



The Association  
for Child and Adolescent  
Mental Health

# THE BRIDGE

April 2018

## Gender Identity

**Practitioner Review:**  
Affirmative care may  
elicit the best mental-  
health outcomes in  
transgender youths

Research highlights  
from our journals -  
*JCPP and CAMH*

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## Foreword from the Editor

*Dr Juliette Kennedy  
Editor of The Bridge*

Welcome to The Bridge – this month focusses on gender diversity in children and young people. Turban et al research review in JCCP 2017 is summarised here. Gender concern in young people can be associated with a great deal of distress; Turban et al propose that external social reactions, rather than internal conflicts, may be the primary cause of distress/depression/anxiety, that may then be linked to self-harm risk. It is highlighted that support and acceptance of gender variance, by family and friends and protection from bullying and discrimination, are crucial in preventing mental distress and the potential emergence of mental health problems in young people with gender concerns. The support and campaigning work of Mermaids and Gendered Intelligence is also described here. Young people and families whom I have worked with, have found that contact with other young people in a similar position, or further ahead in their journey, very helpful and supportive. Both organisations also provide information and advice to professionals working with young people and have a lot of information on their websites. I hope you find this edition helpful.



All of the research highlights in this edition are prepared by Dr Jessica K Edwards. Jessica is a freelance editor and science writer, and started writing for 'The Bridge' in December 2017.

## Elevated anxiety risk in sexual minority adolescents

Adolescents that are not exclusively heterosexual (“sexual minority”) are at an increased risk of developing an anxiety disorder compared to their heterosexual counterparts, according to recent data from a prospective birth cohort study. The study, conducted by researchers at King’s College London, investigated the relationship between sexual orientation at 15.5 years-of-age and the development of an anxiety disorder by 17.5 years-of-age in a large cohort of >4,500 young people. The results showed that more sexual minority adolescents experienced early childhood gender nonconformity (CGN), low self-esteem and incidents of bullying from ages 12-16 years compared to exclusively heterosexual adolescents. Consequently, those identifying as sexual minority at 15.5 years-of-age had ~2.5 times higher risk of developing an anxiety disorder than those identifying as heterosexual; bullying and low self-esteem were found to be key contributing factors. Interestingly, CGN had little effect on the association between sexual orientation and risk of developing an anxiety disorder. The researchers propose that interventions for anxiety disorders in sexual minority adolescents should consider prior experiences of bullying and low self-esteem.

*Jones, A., Robinson, E., Oginni, O., Rahman, Q. & Rimes, K. A. (2017), Anxiety disorders, gender nonconformity, bullying and self-esteem in sexual minority adolescents: prospective birth cohort study. J. Child Psychol. Psychiatr. 58, 1201-1209. doi:10.1111/jcpp.12757*

# Mermaids – helping gender diverse young people

By Louie Sandys, Editorial Assistant, ACAMH

Mermaids is a charity that supports children and young people up to 20 years old who are gender diverse, alongside their families and professionals involved in their care. They do this by raising awareness of gender nonconformity in children, young people and amongst professionals and the public. A 2012 survey by the Equality and Human Rights Commission indicated that 1% of the 10,000 people who undertook the survey were experiencing gender variance. Therefore, Mermaids campaign for the recognition of gender dysphoria in young people. Lobbying for improvements in professional services is sorely needed. Their hard work and the impact on the lives of many has been recognised through a number of accolades including the Community Group of the Year Award at the 2016 National Diversity Awards.

Mermaids was formed in 1995 by parents who were united by their children's longstanding gender incongruence. It has been a work in constant progress as Mermaids has grown to meet huge surges in demand offering the most appropriate resources to young people and their families, as well as carers and professionals that work with gender variant young people. Over the last few years, Mermaids has been able to widen their focus from its primary emphasis on being a support group.

Their website holds a wealth of resources for both children and parents, support with managing prejudice and hate crime, to useful videos, podcasts and factsheets. It's also a great resource for young people or parents that want to find out more.

Mermaids also run residential to help connect and offer a space for young people and their parents to meet in person and also to meet role models who have been through their own gender variance. This has offered a great source of help, friendship and support to people worried about what they are experiencing and what the future holds.

One especially powerful resource has been achieved through the use of the forums. There is a forum for young people aged 12-19 years old, providing a safe space to talk to peers and make new friends with similar experiences. Likewise, there is a forum for parents; the impact of which can be seen in the Parents Voices section, highlighting what a difference it makes finding other parents who are going through the same journey.

The Young Voices section, also holds a number of very emotive and powerful poems and experiences written by children from as young as 7, through to young adults who joined the community at Mermaids in their own childhood/teenage years. These testimonials highlight the importance of the organisation's work. It is important to ensure more funding is made available to help others and ensure the wider public are aware of gender incongruence.

For more information on Mermaids and to get in contact with the team, please visit their website at:

[www.mermaidsuk.org.uk](http://www.mermaidsuk.org.uk)



## Key points:

- Mermaids seeks to reduce the isolation and loneliness that parents and young people experiencing gender issues often face.
- They do this by empowering families and young people with the tools they need to negotiate education and health services.
- It is hoped that this support will help to reduce isolation and suicidality and self-harm in the young people who get in touch with Mermaids and also equip their parents to support their children.
- Mermaids aspires to improve self-esteem and social functioning in young people suffering with gender issues.
- Mermaids helps to improve awareness, understanding of GP's, CAMHS, Social Services and other professionals.



## Affirmative care may elicit the best mental health outcomes in transgender youths

**The past decade has seen a marked surge in public interest in the issues surrounding gender dysphoria, as indicated by an increasing number of published articles in the medical literature, and media and political attention.**

*By Dr. Jessica K. Edwards*

In their recent review published in *The Journal of Child Psychology and Psychiatry*, Jack Turban and Diane Ehrensaft provide an update on how the field of pediatric gender identity is changing and discuss the approaches to supporting and managing the gender identity concerns of children and adolescents. They highlight that high rates of anxiety, depression and suicidal intentions in children with gender concerns may be reduced by following affirmative treatment protocols. Issues surrounding gender identity have been in the public limelight over recent years, and this attention has been matched with an exponential increase in research articles published on the topic. In 2005, <10 new articles focusing on transgender youths were indexed in PubMed; conversely, >200 new articles were published in 2017 alone. Consistently, the number of referrals to pediatric clinics specializing in gender identity has also increased. “We set out to review this bank of literature and provide a succinct update for mental-health professionals treating children and adolescents”, says Turban. “Our main questions were: (1) what has the field learned about the epidemiology and mental-health concerns for transgender youths, (2) is there a model of care that is most robust for treating gender diverse children and adolescents, and (3) do we have evidence to support the use of medical interventions (such

as puberty blockers and cross-sex hormones) in adolescents who are asserting a transgender identity?”

The researchers first analyzed the prevalence of transgender identification. One study by The Williams Institute (UCLA) published in 2016 estimated that there are ~1.4 million transgender adults residing in the USA, which accounts for ~0.6% of the population. Although the studies in children have been relatively less comprehensive than those involving adults, the reported prevalence of transgender identification among adolescents is similar to adults. For example, studies of school children residing in San Francisco and New Zealand found that 1.3% and 1.2% of adolescents, respectively, identified themselves as transgender. The researchers conclude that this overall prevalence rate (~1% young people) is much higher than previously thought.

Turban and Ehrensaft did, however, identify some limitations incurred by many studies estimating the prevalence of transgender identity in youths. First, the research field is limited by shifting terminology regarding cross-gender identification, which makes interpretation and comparisons between studies difficult. Second, many older studies relied on the child behavior checklist (CBCL), which asks the participants only two questions

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related to gender identity and records the answers using a scale of 0 (never), 1 (sometimes) and 2 (often). Such method of reporting can be unreliable, as some children transiently “wish” to be of the opposite sex (perhaps because they have interests associated with the opposite gender), but do not actually have a true core transgender identity. More recent studies, however, have used more relevant and direct questions such as “do you identify as transgender?” Third, there are strong societal pressures to conceal gender dysphoria in order to avoid the associated stigma. As such, prevalence values of transgender youths are estimates at best.

Turban et al also investigated the co-occurring conditions with transgender identity and found that transgender youths suffer high rates of anxiety and depression. In fact, estimates for mood disorders range from 12.4% to 64%, and estimates for anxiety disorders range from 16.3% to 55%. Much of these data have come from chart reviews of youths referred to gender clinics. Consistently, a study of 105 gender dysphoric adolescents in the Netherlands found similar prevalence rates of internalizing emotional difficulties: 12.4% suffered from mood disorders and 21% suffered from anxiety disorders. The wide range in prevalence may be due to differences in parameters such as age, diagnostic criteria and cultural beliefs. What does seem to be clear is that internalizing emotional difficulties worsen with age.

By contrast, two studies involving transgender youths who were supported by their families (and who were not included in clinic samples) found no significant differences in the incidence of internalizing emotional difficulties compared to non-transgender control participants. “Non-acceptance by family and peers is a major risk factor for such mental-health problems in this population”, describes Turban. “Family support, therefore, seems to be a critical buffer in reducing the psychiatric risk factors that many transgender and gender diverse children and adolescents experience”. Some have also suggested that bullying and victimization contributes to mental-health problems in transgender youths, with an estimated 80% of transgender children being the victims of bullying. As such, Turban and Ehrensaft propose that social reactions, rather than internal conflicts, could be the primary cause of internalizing emotional difficulties in these children.

Data identified by this review also show high suicide attempt rates in the transgender population. Affected adults have a lifetime suicide rate of ~41%, and chart review studies from various pediatric gender identity clinics have found suicide attempt rates ranging from 9.3% (by mean age 14.8 years) and 10% (by mean age 13.5 years) up to 30% (by mean age 19.2 years). Children as young as 5 years old are at risk of suicidality, and the risk increases with age. Again, Turban et al found that non-

acceptance by family members of youths with transgender identity has a strong correlation with suicidality. Finally, some studies have suggested a link between autism spectrum disorders (ASD) and gender dysphoria. Turban et al highlight, however, that many of the studies suggesting this etiological link between autism and gender dysphoria have limitations and as yet, no correlation between the two conditions has been proven.

The researchers also assessed the psychotherapeutic approaches and interventions available to pre-pubertal youths. They found emerging data to support that early affirmation with a non-pharmacological social transition (i.e. allowing a child to take on a name, pronouns, dress, etc. associated with their gender identity) results in good outcomes for pre-pubertal transgender children who wish to transition. In addition, early data also suggest that puberty blockers and cross-sex hormones result in improved mental health outcomes for transgender adolescents.

*Turban, J. L. & Ehrensaft, D. Research Review: Gender identity in youth: treatment paradigms and controversies. (2017) J Child Psychol and Psychiatr. doi:10.1111/jcpp.12833.*



# Gendered Intelligence – helping young trans people

By Dr Jay Stewart

Dr Jay Stewart, MBE is CEO / Co-founder of Gendered Intelligence - a Community Interest Company, established in 2008, that provides activities, support, training and resources for the trans community and all those who work with or support trans people. It specialises in supporting young trans and gender questioning people between the ages of 8 and 30.

Our mission at Gendered Intelligence is to increase understanding of gender diversity and to improve the quality of life of trans people, and young trans people in particular. We work predominantly with the trans community and those who impact on trans lives (including parents, teachers, policy makers and organisations). We particularly specialise in supporting young trans people aged 8-30. 'Gender dysphoria' is a clinical term, but at Gendered Intelligence we talk about people being trans, or identifying as trans or questioning their gender identity. For us, this describes the spectrum of people who feel that their assigned gender at birth doesn't match their sense of self.

Our work goes wider than this though. Our vision is of a world where people are no longer constrained by narrow perceptions of gender and where diverse gender expressions are visible and valued. We believe this affects everyone and so trans-inclusive practices benefit everyone.

In order to achieve our goals, we deliver programmes for young people who identify as trans or are questioning their gender identity. We work in education settings too delivering workshops and assemblies for students in primary schools, secondary schools, colleges and Universities to talk about how the gender binary (being male or female) gets reinforced on a daily basis and to challenge gender stereotypes and social expectations of gender norms. Professionals need support in their roles too and we carry out professional development training, consultancy and policy work across a range of settings.

Next year Gendered Intelligence will celebrate its 10th birthday. We have seen some important changes over these years, not least an increased positive attitude for providing trans-inclusive services and there has been a concerted effort within government to address the inequalities that trans people sometimes experience.

We do know that many trans people experience mental distress, mostly due to the discrimination they face. Trans people are particularly at risk of experiencing difficulties with their emotional health and mental wellbeing, due to the barriers they face in connection with their gender identity. The report 'Gender Dysphoria Services: A Guide for General Practitioners and other Healthcare Staff' (Apr 2013), describes: "It should be emphasised that Gender Dysphoria and Transsexualism are not considered, in and of themselves, mental illnesses in any essential sense. The associated pressures of unmanaged dysphoria and/or the social stigma that can accompany gender diagnosis and transition may, however, result in clinically significant levels of distress."



Studies on trans people including trans youth are fairly thin. The Youth Chances Report – The Metro Centre Ltd, University of Greenwich, Ergo Consulting, January 2014 (16-25, 6,514, incl. 956 young trans people) shows there is a significant number of young trans people who are not adopting binary roles or approaches and highlights that the whole structure of our systems and culture is essentially not fit for purpose for these young people. In this report we learn that 90% of all respondents agreed that discrimination against transgender people is still common. It also tells us that 72% claimed to have self-harmed and 66% reported having experienced a mental health condition that affects their normal activities.

There has been a large increase in the number of young trans people seeking support. Referrals to all gender services are increasing. The Tavistock clinic, the only centre for children and adolescents in England, has seen referral increases of about 50% a year since 2010-11. In the past year it has had an unprecedented increase of 100%, up from 697 to 1,398 referrals.

Young trans people face disadvantages not faced by other young people. They are vulnerable and experience isolation, shame, rejection and poor mental health.

At the present time waiting times for Gender Identity Clinics (GICs) or Gender Identity Development Services (GIDS) breach the 18-week statutory limit. Mental distress is exacerbated by these waiting times.

Gendered Intelligence has therefore established a network for therapists and counsellors, with the objective of ensuring that young trans people (and their families) have a positive experience in a therapy setting and to understand therapy as a useful resource or framework for help now, as well as when entering into adult life. We provide intense training and ongoing support through group supervision and consultation. Professionals can also go on our Gendered Intelligence Directory for therapists and counsellors, so that our young members and their families can feel confident that they are going to be treated with respect and have some good understanding.

As trans people, we need to be able to develop resilience, to manage the setbacks and discrimination that we might experience. As well as connecting to trans communities, building pride in our identities exploring our gender in a safe therapeutic environment is very important, lifesaving even.

For more information check - <http://genderedintelligence.co.uk/>

## Self image estimations impact on mental health

Our overall estimation of “self image” is thought to be based on various parameters, such as perceptions of body image, mental function and social attitude. Now, a study by Maria Di Blasi and colleagues has investigated the extent by which these different parameters can influence psychological well-being. The researchers asked 128 adolescents (aged 13-18) seeking psychotherapeutic treatment to complete two questionnaires: the revised Offer Self-Image Questionnaire (revised) and the Youth-Outcome Questionnaire, which assess self image and psychological distress, respectively. Here, they found that the level by which adolescents cope with internal and external demands (their “impulse control”), maintain mood and emotional fluctuations (their “emotional tone”), and perceive the quality of their family and/or peer relationships were negative predictors of psychological distress. Gender differences in terms of risk of psychological distress were identified in this cohort, suggesting that gender may influence mental-health outcomes. Specifically, a stronger negative association was found between impulse control and psychological distress in boys, and between both body-image satisfaction and family relationships and psychological distress in girls. The researchers propose that examining maladaptive psychological components of self image may help predict risk of psychological impairment and guide the development of effective mental-health interventions.

*Di Blasi, M., Muccioli, P., Alagna, M., Torres, D., Duca, I. & Tosto, C. (2017), Self-image and psychological distress in treatment-seeking adolescents. Child Adolesc Ment Health. doi:10.1111/camh.12255*



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## Jack Tizard Memorial Lecture & Conference

*'Expert analysis, new research: what works'*  
Intellectual Disability: 7 June, Autism: 8 June  
The Royal College of Physicians, London

Under the theme 'Expert analysis, new research: what works' the first day will concentrate on Intellectual Disability, whilst the second will be on Autism. You will hear from world-leading experts in the field of Intellectual Disability, and Autism, delivering the latest evidence and best practice examples, that will shape people's knowledge. Visit [www.acamh.org](http://www.acamh.org) for full details.



AUTISTICA

### Processing speed determines dyslexia risk

Males exhibit a lower average reading performance than females, according to new data from Anne Arnett and colleagues. The researchers devised a framework to first validate the apparent sex difference in prevalence of dyslexia and then determine which cognitive correlates may underlie this difference. The study included 2,401 youths aged 7-24 years, who were asked to complete tests for reading accuracy and IQ. Analysis of the results verified that males have a lower mean and more variable reading performance than females. This difference may be due to a slower processing speed (PS; the time required to perform a mental task) and poorer inhibitory control (INH; the capacity to regulate a behavioural response) demonstrated by males compared to females in this cohort. Males did, however, perform better than females in verbal reasoning (VR; the ability to comprehend concepts expressed in words). The researchers conclude that reading performance in males is associated with two cognitive risk factors (PS and INH) and a protective factor (VR), which together mediate the sex bias towards males in dyslexia.

Arnett, A. B., Pennington, B. F., Peterson, R. L., Willcutt, E. G., DeFries, J. C. & Olson, R. K. (2017), *Explaining the sex difference in dyslexia*. *J Child Psychol Psychiatr*, 58:719-727. doi:10.1111/jcpp.12691

### Rumination affects mother-infant interactions

Rumination — or focused attention on the symptoms of one's distress — is associated with the onset and maintenance of depression, but whether it affects the quality of interaction between an infant and a mother affected by postnatal depression is unclear. New research now shows that a ruminative state can affect the quality of sensitive maternal behaviours. A total of 79 mothers, of whom half exhibited depressive-like symptoms (dysphoria), were randomly assigned to a "rumination induction" or control group. The rumination induction group were asked to identify unresolved, self-relevant problems and the control group were asked to identify resolved, self-relevant problems. Each group focused on these problems for 10 minutes, and mother-infant interactions were analyzed. Dysphoric mothers showed reduced quality of interaction with their infants compared to the non dysphoric controls, and mothers in the rumination induction group exhibited reduced sensitivity towards their infants compared to those in the control group. The researchers conclude that a ruminative state impairs the quality of mother-infant interaction, regardless of the initial level of depressive symptoms the mother is experiencing.

Tester-Jones, M., Karl, A., Watkins, E. & O'Mahen, H. (2017), *Rumination in dysphoric mothers negatively affects mother-infant interactions*. *J Child Psychol Psychiatr*. 58: 38-45. doi:10.1111/jcpp.12633