Samaritan Health Services

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CASE CHALLENGES

- **Limited availability** of programs appropriate for **acute psychiatric, behavioral, and disordered eating symptoms** with **gender-affirming** approach
- **Dual trainee-provider roles** of resident physicians contribute to **disruptions in care continuity** and potential for prioritization of patients' educational value over individual care needs
- Siloing of specialists results in **lack of provider familiarity** regarding transitions between levels of care
- Personal connections between providers influences placement

CASE SUCCESSES

- Coordinated care organization was an asset in **case management**
- **Co-location** of medical and mental health services **reduced barriers** to essential monitoring

The extraordinary efforts needed to bring a transgender youth into concurrent, higher-level psychiatric care and eating disorder treatment reflect systemic shortcomings in equitable access to care for a vulnerable population.

FRAMING THE NEED

- Approximately 1-2% of adolescents in the USA identify as transgender
- Transgender youth experience increased rates of anxiety, depression, trauma and victimization, homelessness/runaway status, and risky sexual and substance use behaviors compared to cisgender peers
  - Over a third report having attempted suicide in the past year
  - More than half report a 2+ week period of depression in the preceding year
- Transgender youth also have increased risk for eating disorders compared to the general population
  - College students self-report past month disordered eating behaviors at 3-10x the rate of cisgender peers

SHS IRB Number: