#1 Joe Biden recently said that transgender discrimination is the “civil rights issue of our time.”  Given that there is a serious lack transgender-friendly providers in this country, what steps can the APA take to work on discrimination within our organization?

The APA has released position statements opposing discrimination against and promoting access to care for transgender and gender variant individuals, including medical and mental health care related to transitioning. Though this is a step in the right direction, it is not enough. Even among supporters of the trans community, discrimination remains. Providers are often unfamiliar with the terminology used by the community, and may misuse gendered pronouns. They may define gender identity based on a person's current anatomy, and expect transpersons to prove that they "really are" their gender, whether by anatomy, identification, or by conforming to relatively rigid gender roles.

The solution to this problem is through advocacy, education, and research. The removal of gender identity disorder from the DSM will help decrease stigma among providers, in that all trans people are no longer classified as mentally ill; however, the APA must work to ensure that trans people do not lose what coverage exists for transition-related care, but are instead more globally covered. A new professional interest area within the APA for LGBT mental health could lobby for the inclusion of trans-focused workshops and lectures at APA meetings, including performances and lectures by activists and educators within the trans community. Also, a quick search of the American Journal of Psychiatry reveals not a single article on trans mental health since the 1970s. This is hugely problematic, and could be remedied either through a call for publications or a special interest issue.

#2 What areas do you think psychiatry is deficient in regarding our basic understanding of the psychological aspects of the LGBT population?  Where should current research be focused?

Much of the existing research on LGBT mental health is focused on gay men, with a relative lack of research on the specific mental health issues facing lesbians and bisexuals. It is also often limited to adult participants who are white and of above-average socioeconomic status who live in major metropolitan areas. There is therefore a dearth of research on LGBT people of color, and those in rural or disadvantaged communities. Another problem with the way that much of the research on LGBT mental health is conducted is that it uses strictly binary definitions of gender and sexuality, excluding those who identify outside of these categories. Lastly, much more research is needed on the issues facing LGBT youth, particularly with regards to the longterm effects of bullying and to the factors contributing to and sustaining the increased risk of homelessness among this group.