

7.8 Gender Dysphoria

Gender dysphoria is a state that is often misunderstood and as a consequence those who experience it are frequently marginalised and isolated.

The exact cause of gender dysphoria is unknown, and there is much debate over its possible causes, however it is no longer regarded as a form of mental illness. There are recent persuasive studies indicating biological causes for the condition resulting from hormonal influences on brain systems involved in the regulation of gender and sexuality, during pregnancy. Whether these represent potentialities requiring other subsequent environmental influences or not are yet to be determined and certainly much more research in the area is required.

The aim of treatment is to help the individual come to the best solution for them in regard to their sense of disharmony between sex and gender. Often the conflicts of having to live with this distressing condition have resulted in significant emotional and mental health difficulties, which require psychiatric and psychotherapeutic treatment. Trans people have high incidences of mental illness, self-harming behaviour and addiction problems, prior to specialist treatment. After an appropriate period of assessment and counselling to establish the diagnosis and the preferred clinical pathway the patient wishes to take, there is a spectrum of possibilities for the treatment of gender dysphoria. Although ultimately this may involve radical hormonal and surgical treatments to achieve a complete transition, patients frequently reach a position of satisfaction with themselves at some stage short of this. However, most transsexuals pursue transition and eventually enter into a Real Life Experience or RLE (living fully in the chosen gender role) for a minimum of one year before they are considered for surgery. During this process they undergo sex hormone reassignment, and a variety of gender role therapies (speech therapy, cosmetic/deportment, hair removal), which are crucial in assisting their adjustment. During this period their progress is closely assessed and they may continue to receive a range of psychiatric and psychotherapeutic treatments. It is also recognised that peer support independent of their Gender Identity Service is extremely import in facilitating this process.

Overarching Standard 54: Gender Dysphoria – treatment and ongoing care

A trans person should have hormone support as part of their care from a multi-disciplinary network using regionally agreed protocols including having access to an endocrinologist, to non-statutory peer support and mentoring, and to services that will as part of their ongoing treatment and care, help them to improve their self-image.

Rationale

Hormone Treatment is becoming increasingly complex requiring a much more multi-disciplinary approach to care involving psychiatry and endocrinology services.

Trans people suffer enormous social isolation as one of the most marginalised groups in society; these services reduce that extreme social isolation.

Accessing peer groups who have a communal experience of the transitional process involved in sex re-assignment has a significant positive impact in optimising adjustment to the treatment process.

Most trans people feel more comfortable talking to those who have been through similar experiences and are much more likely to trust their help and accept their advice. Consequently it is vital that these opportunities are offered external to statutory services thus maintaining a clear demarcation line between peer support and the therapeutic relationships within statutory services.

To enable people who are marginalised to have access to the factors that promote good mental health and well being and take responsibility for developing their emotional resilience and wellbeing

Evidence

Royal College of Psychiatrists (2008) Good practice guidelines for assessment and treatment of gender dysphoria

Michel, A. Mormont, C. Legros, JJ. 2001. A psycho-endocrinological overview of transsexualism. European Journal of Endocrinology, 145 ; 365-376

Responsibility for delivery/implementation

Trusts; Gender Identity Clinic
Endocrinology Departments

Quality Dimensions

Person Centred - The agreed care plan should be designed, implemented and reviewed in regard to what is working and what is not working from the perspective of the trans person, their family, carers and other professionals and changes negotiated on the basis of this.

Timely – Timely intervention of the above have been shown to have positive outcomes.

Efficient – All of the above standards will facilitate trans people to have improved mental health and wellbeing.

Effective – non-statutory peer support and mentoring will help to support and maintain psychological wellbeing

Safe – All of the above will reduce the risk of harassment and protect personal safety.

Performance Indicator	Data Source	Anticipated Performance Level	Date to be achieved by
Percentage of trans people accessing multidisciplinary assessment and screening prior to Hormone Therapy.	Baseline Audit of Gender Identity Disorders 2007 Follow-up Audit 2009 children and young people and adults	Establish baseline Performance level to be determined once baseline established	March 2013
Percentage of trans people who access peer support	HSC Trust report in partnership with peer support services	Establish baseline Performance level to be determined once baseline established	March 2013
Percentage of trans gender people within the gender identity service accessing services to improve their self image	HSC Trust report	Establish baseline Performance level to be determined once baseline established	March 2013