Mental health of transgender children and adolescents: a systematic review

Saúde mental de crianças e adolescentes transgênero: uma revisão sistemática

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ABSTRACT

Introduction: Studies on the mental health of transgender children and adolescents express high rates of depression, anxiety, and suicide. It is important to highlight that this is probably due to the minority stress with which these individuals deal since the infrastructures and social policies are designed to treat and welcome cisgenders, based on a normative character. This configuration is associated with a long and past history, of continuous prejudice, stigmatization, and discrimination, conflicts between appearance and gender identity, and rejection in social and family environments. All of these factors contribute decisively to the serious psychiatric morbidity perceived in this population.

Objective: The present article aims to identify the relevant aspects of the mental health of transgender children and adolescents and explore other factors associated with the reduction of psychopathological disorders in this population.

Methods: A systematic review of the scientific literature was conducted in the PubMed and Virtual Health Library indexed databases, using the descriptors "mental health", "transgender persons" and "children" with the Boolean operator AND. Studies discussing the subject, published between 2010 and 2020 in all available languages, were included, and those that did not meet the criteria were excluded. The survey and screening were carried out in parallel by
three researchers, disclosing in the selection of 56 articles. Results: The studies indicated a higher frequency of psychological disorders like depression, anxiety, ideation and suicide, self-harm, low self-esteem, substance abuse, and other risk behaviors in the studied population when compared to the rest of the population. The studies also presented other aspects related to the mental health, such as the importance of family support, social transition, and institutional, medical, and psychological support. Conclusion: The evidence presents the challenges faced by this population in their needs and assured rights, culminating in the developing or worsening of psychological disorders.

**Keywords:** gender identity, child, adolescent, psychopathology.

1 INTRODUCTION

The term transgender is employed to describe individuals who have a gender identity different from the assigned sex at birth. These terms include both individuals who identify themselves as belonging to the opposite sex and those who have their identity beyond the binary categories of gender, in which man and woman are the only possibilities. (1)
Gender dysphoria, on the other hand, consists of internal suffering caused by the discrepancy between a person's gender identity and biological sex. However, it is important to note that not all gender-variant individuals have gender dysphoria. Gender identity concerns how the individual perceives and expresses themselves, and depends on biological, social, and cultural factors.\(^{(2-4)}\)

The number of transgender individuals in the world is still unknown, however, a recent study proposes that the prevalence is 4.6 per 100,000 people. The scenario of a scarcity of data is even more important when defining the age range for children and adolescents.\(^{(5, 6)}\)

The tenth edition of the International Classification of Diseases (ICD-10), published by the WHO, listed “Transsexualism” and other “gender identity disorders” in the chapter “Mental and behavioral disorders”.\(^{(7)}\) In the new edition of the ICD, the ICD-11, which will be applied in 2022, trans identities were removed from the chapter on mental health, and gender incongruence was considered as a character instead of a disease.\(^{(8)}\)

The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders) published by the American Psychiatric Association in 2013, initially, proposes a terminological alteration concerning the DSM-4. This brings the previous expression “gender identity” modified to “gender incongruity”. Subsequently, due to the criticisms received, the final version of the manual replaced the term for "gender dysphoria". This substitution is seen as a paradigmatic advance towards the depathologization of gender variance. However, gender diversity is still considered a mental illness, as it remains included in the Diagnostic and Statistical Manual of Mental Disorders.\(^{(5, 7-9)}\)

Activism advocates withdrawing the diagnosis in childhood, "gender dysphoria" in DSM-5, and "gender incongruence" in ICD-11, since such diagnostic classifications have no clinical usefulness, as children do not need treatment until they approach puberty. It is argued that children are vulnerable to processes of pathologization, institutional violence, and non-consensual treatments, and that, when necessary, psychological support services do not require a diagnosis.\(^{(8)}\)

Studies on the mental health of adolescents and transgender adults express high rates of depression, anxiety, and suicide. It is important to highlight that this is probably due to the minority stress with which these individuals deal since the infrastructures and social policies are designed to treat and welcome cisgenders, based on a normative character.\(^{(10, 11)}\)

This configuration is associated with a long and past history, of continuous prejudice, stigmatization, and discrimination, conflicts between appearance and gender identity, and rejection in social and family environments. All of these factors contribute decisively to the
serious psychiatric morbidity perceived in this population. In this setting, the attention, care, and monitoring of the mental health of transgender and non-gender-compliant children and adolescents is an essential step in promoting the health of these individuals. (12-15)

Usually, gender identity, in all its parameters, begins to reveal itself during childhood, along with cognitive development. It is also at this stage that children become aware of when they are encouraged, rewarded, accepted, and even stigmatized, which reiterates the importance of turning attention to this group. This would aim to overcome the psychopathologization of Trans people and establish a caring relationship, with evidence-based best practices. It is noteworthy that this care must be individualizes, considering that the experiences and concepts experienced by this group are not uniform and, therefore, require targeted interventions. From this, it would be possible to promote the monitoring of the needs of this population, respecting and guaranteeing human rights and providing quality information about medical care, reducing stigmatization. (3, 16-19)

Thus, the present study aimed to raise, based on published scientific evidence, the relevant aspects about the mental health of transgender children and adolescents, in addition to seeking the impacts of strategies, such as social transition and family support, in reducing psychopathological problems and improving the quality of life of this population.

2 METHODS

The survey was carried out in the PubMed and BVS (Biblioteca Virtual de Saúde-Virtual Health Library) indexed databases, using the descriptors defined through the DeCS term indexing dictionary (Health Sciences Descriptors). The Boolean operator AND associated the descriptors employed: "mental health", "transgender persons", and "children".

Scientific publications were included: 1) studies about mental health in transgender children and adolescents; 2) studies on the impact of social transition, family support, and medical interventions on the studied group's mental health; 3) articles that addressed the influence of multidisciplinary monitoring on the quality of life of the population in question; 4) articles published between 2010 and 2020 in all available languages. The following were excluded: 1) research that did not address mental health in transgender children and adolescents and/or that dealt exclusively with adults; 2) studies that approached the LGBTI + population in a generalized way; 3) articles published before 2010.

The survey and screening process of the studies took place through the parallel evaluation carried out by three researchers, based on the search protocol and the defined inclusion and exclusion criteria. A selection, reading, and extraction of data from the
publications were carried out simultaneously and in parallel, to obtain a faithful survey of the defined proposal.

In the studies, the variables title, author and year, journal of publication, the format of the study, study design, and main findings were observed.

3 RESULTS

The first stage of analysis of the publications was carried out by reading the titles and abstracts of the 165 articles in the PubMed database, reaching a consensus to select 41, by applying the inclusion and exclusion criteria. Subsequently, an exhaustive reading of all selected articles was carried out, selecting, at the end of the screening, 39 of these articles.

The next step in the publication survey was the screening of studies indexed in the BVS database. There, 156 articles were identified, according to the search criteria. Of these, 3 were duplicated, and 75 were found in both bases surveyed. The screening process was carried out manually, with the aid of the Microsoft Excel® program.

After excluding duplicate articles and those already included in the PubMed selection, 78 remained, of which 21 were selected from reading the titles and abstracts. Of these, after reading in full, 16 articles were selected.

The survey process, carried out in parallel by the three researchers, resulted in a number of 55 scientific publications that met the defined inclusion criteria (Figure 1).
Figure 1 - Survey and selection process of scientific publications in the PubMed and BVS indexed databases, on the mental health of transgender children and adolescents.

The main information about the selected studies is summarized in Table 1, organized in chronological order.
Table 1 – Relevant data about the studies selected for systematic review of scientific publications in the BVS and PubMed indexed database, on the mental health of transgender children and adolescents.

<table>
<thead>
<tr>
<th>Title</th>
<th>Author and year</th>
<th>Study design</th>
<th>Subject</th>
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<tbody>
<tr>
<td>Psychological evaluation and medical treatment of transgender youth in an interdisciplinary “Gender Management Service” (GeMS) in a major pediatric center (20)</td>
<td>Edwards-Leeper L, Spack NP, 2012</td>
<td>Experience report</td>
<td>The influence of a multidisciplinary monitoring on the quality of life of the transgender population</td>
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<td>Parental support and mental health among transgender adolescents (21)</td>
<td>Simons L, Schrager SM, Clark LF, Belzer M, Olson J, 2013</td>
<td>Cross-sectional observational study</td>
<td>Impact of the social transition, family support and medical interventions on the mental health of transgender children and adolescents</td>
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<tr>
<td>Surviving a gender-variant childhood: the views of transgender adults on the needs of gender-variant children and their parents (22)</td>
<td>Riley EA, Clemson L, Sitharthan G, Diamond M, 2013</td>
<td>Cross-sectional observational study</td>
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<tr>
<td>Self-perception in a clinical sample of gender variant children (23)</td>
<td>Rijn AB, Steensma TD, Kreukels BP, Cohen-Kettenis PT, 2013</td>
<td>Cross-sectional observational study</td>
<td>Mental health in transgender children and adolescents</td>
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<td>Screening, identification, and support of gender non-conforming children and families (16)</td>
<td>Forcier M, Johnson M., 2013</td>
<td>Literature review</td>
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<td>Understanding gender variance in children and adolescents (2)</td>
<td>Simons LK, Leibowitz SF, Hidalgo MA. 2014</td>
<td>Conceptual study</td>
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<tr>
<td>Hormone treatment of children and adolescents with gender dysphoria: an ethical analysis (24)</td>
<td>Abel BS, 2014</td>
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<td>La 7ª versión de los Estándares Asistenciales de la WPATH. Un enfoque diferente que supera el dimorfismo sexual y de género (9)</td>
<td>Rodriguez MF, Mora PG, Garcia-Veja E, 2014</td>
<td>Conceptual article/perspective</td>
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<td>Transgender, transsexualism and gender dysphoria: current developments in diagnostics and health care (17)</td>
<td>Nieder TO, Briken P, Richter-Appelt H, 2014</td>
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<td>Impact of the social transition, family support and medical interventions on the mental health of transgender children and adolescents</td>
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<td>Gender Variance and a Dysphoria in Children and Adolescents</td>
<td>Bonifacio HJ, Rosenthal SM, 2015</td>
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<td>Baseline Physiologic and Psychosocial Characteristics of Transgender Youth Seeking Care for Gender Dysphoria</td>
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<td>Social Transition: Supporting Our Youngest Transgender Children</td>
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<td>Types of social support and parental acceptance among transfemale youth and their impact on mental health, sexual debut, history of sex work and condomless anal intercourse</td>
<td>Le V, Arayasirikul S, Chen YH, Jin H, Wilson EC, 2016</td>
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<td>Advances in the Care of Transgender Children and Adolescents</td>
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<td>The Mental Health of Transgender Youth: Advances in Understanding</td>
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<td>Prevalence and Correlates of Suicidal Ideation Among Transgender</td>
<td>Perez-Brumer A, Day JK, Russell ST, Hatzenbuehler ML, 2017</td>
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<td>Youth in California: Findings From a Representative, Population-Based</td>
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<td>Sample of High School Students</td>
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<td>Transgender Youth: The Building Evidence Base for Early Social</td>
<td>Turban, JL, 2017</td>
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<td>Moving Beyond the Basics of the Binary: Addressing Mental Health</td>
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<td>Mental Health Concerns and Insurance Denials Among Transgender</td>
<td>Nahata L, Quinn GP, Caltabellotta NM, Tishelman AC, 2017</td>
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<td>Mental Health and Self-Worth in Socially Transitioned Transgender</td>
<td>Durwood L, McLaughlin KA, Olson KR, 2017</td>
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<td>Epidemiology of gender dysphoria and transgender identity</td>
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<td>Childhood Maltreatment Linked with a Deterioration of Psychosocial</td>
<td>Fontanari AMV, Rovaris DL, Costa AB, Pasley A, Cupertino RB, Soll BMB, et al., 2018</td>
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<td>Outcomes in Adult Life for Southern Brazilian Transgender Women</td>
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<td>Mental Health of Transgender and Gender Nonconforming Youth Compared With Their Peers</td>
<td>Becerra-Culqui TA, Liu Y, Nash R, Cromwell L, Flanders WD, Getahun D, et al.</td>
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<td>Nonconforming Gender Expression and Associated Mental Distress and Substance Use Among High School Students</td>
<td>Lowry R, Johns MM, Gordon AR, Austin SB, Robin LE, Kann LK</td>
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<td>Medical management of transgender children and adolescents</td>
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<td>Documenting an epidemic of suffering: low health-related quality of life among transgender youth</td>
<td>Zou Y, Szczesniak R, Teeters A, Conard LAE, Grossoehme DH</td>
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<td>Cross-sectional observational study</td>
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<td>Transgender adolescents and legal reform: How improved access to healthcare was achieved through medical, legal and community collaboration</td>
<td>Telfer M, Kelly F, Feldman D, Stone G, Robertson R, Poulakis Z</td>
<td>2018</td>
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Brazilian Journal of Health Review, Curitiba, v. 6, n. 6, p. 31246-32170, nov./dec., 2023
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<td>Understanding Intersectionality and Resiliency among Transgender Adolescents: Exploring Pathways among Peer Victimization, School Belonging, and Drug Use</td>
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<td>Risk and Protective Factors for Self-Harm hearin a Population-Based Sample of Transgender Youth</td>
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<td>Psychosocial Overview of Gender-Affirmative Care</td>
<td>Wagner J, Sackett-Taylor AC, Hodax JK, Forcier M, Rafferty J, 2019</td>
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<td>Self-perception of transgender clinic referred gender diverse children and adolescents</td>
<td>Alberse AE, de Vries AL, Elzinga WS, Steensma TD, 2019</td>
<td>Cross-sectional observational study</td>
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<td>Future Directions in Affirmative Psychological Interventions with Transgender Children and Adolescents</td>
<td>Spivey LA, Edwards-Leeper L, 2019</td>
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<td>Improving health access for gender diverse children, youth, and emerging adults?</td>
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<td>Transgender Children and the Right to Transition: Medical Ethics When Parents Mean Well but Cause Harm</td>
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<td>Trends in Referrals to a Pediatric Transgender Clinic</td>
<td>Handler T, Hojilla JC, Varghese R, Wellenstein W, Satre DD, Zaritsky E, 2019</td>
<td>Cross-sectional observational study</td>
<td>Mental health in transgender children and adolescents</td>
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<td>Title</td>
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<td>Body Dissatisfaction and Mental Health Outcomes of Youth on Gender-Affirming Hormone Therapy</td>
<td>Kuper LE, Stewart S, Preston S, Lau M, Lopez X, 2020</td>
<td>Cross-sectional observational study</td>
<td>Impact of the social transition, family support and medical interventions on the mental health of transgender children and adolescents</td>
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<td>Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation</td>
<td>Turban JL, King D, Carswell JM, Keuroghlian AS, 2020</td>
<td>Cross-sectional observational study</td>
<td>Impact of the social transition, family support and medical interventions on the mental health of transgender children and adolescents</td>
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Source: Author.
4 DISCUSSION

The authors brought an extensive range of relevant variables for understanding the genesis and worsening of psychological disorders among transgender children. The findings presented discuss from the importance of screening and early identification of these individuals to the difficulties that they encounter concerning themselves and their relationship with the outside world, culminating in more frequent cases of depression, anxiety, and suicidal behavior. It can also be noticed, that there are several effective strategies in support of these individuals. Despite this, they have experienced a lack of support from public policies and institutions. The main aspects frequently presented by the authors are summarized below.

4.1 EARLY IDENTIFICATION AND SCREENING

Adequate support and the greatest chances of minimizing the possibility of developing psychological problems in children and transgender adolescents begin with early identification and collaborative support for children and families who experience gender non-compliance, which can improve health outcomes physically, mentally, and socially. (7, 16) Furthermore the vast majority of prepubertal children who identify themselves as transgender, will not continue to experience that after puberty. (28)

Pediatricians and other professionals who have the primary contact with these individuals can be the first resource of these families for education and support and must act in the early identification of gender dysphoria, screening for psychosocial problems and health risks, referring to specific gender care and providing ongoing support to families. (2) These professionals have the responsibility to create inclusive spaces to raise potential questions about gender and to educate these young people and their families about the non-pathologization of gender-variant identity. (5)

Transgender people are defined as essentially pathological, and this stigmatization often causes the violation of their human rights, since it affects, for example, access to health and the right to bodily integrity of these individuals. (8)

Research involving transgender people, who had received diagnosis of dysphoria in childhood, raised their experience regarding early diagnosis. No participant pointed out any positive consequences triggered by the diagnosis received in childhood, otherwise, the aim was to “treat” or “correct” the identified “problem”. Furthermore, they often receive inappropriate, harmful, and discriminatory diagnoses. (45)
Therefore, it is important that the screening and identification are carried out correctly, to minimize the potentially deleterious effects. (45)

4.2 MENTAL HEALTH AND SELF-PERCEPTION OVERVIEW

The scientific literature points that children and adolescents of gender incongruence experience levels of stigma, social ostracism, and verbal and physical violence so relevant that their psychological well-being is compromised, potentially leading to depression, anxiety, self-harm, risky behaviors, victimization in school, in addition to higher rates of suicidal behavior. (3, 5, 13, 14, 29, 30, 34, 38, 41-44, 51, 52, 60-62)

It was reported that the prevalence of self-reported suicidal behavior was almost twice as high for transgender people as compared to non-trans youth. (35)

Additionaly trans children and adolescents of school age, compared to cisgenders, most often reported feeling insecure on the way to school; being threatened or injured at school; suffered bullying at school; abused of substances, such as alcohol, cocaine, and others; felt sad or hopeless; have considered suicide and have made suicide plans or attempts. (3, 63) These individuals maybe two times more likely to use cocaine, inhalants, or amphetamines, three times more likely to use tobacco at school, and two times more likely to abuse pain medications. (42) It is also noted that these adolescents are at risk for early alcohol consumption and early initiation of sexual intercourse from two to three times greater than cisgender adolescents (44, 63), and also have a greater risk of developing overweight and obesity. (27, 63)

It was observed that transgenders aged between 6 and 23 years had a psychosocial health level significantly lower than cisgenders, and similar to that of (remove) young people with cerebral palsy. The level of emotional health in that group was also lower. (47)

Regarding self-perception, it was evident that transgender people had very negative perspectives on their bodies and had low global self-esteem. Such negative feelings were more frequent in adolescents than in prepubertal children. (23, 53)

In addition to physical competence, other issues, such as self-perception, global self-worth, and athletic competence, were also affected, highlighting the negative influence of gender dysphoria on various aspects of the lives of these children and adolescents. (23, 53)
4.3 FAMILY SUPPORT AND SOCIAL TRANSITION

The high rates of psychiatric disorders in these individuals are believed to be the result of frequent rejection and the lack of parental support with a higher risk of deteriorating mental health among individuals with a history of childhood maltreatment. (10, 64)

The literature supports the perception that social support is fundamental for improving well-being and reducing mental problems in this population. (3, 18, 45, 49, 50, 65)

It is known that those who do not have parental support in their gender identity have up to 14 times more risk of attempting suicide than those who have this support (50), with greater family support associated with greater satisfaction concerning life and a lower number of depressive symptoms throughout life. (21, 32, 37)

It is clear that the social and family support that these individuals lack extends to the needs of children concerning parents, school officials, and other authority figures, who need more knowledge and awareness about gender, sex, and issues related to gender variation. (22, 66)

Access to parent support groups was also seen as a need to help parents accept their children (22), bringing individual and family therapy as an important tool that encourages acceptance of the child's emerging gender development while simultaneously emphasizes the importance of remaining open to exploring their gender identity and sexual orientation. (20)

Associated with early identification, family support, it is highlighted the fundamental importance of social transition and its positive impacts on the mental health of children and transgender teenagers. (5, 13, 31, 36)

The transition includes three components: social, medical, and surgical, with the individual choosing one or more of these, impacting on better prospects for long-term health, since children who are not at liberty to express their gender identity in the spaces they attend, are at increased risk for psychopathies. (49, 50, 55)

A transgender child that is accepted and supported by the family, being able to freely express his or her gender identity, have reduced chances of presenting dysphoria. Furthermore, transgender people whose parents do not accept their gender identity are thirteen times more likely to attempt suicide than those supported by their parents. (12, 27, 39, 57)
4.4 PUBERAL SUPPRESSION / MEDICAL INTERVENTION

The World Professional Association for Transgender Health (WPATH) warns that refusing medical interventions for transgender teenagers can increase gender dysphoria and favor an appearance subject to stigmatization and abuse. (57)

Before medical intervention, many gender dysphoric adolescents present depression and anxiety, engage in self-harm, report suicidal thoughts and attempts, exhibit low self-esteem and refer being socially isolated and rejected by colleagues and adults, describing several incidents of provocation and bullying, that can be harmful for their mental health in the long term. (1, 20) Such problems intensify at puberty when they cannot escape the reality of their biological sex. (15) It is not uncommon for these symptoms to subside and even disappear as soon as the adolescent begins a social and physical transition. (20, 67)

It has been verified that younger patients, aged 8 years or less, were more often referred to the clinic for psychological support, while older ones were, presented the interest for surgical interventions for gender change. In addition, it is important to mention that about 27% of referrals, at any age, were directed to mental health support services. (6)

The gender transition process associated with hormonal therapy with or without surgical intervention has been effective in decreasing suicide attempts, improving gender dysphoria and the quality of life of these individuals. (44)

The study by Edwards-Leeper and Spack, demonstrates that biological boys seek medical intervention earlier than biological girls. Pubertal suppression can prevent emotional and psychological distress, in addition to allowing the clinician to assess how the teenager works when unwanted secondary sexual characteristics are suppressed. While decreasing the appearance of these characters, pubertal suppression also gives children and families time to explore their gender identity and possibly enter puberty in their stated gender. (16, 20)

This process allows for a much easier complete transition to the other gender at a later time since the individual's body remains in a neutral state of precocious puberty. (20) In contrast, it is important to note that, although this intervention provides more time for young people to reflect on their gender identity, its effect in reducing problems associated with mental health is often complex and limited. (46)

It is pointed out that hormonal collaborates with the affirmation of the individual's gender identity, effectively contributing to the functioning of mental health and better
quality of life. (56) After pubertal suppression, most depressive behavioral and emotional problems decreased. (5)

Adolescents undergoing gender-affirming therapy who had access to suppression of puberty at age 12, hormonal therapy at age 16, and gender reassignment surgery at age 18, showed that psychological functioning improved steadily throughout the assessment period, in addition to the emotional and behavioral problems have decreased considerably after one year of surgery. Evaluation reports have shown that they do not differ from the rate of clinical problems in the general population. (34) Those who received treatment with pubertal suppression, concerning those who wanted pubertal suppression but did not receive it, were less likely to have suicidal ideation throughout their lives. It was also identified that more than 55% of those who did not achieve pubertal suppression in adolescence reported severe psychological stress in the last month. (11)

It was observed that after young transsexuals underwent hormonal treatment to interrupt pubertal development, there were positive effects in reducing depression. (42)

In addition to the psychological, emotional, and behavioral relief that hormone therapy can provide for adolescents with gender dysphoria, pubertal suppression contributes to optimal transition results. Psychological counseling is an important additional element to the clinical treatment of all people with gender dysphoria. Therefore, treatment options should not be denied to young transgender people, and there must be a continuous supply of proactive therapies and research for dysphoric children and adolescents. (24, 68) Follow-up with a mental health professional specializing in the treatment of these individuals is essential for clinical evaluation of gender incongruence; psychotherapy; family support; monitoring of social transitions for the affirmed gender and evaluation of medical interventions. (26, 42, 58) It is essential that these young people also have access to preventive health services, in addition to continuous care for the various chronic mental and physical problems to which they are subject. (55)

It is believed that the presence and involvement of a psychiatrist in specialized centers for transgender children and adolescents are essential, to offer young people comprehensive follow-up, which can identify gender incongruence and possible associated psychiatric comorbidities. It is necessary that these professionals act even before the implementation of medical interventions and that this care is maintained throughout the process. (48)

Psychotherapy is recommended because it explores gender identity, role, and expression; focuses on the negative impact of gender dysphoria and stigma on mental
health; reduces internalized transphobia; seeks social and peer support; improves the personal image or build resilience.\(^9,15\) The goal of psychotherapy is to find ways to maximize psychological well-being, quality of life, and personal self-satisfaction, not to change a person's gender identity, but to help them explore gender issues and relieve their dysphoria. The professional must help people with gender dysphoria to affirm their gender identity, exploring the range of possibilities of expression of this identity.\(^9,69\)

Medical service providers play a key role in the child's acceptance of gender diversity and must respect the name and pronouns chosen by the children, in addition to helping them feel supported and valued.\(^49\) Thus, the health care team that serves transgender children and adolescents must be a specialist in trans-affirmative therapy, to respect the experience and development processes of these individuals. Furthermore, the approach must consider the cultural and social aspects of the patient, to build a good relationship between the professional and the user.\(^58\)

It is noteworthy that affirmative care for transgenders must be done individually, to respect the unique development of their gender identity, and how this reality fits into the other fields of this child's life.\(^17\) WPATH and Endocrine Society highlight the significant role of professionals who take care of mental health and the support of the families of these individuals and in the education and fight for their rights in the community.\(^54\)

To this end, it is necessary to train the professionals who make up the multidisciplinary assistance team and authority figures to welcome and support transgender children and adolescents. Although the number of trans young people in search of specialized health services is increasing more and more, the preparation of professionals focused on this service is still a challenge, and the greatest incentive to adequate training is essential to offer a better quality multidisciplinary monitoring.\(^29\)

In this construct, transgender adolescents report having to provide some kind of education to the health professional about their needs as a trans person; affirm that they have already been denied equal treatment and urgent medical care due to their gender identity, in addition to insults and painful experiences, discouragement to ask questions about trans health and to explore their identity in their care. They also report that the health professional refused to call them by their preferred name and that they were informed that the professionals did not have enough knowledge about trans health to provide it\(^41\), since most health professionals it is not trained to care for transgender
individuals, thus being able to aggravate existing medical conditions or lack preventive services. (55)

Therefore, the care of children with gender dysphoria by a properly trained multidisciplinary team, in specialized units, allows minimizing psychological and physical changes in the future adolescent and adult. Therefore, psychological assessments in children should be even more careful than in adults. (28)

5 CONCLUSION

The absence of policies that combat structural stigma in educational institutions, composes the set of factors that have a negative influence on the mental health of young transgender people. (37, 70) Countries have certain duties towards their citizens, such as the protection of the right to health and non-discrimination. Given this, trans depatologization is a claim of human rights, since it directly implies full access to specific health services for the trans population. (8)

The national LGBT health policy was instituted in 2013, to eliminate the stigma and pathologization of transsexuality. Although it is an important milestone, the reality experienced by transgender individuals still needs many changes, which is perceived in the mental health data described in this article. (71)

It is essential to act on protective factors, seeking to reduce inequities in mental health in this population. (72) For the advances to be achieved, there must be consistent family and social support, to contribute to a transition that encompasses its three components: social, medical, and surgical. Linked to this, it is necessary to implement training strategies for specialized professionals with a focus on the multidisciplinary team, offering transgender children and adolescents a specific, welcoming service focused on the particularities and context of each individual. Reaching these objectives is expected a significant improvement in the quality of life of this group, including physical and mental health, thus guaranteeing the right to dignity and health, inherent to any individual.

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