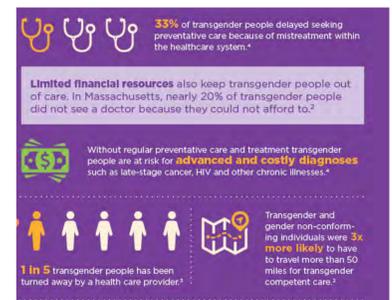
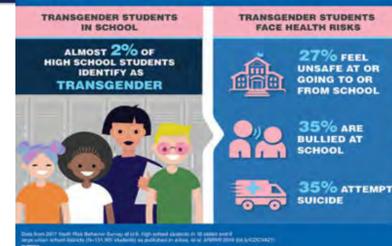
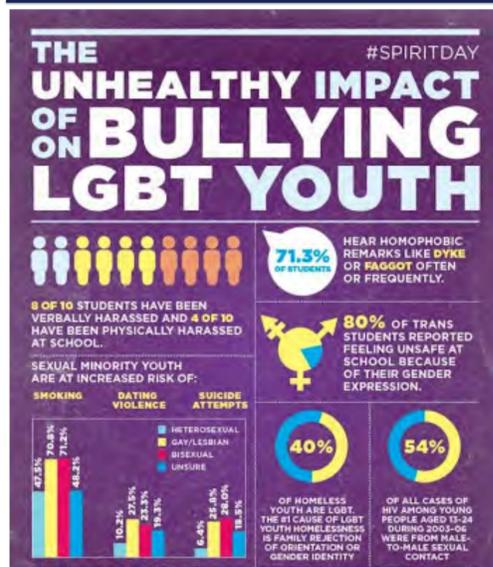




Objectives

To define LGTBQ terminology. To explore the relationship between gender nonconformity, adolescence, and somatic symptoms using a systems of care based approach in collaboration with school and primary care providers. To discuss recommendations for best treatment of this patient population in these settings.

Background



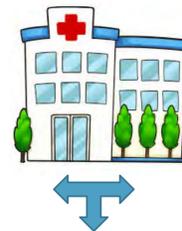
Case Presentation

A 12-year-old self-identified gender fluid person presented to an outpatient mental health clinic with their father after a history of cutting, depression, anxiety, and somatic complaints including gastrointestinal upset when dealing with uncomfortable situations. This was in the setting of recently moving back in with their father after being removed from their mother's custody due to substance use and neglect. This was the first time the preteen had seen a mental health professional but had been complaining of several somatic symptoms for several, including stomach upset, dizziness, and fast heart rate for years that were later uncovered to be related to previous symptoms of anxiety. It was also noted upon the very first session, that the adolescent was uncomfortable being singularly identified as one gender, especially while at school, and that these issues had significantly contributed to issues of depression, anxiety, and poor self-esteem, and how this interaction was the first setting they felt comfortable expressing their gender nonconforming preference. After careful collaboration between their family, behavioral health, primary care, and school this young person was able to decrease stress, symptoms of depression, anxiety, somatic complaints, and feel more comfortable with their identity and had an improved quality of life.

Interventions

Collab with PCP

- Discussed somatic symptoms w/ PCP in accordance with anxiety sx
- Encouraged regular f/u and open discussion of PRS and PCP
- Reduction in somatic complaints



Collab with School

- Discussion w/ school counselor about gender nonconforming people services available, PRS preference in identification
- PRS joining peer support group
- PRS feeling more comfortable in school



Behavioral Health Clinic

- Established rapport and engaged the PRS in an open space
- Discussed identity preferences
- Ongoing weekly therapy, including psychodynamic elements and CBT
- Better understanding of symptoms, both medical and mental and the relationship between the two
- Improvement in symptoms overall

LGBTQIA+ Self-Care



Recommendations

SCHOOLS:

1. Use inclusive phrases to address students as a whole and group students in ways that do not rely on gender.
2. Create a gender inclusive environment (ie: bathrooms, locker rooms)
3. Stop hurtful name-calling, harassment and bullying based on gender and other bias.
4. Use lesson plans to sign to expand understandings of gender.
5. Support all school staff to learn about gender and the ways in which today students are defining and expressing it. (ie: terminology)
6. Create and articulate strong policies that protect our students right to a safe and supportive learning environment. (ie: disciplinary actions for bullying/harassment)
7. Demonstrate openness to the fact that not every student will fit into the gender binary.
8. Be open minded, create a supportive community. (ie: peer/faculty support groups)
9. Build and have resources and referral sources readily available for those interested.

MEDICAL and MENTAL HEALTHCARE:

1. Create a welcoming, safe and inclusive clinical space which is gender neutral and promotes diversity.
2. Use of gender inclusive language and phrases and understanding the terminology while avoiding assumptions.
3. Use of appropriate forms, electronic health records, billing systems, patient-centered notification systems, and clinical research designed to respect asserted gender of the patient while maintaining confidentiality.
4. Ongoing staff and provider education to integrate core competencies on addressing emotional, physical health needs and best practices for LGBTQ population.
5. Speaking to youth separately from guardian, especially regarding sensitive topics such as substance use, orientation, identification, and sexual and reproductive health while keeping in mind developmental considerations.
6. Providers maintaining a role for advocating for education, developing liaison relationship with school, other medical providers, and community organizations to promote acceptance, inclusion of all children w/out fear of harassment, exclusion, or bullying due to gender expression.
7. Providers and clinics maintain roles in advocating for policies and laws that protect youths who identify as gender nonconforming from discrimination, and violence while receiving care.

Discussion

A review of the literature demonstrated that across the board, transgender and nongender conforming youth are at higher risk of reporting psychological distress, self-harm, suicidal ideation, bullying, feeling unsafe in school, and difficulties in obtaining medical care. Proper evaluation and treatment of this vulnerable population can help determine the impact of medical intervention, education and mental health support on these youths. All settings would benefit from continued education and inclusion to treat this patient population. There are limited studies on correlation or relationship between somatic symptoms and gender nonconforming population. There should be further prioritization on research that is dedicated to improving the quality of evidence-based care for nongender conforming youths.

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There are no conflicts of interest or financial disclosures.

Methods



A retrospective chart review was completed, in addition to a PubMed and ebscohost search using the terms "gender fluidity," "somatic," "school," "pediatrician," "child" and "adolescence." Various web sources were included for additional information.