



Psychiatric Disorders and Suicidal Behaviour in Patients Seen at a Transgender Clinic in Cape Town, South Africa

Dangor, F^a ; Marais, A^a ; Torline, JR^a ; Pieterse, DI^a

^a Department of Psychiatry and Mental Health, Faculty of Health Sciences, University of Cape Town



BACKGROUND

International research indicates that due to the impact of stigma, marginalisation and discrimination, transgender individuals are a vulnerable population at risk of psychiatric disorders and suicidal behaviour.¹

Despite this, there is a lack of research on the prevalence of mental health conditions and suicidal behaviour amongst transgender individuals in South Africa.^{2,3}

AIM

To assess the prevalence of psychiatric disorders and suicidal behaviour in transgender individuals seen at the Transgender Clinic at Groote Schuur Hospital.

To provide an improved understanding of the mental health needs of individuals attending the Transgender Clinic.

STUDY DESIGN

A retrospective descriptive cross-sectional folder review was used in this investigation.

STUDY SETTING

The study was conducted at the Transgender Clinic at Groote Schuur Hospital in Cape Town, South Africa.

Groote Schuur Hospital is an urban, government-funded tertiary hospital serving an estimated 1.7 million individuals.²

The Transgender Clinic is a monthly outpatient clinic that receives about 2 to 4 new referrals per month from all around the Western Cape Province.

POPULATION & SAMPLING

All new individuals seen at the clinic from November 2018 until the end of December 2019 were included in the study.

All individuals attending the Transgender Clinic during the study period were included in the analysis. No exclusion criteria were applied to this study.

DATA COLLECTION

The interview was conducted in a semi-structured way by a psychiatrist, a clinical psychologist or both.

Psychiatric diagnoses were made using the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).⁴

The following information was extracted from the standardised history-taking and assessment booklet and entered into a database:

1. Socio-demographic details including age, assigned gender at birth, gender identity, and relationship status.
2. Diagnosis of gender dysphoria - including early-onset (before the age of 12), late-onset (after the age of 12), stage of transitioning (pre- or post-transition), and the presence of differences (disorder) of sex development.
3. The presence of current psychiatric symptoms and a diagnosis of a DSM-5 psychiatric disorder.
4. Current pharmacological psychiatric treatment.
5. Past or recent suicidality and non-suicidal self-injury (NSSI). Suicidality refers to engagement or thoughts of engagement in potentially self-injurious behaviours with at least some intent to die from the behaviour. In contrast, NSSI is defined as direct and deliberate destruction of body tissue without suicidal intent.
6. Past or current substance use.

Symptom (self-reported)	Present	Percentage (n=44)
Depression	13	29.5%
Generalised anxiety	10	22.7%
Panic attacks	10	22.7%
Social anxiety	8	18.2%
Phobias	7	15.9%
Mania/Hypomania	5	11.4%
Obsessive-compulsive	3	6.8%
Trauma related	3	6.8%
Psychosis	3	6.8%
Eating and feeding	1	2.3%
Body dysmorphia	0	0%

Table 1. Symptom screen as self-reported by individuals

RESULTS

44 individuals attended the clinic during the study, all of which were included in the analysis. Depression was the most commonly self-reported symptom (29.5%). Thirty-one (70.5%) individuals met the criteria for a psychiatric disorder. Mood disorders were the most common diagnoses (63.6%). Thirteen (41.9%) individuals with a current psychiatric disorder were on treatment. Almost three-quarters of the individuals reported alcohol consumption, of. Twenty-one individuals were tobacco smokers (47.7%), and approximately one-third used cannabis. Eighteen (40.9%) individuals reported suicidal behaviour, and fourteen (31.8%) non-suicidal self-injury.

Figure 1: Psychiatric disorders in individuals at the TGC (n=44)

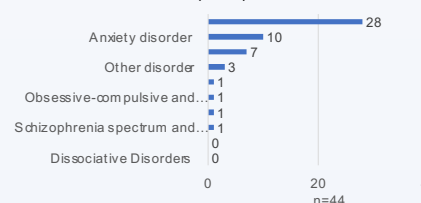


Figure 2: Substance use as reported by individuals (n=44)

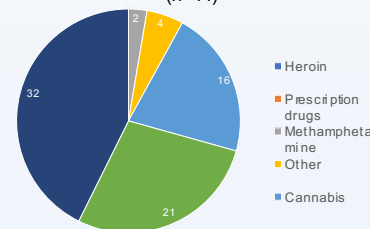
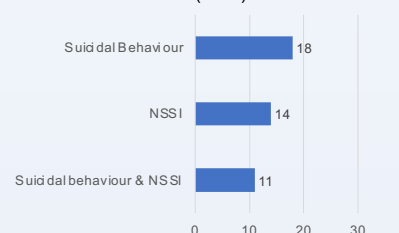


Figure 3: Suicidal Behaviours and NSSI (n=44)



CONCLUSION

Although there is emerging literature, there remains a need for ongoing research for transgender individuals regarding their mental health burden and needs, especially within the South African context.

This study demonstrates that transgender individuals remain a vulnerable population, with high rates of psychiatric disorders and suicidal behaviour.

There remains a compelling need to improve access to care for this population and to improve gender-affirming services within South Africa.

REFERENCES

1. Beckwith, N. et al. Psychiatric Epidemiology of Transgender and Nonbinary Adult Patients at an Urban Health Center. *LGBT Heal.* 6, 51–61 (2019).
2. Marais, A; Torline, J; Wilson, D. The Groote Schuur Hospital Multidisciplinary Transgender Clinic at the University of Cape Town, South Africa. (2018).
3. Wilson, D., Marais, A., de Villiers, A., Addinall, R. & Campbell, M. M. Transgender issues in South Africa, with particular reference to the Groote Schuur Hospital Transgender Unit. *SAMJ South African Med. J.* 104, 448–449 (2014)
4. American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). <https://doi.org/10.1176/appi.books.9780890425596>.

ACKNOWLEDGEMENTS

The authors recognise the power dynamics often present in trans and GNC healthcare seeker/provider encounters. They endeavoured to conduct this research respectfully to broaden and deepen awareness of trans and gender diversity. The authors would like to thank all the participants in the study for aiding in bettering future services we can provide at the Transgender Clinic.

CONTACT

Dr Fatima Dangor
DNFGAT001@myuct.ac.za