



Statement on Impacts of Gender Affirming Care Policy Restrictions on Ethical Practice of Public Service Psychology

Division 18 (Psychologists in Public Service) of the American Psychological Association (APA) recognizes that recently, a spate of legislation has been proposed and/or enacted that restricts the provision of or access to evidence-based gender affirming healthcare for transgender and gender diverse (TGD) individuals, especially TGD youth (Human Rights Campaign, 2024). Public service psychologists serve as clinicians, researchers, and leaders in a variety of settings, including in the Veterans Health Administration, community and state hospitals, justice settings, and with law enforcement. As public service psychologists, members of APA's Division 18 work to advance the creation, communication, and application of psychological knowledge in public service settings to benefit society and improve people's lives. The provision of evidence-based care for all populations public service psychologists serve is consistent with the ethical guidelines of psychological practice, which emphasize psychologists' duty toward beneficence, nonmaleficence, justice, and client self-determination (APA, 2017). Further, the APA (2015) Guidelines for Psychological Practice with Transgender and Gender Nonconforming People state "psychologists understand the need to promote social change that reduces the negative effects of stigma on the health and well-being of [TGD] people" (Guideline 7, p. 841). Therefore, public service psychologists should commit to practicing, facilitating, and protecting gender affirming healthcare for TGD individuals.

According to the World Professional Association for Transgender Health (WPATH), Standards of Care, mental health professionals "provide clinical guidance to health care professionals to assist [TGD] people in accessing safe and effective pathways to achieving lasting personal comfort with their gendered selves with the aim of optimizing their overall physical health, psychological well-being, and self-fulfillment" (Coleman et al., 2022, p.55). It is well established that TGD individuals- particularly youth- suffer disproportionately from mental health difficulties than do other populations, which includes higher levels of anxiety and depression, non-suicidal self-injury, and suicide (James et al., 2016; Becerra-Culqui et al., 2018). Further, social marginalization and minority stress are factors contributing to disproportionate struggles with psychological disorders among TGD individuals (Budge et al., 2013; James et al., 2016; Veale et al., 2017). Symptoms associated with psychological distress can lessen with appropriate gender affirming medical and surgical care (Aldridge et al., 2021; Almazan & Keuroghlian, 2021; Bauer et al., 2015; Grannis et al., 2021; James et al., 2024) and with psychosocial interventions that target discrimination and minority stress (Bauer et al., 2015; Heylens et al., 2014; McDowell et al., 2020). A comprehensive overview of what gender affirming care provided by psychologists entails can be found in the APA (2024) Policy

Statement on Affirming Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals. Maintaining public trust in public service psychologists requires autonomy for public service psychologists to treat psychological distress associated with minority stress and provide guidance and assistance in obtaining proper care (e.g., providing letters to obtain gender affirming surgery). To effectively do so requires protection of the ability evidence-based gender affirming care for TGD individuals.

Legislation or institutional policies that undermine recognized standards of gender affirming care set forth by the APA (2015) and interdisciplinary organizations like WPATH (Coleman et al., 2022) create an ethical dilemma for public service psychologists. Restrictions on access to or delivery of recognized standards of care for TGD individuals create circumstances under which public service psychologists experience an ethical dilemma concerning the ability to provide evidence-based gender affirming care (APA, 2024). Such restrictions risk worsened outcomes for TGD individuals and distrust of psychological professionals among TGD individuals, their families, and the general public. APA Division 18 calls on local, state, and national legislators and other government officials to protect and increase access to gender affirming care for TGD people and condemns attempts to restrict the role of public service psychologists to provide psychological care consistent with the APA (2017) Ethics Code, APA (2015) TGNC Guidelines for Practice and federal regulations and laws (as of September 2024).

References

- Aldridge Z, Patel S, Guo B, et al. Long-term effect of gender-affirming hormone treatment on depression and anxiety symptoms in transgender people: A prospective cohort study. *Andrology*. 2021; 9(6): 1808–1816. <https://doi.org/10.1111/andr.12884>
- Almazan, A. N., & Keuroghlian, A. S. (2021). Association between gender-affirming surgeries and mental health outcomes. *JAMA Surgery*, 156(7), 611. <https://doi.org/10.1001/jamasurg.2021.0952>
- American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, 70(9), 832-864. <https://doi.org/10.1037/a0039906>
- American Psychological Association (2024). APA policy statement on affirming evidence-based inclusive care for transgender, gender diverse, and nonbinary individuals, addressing misinformation, and the role of psychological practice and science. <https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care.pdf>
- American Psychological Association (2017). Ethical Principles of Psychologists and Code of Conduct. <https://www.apa.org/ethics/code>
- Bauer, G. R., Scheim, A. I., Pyne, J., Travers, R., & Hammond, R. (2015). Intervenable factors associated with suicide risk in transgender persons: A respondent driven sampling study

in Ontario, Canada. *BMC Public Health*, 15(1). <https://doi.org/10.1186/s12889-015-1867-2>

- Becerra-Culqui, T. A., Liu, Y., Nash, R., Cromwell, L., Flanders, W. D., Getahun, D., Giammattei, S. V., Hunkeler, E. M., Lash, T. L., Millman, A., Quinn, V. P., Robinson, B., Roblin, D., Sandberg, D. E., Silverberg, M. J., Tangpricha, V., & Goodman, M. (2018). Mental health of transgender and gender nonconforming youth compared with their peers. *Pediatrics*, 141(5). <https://doi.org/10.1542/peds.2017-3845>
- Budge, S. L., Adelson, J. L., & Howard, K. A. S. (2013). Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology*, 81(3), 545–557. <https://doi.org/10.1037/a0031774>
- Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health*, 23(sup1), S1–S259. <https://doi.org/10.1080/26895269.2022.2100644>
- Grannis, C., Leibowitz, S. F., Gahn, S., Nahata, L., Morningstar, M., Mattson, W. I., Chen, D., Strang, J. F., & Nelson, E. E. (2021). Testosterone treatment, internalizing symptoms, and body image dissatisfaction in transgender boys. *Psychoneuroendocrinology*, 132, 105358. <https://doi.org/10.1016/j.psyneuen.2021.105358>
- Heylens, G., Verroken, C., De Cock, S., T'Sjoen, G., & De Cuypere, G. (2014). Effects of different steps in gender reassignment therapy on psychopathology: A prospective study of persons with a gender identity disorder. *The Journal of Sexual Medicine*, 11(1), 119–126. <https://doi.org/10.1111/jsm.12363>
- Human Rights Campaign. (2024, May). State legislation and LGBTQ+ rights. <https://www.hrc.org/resources/map-state-legislation-lgbtq-rights>
- James, S.E.; Herman, J.L.; Rankin, S.; Keisling, M.; Mottet, L.; & Anafi, M. (2016). The Report of the 2015 U.S. Transgender Survey. National Center for Transgender Equality. <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
- James, S.E., Herman, J.L., Durso, L.E., & Heng-Lehtinen, R. (2024). Early insights: A report of the 2022 U.S. Transgender Survey. National Center for Transgender Equality. https://transequality.org/sites/default/files/2024-02/2022%20USTS%20Early%20Insights%20Report_FINAL.pdf
- McDowell, A., Raifman, J., Progovac, A. M., & Rose, S. (2020). Association of Nondiscrimination policies with mental health among gender minority individuals. *JAMA Psychiatry*, 77(9), 952. <https://doi.org/10.1001/jamapsychiatry.2020.0770>

Veale, J. F., Peter, T., Travers, R., & Saewyc, E. M. (2017). Enacted stigma, mental health, and protective factors among transgender youth in Canada. *Transgender Health*, 2(1), 207-216. <https://doi.org/10.1089/trgh.2017.0031>