

gender identity research  
and education society



[www.gires.org.uk](http://www.gires.org.uk)

# **Improving emotional health and wellbeing for trans people**

LGBT HEALTH SUMMIT 2010

background

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  - Suicide attempts
  - Employment Tribunal

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  - Improve the lives of trans people, by
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  - Suicide attempts
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- GIRES established in 1997 to:
  - Improve the lives of trans people, by
  - Using research to educate
- Gender identity (who you are)
  - Differs from sexual orientation
  - Not a lifestyle choice
  - Biological basis





# Transgender experiences – Information and support

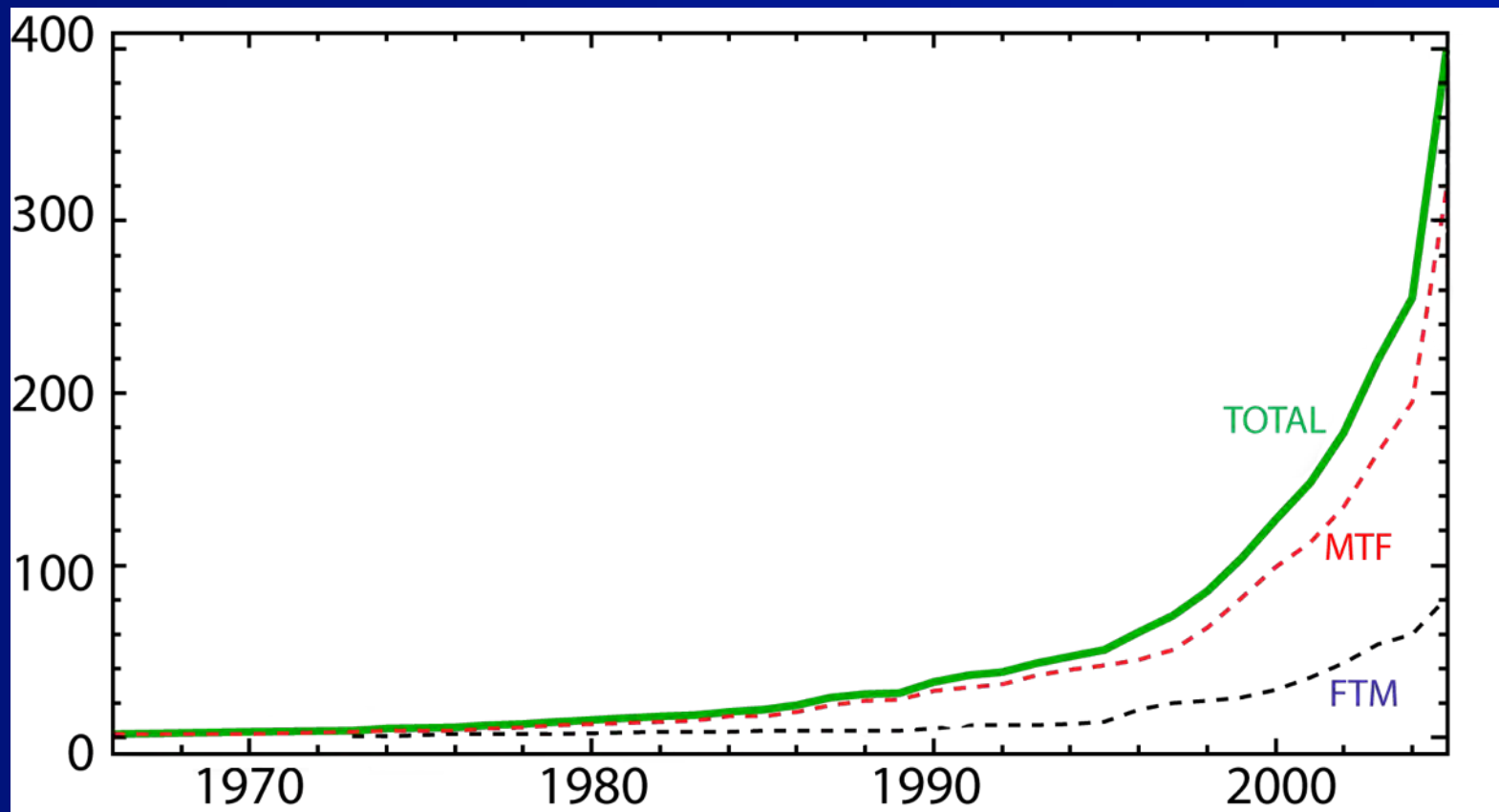


For trans people, their  
families and healthcare staff

# challenges

- Increasing service provision
- Matching international best practice
- Meeting legal obligations
- Responding to service users' needs

# number asking for GP's help, by year (sample = 647)



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**20** per 100,000

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- New referrals per annum,  
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**3** per 100,000
- Growth **15% p.a.** (3/20)
  - numbers doubling every 5 years

# growth predicted to continue

- Express some gender difference:  
300,000 - 500,000
- Likely to present for treatment:  
50,000 – 90,000
- By 2007 only 10,000 had done so.

# drivers of growth

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- 'Buddy' effect: helplines, lists, 125 groups

[www.TranzWiki.net](http://www.TranzWiki.net)

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Support Groups

# [www.TranzWiki.net](http://www.TranzWiki.net)

## Support Groups

National

25

# www.TranzWiki.net

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# Transgender Support

for trans people

and

those who care for them

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# impact of international standards and practice: an example

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  - relieves stress/improves social function
  - reduces lifelong disadvantage

# German trans girl – puberty suspended, followed by feminising hormones



# challenges arising from:

- new commissioning system
- service users' satisfaction audit
- legal obligations

# new DoH procurement guide

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- 450 GP consortia, full responsibility by 2013
- Growth predicted:
  - 50 per consortium being treated
  - 8 new cases per annum
- Primary care professionals:
  - will “coordinate all the services”
  - are “best placed to ensure patients get the best care”
  - will “involve all other professionals who are part of any pathway of care”

# DoH procurement cont.

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- Patients’ choices will be increased by allowing “Any Willing Provider (AWP) where relevant”
- Commissioners must comply with the principles of:
  - “transparency”
  - “equality of treatment”
  - “non-discrimination”

# DoH choice of GP and provider

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  - equally they can stay with their GP when they move house

# DoH choice of provider

- It is now a legal duty to ensure that patients are offered 'free choice' of provider for their first outpatient appointment when referred by a GP
- Commissioners must also have regard to extending patient choice into other areas in line with the development of national policy (e.g. care and support planning for patients with Long-Term Conditions )

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## 647 responses

- The "commissioning framework should be capable of procuring a diverse range of services":
  - "national and local"
  - "NHS and private sector as appropriate"
- To provide a:
  - "flexible"
  - "patient centred"
  - "multi-disciplinary"
  - "individual-needs-based approach to care"

for London, Kent, Surrey, Sussex, Essex, Beds & Herts NHS

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- In total 98% of those who had surgery felt it was a positive or mainly positive experience and were happy with their outcomes

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- Delay caused by making all service users follow a particular pathway could be 'disproportionate' (to a legitimate aim)

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- 35% felt that the care provided at their GP surgery could be improved.

# WLMHT (Charing Cross) Equality and Diversity statement

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“The NHS can no longer be reactive in its response to demographic changes within society. There is now a positive duty to be proactive and ensure that it provides services and develops policies that are accessible and appropriate to all sections of the community. The development/review of this policy has undergone an Equality Impact Assessment [EIA]”

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  - Opinion by RCPsychs barrister on the UK SoC

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- Equality Act 2010 strengthens protection
  - 'gender reassignment' is a specifically 'protected characteristic'

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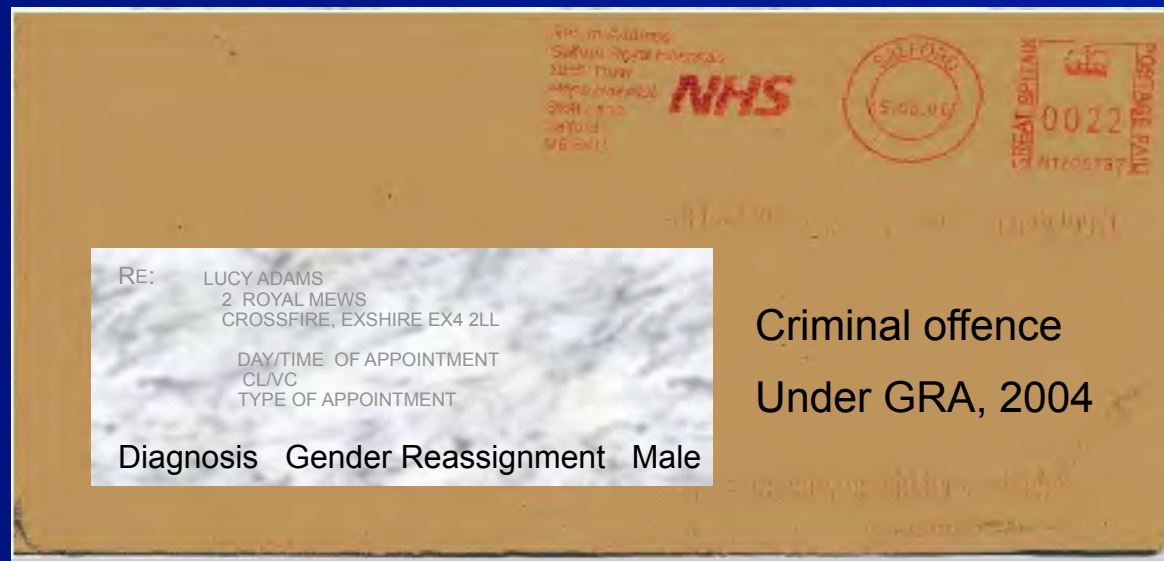
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- Engaged with Article 8, protects against discrimination and “provides compelling protection for trans people, respecting their autonomy and dignity”
- “General application of rules, that may be applicable to individuals, but cannot otherwise be shown to have clinical justification, would be disproportionate”
  - Don’t use particular cases to justify “a rule of general or universal application”...this would be “perilously close to stereotyping” (legal Opinion)

protocols must

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- Promote patient autonomy
  - Flexibility
  - Choice

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  - Choice
- “no decision without me”



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- “The employment of the scientifically unsubstantiated requirement of a RLE can be a needless, cruel and harmful obstacle for patients who are eager to use hormones ...”
- “The principle of Respect for Patient Autonomy, reminds us that the imposition of a scientifically unfounded RLE may be a disrespectful abrogation of allowing for patient self determination”



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- “The employment of the scientifically unsubstantiated requirement of a RLE can be a needless, cruel and harmful obstacle for patients who are eager to use hormones ...”
- “The principle of Respect for Patient Autonomy, reminds us that the imposition of a scientifically unfounded RLE may be a disrespectful abrogation of allowing for patient self determination”
- The absence of a firm scientific foundation to support the utility and validity of the RLE generates unease about setting policies.... etc” Levine (11/3).

# A personal perspective Stephenne Rhodes

# gender dysphoria

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  - Awkwardness in social interactions
  - Perpetual feeling of inadequacy
  - Societal withdrawal
  - Under achievement
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- Nagging perception of 'wrongness'
  - Awkwardness in social interactions
  - Perpetual feeling of inadequacy
  - Societal withdrawal
  - Under achievement
  - Substances abuse
- Diagnosis is not easy
  - Irrational and illogical
  - Often the last thing thought of
    - by professional or patient

# early support

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- “Cry for help”
  - Desperation has set in
  - Formal process seems glacial

# early support

- “Cry for help”
  - Desperation has set in
  - Formal process seems glacial
- No informed counselling
  - Implications of “diagnosis”
  - Advice to close family members
    - Overreliance on peer groups and Internet

during transition

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  - Dealing with the dreaded pronouns
  - Lessening tensions
- Support groups important social arena
  - Often a source of misinformation

pre-surgery

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- The run up to surgery can be traumatic
  - Mixture of excitement and dread
  - Frightened it will not happen

# pre-surgery

- The run up to surgery can be traumatic
  - Mixture of excitement and dread
  - Frightened it will not happen
- Effect of hormone withdrawal under-acknowledged
  - Emphasize emotional stress
  - Serious physical discomfort
  - Is it really necessary?

and when it's all over...

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- Post surgical depression
  - Anecdotally very common
    - Hormone imbalance?
    - What now...

# and when it's all over...

- Post surgical depression
  - Anecdotally very common
    - Hormone imbalance?
    - What now...
- NHS support very patchy
  - Counsellors not trained in gender dysphoria
    - Spend much of the face-to-face time trying to understand
    - Quite often side against the person

and...

and...

- Find rejection continues

# and...

- Find rejection continues
- Continuing threat of outing
  - When to tell potential partners
  - By family and friends

# and...

- Find rejection continues
- Continuing threat of outing
  - When to tell potential partners
  - By family and friends
- Real need for ongoing NHS support
  - Keep track of people and document issues
  - Lower suicide rate
  - Objective advice...

finally...

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- Overall the NHS does a fine job
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- Overall the NHS does a fine job
  - Rescues many in dire distress
  - Generally sympathetic and understanding
- Let's try to ice the cake...
  - Widen treatment regime
  - Leverage existing mental health services

# Thank you



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