Wisconsin Public Psychiatry Network Teleconference (WPPNT)

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WPPNT Reminders

- Call 877-820-7831 before 11:00 a.m.
- Enter passcode 107633#, when prompted.
- Questions may be asked, if time allows.
- To ask a question, press *6 on your phone to un-mute yourself. *6 to remote.
Improving Access to Healthcare for Transgender and Nonbinary Youth & Adults in Wisconsin

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ABOUT US

- **Jay Botsford (ze/zir/zirs/zirself):** program coordinator with the Transgender Youth Resource Network & Wisconsin Transgender Health Coalition and a social justice educator & advocate who focuses on gender, sexuality, racial, and disability justice.

- **Stephanie Budge, PhD (she/her/hers/herself):** assistant professor in counseling psychology at University of Wisconsin-Madison and licensed psychologist who specializes in trans and nonbinary individuals’ mental health
Who are TNG People in WI?
Key Terms

- Transgender
- Nonbinary
- Gender Nonconforming

- A few other important terms:
  - Cisgender
  - Transition
  - Name & Pronouns in use

- A quick disclaimer about language...
A quick comment on pronouns & “linguistic anxiety”...

Pronouns-- A How To Guide
Subject: ___ laughed at the notion of a gender binary.
Object: They tried to convince ___ that asexuality does not exist.
Possessive: ___ favorite color is unknown.
Possessive Pronoun: The pronoun card is ___.
Reflexive: ___ think(s) highly of ___.

The pronoun list on the reverse is not an exhaustive list. It is good practice to ask which pronouns a person uses.
© 2011, 2016 UW-Milwaukee LGBT Resource Center

How to react when you misgender a trans person

Maybe like this?

Not like that, though

What? I didn't do it!

Pretty sure I didn't...

...Yes?

And especially not like this

Ugh... It's hard for me too, you know?

Oh please

I'm a terrible person and should burn in eternal flames!
TNG Communities

- Population estimates based on population-level surveys are considered very low:
  - **BRFSS (2015):** 0.6% (n = 34,770) of Wisconsin adults (ages 18+) identify as TNG (Flores et al., 2016)
  - **YRBS (2017):** 2.0% (ages 12-17: n = 8,940; ages 12-24: n = 13,860) of youth in WI identify as TNG

- Some demographic information [Adult - U.S. Transgender Survey (James et al., 2016); Youth - WI TYCNA 2017 Survey data]
  - **Gender:**
    - **Adults** - 34% Trans women; 30% Trans men; 36% Nonbinary
    - **Youth** - 22% Trans women; 31% Trans men; 40% Nonbinary; 7% Questioning
  - **Sexual Orientation:**
    - **Adults** - 12% Asexual/Demi; 15% Bisexual; 17% Gay/Lesbian/SGL; 12% Heterosexual; 39% Pansexual/Queer; 6% Another identity
    - **Youth** - 4% Asexual/Demi; 12% Bisexual; 19% Gay/Lesbian/SGL; 11% Heterosexual; 27% Pansexual/Queer; 23% Another identity; 4% Questioning
  - **Race/Ethnicity:**
    - **Adults** - 19.2% People of color; 81.8% White
    - **Youth** - 30.2% People of color; 69.8% White
Health & Social Inequities

The 2015 US Trans Survey (n = 541 Wisconsinites) indicated that:

- 22% of respondents in Wisconsin were unemployed (compared to 5% Nationwide unemployment)
- 26% were living under the poverty line (as defined by the US Census)
- 28% of employed individuals reported employment discrimination related to maintaining employment or hiring practices
- 77% of those who were out in K-12 education experienced some form of discrimination or mistreatment in school
- 33% reported discrimination or mistreatment from a health care provider
- 38% reported serious psychological distress within one month prior to filling out the survey

The 2015 WI-TYCNA Survey Healthcare Report (n = 311 WI Youth) indicated that:

- 21% were homeless (compared to 1.7-3.5% of youth homeless rate in WI)
- 27% were unemployed (compared to 6.5% youth unemployment rate in WI)
- 80% have no access to a competent healthcare provider
- 79% reported discrimination and/or mistreatment from a medical provider
- 64% reported discrimination and/or mistreatment from a mental health provider
- Only 2% have health insurance coverage for all transition-related and TNG-specific healthcare
What the research says…

▶ 1 out of every 3 TNG people will experience clinical depression

▶ 1 out of every 3 TNG people will experience clinical anxiety

▶ 1 out of every 5 TNG people will experience post-traumatic stress disorder

▶ 1 out of every 2 TNG people experience suicidal ideation

*Budge et al., 2013; Reisner et al., 2016; Shippherd et al., 2011; James et al., 2016
Figure 7.22: Currently experiencing serious psychological distress
CURRENT AGE (%)

- Overall: 53%
- 18 to 25: 39%
- 26 to 29: 10%
- 30 to 34: 31%
- 35 to 39: 7%
- 40 to 44: 5%
- 45 to 49: 26%
- 50 to 54: 23%
- 55 to 59: 22%
- 60 to 64: 16%
- 65 and over: 14%
- 60 to 64: 10%
- 65 and over: 8%
Figure 7.24: Currently experiencing serious psychological distress
YEARS SINCE BEGAN TRANSITIONING (%)

- Overall: 39%
- 0 to 1 year: 41%
- 2 to 5 years: 38%
- 6 to 10 years: 31%
- 10 years or more: 24%
Causes of Health & Social Inequities

- Discrimination in Life Spheres & Minority Stress

artwork by B. Parker
Minority stressors (Distal)

Minority stress is: (a) unique, (b) chronic, and (c) socially-based

- TNG Minority Status
  - Discrimination
    - Violence
    - Microaggressions
  - Depression
    - Suicidality
    - Anxiety
    - PTSD
Minority Stressors (Proximal)

- TNG Identity
  - Expectations of Rejection
  - Conceal Identity
  - Internalized Stigma

- Depression
- Suicidality
- Anxiety
- PTSD
Causes of Health & Social Inequities

- Discrimination in Life Spheres & Minority Stress
- Social Isolation & Rejection
- Poor Access to Care
  - Provider incompetence
  - System barriers
  - Health insurance
## Barriers to Treatment

<table>
<thead>
<tr>
<th>Negative experience</th>
<th>% of those who had seen a provider in the past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>They had to teach their health care provider about transgender people to get appropriate care</td>
<td>24%</td>
</tr>
<tr>
<td>A health care provider asked them unnecessary or invasive questions about their transgender status that were not related to the reason for their visit</td>
<td>15%</td>
</tr>
<tr>
<td>A health care provider refused to give them transition-related care</td>
<td>8%</td>
</tr>
<tr>
<td>They were verbally harassed in a health care setting (such as a hospital, office, or clinic)</td>
<td>6%</td>
</tr>
<tr>
<td>A health care provider used harsh or abusive language when treating them</td>
<td>5%</td>
</tr>
<tr>
<td>A health care provider refused to give them care not related to gender transition (such as physicals or care for the flu or diabetes)</td>
<td>3%</td>
</tr>
<tr>
<td>A health care provider was physically rough or abusive when treating them</td>
<td>2%</td>
</tr>
<tr>
<td>They were physically attacked by someone during their visit in a health care setting (such as a hospital, office, or clinic)</td>
<td>1%</td>
</tr>
<tr>
<td>They were sexually assaulted in a health care setting (such as a hospital, office, or clinic)</td>
<td>1%</td>
</tr>
<tr>
<td>One or more experiences listed</td>
<td>33%</td>
</tr>
</tbody>
</table>
Figure 7.6: Did not see health provider due to fear of mistreatment in the past year

RACE/ETHNICITY (%)

Overall: 23%
American Indian: 37%
Asian: 24%
Black: 26%
Latino/a: 26%
Middle Eastern: 34%
Multiracial: 28%
White: 22%
Voices from Trans People

“We as Black trans women don’t want to address mental health because we think it’s an ugly thing. But yet, we transition and we still have anxiety and we have PTSD; we still have domestic violence issues; we still have all that. But yet, it’s not being addressed. We’re so busy addressing hormones and the trans thing and the HIV that we’re leaving out everything else. We’re not dealing with the total package, the total person.”

~Shay, 49, African American, trans woman

“I was seeing a therapist in [city in Wisconsin] and I was going to seek surgery and the therapist told me, ‘Well, I can’t write you a letter because you’re too depressed.’ Well, everybody else in the field says I’m too depressed because I’m not living the life I need to.”

~66 yr old, white, trans female

“So I was gonna go into residential treatment for a while…My mom let them know that I’m trans, and they said that it is a program for girls, and they said that I would have to be referred to as one of their girls, and then they’d have to use she/her pronouns and my dead name. And so, I really needed that treatment, but I did not go. Because I couldn’t do that for 3 months. I could not—I could not be misgendered for that long—I couldn’t do that.”

~WI-TYCNA Focus Group Participant
Causes of Health & Social Inequities

- Discrimination in Life Spheres & Minority Stress
- Social Isolation & Rejection
- Poor Access to Care
  - Provider incompetence
  - System barriers
  - Health insurance
- Policy & Political Environments
  - School
  - Work, Housing, & Public Accommodations
  - Healthcare & Health Insurance
  - ID & Legal Documents
  - Prisons & Police
  - Other Areas of Concern - Military, Immigration, Census & other surveys, Executive policy changes, RFRA & FADA
Impactful Practices
Mental Health is about wellness too...

“Back in my home state I saw something that I’ve never seen before. It was a foggy morning in the mornings and I saw a rainbow that crossed. It literally made an X going in two directions, and it’s just one of those things that you only get to see once-in-a-lifetime. It’s a miraculous experience and nobody gave you that sense of miraculousness but you. You saw it. You were there. That’s kind of all this [the transition] has been. One of those impossible strings of circumstances that came together to give you this sense of awe and wonder about the world that’s…even if it doesn’t make sense it make sense, and all this is going on for a reason and I don’t know, it’s just a whole self-awakening thing.”

~Sam, 33, white, trans man

“…the more that I looked at that [identifying as trans], the more that I talked with people who have the same experiences...everything lights up. It makes sense and I feel like I’m at home in this.”

~Don, 27, Korean, trans man

“But I never outwardly told [my therapist], just because I didn't struggle with [being trans]. I was really happy when I found out I was trans and like figured all that stuff out, because I could be more affirmed.”

~WI-TYCNA Focus Group Participant
Providing Multiple Perspectives

“It just feels amazing to be comfortable in your own skin.”

~Nikka, 26, Native American, trans woman

“At some level we’re all going to care about how we’re perceived by others and being able to have… being scared about doing that and allowing yourself to be your true self and being afraid to, but doing it anyway. So, I take some pride in that, I never knew I had it in me.”

~Julie, 55, Mixed & mostly White, trans woman

“[Best aspects?] Oh, where to begin. I think one of the biggest things for me is how much balance it’s just brought to my life, like before there was so much dysphoria and all this other stuff in the way and those really can bring you down. So being able to now just start getting this open, start getting my life where I want it to go, it’s really brought around a lot of other changes in my life as well, it’s just inspired me more to do all the other things I like to do. So I feel like taking on this has really just helped me become one with myself and is starting to just lead me down the path like I feel like I was meant to do.”

~Riley, 21, Russian/Jew, genderqueer
TNG AFFIRMING AGENCY PRACTICES

1. Use **identity-affirming language** throughout.

2. Create **visibly, meaningfully welcoming & accessible space**.

3. Require **appropriate & ongoing training** for all in the agency (staff, Board, volunteers, etc.).

4. **Enforce** a protocol for dealing with discrimination & harassment by staff, volunteers, and other clients.

5. Complete **ongoing assessment of climate & services**.

6. **Advocate** for elimination of barriers, discrimination, and threats in your community.

7. Support the work of **youth-, POC-, and TNG organizations** in your region.
TNG AFFIRMING PROFESSIONAL PRACTICES

1. Access ongoing & up-to-date education.
2. Know and work on your privilege, biases, & learning edges.
3. Meet clients where they are & reflect their language.
4. Provide trauma-informed care.
5. Build a collaborative relationship & share power with clients.
6. Ensure referrals are affirming.
7. Provide gender-affirming services.
8. Work to create an affirming agency/practice.
9. Advocate for/with clients and help them navigate systems.
PERSONAL ADVOCACY PRACTICES

1. **Build Relationships** with (potential) champions/allies
2. **Ask about TNG Inclusion** (school, hiring, facilities, support, etc.) in your spheres
3. Work to **Change Policy & Practice** in your spheres
4. **Complain!** Make it expensive & embarrassing when they refuse to change.
5. **Learn about Policy & Legislative processes** & get involved.
6. **Interrupt Harm & Discrimination** in your spheres
7. Get involved in TQPOC-, & TNG-led **Community Action** towards justice
8. **Give Resources** (time, $$, housing, etc.) directly to multiply marginalized TNG youth & youth-, TQPOC-, and TNG-led groups that need them
Wisconsin Transgender Health Coalition
608-572-7556
info@witranshealth.org or jcbotsford@wisc.edu
@WITransHealthCoalition
Definitions:
- [http://www.transstudent.org/definitions](http://www.transstudent.org/definitions)
- [https://transequality.org/issues/resources/understanding-non-binary-people-how-to-be-respectful-and-supportive](https://transequality.org/issues/resources/understanding-non-binary-people-how-to-be-respectful-and-supportive)

Training Opportunities & Non-Gatekeeper Healthcare Guidelines/Resources:
- The Fenway Institute ([www.thefenwayinstitute.org](http://www.thefenwayinstitute.org))
- National Center for LGBT Health Education ([www.lgbthealtheducation.org](http://www.lgbthealtheducation.org)) - many new & archived webinars with CMEs available
- Lyon Martin ([www.lyon-martin.org](http://www.lyon-martin.org)) - Residency for providers in LGBTQ+ health care
- Opportunity Conference ([http://opportunityconference.org/](http://opportunityconference.org/)) - LGBTQ+ health conference focused on the Midwest in MN
- USCF Center for Excellence in Trans Health ([www.transhealth.ucsf.edu](http://www.transhealth.ucsf.edu))

LGBT Health Centers in the Midwest:
- Mazzoni Center (Philadelphia) - [www.mazzonicenter.org](http://www.mazzonicenter.org)
- Howard Brown Health Center (Chicago) - [www.howardbrown.org](http://www.howardbrown.org)
- Greater Milwaukee Center - [www.gmchealth.org](http://www.gmchealth.org)
- CHW Trans Youth Clinic (Milwaukee) - 414-266-3380
TRANS HEALTH RESOURCES

State-wide (WI) LGBTQ+ & Trans Health Organizations:
- WI Trans Health Coalition (witranshealth.org & facebook.com/WITransHealthCoalition)
- Diverse & Resilient (www.diverseandresilient.org)
- FORGE (www.forge-forward.org)

Information about LGBTQ+ & TNG Health Inequities:
- WI Youth Risk Behavior Survey 2017 results: https://dpi.wi.gov/sspwy/rbs
- Williams Institute - williamsinstitute.law.ucla.edu/lgbtstats (suicide, homelessness, discrimination statistics)
- National Center for Transgender Equality (NCTE), US Trans Survey - www.ustranssurvey.org/reports

Training & Resources for Mental Health Professionals (LGBTQ+ Youth)
- National LGBT Health Education Center - www.lgbthealtheducation.org/topic/lgbt-youth/
- SAMHSA LGBT Training Curricula - www.samhsa.gov/behavioral-health-equity/lgbt/curricula
- American Counseling Association LGBT Counseling Training Modules - https://aca.digitellinc.com/aca/lessons/1