Why is there a need for Trans Wellbeing?

Transgenderism is a phenomenon that involves a strong feeling that your gender identity is different to the gender you were assigned at birth. Children and young people with gender dysphoria and gender non-conformity are presenting for medical attention at increasing rates. In fact, in a 2015 interview, Dr Michelle Telfer (Clinical Lead at the Royal Children's Hospital Melbourne Gender Dysphoria Service) was asked about the recent increases in children and parents presenting at the service. Dr Telfer stated that 'the service's waiting list has grown exponentially since it received its first referral in 2003, with the wait now at 14 months. It's estimated that between 120 and 150 new referrals will be received this year alone.' Dr Telfer also stated that 'the increase in referrals is likely due to greater awareness of the service and greater societal acceptance of transgender people.' Although this Melbourne hospital has been treating families from other states, including Adelaide, many families don't have the finances required to travel that distance to see a specialist health professional. This puts pressure on hospitals, like the Women's and Children's Hospital in Adelaide, to cater for these families' unique needs.

The transgender phenomenon has become an increased fascination for the media in countries like Australia, as more and more transgender people make themselves visible in an attempt to achieve better medical treatment, health outcomes, civil rights and other services and opportunities that non-trans (cisgender) people enjoy. International Transgender Day of Visibility is an annual event held on March 31st and International Transgender Day of Remembrance, which brings attention to the violence endured by transgender individuals and communities, is held in cities and towns around the world on November 20th.

According to an American Psychological Association fact sheet (2014) *Answers to your questions about transgender people, gender identity, and gender expression*, 'transgender persons have been documented in many Indigenous, Western, and Eastern cultures and societies from antiquity to the present day. However, the meaning of gender nonconformity may vary from culture to culture.' Sistergirls and brotherboys are unique to Indigenous culture in Australia. Sistergirls and brotherboys are trans people who are Aboriginal or Torres Strait Islander and have a strong sense of their cultural identity. In the USA, Native American people who are transgender often use the term 'two-spirited', but it is also a term used by other members of the Lesbian Gay Bisexual Transgender Intersex Queer (LGBTIQ) communities. Walters et al (2006, p. 126) state that 'Individuals embracing these genders may have dressed; assumed social, spiritual and cultural roles; or engaged in sexual and other behaviors not typically associated with members of their biological sex'.

Researchers who are interested in finding a biological cause of transgenderism are investigating how prenatal and postnatal hormones and influences have an effect on a child's gender identity development. There is one theory specific to trans men, which asserts that if a fetus is genetically female but is exposed to higher than usual levels of testosterone, then the child who is born will be more likely to identify as male. Auyeung et al (2009) claimed to be the first to find data linking high levels of prenatal testosterone to increased male-typical play behaviour. There is however, a need for further research in this field.

Many trans/gender diverse people and their families/partners/supports feel isolated and unsure about how to access the information and services that they need. Although Australian culture is slowly becoming more accepting of gender diversity, many people still feel uncomfortable or that

they might be judged by others, finding it hard to seek out support. Seeking support for a biological condition that has so much social stigma, stereotypes and negative assumptions associated with it is challenging enough, but reaching out for help from the medical profession can also be stressful for people who do not fit into the Western medical binary model.

In January 2017, Denmark became the first country in the world to remove trans people's classification as "mentally ill." This may seem illogical to many who misunderstand the mental health issues affecting people who identify differently to the gender they were assigned at birth, but this is in fact a change that many practitioners in this area have been requesting for some time.

In a recent online article in the Scientific American, Russo (2017) wrote:

> The change, although currently limited to Denmark, represents a new phase in the evolution of views on being transgender. An earlier change occurred in 2013, when "gender identity disorder" was dropped from the *Diagnostic and Statistical Manual of Mental Disorders,* Fifth Edition (*DSM*-5), US psychiatry's bible for diagnosing mental illness. A new condition called "gender dysphoria" was added to diagnose and treat those transgender individuals who felt distress at the mismatch between their identities and their bodies. The new diagnosis recognized that a mismatch between one's birth gender and identity was not necessarily pathological, notes pediatric endocrinologist Norman Spack, a founder of the gender clinic at Boston Children's Hospital. It shifted the emphasis in treatment from fixing a disorder to resolving distress over the mismatch.

Reliable data about the true number of people who are transgender or gender diverse in the population is limited, however, some international estimates of transgenderism ranges from 1:500 and 1:11,500 (Rosenstreich 2013). Other recent studies in New Zealand and the USA indicate that between 0.5% and 1% of children and young people identify as trans, with approximately 2.5% reporting that they feel unsure of their gender identity (Clark et al 2014; Conron et al 2012). It has also been suggested that children and adolescents report higher rates of gender non-conformity/transgender identities, with anywhere from 6% to 23% of those children/adolescents carrying these identities into adulthood (Bartholomaeus et al 2016; Coleman et al 2012).

Transgender people can experience personal, professional, systemic and societal opposition to their gender identity/expression, as well as discrimination and oppression. Recent Australian research has found almost two-thirds of trans and gender diverse people experience verbal abuse because of their gender presentation, and one-fifth experience physical abuse (Smith et al 2014). These pervasive negative psychosocial consequences for violating societal gender norms can lead to many trans people experiencing extreme isolation/loneliness, fear of persecution/mistreatment, depression and/or anxiety. In fact, the likelihood of a trans person experiencing depression increases with the number of environments that they are required to deal with where they must modify their behaviours to fit gender norms (Couch et al 2007).

The First Australian National Trans Mental Health study (Hyde et al 2014) found very high levels of mental health issues among trans and gender diverse individuals, particularly depression and anxiety, with over half of their sample being diagnosed with depression by a medical/mental health professional at some point in their lives. Suicidal thoughts and feelings are alarmingly frequent among trans and gender diverse people in Australia, with 20% of trans Australians reporting current suicidal ideation (thoughts), and up to 50% of trans people having attempted suicide at least once in their lives (Rosenstreich 2013). Rejection by parents/family, family conflict and unsafe home

environments are all suicide risk factors. An American study (Grant et al 2011, p. 7) which included 6,450 transgender and gender non-conforming participants found that 'family acceptance had a protective effect against many threats to well-being including health risks, such as HIV infection and suicide', as well as other risk factors, including homelessness and sex work. In this study, 57% of transgender participants experienced significant family rejection.

Grant et al (2011) further identified that trans people face significant barriers when it comes to accessing healthcare, with many trans people avoiding health professionals altogether due to fear of discrimination and/or direct experience of discrimination previously from a health professional. According to this 2011 research, some trans people have experienced a refusal by the health professional to treat them, and some people have even experienced harassment in a medical setting. However, the biggest barrier mentioned is a lack of knowledge by the health provider themselves. This often requires the trans person to contend with the health practitioner's ignorance, or spend significant amounts of time educating medical professionals about the basics of transgender health and wellbeing, transition options and service needs (Grant et al 2011). Not all trans people are up to this kind of challenge, however, and others may not even have this kind of knowledge to share.

Many newly identifying or gender questioning people want to know how they can start Hormone Replacement Therapy as soon as possible. The WPATH Standards of Care (SOC 2016, Version 7) states:

> *Criteria for Hormone Therapy Initiation of hormone therapy may be undertaken after a psychosocial assessment has been conducted and informed consent has been obtained by a qualified health professional, as outlined in section VII of the SOC. A referral is required from the mental health professional who performed the assessment, unless the assessment was done by a hormone provider who is also qualified in this area.*
>
> *The criteria for hormone therapy are as follows:*
>
> *1. Persistent, well-documented gender dysphoria;*
> *2. Capacity to make a fully informed decision and to consent for treatment;*
> *3. Age of majority in a given country (if younger, follow the Standards of Care outlined in section VI);*
> *4. If significant medical or mental health concerns are present, they must be reasonably well controlled.*
>
> *As noted in section VII of the SOC, the presence of co-existing mental health concerns does not necessarily preclude access to feminizing/masculinizing hormones; rather, these concerns need to be managed prior to or concurrent with treatment of gender dysphoria.*

Trans people have specific social support and mental health needs, as well as physical healthcare needs. It can be difficult to find services and health professionals in your state or territory in Australia, and many trans people reach out for help online. There are numerous Facebook support pages and groups, for example, many of which are administrated by trans community members themselves. It is through these online groups that many trans people access information about the kinds of services and specialised health professionals available in their city/town (or nearest city, in the case of most people living in rural areas). Hyde et al (2014, p. 31) points out that 'there is a need for either centralised clinics in each state and territory specialising in trans health which can refer people to appropriate practitioners, and/or for trans people to be able to easily access a directory of health professionals who are trained to work with this population'.

With these specific needs in mind, it is important to recognise the creation of the SA Practitioners List (Trans Health SA 2017), as it creates local and alternative healthcare options for varying needs,

and is updated regularly. As the awareness of the relatively new transgender and gender diverse community expands, they are becoming more educated about their consumer rights, unique needs and treatment options. They are also inevitably coming across phrases like 'non-pathologising treatment options' and 'gender-affirming models of care'. Gender affirming models and non-pathologising treatments take the individual's experience into account, allow the person to access more options throughout the treatment process, and do not see transgenderism as a mental illnesses/deficit, but rather as a natural experience across a spectrum of gender diversity.

In contrast, the 'Gatekeeping' models of transgender healthcare views transgenderism as a mental illness or abnormality, it is obsessed with the gender binary and the cure/treatment is limited to one path involving: diagnosis, hormones, surgery and legal recognition. Unfortunately, this treatment, more often than not, requires that transgender people fit into a traditional/conservative view of gender, that they 'pass' well in their gender expression, that they have risky and expensive surgeries (that results in sterilisation), and that they identify as heterosexual (Serano 2016). One of the most recent additional reasons to move away from the gatekeeping tradition, is that it often utilises psychological testing that was never designed to assess the mental health and cognitive abilities of transgender populations, and which do not take into account certain obvious trans experiences (eg gender minority stress, gender dysphoria, gender transition, hormonal levels, etc.) because they are based on norms in the cisgender population (Keo-Meier & Fitzgerald 2017).

There is great anticipation regarding impending legislative changes for South Australia. Combined with increased media and social attention about the transgender experience across Australia and many Western countries, as discussed previously, there has been a noted increase in the transgender population seeking professional support and services. With these legislative changes coming later in the year in South Australia, it has become even more important for South Australian health professionals to attend conferences and/or training and also discuss trans healthcare best practice principles with their peers. With the potential increase in local practitioners and services willing and able to cater for trans and gender diverse people, there also comes many potential benefits to the trans community, including: increases in choice of practitioner, shorter wait times, pressure on mainstream services to provide trans inclusive practice, the possibility of low cost options, increased accountability, and an increase in trans healthcare training across a variety of health settings.

As we work towards the creation of more inclusive and optimistic systems of care for transgender people in South Australia, it is with great pride that SHINE SA is at the forefront in the development and delivery of the Trans Wellbeing Service.

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