

Does “Trans” Support Hinder Real Help?

By Zelda Caldwell

The shooting at Annunciation Catholic Church in Minneapolis – carried out by a biological male who identified as female – raises serious questions, according to experts, about whether struggling young people are being given “gender-affirming care” while their real psychological needs remain unaddressed. While officials have not confirmed whether Robert Westman – who identified as Robin Westman – had undergone any medical procedures to alter his physical appearance, he reportedly expressed regret about his gender transition shortly before killing two children and injuring 21 others before shooting himself.

Mary Rice Hasson, a scholar with the Ethics and Public Policy Center (EPPC), told the Register that mental illness is often left untreated with gender-affirming care. “Once an adolescent is on the sex rejecting or ‘gender transition’ pathway, ‘gender-affirming’ mental health professionals stop exploring any other underlying psychological issues,” said Hasson, who recently received the *Cross Pro Ecclesia et Pontifice* from Pope Leo XIV, awarded for dedication to the Catholic Church by laypeople and clergy.

An increasing number of parents are now coming forward to share their stories of the harm done to their children by specialists in gender-affirming care. Elvira Syed, at a hearing held by the Federal Trade Commission on July 9, shared the tragic story of her daughter Ilene, who died by suicide at the age of 17. Ilene, her mother said, “was a young woman silently battling anxiety, depression, trauma and self-harm.” During the COVID pandemic, Syed said, her daughter “too much time online” and one day declared that she was “transgender.”

“She began seeing a therapist who immediately affirmed her identity, no questions asked; no effort to understand her trauma or mental health, no curiosity about why this identity emerged so suddenly,” Syed testified. Ilene was administered testosterone each week before she was discovered dead of an overdose of Benadryl, according to Syed. “Testosterone can increase aggression, emotional numbness and suicidal thoughts, especially in a vulnerable unstable teen. But no one stopped to ask if it was safe,” she said.

Ilene Syed’s case is far from an anomaly, according to Dr. Miriam Grossman, a child and adolescent psychiatrist and author of *Lost in Trans Nation: A Child Psychiatrist’s Guide Out of the Madness*. “These kids more often than not, have a variety of mental health issues. Many of them are on the autism spectrum. They may have anxiety, depression, a history of trauma, a history of harming themselves, even a history – possibly – psychosis,” Grossman said.

Once a child or teen announces that he or she believes he or she was born in the wrong body, instead of receiving psychiatric care, they are often referred to specialists offering medical interventions to make the person appear to be a member of the opposite sex. That means puberty blockers, followed by cross-sex hormones – which can permanently deepen a girl’s voice, cause male pattern baldness and even infertility – and surgery to remove body parts, she explained.

Grossman puts the blame on professional organizations, such as the American Psychiatric Association (APA). In 2023, the APA published a new guide, titled *Gender Affirming Psychiatric Care*, which explicitly stated that patients should be affirmed in whatever gender they feel they are, even if they are facing serious mental issues. “Psychosis alone is not a contradiction to gender-affirming services,” the authors of the APA guide wrote. The APA, and other medical professional associations including the American Academy of Pediatrics (AAP), which also supports gender-affirming care for children and teens, have abandoned evidence-based medicine for gender ideology, according to Grossman.

The belief that an individual's feelings or inner experience prompts the reality of their sexed body and their biological reality of their bodies is a radical idea. It is not a medically based notion. It has no basis in science," she said. "What happens in the gender-affirming care model is that the comorbidities, the simultaneously occurring mental disorders that exist, are pushed to the side, and gender is the focus."

And doctors, she explained, tend to trust their professional associations. "They're going to say, 'Look, it may not sound completely right to me, but if my organization is telling me that is the correct treatment, then I trust that it couldn't be that my organization has been misled and gone down the wrong path on this because of activism.'" The APA and AAP did not respond to request for comment in time for publication of this article.

Lack of Concern

Tamara Pietzke, a mental health therapist in Washington state, is a whistleblower who has gone public because of what she sees as inadequate care for vulnerable young people who get funneled into gender-affirming care. In an account published by *The Free Press*, Pietzke wrote that she left her job of six years as a therapist at MultiCare, citing pressure from her employer to affirm a patient's transgender identity.

"I was getting the message from my supervisors that when a young person I was seeing expressed discomfort with their gender – the diagnostic term is gender dysphoria – I should throw out all my training," she wrote. "No matter the patient's history or other mental health conditions that could be complicating the situation, I was simply to affirm that the patient was transgender, and even approve the start of a medical transition," Pietzke wrote.

She recounted the story of a former patient, a 13-year-old girl, who had been abused by her mother and was a victim of sexual assault. The girl had been diagnosed with depression, PTSD, anxiety, intermittent explosive disorder and autism and had been hospitalized for talking about dying by suicide. When she was asked by the child's guardian to approve a regimen of cross-sex hormones, Pietzke shared with her supervisor her concerns that the patient's other problems should be addressed before embarking on such a life altering course. The patient was removed from Pietzke's caseload and assigned to another therapist.

"There is not valid, evidence based, peer reviewed research that would indicate that gender dysphoria arises from anything other than gender (including trauma, autism, other mental health conditions, etc.)," the supervisor wrote Pietzke in an email that also warned of "potential in causing harm to a clients mental health when restricting access to gender-affirming care."

A Forgone Conclusion

Pietzke told the Register that she fears that parents are not aware that once a child enters a gender clinic, a medical "transition" is virtually a foregone conclusion. "It's an assembly line where anyone who dares ask any questions is discounted and shamed for being transphobic. And parents don't know this. They think they can trust the therapist, and much of the time, they cannot," Pietzke said.

"It is incredibly heartbreaking. I asked my boss, through tears, right before blowing the whistle, 'How can you live with the fact that parents come in thinking we're going to help them with their kids, and we aren't?'" she said. "But instead of providing a safe place for kids to figure out who they are, we are letting them make life and health-altering decisions before their brains are fully developed and able to even understand what they are doing. It's unethical. We're hijacking their development and making them lifelong medical patients," she told the Register.

In response to a request for comment, Multicare sent the following statement:

Multicare's values are at the forefront of every decision we make and serve as a constant guide for how we deliver care. Across our system, we honor each person's unique health care needs and strive to deliver care that our values call on us to provide – particularly our values of respect, kindness and collaboration.

“Patients who arrive with gender or identity concerns that are affecting their mental health can receive counseling or therapy from a behavioral health clinician. Any clinician who is unable to address a patient’s concerns can request that a case move to another specialist. A gender dysphoria specific diagnosis must meet certain criteria and follows a thorough assessment. Patients diagnosed with gender dysphoria will discuss a range of response options with their health care provider.”

Pamela Garfield-Jaeger, a licensed clinical social worker who, on her website “Truthful Therapist,” offers advice to parents, told the Register that parents need to be vigilant if they send their children to drug treatment facilities or to hospitals for mental healthcare. “You need to stay very involved because these therapists cannot be trusted. Many times, they do good work – it’s not all bad. However, if they affirm gender and then also say they’re going to help them with their drug addiction, once you’re affirming gender, you’re not helping them with their drug addiction. You’re cancelling that out,” she said.

For parents seeking help for their children, she offers suggestions for talking to your child in her book, *A Practical Response to Gender Distress: Tips and Tools for Families*. “You want to start by connecting with them on other issues [than gender] and less confronting them about gender and trying to lecture them and tell them there is no way you’re a boy or a girl,” she said.

She also directed concerned parents to the websites, Genspect.org and ConservativeCounselors.com, which serve as clearinghouses for information and references for counselors that will treat psychiatric issues but won’t automatically recommend gender transition.

According to Grossman, another reason it is difficult to get appropriate mental health care for children and adolescents is that many clinicians are afraid to question or caution against a patient’s request for gender transition because of “conversion therapy” bans on the books in 21 states. These laws, which were originally drafted to prevent people with same sex attraction (SSA) from receiving professional counseling to help them abstain from acting on their homosexual desires, now cover gender identity in many states. Under these laws, clinicians and counselors are forbidden to help a patient become more comfortable with his or her biological sex.

“It means you could be investigated by your professional board,” she said. “A lot of people won’t venture into this area of patient care and mental health.” This puts psychiatrists like herself – who entered their professions to help those suffering from mental illness – in the position of having to reinforce what amounts to a delusion.

“If you think about it for a moment, you realize how inane it is. We’re being told that we must accept this new identity community that is at odds with reality. The definition of psychosis is having hallucinations or delusions and not living in reality.”

Meanwhile, the patients suffering from delusions are not treated, Hasson told the Register. “It’s a fantasy that is incredibly damaging,” she said. “And while they obsessively pursue that fantasy belief, their real issues – which statistically, are many – go unaddressed.”

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