

Does Gender Identity Impact Clinical High Risk for Psychosis? A Call for More Research.

Elizabeth Garcia^{1,2} A.A., Shadi Sharif B.A.¹, Michelle West Ph.D.²



Children's Hospital of Colorado
Pediatric Mental Health Institute



The Psychiatry Undergraduate Research Program and Learning Experience (PURPLE)¹, Program for Early Assessment, Care, and Study (PEACS)²
Office of Education and Training, Department of Psychiatry, University of Colorado Anschutz Medical Campus

Department of Psychiatry
SCHOOL OF MEDICINE
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Literature Review Results

- Some overlap in presented mental challenges between those at CHR and gender nonconforming individuals: depression, anxiety, suicidal ideations, and victimization/trauma^{3,11, 27, 30, 38, 39, 40, 41, 51, 54}
- Childhood trauma/adversities may have some link to increasing the risk of being CHR²⁷
- Childhood adversities are common among (GNC) individuals¹¹
- Some differences found in psychosis symptom presentation/severity among males and females^{1,2}
 - Men tend to have more negative symptoms and substance use⁴²
 - Women tend to have more positive symptoms and better social integration³²
- Family dynamics may be important for both gender nonconforming and those experiencing psychosis or schizophrenia^{8,10, 19, 29, 44}
 - Positive family environments can help mitigate CHR symptoms^{35, 44}
 - Positive family environments can also alleviate some GNC challenges^{25, 46}
- Possible evidence that gender nonconforming individuals might be at higher risk for psychotic disorders⁴
- Evidence for higher rates of psychotic disorder diagnoses among TG individuals^{4, 13}

Future Directions

- More CHR rating data and gender demographic data from other CHR-P clinics to see if there is a significant difference
- Understand of the unique background and difficulties of this who are GNC as it related to CHR
- More research on GNC/TG in relation to CHR
- Develop more informed CHR treatments for GNC and TG individuals with an understanding of unique difficulties depending on the individuals gender identity
- Adjusted family therapy in relation to the client's gender identity and CHR status

Considerations

- Small sample population analyzed
- Societal gender roles' impact
- Client's referral locations
- Limited literature/research on CHR and gender nonconforming individuals
- Some individuals did not give a gender

Acknowledgements

Special thanks to our sponsors:

- Dr. Ron-Li, Chair of PMHI
- Dr. Neill Epperson, Chair of Department of Psychiatry
- Dr. Dominic Martinez, Dir. Office of Inclusion and Outreach, CCTS

PURPLE Mentors:

- Emmaly Perks, Director PURPLE Program
- Yunliang (Lily) Luo, Assistant Director PURPLE Program
- Shanna Trott, Coordinator PURPLE Program
- PURPLE Faculty

Additional thanks to:

- Dr. Michelle West, Director of PEACS
- Shadi Sharif, PEACS Research Assistant/Coordinator
- Christine Reed, PEACS Coordinator/Research Services

Reference Document



CHR-P

- Clinical high risk for psychosis
- ~1.7% prevalence in the USA¹²
- ~15-30% transition rate to acute psychosis^{46,56, 57}
- Specialized clinics for identification, study, and treatments across the country such as Program for Early Assessment, Care, and Study (PEACS) at the University of Colorado School of Medicine – Anschutz Medical Center¹⁵

Gender Identity

- Gender identity: cis-gender (CG), gender nonconforming (GNC), transgender (TG)²¹
- ~1.3% TG prevalence in USA⁵⁸

Exploratory Question

- Do gender non-conforming clients show more psychosis symptoms?

Participants

- Adolescents and young adults (n= 37) who were seen for evaluation at the PEACS and had sufficiently complete gender identity and baseline data

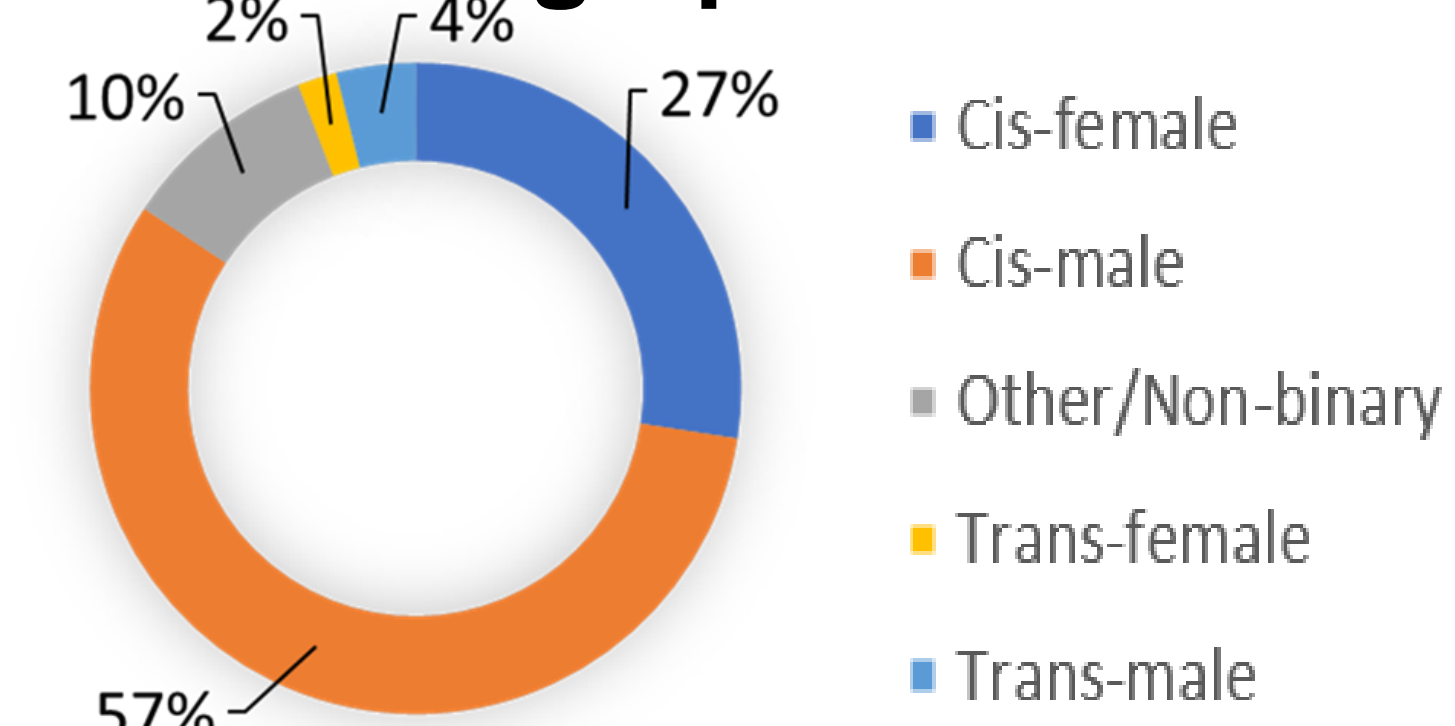
Procedures

- Extensive review of current literature relating to psychosis, CHR, and gender identity
- Gender demographic and clinical assessment data analysis

Measures

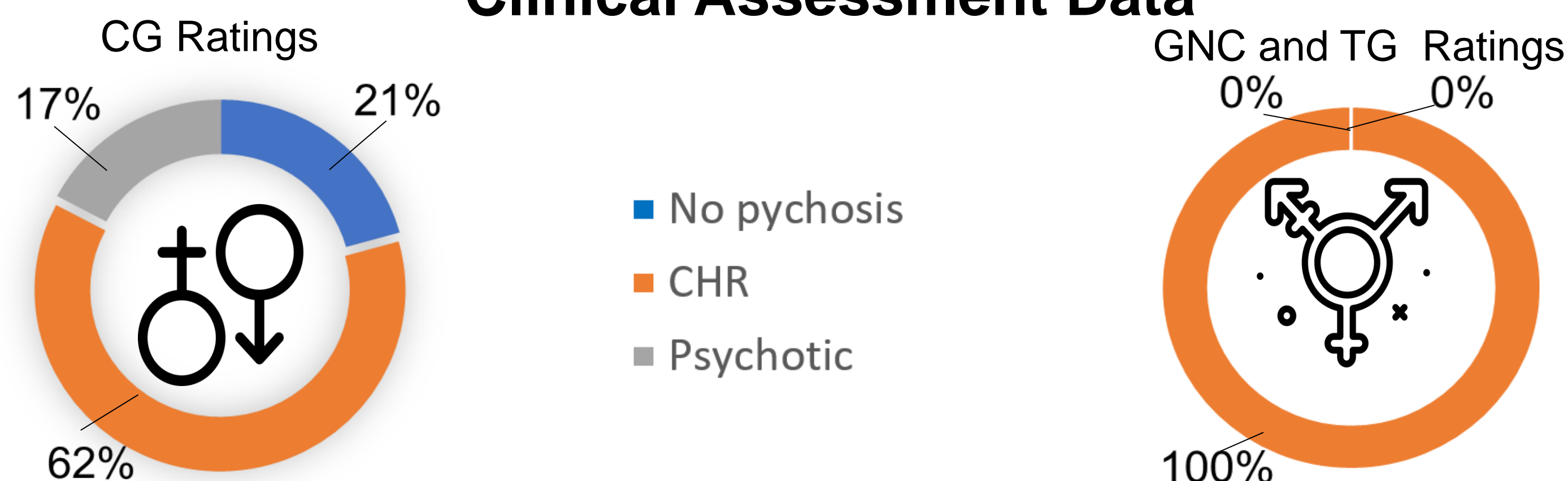
- **Demographics questionnaire.** Self-report age, gender, race, etc. from REDcap
- **Structured interview for psychosis- risk syndromes²⁶** A semi structure clinician interview, which measures 5 positive symptoms (unusual thought content, delusional ideas, suspiciousness, grandiose ideas, perceptual changes, disorganized communication) on a spectrum (0 – 6 scale; 0=fully psychotic; 3-5=threshold for CHR-P, 6=fully psychotic). The SIPS gathers data relevant to determining Current Clinical State (CCS; no psychosis, CHR-P range, and psychotic range)

Gender Demographic Data



- 37 clients consisting of 14 cis-female, 15 cis-male, 2 trans-male, 1 trans-female, 5 other/non-binary individuals
- 79% cisgender and 21% GNC and TG

Clinical Assessment Data



Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
SIPS Ratings	Equal variances assumed	4.341	.045	.652	35	.519	.431	.661	-.911	1.773
	Equal variances not assumed			1.108	34.718	.275	.431	.389	-.359	1.221

Independent Samples Effect Sizes

		Standardizer	Point Estimate	95% Confidence Interval	
				Lower	Upper
SIPS Ratings	Cohen's d	1.655	.260	-.526	1.044
	Hedges' correction	1.692	.255	-.515	1.021
	Glass's delta	.535	.806	-.101	1.670

- Demographic data from PEACS suggests higher a proportion of CHR ratings for gender nonconforming individuals than cis-gender However, the statistical analysis showed no statistical significance.