

Capturing Gender Identity through Documentation: A Program Evaluation of a Rural Mental Health Clinic

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SCHOOL *of* NURSING

Introduction & Background

- Adolescents face numerous social stressors
 - Often lack life skills & adequate coping mechanisms
 - Ability to socially adapt (Ryan et. al., 2010).
- Adolescents from affectionate homes are more likely to be:
 - More trusting
 - Less hostile (Aymerich et. al., 2018).
- Family acceptance or rejection during adolescence has significant impact on overall mental health of adolescents (Aymerich et. al., 2018).
- Family support fosters safe & trusting relationships-even more imperative for adolescents questioning their identity (Aymerich et. al., 2018).

Introduction & Background

- LGBTQIA+-Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual (LGBTQIA+): one of many acronyms used to describe one's experiences of their gender, sexuality & physiological sex characteristics.
- Gender Identity
 - Internal experience of gender
 - Include male, female, a blend of both or neither (The Trevor Project, 2024)
- LGBTQIA+ youth with family acceptance experience:
 - Less anxiety
 - Decreased depression
 - Decreased suicidality
 - Fewer self-harm behaviors (Call et al., 2021).

Introduction & Background

The Trevor Project-leading U.S. non-profit organization focused on LGBTQIA+ youth that focuses on:

- Crisis intervention
- Suicide prevention services
- Research
- Advocacy

2024 Findings:

- **39%** of LGBTQIA+ youth seriously considered attempting suicide
- **12%** of LGBTQIA+ youth attempted suicide
- **53%** of LGBTQIA+ youth experienced symptoms of depression
- **66%** of LGBTQIA+ youth reported experiencing symptoms of anxiety
- LGBTQIA+ youth who felt good social support from their families reported attempting suicide at **half** the rate of those who felt poor social support from their families

(The Trevor Project, 2024)

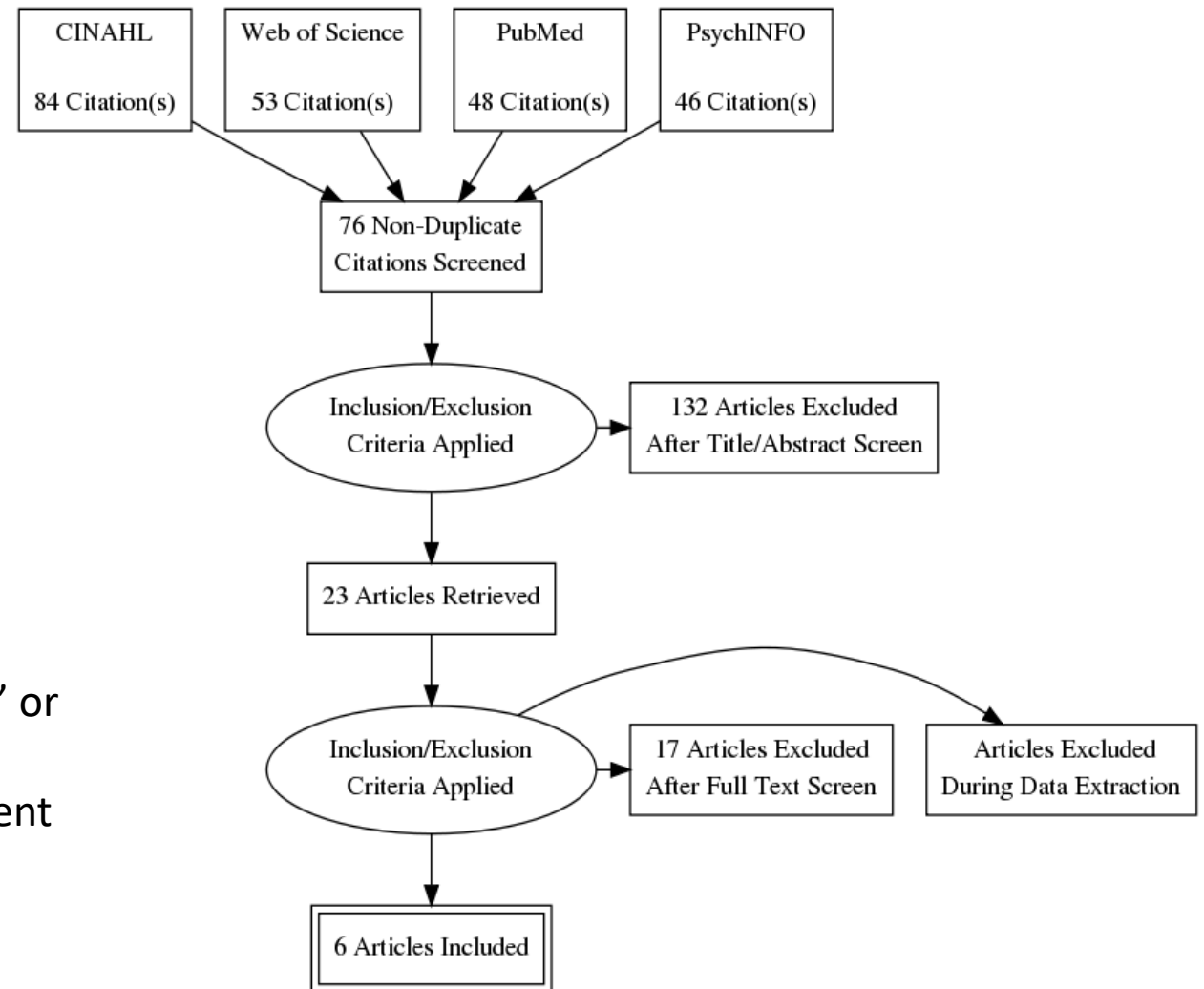
Introduction & Background

- There is currently not a national standard for collecting gender identity information in the clinical setting (Progovac et al., 2018).
- In 2018 the American Academy of Pediatrics (AAP) released a policy statement urging support and care of transgender and gender-diverse children and adolescent
- National Academy of Medicine and the Joint Commission have recommended routine documentation of gender identity (Maragh-Bass et al., 2017)
- World Health Organization in 2019 removed transgender as a mental health diagnosis (World Health Organization, 2019)

Literature Review Methods

Key words: “gender identity” or “sexual identity” or “transgender” and “family rejection” or “family acceptance” or “parental support” and “adolescent

Systematic Review of the Literature



Literature Review-Summary

Two themes identified:

- Build trust through bidirectional relationships among youth, caregivers, and healthcare providers, ensuring all voices are valued.
- Conduct comprehensive assessments and screenings of LGBTQIA+ adolescents to enhance family support systems and identify opportunities for strengthening family support.

DNP Scholarly Project: Program Evaluation

Goal:

- Complete program evaluation of rural outpatient mental health clinic's documentation related to gender identity
- Assess the adherence of the AAP best practice policy statement
 - Determine compliance of documentation
 - Assess future needs

Implementation Framework

CDC Framework for Program Evaluation

1. Engage Stakeholder
2. Describe the Program
3. Focus Evaluation Design
4. Gather Credible Evidence
5. Justify Conclusions
6. Ensure Use and Share Lessons



(CDC (1999)).

Step 1: Engage Stakeholders



Step 2: Describe Program

Practice location:

- Rural area

Patient population:

- Adults, children & adolescents

Services provided include:

- Mental health clinical treatment
 - Adult and children
 - Substance abuse and prevention
 - Developmental and intellectual disability services
 - Psychosocial day support

Providers:

- 1 full time psychiatric mental health nurse practitioner
- 1 full time family nurse practitioner
- 1 part time psychiatrist
- 2 Registered nurses
- 3 case managers
- 6 Therapist
- Peer support staff

- Gender identity included on face sheet in 2020

- Social workers complete gender identity question at the time of intake

Step 3: Focus Evaluation Design

Purpose:

- Evaluate gender identity assessment of in adolescents within clinic setting located in rural area, per 2018 AAP recommendations

Principles & Goals:

- Identify opportunities for future development
- Clear communication: formally present evaluation process & findings transparently to stakeholders
- Provide actionable recommendations to be implemented to enhance effectiveness & inclusivity.

Step 4: Gathering Credible Evidence: Data Analysis

Inclusion Criteria:

- Patients ages 4-18 years old

Exclusion Criteria:

- Adults

Process:

- Retrospective electronic chart review of gender identity documentation
- Logged independently in a secure electronic spreadsheet numerically
- Quantitative retrospective data collected analyzed using SPSS
- Documented via excel spreadsheet
- Protection of anonymity

Step 4: Gathering Credible Evidence: Data Analysis

Data:

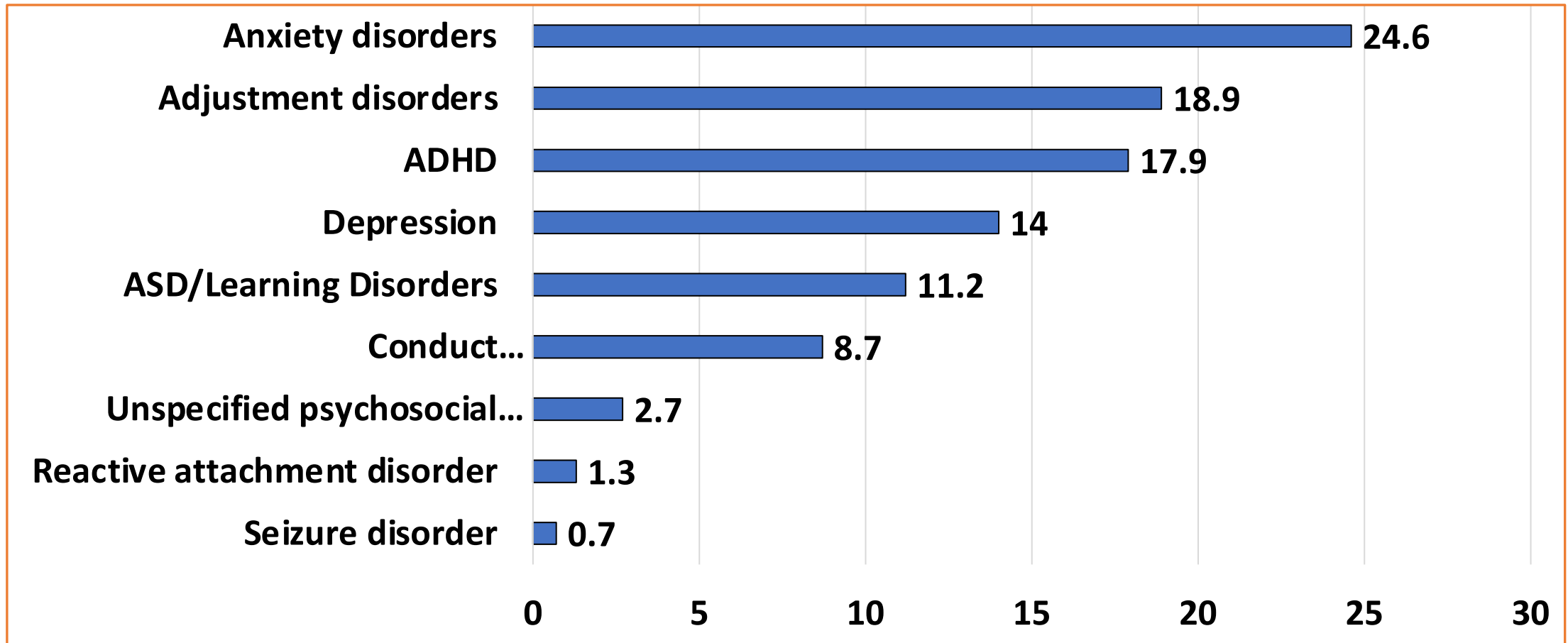
- N=151
- 39.1% Female
- 51.7% Male
- 1.3% Nonconforming
- 7.9% Not documented

Timeline:

- Data period 2020-2023
- During peak COVID clinic was closed:
 - Complete closure for 4 months
 - Reopened 1 day a week for 3 months
 - Modified schedule until 2022

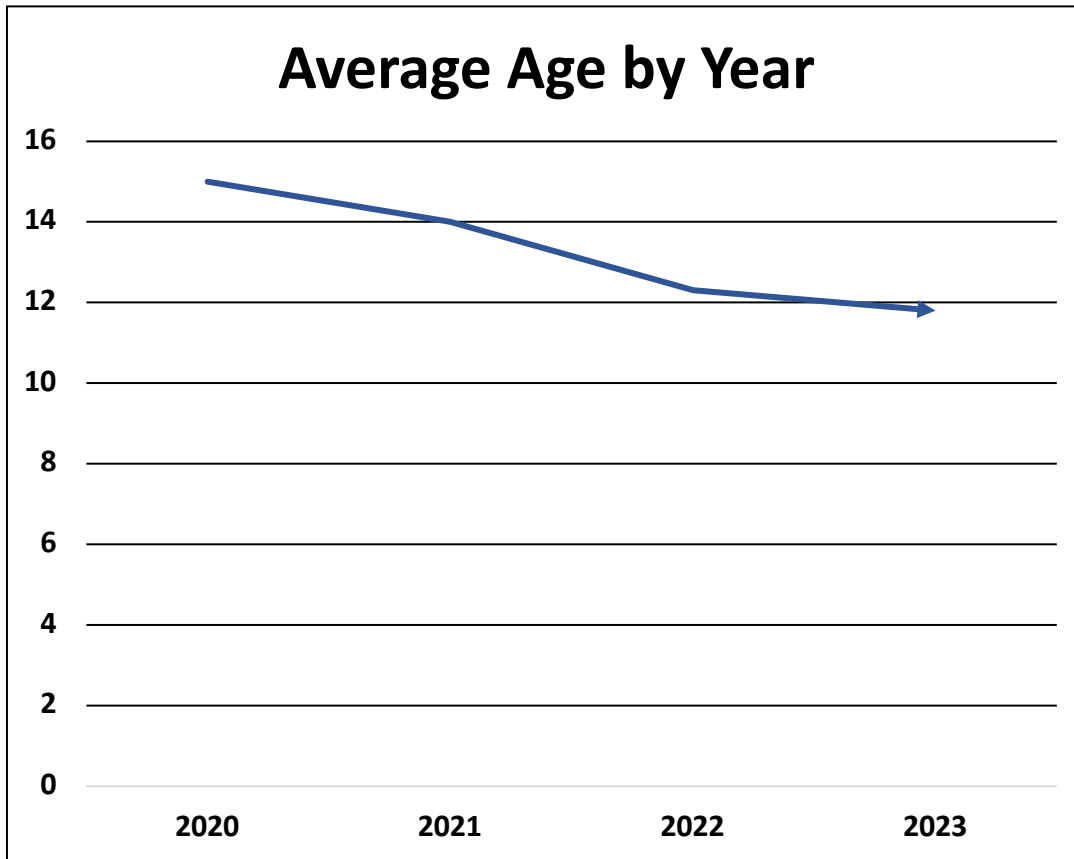
Results

Primary Diagnoses %

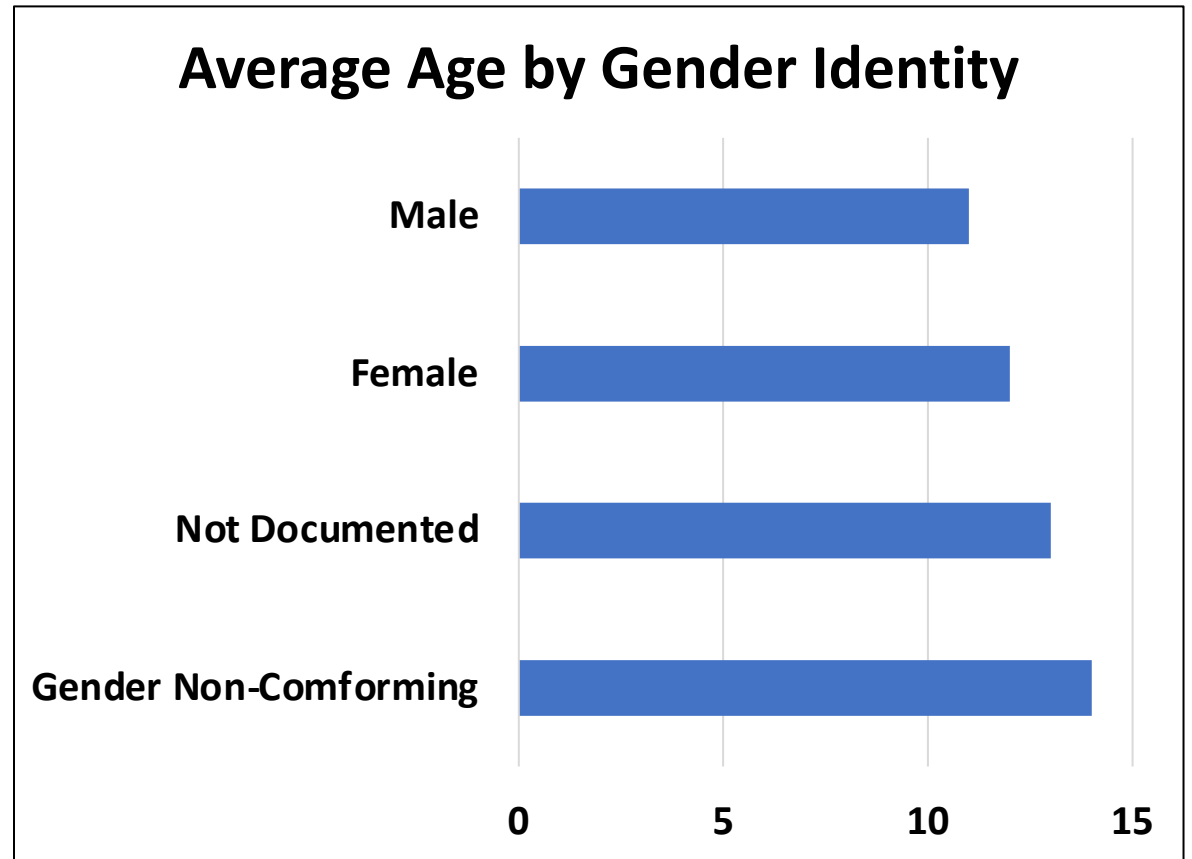


Results

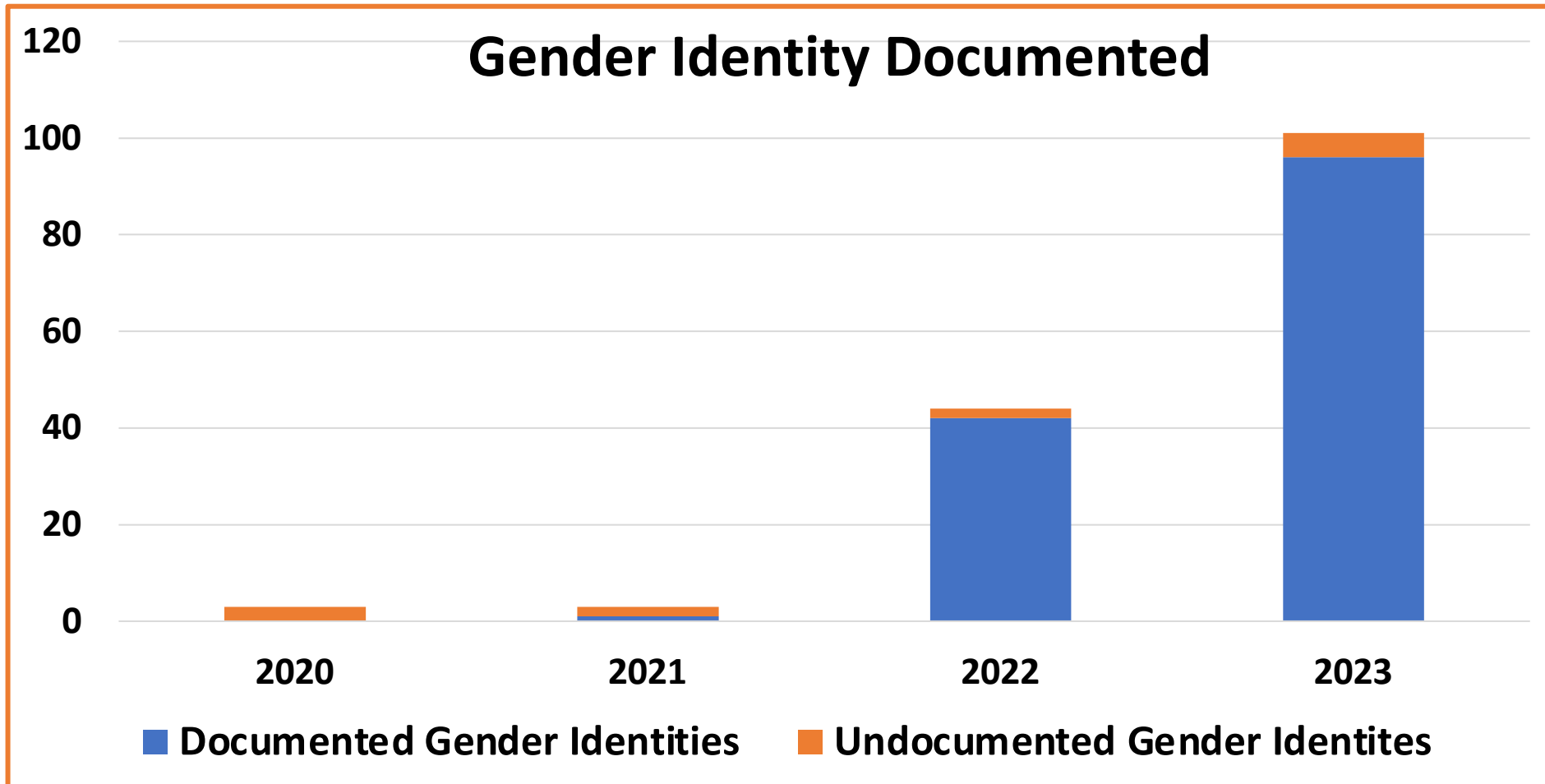
Average Age by Year



Average Age by Gender Identity

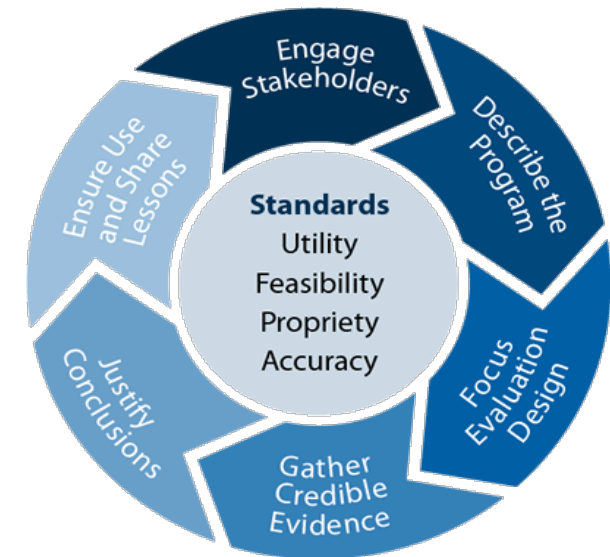


Results



Step 5: Justifying Conclusions & Results summary

- Gender identity documentation rates improved significantly
 - Increase 0% in 2020 to 95% in 2023.
- Gender identity currently assessed during intake time point only
- Preferred pronouns not included in clinical assessment
- Employees must complete a mandatory 1.5 hours of webinar training annually: “Overcoming Barriers to LGBTQIA+ Care”
- NO formal gender identity assessment policy or procedure



Step 5: Justifying Conclusions

Recommendations

- Establish policy/Standard of care for social workers & providers to assess gender identity
- Ongoing education to include-annual training of LGBTQIA+ youth
- Chart review every 6 months for documentation compliance
- Formation of Diversity, Equity & Inclusion (DEI) committee
- Encourage connection with providers & organizations within the community



Step 6: Ensure Use & Share Lessons

Timeline:

- Formally present November 2024
- Present to stakeholders-November 2024, present to staff members early December 2024
- Follow up with clinic mid December 2024
- Complete abstract submission to Journal of Public Health Nursing-November 2024; upon acceptance, submit formal manuscript-tentative December 2024
- Submission to UVA libra database-November 2024
- Poster presentation to Virginia Rural Health Association Conference-Spring 2025

Strategic Planning: Financial Implications

Potential Investment Costs:

- Increase in staff training & education
- Educational & support materials specific to LGBTQIA+
- Facility updates:
 - Develop safe & welcoming environment
- Establish support groups for LGBTQIA+ adolescents & their families

Potential Savings & Benefits:

- Improved Mental Health Outcomes
 - Reduction in emergency mental health interventions due to proactive support
- Reduction in long-term healthcare cost
- Decrease parent-child relational issues & improved family cohesion
- Increased patient retention

Equity, Inclusion & Ethical Considerations

- **Equity & Inclusion**

- All adolescents are assessed regardless of age, assigned sex at birth, gender, ethnicity and race
- Access to designated Human Rights Advocate
- Financial means not a consideration nor barrier to treatment
- Services are voluntary

- **Ethical Principals**

- Autonomy-respect for individual choices
- Beneficence-promoting well-being, contributes positively to mental health of individual

Implications

Nursing Implications

- Improve standard of care for LGBTQIA+ adolescents
- Opportunity to improve communication & relationships between:
 - LGBTQIA+ adolescent, mental health providers & staff
 - Adolescents & their families
- Potential for long-term impact
 - decrease overall risk of depression, suicide & substance abuse in LGBTQIA+ adolescents

Sustainability

- Reputation contributes to long-term sustainability of organization
 - Fosters resilience, adaptability & consistent practice
- Ensure organization is a preferred choice for patients & employees
- Findings translated to other local organizations

Questions?



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Glossary of Terms

- **ASEXUAL** The lack of a sexual attraction or desire for other people.
- **BISEXUAL** A person emotionally, romantically or sexually attracted to more than one sex, gender or gender identity—though not necessarily simultaneously, in the same way or to the same degree. Sometimes used interchangeably with pansexual.
- **CISGENDER** A person whose gender identity aligns with cultural expectations based on the sex they were assigned at birth.
- **GAY** A person who is emotionally, romantically or sexually attracted to members of the same gender. Men, women and non-binary people may use this term to describe themselves.
- **GENDER EXPRESSION** External appearance of one's gender identity, usually expressed through behavior, clothing, haircut or voice. This may or may not conform to socially-defined behaviors and characteristics typically associated with being either masculine or feminine.
- **GENDER NON-CONFORMING** A broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category.
- **INTERSEX** People who are born with a variety of differences in their sex traits and reproductive anatomy. There is a wide variety of difference among intersex variations, including differences in genitalia, chromosomes, gonads, internal sex organs, hormone production, hormone response and/or secondary sex traits.
- **LESBIAN** A woman who is emotionally, romantically or sexually attracted to other women. Women and non- binary people may use this term to describe themselves.
- **LGBTQ** An acronym for lesbian, gay, bisexual, transgender and queer.

Glossary of Terms

- **NON-BINARY** An adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer or gender-fluid.
- **QUEER** A term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or those who have non-binary or gender-expansive identities. This term was previously used as a slur but has been reclaimed by many parts of the LGBTQ community.
- **QUESTIONING** A term used to describe people who are in the process of exploring their sexual orientation or gender identity.
- **SEXUAL ORIENTATION** An inherent or immutable enduring emotional, romantic or sexual attraction to other people. Note: an individual's sexual orientation is independent of their gender identity.
- **TRANSGENDER** An umbrella term for people whose gender identity and/or expression is different from cultural expectations based on the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation. Therefore, transgender people may identify as straight, gay, lesbian, bisexual, etc.

For a more comprehensive list
please visit:

[HRC.org/Resources/Glossary-of-Terms.](https://www.hrc.org/resources/glossary-of-terms)