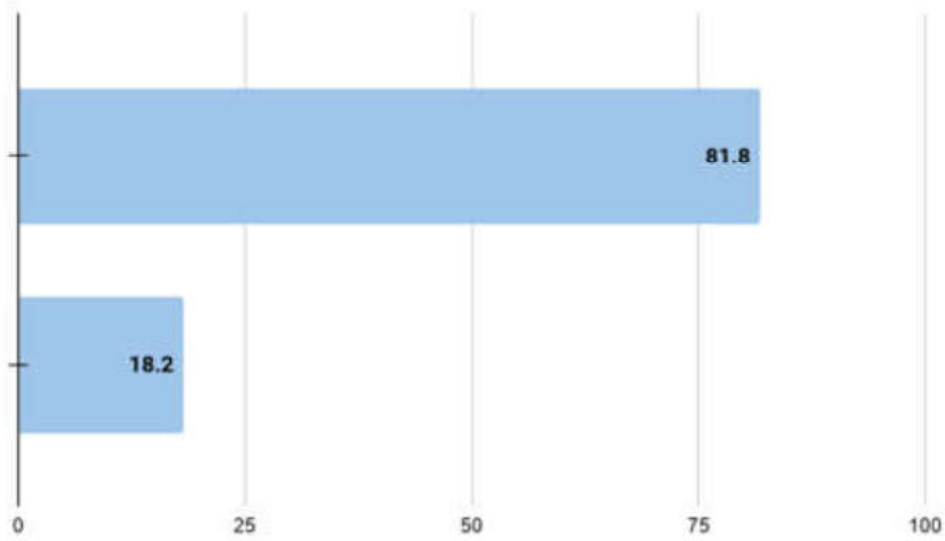

Figure 7. Results related to specialized training for doctors / psychologists and existence of reimbursement of services

Item 9 (What are the main difficulties faced by transgender individuals?): from their professional experience working with transgender individuals, the main problems are social stigma, lack of access to specialised services, bureaucracy related to ID change, lack of financial, social, and familial support, presence of associated psychiatric comorbidities, especially depression and anxiety disorders. Item 10 (What is your opinion about individuals who wish to change the sex designated at birth?), item 11 (Do you believe changes are necessary at the level of psychiatric/psychological assistance for sexual minorities?): In what concerns their personal opinion, requested by us, in what regards persons who want to change their sex at birth, the psychiatrists and psychologists who answered the questionnaire had a positive attitude; they mentioned the need to be organised specialised training programs for working with transgender individuals or with the sexual minorities in general and to be closely monitored all factors behind the decision to transitions, the utility of standardised medical and psychotherapeutic protocols in the field, awareness campaigns for the medical staff and the psychotherapists concerning the particularities of working with members of the transgender community, the

improvement of legislation, the education of society, the increase of accessibility to services reimbursed by the social security system.

Conclusion

The results of the questionnaires highlight the main issues that transgender individuals face when accessing medical or psychological services. Both the transgender and the medical community have identified: the additional need to become aware of working with sexual minorities; the need for more coherent and more inclusive health policies to reduce discriminations; the need to prevent and treat the emotional disorders associated with the difficulties within gender assertion process.

The aspects that should characterise the medical act in general, mostly the psychiatric act, are: becoming aware that one has the freedom to live their life in agreement with one's identity; distinguishing between the cases when aspects related to gender identity are relevant for the medical act and when such is not the case; performing relevant and concise somatic or psychiatric examinations, thus limiting useless exposure; making an effort not to bring their own beliefs and convictions into discussion, in case of psychiatrists and psychologists; maintaining the confidentiality and respect for the identify and the choices made by the person coming to the office; accepting that we do not have enough expertise in certain situations (Ross & Bell, 2016; Wagner, 2016); creating in medical assistance offices an inclusive setting, allowing the free expression of identity by persons who come for medical services, by using the name chosen by the beneficiary, by respecting confidentiality, and by preserving an open and non-discriminating position from the part of the medical personnel (Benson, 2013).

The directions to approach during therapy sessions are: working on identity acceptance and on living in agreement with it; understanding the effects of transphobia on the person in question; providing help to clients in order for them to develop more effective adaptation mechanisms; increasing self-esteem; joining a tolerant and supportive social network; becoming involved in social activities; modifying dysfunctional thinking styles and problematic behaviours adopted as a response to daily difficulties (Beck, 1993); educating for a better knowledge of legal and medical rights (Singh *et al.*, 2011).

Consequently, some of the measures to adopt in order to support the transgender community are the adaptation of medical and psychological assistance services to the particularities of the group and their reimbursement; training the medical personnel and increasing the competence level; filling the gaps within the medical and legislative guidelines; collecting data on the real situation and the difficulties that the members of the community face when wishing to access medical services; improving the public health policies for the sexual minorities; encouraging the use of the identity chosen by the addressees; involving the physicians in assisting

the associations militating for transgender individuals (Stroumsa, 2014). They are not just ethical measures, in virtue of humanity, but they are non-discriminating and in agreement with the duty implied by the physician's and psychologist's job; they also improve the health of the individuals in question. Thus, on the long term, medical assistance costs decrease, as well as the chronic disease risk or the social exclusion risk among the transgender minority; furthermore, they encourage the self-determination principle, thus giving liberty and authority to persons in determining the identity according to which they want to live (Duthie, 2019).

Recommendations

Action must be taken to ensure access to appropriate heath care for transgender people. As a result of our work, we recommend interdisciplinary research (psychiatry, psychology, law, non governmental association) in developing practice protocols for sexual minorities. Is necessary a greater involvement of psychiatrists and psychologists, at an extended level, in order to increase the degree of information about transgenderism topic among health professionals, given the little knowledge about the subject. Creating more inclusive heath policies and solving legislative problems is also needed. On a smaller scale, we recommend using of a more inclusive setting in medical an psychological offices in order to allow a free expression of one`s identity and avoiding discrimination. Using the preferred name and gender in conversation, respecting our patients opinions and options, using a non judgemental attitude are examples of best practices. Sexual minorities sensitive care may be included in curricula of medical schools and transgender competency trainings should be extended. Further work in needed to increase awareness about transgenderism and preventing marginalization and stigmatisation of this group of people.

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