



NATIONAL LGBTQIA+ HEALTH
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A PROGRAM OF THE FENWAY INSTITUTE



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Working with Transgender and Gender Diverse (TGD) Youth during the COVID-19 Pandemic

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Our Roots

Fenway Health

- Independent 501(c)(3) FQHC
- Founded 1971
- Mission: To enhance the wellbeing of the LGBTQIA+ community as well as people in our neighborhoods and beyond through access to the highest quality health care, education, research, and advocacy
- Integrated primary care model, including HIV and transgender health services

The Fenway Institute

- Research, Education, Policy



LGBTQIA+ Education and Training

The National LGBTQIA+ Health Education Center offers educational programs, resources, and consultation to health care organizations with the goal of providing affirmative, high quality, cost-effective health care for lesbian, gay, bisexual, transgender, queer, intersex, asexual, and all sexual and gender minority (LGBTQIA+) people.

- Training and Technical Assistance
- Grand Rounds
- Online Learning
 - Webinars, Learning Modules
 - CE, and HEI Credit
- ECHO Programs
- Resources and Publications

www.lgbtqiahealtheducation.org

education@fenwayhealth.org



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- You can contact the webinar host using the chat function in Zoom. Click the “Chat” icon, and type your question.
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- Choose “I will call in.”
- Dial the phone number and access code



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After the Webinar

- Close the browser, and an evaluation will automatically open for you to complete
- We very much appreciate receiving feedback from all participants
- Completing the evaluation is required to obtain a CME certificate

CME/CEU Information

This activity has been reviewed and is acceptable for up to 1.0 Prescribed credits by the American Academy of Family Physicians. Participants should claim only the credit commensurate with the extent of their participation in this activity.

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Other Health Professionals	Confirm equivalency of credits with relevant licensing body.

Gender-Affirmative Care at the Gender Multispecialty Service (GeMS)

- Open, culturally sensitive approach to working with transgender and gender diverse people
- Gender identity and expression are natural variations
- Does not pathologize → this is not a disorder or *wrong*
- To the best of our current knowledge, gender is influenced by biology, socialization, childhood/adolescent development, and cultural context
- Understands that gender is not a 'binary'
- Mental health concerns are likely caused and/or influenced by social stigma and negative cultural reactions
 - Transphobia, homophobia, and sexism (not an extensive list)



- Founded in 2007
- First US clinic to serve transgender and gender diverse youth.
- Expanded our program over time
- Now see patients ages 3-25

Multi- & Inter-disciplinary Team

Social Work

Admin Staff

Psychology

Trainees

Pediatric
Endocrine

Nurse

Adolescent
Medicine

PNP



Friends: Plastic Surgery, Urology, Repro-Endo, Cardiology, Hematology...

GeMS-Y Model of Care

For children under the age of 9:

- Contact our program coordinator to set appointment with psychologists in GeMS-Y clinic
- GeMS-Y offers consultation to families and gender non-conforming (GNC) youth, play therapy assessment, discussion of specific and general gender issues in young children, and assistance accessing community resources
- Follow-up appointments are available for further consultation as your child grows older and comes closer to a formal assessment for medical intervention



<https://discoveries.childrenshospital.org/leven-non-binary/>

GeMS Model of Care



<https://discoveries.childrenshospital.org/at-complete-peace-olivers-transition-story/>

- **Intake:** The initial clinical assessment with our social worker allows you and your child to share your stories both together and separately, learn about our program, provides access to resources and to discuss specific and general gender issues
- **Medical:** The medical visit will assess your child's current needs and provide information about potential medical treatments for the future
- **Ongoing Therapy:** If your child is not yet in therapy, they will be referred to a clinician in your community who is familiar with gender issues
- **Evaluation:** After your child has met with a therapist for about 3 – 6 months, you and your child will meet with a GeMS psychologist for a formal evaluation



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Medical Care in GeMS

Common treatments include:

- Masculinizing hormones (testosterone)
- Feminizing hormones (estrogen)
- Anti-androgens (Spironolactone)
- Puberty blockers GnRHa (Supprelin, Lupron, Fensolvi, Triptodur)
- Menses suppression medication (Micronor, Aygestin)



COVID-19 Care Model



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COVID-19 Considerations for TGD Youth

- TGD youth may be cut off from vital sources of support such as friends, school, etc.
- Youth may be spending more time in non-supportive home environments
- Less distractions may mean more time focusing on gender dysphoria
- Mental health crisis in addition to epidemiological crisis

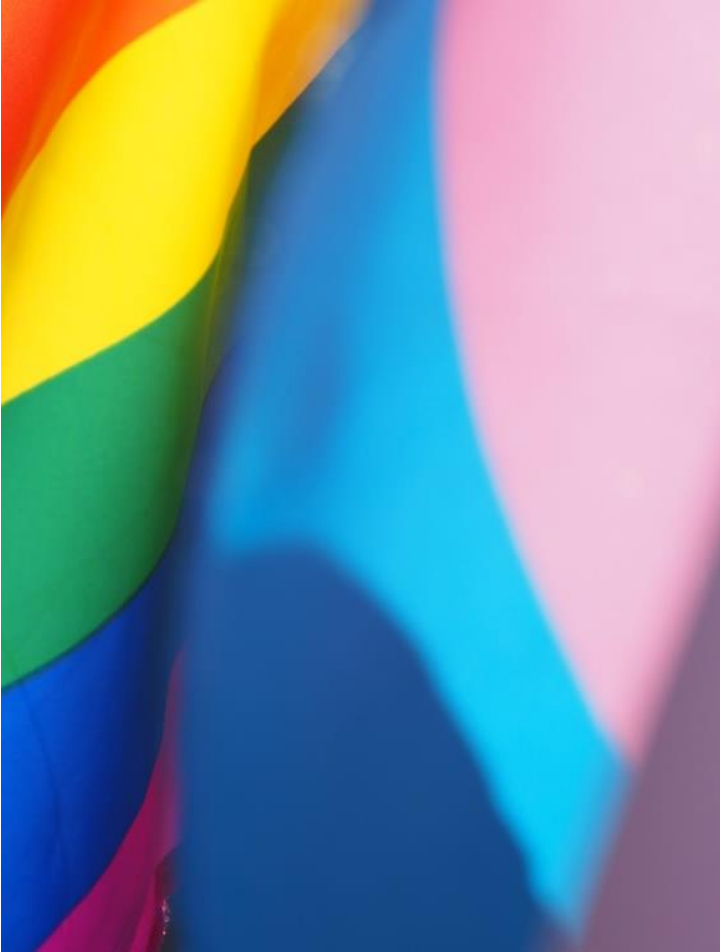


COVID-19 Effects on TGD Youth



- Emerging data shows that there are population wide mental health effects from COVID-19, including increases in posttraumatic stress, depression, anxiety, and substance use
- TGD youth area already at higher risk for negative mental health outcomes, and this has only increased during the pandemic
- Legislative attack on transgender youth rights during the pandemic is also a significant stressor
- While not well understood, there appears to be an increase in need for gender-affirmative services during the pandemic.

Care in GeMS before COVID-19



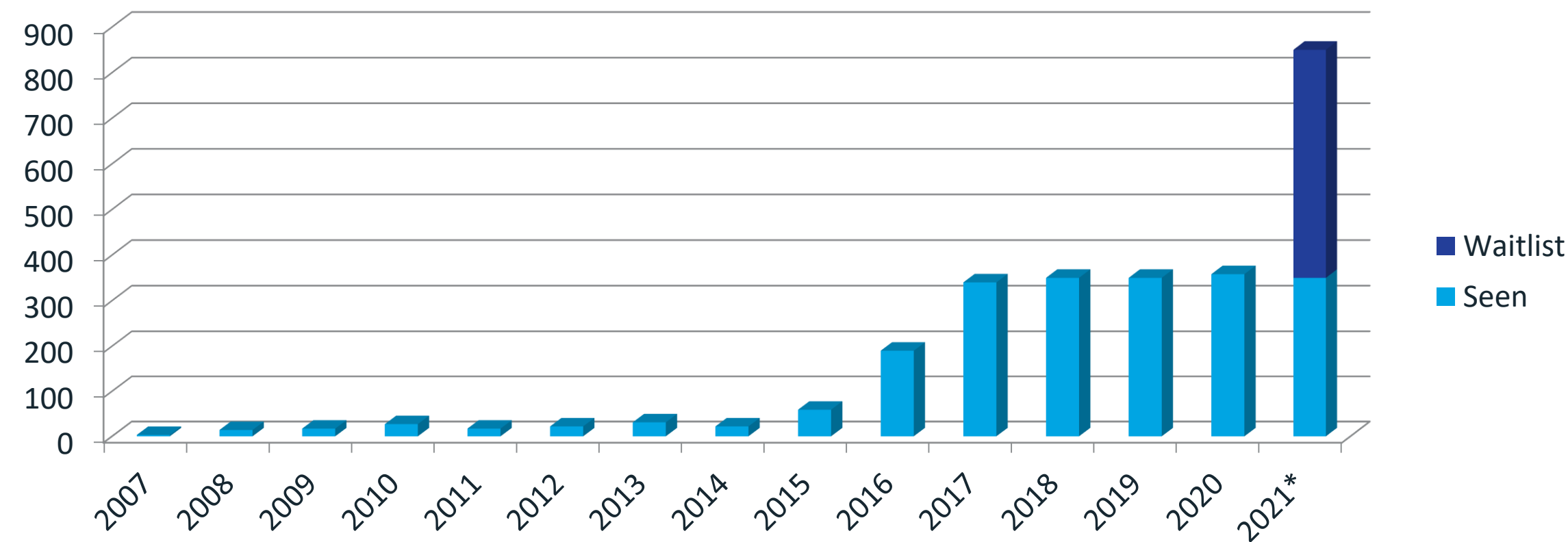
- All visits were in person for both medical and mental health visits
 - Patients would travel from all over New England
- Many times patients would see their GeMS mental health and medical providers on the same day
 - Continuity and ease of care

COVID-19 Pandemic and GeMS

- In person services became unavailable in March of 2020 due to the pandemic and associated quarantine guidelines
- GeMS had to rapidly adopt a telehealth model with no previous telehealth experience
- Need for services increased greatly
- Staffing became difficult
- Increased mental health needs
 - MH screeners Patient Health Questionnaires 9 and Child PTSD Symptom Scale (PhQ-9 and CPSS)
 - Concern around safety



Patient Volume



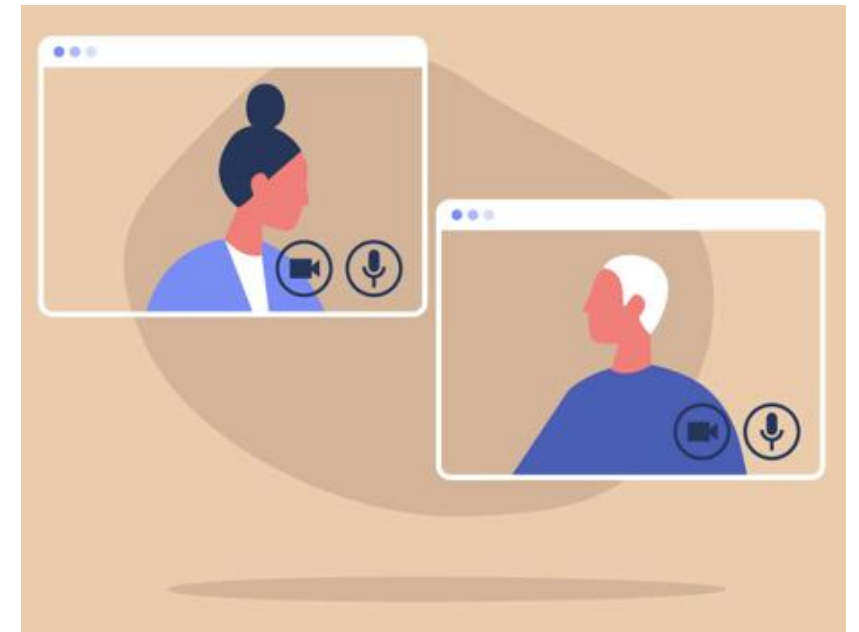
Waitlist Management



- Waitlist was developed in response to increased volume
- Created questionnaires for families to assist in waitlist management and triage
- Triage committee to review questionnaires
 - Team consistence of both mental health and medical providers
 - Prioritize patients based on urgency of medical need
- Despite these efforts, patients commonly had to wait for 6+ months for an intake visit
- Developed a webinar for patients so that they could learn more about the program and access resources more quickly

GeMS Telehealth Model

- GeMS has switched to a full virtual model for mental health
 - Initial transition was done in one week
 - All appointment types, including intakes and assessments are now done virtually
- Initially gender-affirmative care was not considered medically necessary by some institutions
 - GeMS strongly feels that gender-affirmative care is necessary and lifesaving
- 3,300 MH visits done virtually from 3/2020 – 1/2022



Telehealth and TGD Youth



- Telehealth is a well established, effective form of service delivery
- Less is known about telehealth for TGD youth
- Emerging data suggests that TGD youth are very interested in telehealth
- Many transgender youth surveyed reported that they prefer telehealth, especially for ongoing care and monitoring
- More research is needed to understand who is a good fit for telehealth vs. who would benefit from in person services

Virtual Visits in GeMS

Drawbacks

- Some families may not have access to multiple devices, high speed internet, etc.
- High burden on any internet services and devices in the home due to telecommuting and virtual school
- Difficult to see yourself on video due to dysphoria – also difficult to see legal name
- Harder for some to socialize over digital platform

Benefits

- Access to services is much better for some families
 - Less financial and travel burdens
- Patients seen in their homes where they are likely most comfortable
- Able to more easily talk to family members, meet pets, etc.
- Less physical space limitations (e.g. no need for clinic rooms that are often in short supply)
- Interpreter services

Medical Care Virtually

- Puberty blockers
 - Guidelines recommend patients are in puberty prior to initiation of treatment
 - With in person visits being on pause (March 2020-July 2020) we developed the following work arounds for assessing puberty:
 1. See their primary care provider for physical exam for Tanner staging
 2. Baseline gonadotropins/endogenous hormones
 - Downsides to this approach include the need for more than 1 visit to start blockers



Medical Care Virtually



- Gender-affirming hormones during pause on in person visits (March-July2020):
 - Could easily do outpatient labs but must be scheduled in advance
 - If we had not done a physical exam (PE) on patient, would review last PE with Primary Care Provider (PCP)
 - With State of Emergency in Massachusetts verbal consent was authorized. We could also send consents via our patient portal to sign and scan back

Medical Care Virtually

- Patients starting on testosterone injections were able to see a nurse virtually once they obtained testosterone from their pharmacies
- Many patients liked having a nurse present for their first injection
- Over time our visits have shifted back to more in person with only limited slots for virtual visits
- As our visits shifted, we could reschedule patients who needed to be seen in-person on an in person day and those needing virtual to a virtual day

Mental Health (MH) Virtual Visits Now



- Virtual visits are very popular with patients and providers
 - 50% of MH visits continue to be virtual
 - Continued PHQ-9 and CPSS screening
- In person visits saved for:
 - Patients that prefer it
 - Patients that have difficulty connecting virtually (e.g. selective mutism, autism)
 - Patients that live out of state
- Licensure continues to be an area of advocacy
 - MH providers have to be licensed in the state that the patient is located in during the visit
 - Many emergency orders have been extended but some have not
 - Consider licensure at the national level?

Tips for Mental Health Services

- Unprecedented mental health crisis
- Services are very difficult to find
- Tips to access care:
 - Partial hospitalization programs
 - Intensive outpatient programs
 - School counselors
 - Religious/spiritual supports
 - Online groups
 - Gender Spectrum
 - Psychologytoday.com

Hotlines:

- **Lesbian, Gay, Bisexual and Transgender Helpline**
617-267-9001
Toll-free: 888-340-4528
- **Peer Listening Line**
617-267-2535
Toll-free: 800-399-PEER
- **National Suicide Prevention Lifeline**
<http://www.suicidepreventionlifeline.org>
1-800-273-8255

Medical Virtual Visits Now

- Most patients are back to in person visits
- Follow up virtual visits can easily be done for patients in which the provider holds a license or their state allows reciprocity
- Can still be hard to get labs



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Tips for Telehealth

- Always know the location of your patient:
 - May disclose active suicide ideation (SI)
 - Need to ensure you have a license in the state you are seeing the patient
- Ask your patient what their preference is (virtual/in person) if you are able to offer both
- Work with your institution to make sure that patients can have their preferred name on screen
- If patient has increased dysphoria when looking at themselves offer an alternative arrangement (minimizing the video screen or covering up/minimizing their image on the screen)
- Make sure to check with the patient that they are in a safe place and alone in the room if you need to ask about any sensitive information

Advocacy

State of Trans Rights

- 2021 was the deadliest year on record for transgender and GNC people in the U.S.
 - 46 known violent deaths in 2021
 - Many victims are black trans women
- 2021 was a record year for legislation that seeks to restrict trans rights
 - 31 bills sought to limit access to gender-affirming healthcare
 - 64 bills sought to exclude transgender youth from athletics

<https://www.aclu.org/legislation-affecting-lgbtq-rights-across-country-2021?redirect=legislation-affecting-lgbt-rights-across-country>



Allyship and Advocacy

- Continue to educate yourself
- Affirm others' identities
- Speak out in support of transgender people and transgender rights
- Support transgender people who experience discrimination
- Think about how you use gendered language
- Learn about policies affecting transgender people
- Ensure everyone has access to bathrooms and other facilities
- Call your elected officials and work to pass laws

Helpful Websites

- <https://transequality.org/issues/resources/supporting-the-transgender-people-in-your-life-a-guide-to-being-a-good-ally>
- <https://www.aclu.org/legislation-affecting-lgbt-rights-across-country>
- <https://www.hrc.org/resources/epidemic-of-violence-reports>

References

1. Andrews E, Berghofer K, Long J, et al. Satisfaction with the use of telehealth during COVID-19: An integrative review. *International Journal of Nursing Studies Advances* 2020; 2: 100008. DOI: <https://doi.org/10.1016/j.ijnsa.2020.100008>.
2. Bloosnich JR, Rodriguez KL, Hruska KL, et al. Utilization of the Veterans Affairs' Transgender E-consultation Program by Health Care Providers: Mixed-Methods Study. *JMIR Med Inform* 2019; 7: e11695. 20190114. DOI: 10.2196/11695.
3. Rebchook G, Keatley J, Contreras R, et al. The Transgender Women of Color Initiative: Implementing and Evaluating Innovative Interventions to Enhance Engagement and Retention in HIV Care. *Am J Public Health* 2017; 107: 224-229. 2017/01/12. DOI: 10.2105/AJPH.2016.303582.
4. Sequeira GM, Kidd KM, Coulter RWS, et al. Transgender Youths' Perspectives on Telehealth for Delivery of Gender-Affirming Care. *J Adolesc Health* 2021; 68: 1207-1210. 20200923. DOI: 10.1016/j.jadohealth.2020.08.028.
5. Shipherd JC, Kauth MR and Matza A. Nationwide Interdisciplinary E-Consultation on Transgender Care in the Veterans Health Administration. *Telemed J E Health* 2016; 22: 1008-1012. 2016/05/10. DOI: 10.1089/tmj.2016.0013.
6. Wood SM, White K, Peebles R, et al. Outcomes of a Rapid Adolescent Telehealth Scale-Up During the COVID-19 Pandemic. *J Adolesc Health* 2020; 67: 172-178. 2020/07/03. DOI: 10.1016/j.jadohealth.2020.05.025.
7. Pankey TL, Heredia D, Jr., Vencill JA, et al. Gender-Affirming Telepsychology During and After the COVID-19 Pandemic: Recommendations for Adult Transgender and Gender Diverse Populations. *J Health Serv Psychol* 2021: 1-9. 20211016. DOI: 10.1007/s42843-021-00048-z.
8. Chatterjee S, Biswas P and Guria RT. LGBTQ care at the time of COVID-19. *Diabetes Metab Syndr* 2020; 14: 1757-1758. 20200907. DOI: 10.1016/j.dsx.2020.09.001.
9. Fish JN, McInroy LB, Paceley MS, et al. "I'm Kinda Stuck at Home With Unsupportive Parents Right Now": LGBTQ Youths' Experiences With COVID-19 and the Importance of Online Support. *J Adolesc Health* 2020; 67: 450-452. 2020/06/28. DOI: 10.1016/j.jadohealth.2020.06.002.
10. Roberts SA, Williams CR and Grimstad FW. Considerations for Providing Pediatric Gender-Affirmative Care During the COVID-19 Pandemic. *J Adolesc Health* 2020; 67: 635-637. 2020/09/19. DOI: 10.1016/j.jadohealth.2020.08.018.



References

11. Salerno JP, Devadas J, Pease M, et al. Sexual and Gender Minority Stress Amid the COVID-19 Pandemic: Implications for LGBTQ Young Persons' Mental Health and Well-Being. *Public Health Rep* 2020; 135: 721-727. 2020/10/08. DOI: 10.1177/0033354920954511.
12. Salerno JP, Williams ND and Gattamorta KA. LGBTQ populations: Psychologically vulnerable communities in the COVID-19 pandemic. *Psychol Trauma* 2020; 12: S239-S242. 2020/06/20. DOI: 10.1037/tra0000837.
13. Silliman Cohen RI and Bosk EA. Vulnerable Youth and the COVID-19 Pandemic. *Pediatrics* 2020; 146 2020/04/30. DOI: 10.1542/peds.2020-1306.
14. van der Miesen AIR, Raaijmakers D and van de Grift TC. "You Have to Wait a Little Longer": Transgender (Mental) Health at Risk as a Consequence of Deferring Gender-Affirming Treatments During COVID-19. *Arch Sex Behav* 2020; 49: 1395-1399. 20200609. DOI: 10.1007/s10508-020-01754-3.
15. Wang Y, Pan B, Liu Y, et al. Health care and mental health challenges for transgender individuals during the COVID-19 pandemic. *Lancet Diabetes Endocrinol* 2020; 8: 564-565. 2020/05/24. DOI: 10.1016/S2213-8587(20)30182-0.
16. Konnoth C. Supporting LGBT Communities in the COVID-19 Pandemic. *SSRN Electronic Journal*. DOI: 10.2139/ssrn.3675915.
17. Banerjee D and Nair VS. "The Untold Side of COVID-19": Struggle and Perspectives of the Sexual Minorities. *Journal of Psychosexual Health* 2020; 2: 113-120. DOI: 10.1177/2631831820939017.
18. Hawke LD, Hayes E, Darnay K, et al. Mental health among transgender and gender diverse youth: An exploration of effects during the COVID-19 pandemic. *Psychology of Sexual Orientation and Gender Diversity* 2021; 8: 180-187. DOI: 10.1037/sgd0000467.
19. Gonzales G, Loret de Mola E, Gavulic KA, et al. Mental Health Needs Among Lesbian, Gay, Bisexual, and Transgender College Students During the COVID-19 Pandemic. *J Adolesc Health* 2020; 67: 645-648. 20200912. DOI: 10.1016/j.jadohealth.2020.08.006.
20. Kidd JD, Jackman KB, Barucco R, et al. Understanding the Impact of the COVID-19 Pandemic on the Mental Health of Transgender and Gender Nonbinary Individuals Engaged in a Longitudinal Cohort Study. *Journal of Homosexuality* 2021; 68: 592-611. DOI: 10.1080/00918369.2020.1868185.
21. Zhou X, Snoswell CL, Harding LE, et al. The Role of Telehealth in Reducing the Mental Health Burden from COVID-19. *Telemedicine and e-Health* 2020; 26: 377-379. DOI: 10.1089/tmj.2020.0068.





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The Education Center is part of The Fenway Institute, the research, training, and health policy division of Fenway Health, a Federally Qualified Health Center, and one of the world's largest LGBTQIA+ focused health centers.

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