

## **Training Manual for mental Health Issues in Transgenders**

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### **Overall purpose of the manual:**

1. To create awareness about transgenders and their lifestyle issues and mental health issues among mental health counselors and professionals.
2. To create awareness about mental health issues in the transgender community itself
3. Creating awareness about mental health issues of transgenders to other relevant bodies including government, NACO etc;

### **Objectives of the mental health manual**

- 1.make mental health professionals sensitive to the mental health needs of Tg so that they can deliver appropriate service
2. Create awareness about mental health in Tgs so that they can seek appropriate help.
3. to give suggestions that would enhance mental health of transgenders in the community

### **Methodology:**

A FGD with transgenders,MSMs, kothis was held at Sahodharan, A community based organization for welfare of transgenders and MSM.The data thus collected along with review of literature along with the author's experience have been synthesized into the manual

### **Terms Used**

**Transgenders (Tgs)** in this document refers to female to male transgenders, a person born as male but identifies himself as female and also wants to become a female.They usually dress as females.

**MSM:**Men who have sex with Men.Any male who has sexual intercourse with another male

**Kothi:** Feminine men who have sex with other men.

**Panthi:**The masculine partner of a transgender ,MSM,or TG

### **Kothis as forerunner of TG:**

Kothis ,according to some TGs is a forerunner of Tg.It is stage in the transition of male to TG.Only Kothis later on become TgsThey might remain as Kothis due to social pressures but they would desire sex change in their hearts.

Others do not accept this view and look at TGs as a separate independent entity.

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## **I. Introduction and Initial evaluation of TGS**

### **Introduction:**

Mental health is intrinsically connected to cultural, physical, sexual, psychosocial, and spiritual aspects of health. Complete mental health care for the transgender community must similarly be considered in the context of a holistic approach to transgender health that includes comprehensive primary care as well as psychosocial care (Keatley, Nemoto, Sevelius, & Ventura, 2004; Raj, 2002).

Close coordination between mental health and other services is essential for optimal practice.

### **Initial Evaluation:**

When a transgenders approaches a mental health professional she has to be evaluated in detail wherever time permits. If time constraints are present the pressing concerns addressed first and an appointment for detailed evaluation is fixed.

The goals of the initial evaluation are

- 1.to build therapeutic rapport,
- 2.discuss client and assessor goals and expectations,
- 3.record client history and objectives,
- 4.evaluate current psychological concerns and capacity to consent to care, and
5. form an initial clinical impression

## **Potential Areas of Inquiry in Initial Evaluation**

### **Medical history**

- Does anyone in your family have a history of chronic physical or mental health concerns?
- Do you have any chronic physical or mental health conditions, and if so, what are they?
- Have you ever been diagnosed with a physical or mental health condition? If so, when and what was the diagnosis?
- Have you ever been hospitalized? If so, when and what for?
- Are you currently taking any medication (including illicitly obtained hormones), vitamins, or herbal supplements, and if so what is the name, dose, and length of time you have been taking it?
- Have you ever had any injuries or surgeries?

### **Alcohol & drug**

- Do you smoke, and if so how much per day?
- Have you ever had any concerns relating to drugs or alcohol?
- Has anyone else ever expressed concern about, or objected to, your use of alcohol or drugs?
- Have there been any unpleasant incidents where alcohol or drugs were involved?
- Do you have any concerns about drugs or alcohol now?

### **Family:**

How would you characterize your relationships with your family members when you were a child, and now?

- Do you have any concerns relating to your family?

### **Sexuality**

- Do you identify in a particular way in terms of your sexual orientation?
- Are you attracted to men, women, and/or transgender people?
- Are you currently involved with anyone romantically? If so, how do you feel about your relationship?
  - Have you had any concerns about relationships or sexuality in the past? Any current concerns?
  - Have you ever had any concerns about sexual abuse or sexual assault?

### **Social**

- What are your social supports? When you are under stress, who do you turn to for help?
- Are you currently working/in school/volunteering? Do you have any concerns relating to work, school, or community involvement?
- Do you feel connected to any particular communities – e.g., transgender community, cultural community, lesbian/gay/bisexual community, youth groups, seniors' groups, Deaf community...?
- What are your hobbies or social interests?

### **Economic**

- What is your primary source of income?
- Do you have any current financial stresses?
- Are you worried about future financial stresses?

### **Housing:**

- Are you satisfied with your current housing? Any concerns about housing?

### **Work:**

- Do you have any concerns about work?

### **Gender concerns**

- Have you ever had any concerns relating to your gender? Do you currently have concerns or questions relating to your gender?
- How do you feel about being transgender? Are there any cultural or religious conflicts for you as a transgender person?
- Have you ever pursued any changes to your appearance or body to bring it closer to your sense of self? Do you have any concerns relating to this now?
- Have you ever sought to change your body through hormones/surgery? Is this something you have thought about pursuing in the future?
- Are there any kinds of supports you feel might be helpful as a transgender person

### **Initial Clinical Impression:**

After the interview is complete, the information gathered into an overall assessment of the client's presenting complaint, goals and expectations, background, and biopsychosocial adjustment. In complex cases the clinical impression may be tentative at this point, and will need to be confirmed during the course of treatment.

**Psychiatric diagnosis:**

Psychiatric diagnosis has to be confirmed by Clinical psychologist and /or Psychiatrist.

**Treatment:**

Counselling and pharmacological treatments are initiated and monitored

**Transgenders sensitivity:**

The client's preferred name/pronouns.

Visible transgender brochures, books, and posters signal to clients that you are aware of transgender concerns and are supportive of the transgender community.

Similarly, intake forms should be transgender-inclusive.

**Common Psychiatric diagnosis /problem TGs usually have**

Transgenders were forced out of their homes or chose to leave home because of parental rejection or fear of rejection, increasing their risk of homelessness, poverty, and associated negative sequelae<sup>2</sup>. They are physically, verbally, and sexually abused<sup>2</sup>, which gets manifested as depression, panic attacks, suicidal ideation, psychological distress, body image disturbance and eating disorders(Math &Seshadri 2013)

1. Depression
2. Deliberate selfharm and suicidality
3. Alcohol and substance abuse
4. Anxiety disorders
5. Adjustment disorders
6. Severe mental illness

## **II. Depression in TGs**

Emotional disorders including depression is highly prevalent among transgenders.(Math &Seshadri 2013) Most transgenders experience depression. The depression may vary from mild to severe forms.

Transgenders experience stigma and discrimination in the society. They lack family support. Most of them have lost contact with families and have been abandoned by them. Some of them may have contact with primary family but even they do not have contact with extended families. Although the transgenders provide money for their families, the families do accept the money but not the transgenders. This causes lot of stress

Most of them have experienced discrimination. Transgenders while visiting shops have been harassed by police. Shopkeepers also shoo away them which causes lot of shame to them and dents their self esteem

They find it highly difficult to find employment in mainstream sectors. When they identify the transgender or MSM identity they usually lose their jobs.

Begging is common in transgenders. This also adds to their poor self image and self esteem

Most of them indulge in sex work to earn money. This again results in poor self image and self esteem. They also feel ostracized.

During sex work the transgenders may refuse some of their clients as they are drunk or violent. Then the Transgenders may be forced to perform sex with these people. Some of the clients

In such instances Police may advise them to abstain from sex work and not anything to curtail the violent behavior of the "clients"

Due to these various issues transgenders experience some form of depression

Following symptoms of depression are usually prevalent:

- 1) Sleep disturbance
- 2) Low mood
- 3) Crying spells
- 4) Easy fatigability
- 5) Poor attention and concentration
- 6) Loss of appetite
- 7) Loss of sexual interest
- 8) Death wishes, suicidal ideas, impulses behavior
- 9) Low self esteem

10) Lack of interest

**Sleep disturbance:**

Early morning awakening is characteristic of depression: They may get up 2 hours earlier than usual and remain very gloomy during that period. Multiple awakenings in the middle of sleep is also common

**Low mood:**

Anhedonia is an inability to feel a sense of pleasure.

This is very common in depressed people.

**Low self esteem:**

They usually feel low about themselves. They have poor self image.

**Lack of interest:**

Lack of interest in hobbies like singing, dancing which they usually enjoy. Lack of interest in their occupation is also common.

**Death wishes:**

Many of them might have a death wish.

Some of them have active suicidal ideas.

Some of them might have tried it at some point of time.

Presence of these above features is indicative of depression

**Ratings scales:**

1) Hamilton's depression rating scale

2) Becks depression inventory

These above scales can be used to assess the severity of depression

**Management of depression:**

Management of depression includes counseling, cognitive therapy, and medications:

Counseling is to be given by clinical psychologist or psychiatrist. It involves patient listening, an opportunity to ventilate, generating solutions, reassurance

Cognitive therapy involves identifying cognitive distortions like black and white thinking, overgeneralisation, maximization, selective abstraction etc; Then the individual is encouraged to look at the situation in realistic and positive way.

Medications: Antidepressants, usually selective serotonin reuptake inhibitors (SSRIs) are prescribed by a general practitioner or psychiatrist

Physical exercise, yoga and meditation can also help the individual to overcome depression. These would be added on strategies which would supplement the above mentioned core strategies to overcome depression

Referral to a nearby Psychiatrist /clinical psychologist at a nearby government hospital is warranted. Counsellors to refer potential and probable clients to a nearby Government hospital.

Transgenders have their reservations in visiting government hospitals. They have expressed the need for exclusive mental health centers for transgenders which could be independent or associated with a CBO working with Tgs. Such suggestions can be made to the government.

### **III. Deliberate self harm and Suicidality in TGs**

Deliberate self harm includes harming oneself by cutting a part of the body, usually forearms, chest etc; This behaviour is common in borderline personality disorder. Many Transgenders have comorbid borderline personality disorder.

Borderline personality disorder is a personality disorder characterized by maladaptive behavior patterns which can be seen from adolescence. It includes

1) Lack of self identity,

2) Recurrent deliberate self harm

3) Intense and unstable relationships

4) Anger outbursts,

5) Fear of abandonment,

6) Chronic sense of emptiness,

7) Micro psychotic episodes characterized by hallucinations and delusions

Usual precipitating factor for deliberate self harm is relationship issues with partners. Many of them have boyfriends called partners. The partners are usually married and might have family. Hence conflicts between transgender and family usually result in desertion of the transgender by the partner.

Also frequently the partners are not loyal to the Tgs and might flirt with other Tgs. This also results in emotional turmoil for the Tgs resulting in deliberate self harm.

**2. A Deliberate self harm** usually might require hospitalization. It might also be minor injuries requiring Op treatment. Once the injuries are treated and patient's medical condition stable, they need counseling.

Counseling should allow Tgs to ventilate their problems. The counselor suggestion various solutions in the form of options and the Tg helped to arrive at decisions.

The Tgs expressed that any counselor suggest them to give up on the Panthi as he is married or as he has a family. These biased views of the counselors prevent the Tgs from approaching professional counselors. Hence Counselors are suggested to adopt non-directive counseling methods and help the Tg take decisions and not force their decisions on The TG

**Suicide attempts:**

Suicide attempts by consuming poison or tablet overdose or pesticides are other methods. Jumping from buildings ,Self immolation are other methods Tgs resort to attempt suicide. Hence Prevention can be done by sharing existing helpline numbers in Tg community. Also The NGOs working with suicide prevention also have to be sensitized and trained about Tg issues.

Similar orientation programs about Tg issues would be need to clinical psychologist and psychiatrist and psychiatric social workers.

CBOS working with Tgs also have to be aware of the possibilities and suicide attempts and restrict availability of phenol, cleaning acid sharp weapons. They have to be in lock and key and released only when necessary.

**Management of deliberate self harms and suicidal attempters** would involve counseling .Medications like SSRIs and mood stabilizers, benzodiazepines; antipsychotics might be prescribed by psychiatrist. Using the prescribed medicine again to attempt suicide is a common problem. It can be avoided and minimised by supervising the medication intake. The role of CBO and the Tg community in large is necessary. They have to be sensitized about suicide prevention

**Dialectical behavior therapy** is a type of psychotherapy done by clinical psychologist and psychiatrist to reduce deliberate self harms. It includes CBT, mindfulness techniques and behavioral approaches.

**Referral** to nearby Govt hospitals and recruiting trained professionals by the CBOS are ways to access the mental services. Establishment of exclusive mental health centers for Tgs has been already discussed which can address many of these issues.

#### **IV. Alcohol and substance abuse**

Heavy alcohol drinking and use of drugs remain a significant public health problem in the transgender population (Math and Seshadri2013)

Almost 90 % -100% of Tgs drink alcohol. This is their only relaxation to the various stresses they undergo. They also say that they feel bold to face the unfriendly public. Even when beaten up by Police if they are under influence of alcohol they would not feel the pain. These are the various reasons cited by Tgs to their indulgence in alcoholics. Many of them have crossed the stage of alcohol use and have reached the stage of alcohol abuse and alcohol dependence.

Alcohol dependence is a stage of drinking characterized by

- 1) Craving
- 2) Difficulty in controlling the onset duration and terminations of drinking,
- 3) Withdrawal
- 4) Tolerance
- 5) Drinking despite physical and psychological complications
- 6) Decrease in alternative pleasures

Alcohol abuse: This term is used for people who endiup in social , family occupations problems due to drinking but don't full fill the criteria

**Physical complications of alcohol:**

Physical complications of alcoholism mainly include Liver cirrhosis, Jaundice, blood-vomiting hemestemsis, head injury due to recurrent falls. Psychological complications of alcohol include alcohol induced psychosis and depression. Financial bankruptcy is also a complication of alcoholism. Tgs also may not adhere to proper safe sex methods.

Screening questionnaire for alcohol use disorders

- 1.CAGE
- 2.AUDIT

**Management of alcohol dependence:**

It involves ad mission in a general Hospital. A general physician treats the physical problems.

Detoxification is done using benzodiazepines to tide over withdrawal phase

Counseling and 12 step AA methods to overcome alcohol addiction

Psycho education about biological disease model versus moral model.

Motivation enhancement therapy

Cognitive behavioral therapy

Other substance and drug abuse:

**Tobacco as smoking and chewable tobacco:**

Nicotine dependence is also quite common in TGs.

**Questionnaire used:**

Fagerstrom Questionnaire for Nicotine Dependence on Cigarettes

**Management:**

Involves motivation enhancement.

Education about evil effects of smoking.

Brief interventions are effective.

Help to set up a quit date.

Education that quitting is a long term process and relapses are part of the therapeutic journey.

**Cannabis abuse:**

Cannabis is a common substance abused by Tgs.

Cannabis abusers may have cannabis induced psychosis, amotivation syndrome.

These psychiatric complications should be identified and referred to psychiatrist.

**Benzodiazepine abuse:**

Sleeping tablets (Nitrazepam ) are commonly abused. It causes dependence. The number of tablets increases slowly from 1 or 2 to 10s or 20s.Referall to psychiatrist is necessary.

Inpatient and out patients treatments are offered.

**Chapter 5: Anxiety disorders:**

Anxiety disorders are also common in transgenderers:

It includes

**1) Generalized Anxiety disorder:**

It's characterized by free floating anxiety which is present most of the day along with worries.

**2)Panic Disorder:** It is characterized by episodic anxiety episodes characterized by chest pain , breathing difficulty,palpitations,tremulousness,feeling of going crazy, feeling of impending doom

**3) Social phobia**

Anxiety especially in situations where they are assessed or criticized or watched along with avoidance. Usually it includes being in exams, stage performances, being in buses and public toilets.

Many transgenderers suffer from the above disorders.

They must be identified and encouraged to seek treatment

Treatment involves relaxation excercises, breathing excercises, and counseling, cognitive behavioral therapy.

Medications used to treat by doctors and psychiatrists include benzodiazepines, beta blockers, SSRIs

## **V. Adjustment Disorders**

Adjustment disorders are conditions where the person experiences emotional and behavioural symptoms due to a recent stressor . The symptoms may comprise anxious or depressive symptoms.

Management of adjustment disorder involves counselling and medications.

As already discussed Tgs undergo multiple stressors.Hence Adjustment disorder is also quite common in TGs.

Common stressors undergone by TGs are following

**Housing:**

Sexual minorities find it difficult to get a house on rent, and frequently change their residence.(Math &Seshadri 2013).

A kothi mentioned that he had to use helmet to hide his long hair whenever entering his boy friend's apartment. This condition was imposed by his boy friend.

Even when they find a house the MSM/Tgs have great difficulties marinating it and are in the perennial danger of being evicted because of their identity and appearance.

**Influence of religions:**

Some religions are more prohibitive towards TGs whereas some others are more accepting towards TGs.These attitudes of their religious groups influence the TGs.

**Educational issues:**

**Discrimination in colleges:**

TGs are not allowed inside the premises of the educational institutions. Hence, illiteracy is very common among the TGs.(Math &Seshadri 2013)

One of the TGs had to quit college as the authorities did not permit him to have long hair. Discrimination is very common in education institutes and many Tgs discontinue studies because of that.

**Reservation:**

Reservation proposals Bill for tg employment are proposed not passed yet.

**Discrimination in Public places”**

Tgs are not allowed inside hotels, hospitals, cinema halls, and government offices as indeed in most public spaces(Math &Seshadri 2013)This can cause great stress to The Tgs

**Acceptance by society:** Transgenders and Kothis provide a natural population control. Hence at least from that perspective due respect has to be given by the society.

“Say a transgender prevents the birth of at least 2 children who in turn would give rise to more and children.Thats our contribution to the society” says a TG.

“We are not accepted by the society. We have accepted all members of the society whatever they are. But the society does not accept us. So the society has to change says a MSM

The overall attitude of society towards more tolerance acceptance and awareness has to be tuned.More transgender friendly attitudes need to be groomed.

“People accept gender atypical behavior. Eg.A girl riding scooter etc; is accepted. Even female to male transgenders are accepted. But Female to Male transgenders are not accepted by the society.”

People accept gender atypical behaviors but not female to male transgender. The reasons are not clear. The stigma created by begging, stealing, and sex work has lead to poor image of female to male transgenders in the society is one plausible explanation.

**Attitude of General Public:**

The general public look at TGs as sex symbols. They never understand that TGs have their own rights. So they compel them to perform sex even they are not willing to do so.

**Sex reassignment surgery (SRS) as a major financial pressure:**

Most of the transgenders want to undergo Sex reassignment surgery. They undergo emasculation with or without vaginal reconstruction. The transgenders usually resort to private hospitals for the surgery. Although the surgery is done free of cost in Government Hospitals, transgenders don't prefer them.

“We want to undergo the surgery. Usually it costs one lakh rupees. To earn this amount, we have to indulge begging and even stealing”

The cost of the SRS procedure is high in private hospitals. Most of the transgenders want to change their gender biologically by undergoing SRS.This causes a great financial pressure to them which pushes them to indulge in stealing, sex work and begging.

**Stealing:**

“When they refused to give money we also steal. Then we force them to give money from their pockets or snatch their money.”

Transgenders also sometimes resort to stealing as a desperate measure when the general public refuses to give them money while begging. This lands them in many legal problems and increases their stress levels.

**Sex work and Begging**

The Jobs we do is like begging or sex work to sustain our livelihood. This also causes suffering to us as we ourselves don't like it. But there is no other way to earn money.” Q3 TG.Most of them do job of sex work. They also beg on the streets or in markets to get money. These job s causes a great suffering because they feel they are compelled by the society into these professions and they are left with no viable alternative.

**Enrollment in Jamat system**

**“We come into Jamat system. Again here we face many problems”**

The transgenders are enrolled into hierarchical system called Jamat. The North Indians call this relationship as “Guru-Chela”(Master-Disciple) whereas Tamilians call this system as “Amma-Ponnu”(Mother-daughter).Adjusting into this system can difficult to many transgender women.

**Lack of Family support:**

**“As we want live as females we have come away from the families and hence we are suffering**

Most Transgenders felt they had to live away from the family. Therefore they had lost valuable support from family members. They perceived this lack of family support as major stressor in their lives.

**Reluctance to support:**

Some Tgs don't like sex work/So they request families to support them by allowing them to stay with family members. But the family members usually refuse the request. At the same time they receive financial help from TGS .So the TGs view the attitude of family members as parasitic!

“They want our money! But they don’t want us” says a TG

**Stigma issues between MSM and TGs:**

MSM people are very friendly in CBOs with the TGs. But they try to avoid being seen with TGs in public as that may reveal their identity as MSM.

“MSM are friendly with us in the office. But they will not come out with us!” says a TG.

**Sexual harassment in public areas:**

A TG said, “While going and coming on the streets, people approach us for sex even though we are not interested. They also force us”

Harassment for sex also happens in public areas. The general public also harasses transgender soliciting sex. Some transgenders are not interested in it.

**Sexual violence in Sex work:**

“Even during sex work, some clients are drunk and act strangely. We refuse to have sex with them. But they beat us and force us to have sex with them”

Rights of the TG sex worker during cruising and the right to refuse sex is another grey area.

Sex work by transgenders invites exploitation by both, clients and the police. There has been a landmark judgement by Delhi High Court in Naz Foundation vs. Union of India case, on July 2, 2009<sup>16</sup> that has upheld their rights. High Court of Delhi recognized the anachronism associated with Section 377 IPC and interpreted it to exclude sexual acts between consenting adults, thus decriminalizing homosexuality. This judgement may be regarded as one of the stepping stones to uphold the rights of the sexual minorities. (Math & Seshadri 2013)

**Lack of support from general public and police:**

“While being harassed in the Sex place, the onlookers don’t intervene and solve the issue. Nor do the police try to intervene. Rather they advise the transgenders not to come and stand in cruising sites.”

The public do not intervene to support Tgs while being harassed in sex places. This may be due their attitude that Sex workers don’t have any rights. Or maybe because of a general attitude to avoid involvement in public issues. The police also do not support TGs in these issues. They rather take moralistic or legalistic stand point advising not to solicit sex.

**MSM /TG forced to marry by family:**

Many of the MSM/TG end up in marital/heterosexual relationships against their will because of family and societal pressure. These marriages end up in marital disharmony, divorce or continue with poor quality of life (Math & Seshadri 2013)

They are forced to marry by the family. Parents may threaten to commit suicide if the MSM (kothi) fails to marry. Undersuch compulsion many kothis marry a woman. But later when the wife and their family come to know about the kothi identity, they create problems, they demand money for compromise. They also accuse them of fraudulent marriage. They do not resort to counseling even in these circumstances.

**“When they wife realizes the husband behaves like a woman, they bring their families and demand compensation”**

Also they live lives of regret and remorse after getting married. They also live double lives “Dual life” (one as a married man and another as Kothi) which cause guilt and internal conflicts in the Kothi.

“They force us to live a life of slavery”

Even if the marriage survives the discovery of the kothi identity, the kothi then is treated like a slave in the family.

**Other forms of Harassment**

**1. Harassment by Police:**

“They harass us with false cases of robbery.” Says a TG.

**2. Harassment as magico religious treatment:**

“The kothi was beaten They said he has been possessed by an evil spirit. Spirit of a woman “ said a Kothi. Some of the Kothis have been subjected to abusive rituals like beating etc;

**3. Harassment as Sex training:**

“Some family members give training; “Walk straight! Talk fast don’t drag like a transgender”” says a TG.

**Grief and loss can appear at many levels.**

It is still not uncommon for transgender individuals to experience multiple losses when they come out as transgender, including loss of work as well as rejection by family, friends, and ethno cultural/religious community. This may be especially painful for transgender individuals who have high value for familial

and cultural continuity.

Grief counseling would be helpful.

**Social Isolation**

Visibly gender-variant individuals often have difficulty with public spaces, experiencing stares, harassment, and threats or actual violence. This can lead to increasing difficulty navigating public life, social seclusion and anxiety

**Spiritual/religious concerns:**

There is a diverse range of attitudes toward gender-variance, cross-dressing, and transsexuality across spiritual traditions (Ramet, 1996). Transgender individuals from spiritual/religious traditions that prohibit cross-dressing and other transgender behavior often struggle with shame and guilt, feeling torn between self and community beliefs

**Access to Psychiatrist:**

Usually transgenders do not approach psychiatrist for official help. This is because they feel the psychiatrists are unfriendly and unaware of the issues of transgenders. Educating and orienting psychiatrists to Tg issues and inviting TG representatives to Psychiatry meetings and conferences would reduce the barriers between them.

**Access to Endocrinologist:**

**Hormonal therapy:**

Hormonal therapy is obtained from over the counter medications without prescription or consultation.

There is need to educate the Tgs to consult an endocrinologist for hormonal therapy. If government hospitals can provide free hormonal therapy, the financial burden of Tgs in this regard would be minimized.

**Access to Surgeries:**

Common surgeries done by transgenders include SRS(Sex Reassignment Surgery),Breast implant,(silicone),and emasculation. Mostly surgeries are done illegally by quacks. Now after steps taken government to legalize the surgeries, People approach the government hospitals for surgery. Many still find the government hospital environment and attitudes unfriendly or time consuming and approach private sector for surgeries. Surgeries are offered in many private hospitals which are expensive. The need for expensive surgeries again push the Tgs to desperate beg, indulge in Sex work, or steal. Making government hospitals friendly and approachable and non discriminatory to Tgs would go a long way in this aspect.

## **VI. Other Conditions**

**Severe Mental Illness:**

Severe mental illness like Schizophrenia and Bipolar affective disorder with manic presentations are similar to prevalence in transgenders as in general population.

Schizophrenia is an illness characterized by perceptual disturbances in the form of hallucinations and thought disorder in the form of delusions, disorganized speech

A Hallucination is an abnormal perception in the absence of an external stimulus.

A delusion is a false fixed belief held by the patient.

**Bipolar disorder, Mania:**

In Bipolar disorder, manic episodes alternate with depressive episodes.

During the manic episodes they have elated mood. High self esteem, grandiosity, increases speech and motor activity. They might have hallucinations and delusions.

These severe mental illnesses can arise in a tg and then appropriate referral to psychiatric services need to be made.

**Autism:**

Autism and asperger syndrome is co morbid in many transgenders especially those presenting in adolescence. Identifying and referral to psychiatric services would help the individual

Autism is a severe neurodevelopmental disorder characterized by

- 1) Impaired language and communication
- 2) Abnormal or impaired social interaction
- 3) Restricted repetitive stereotyped pattern of behavior

Asperger's syndrome is characterized by

Marked abnormal non verbal communication, failure to develop peer relationships to expected level with intact cognition and speech

## **VII. Gender Concerns**

Transgenders or their families may report to counseling with Gender concerns. They are anxious to know what's happening with themselves or their son. Usual requests are to normalize him or make him masculine. Educating the family and the individual about transgenders, life style issues, and surgery options. Family has to be clearly educated that efforts to change him back to masculinity would be counterproductive and worsen the mental status of the individual. An assessment and confirmation of the diagnosis of Gender Dysphoria is useful first step for the individual and family to plan the future of the individual.

### **Gender assessment:**

Such Gender assessment usually involves a detailed history of transgender identity development and gender expression.

### **Questions:**

#### **Gender Identity:**

How would you describe your gender identity?

- How did you come to recognize that your experience of gender is different than most individuals?
- Were there any life events that you feel were significant in influencing your gender identity?
- Have there been changes to your gender identity over time?
- What do you remember feeling about your gender as a child? What was puberty/adolescence like?
- How do you feel about your gender now? Do you have any questions/concerns about your gender?
- How does your gender identity impact how you feel about work, relationships, family, or other aspects of your life?

#### **Gender Expression:**

Are there any activities you did as a child or that you do now as an adult that you think of as being cross-gendered? If so, how have these been viewed by your family and others in your life?

- Did you prefer to be around individuals of any particular gender as a child? Is this different than your preferences now?
- Have you ever cross-dressed? If so, what was that experience like for you? If not, what do you imagine it would be like?
- If you could change your external appearance in any way you wanted to more closely match your sense of who you are, what would this look like in terms of your gender?
- Have you ever taken feminizing hormones or had feminizing surgery? What was that like for you?

#### **Perception of others:**

- How do you think others perceived your gender when you were a child? How do you think others perceive your gender now?
- How do you want to be perceived in terms of your gender?
- How important is it to you that there be a fit between how you feel about your gender and how others perceive you?

#### **Sexuality**

- How does gender play out in your sexual desires or fantasies?

Does it impact the kinds of sexual activities you do (on your own or with others) or wish you could do?

- What is a typical sexual fantasy for you?
- Do your sexual fantasies involve other men, women, or trans people, or do you mainly fantasize about yourself? If you are in your fantasies, do you imagine yourself to be female, male, or transgender?
- What are your feelings about the parts of your body that are often associated with sexuality (e.g., genitals, chest/breasts)?

#### **Support Resources**

Do the people in your life know that you are transgender? If so, what was it like to tell them? If not, how do you feel about them not knowing?

- Have you had any contact with other transgender individuals? What was that like for you?
- What do you see your relationship being to the transgender community now? What would you like it to be in the future?
- Have you used the internet to access support and information about being transgender? What have you learned? In what ways was it helpful or not helpful for you?

**Questionnaires' to be used:**

1. Gender Identity Questionnaire Docter & Fleming, 2001
2. Transgender Identity Survey Bockting, Miner, Robinson, Rosser, & Coleman, 2005

**Certification as Gender Dysphoria:**

Certification as Gender Dysphoria is done by a government psychiatrist. This is usually done for issue of identity card as transgender.

Certification is also needed before SRS and hormonal therapy.

Many Tgs approach psychiatrist for certificate.

Hence awareness about transgenders issues has to spread among mental health professionals and psychiatrists.

A protocol and guidelines for proper assessment and certifications needs to be developed.

Whenever a person is referred for gender Dysphoria certification ,she has to undergo trough assessment using the principles explained.

**VIII. Recommendations and Suggestions**

1.Training Transgender leaders so that could in turn train their community members to refrain from stealing which would be beneficial to the community in long run by improving the image of transgenders as ethical people and also protect them from legal hassles.

2.The Government has to create jobs for the transgender women. They have to be brought into main stream professions based on their talents and qualifications .The society also has to accept the transgender women i n various professions rather than stereotyping them as “Sexworkers”, “beggars”

3.There is a need for family counseling for trangenders along with their family member by trained mental health professionals to enhance acceptance of the transgender as a family members. Family members can be involved in transgender awareness programmes. The family has to respect the individual’s choice and help him pursue his passions rather than trying to change him or convert him or force him to conform to society’s expectations

4.Strict laws prohibiting sexual violence and their enforcement in all contexts including sex work is necessary

5. Revision of laws pertaining to sex work legalizing sex work may go long way in addressing these issues. Also laws to ensure safety of the sex worker in the context of sex work is needed. Also training the police personnel to be more TG friendly will be helpful.

6.Media has also played a negative role in depicting them as violent and criminal(Math &Seshadri 2013). Most movies in India portray transgenders in anegative light.They are either cunning or comic characters with very less self esteem or integrity.This reinforces the already poor image of TGs/MSM in general public.

7.Train doctors including psychiatrists,endocrinologists,Suregeons about TG issues with emphasis in establishing TG friendly attitudes and atmosphere.

8.Establishing Gender clinics in General Hospitals can be useful in treating Tgs with specialized care

9.In Government hospitals,Including 3<sup>rd</sup> gender in intake forms and having separate restrooms for third gender is essential.

**Concluding Remarks**

Transgender persons and their loved ones are an underserved community in need of empathic, comprehensive, and clinically competent care.

Health and social service providers engaged in mental health care will likely be approached for assistance by transgender community members at some point in their practice.

Mental health clinicians can have a significant positive influence in helping transgender people and loved ones build resilience to heal from and cope with societal stigma, promoting healthy psychosocial development, and facilitating timely treatment of mental health concerns

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**References**

- [1]. Counselling and Mental Health Care of Transgender Adults and Loved Ones ,Walter Bockting, Gail Knudson, Joshua Mira Goldberg January 2006
- [2]. Kaplan and saddock’s” “Synopsis of Psychiatry”
- [3]. Ramet, S. P. (1996). Gender reversals and gender cultures: Anthropological and historical perspectives. London: Routledge
- [4]. Math and Seshadri 2013. The invisible ones: Sexual minorities
- [5]. *Indian J Med Res.* 2013 Jan; 137(1): 4–6.

Dr.Jaikumar Velayudham .” Training Manual for mental Health Issues in Transgenders.” IOSR Journal of Dental and Medical Sciences (IOSR-JDMS), vol. 18, no. 5, 2019, pp 01-11.