Role of CAMHS in Gender Identity Services

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Introduction:

The NHS constitution begins with the phrase 'NHS belongs to all' and is built on core values that prioritize the patient's needs above all else(1). The service is designed to treat patients with respect, dignity, and compassion, and is committed to providing quality care through inclusive outreach with the objective of improving the lives of our service users. Despite administrative and professional constraints, every NHS service and pathway has strived to adhere to these founding values. In this essay, we will discuss how the existing model of Gender Identity Development Service (GIDS) failed within its scope and the lessons we can learn from the independent review of the National Specialist Service Model. We will also discuss various roles and responsibilities that CAMHS professionals could take within the newly proposed GIDS model and strengthen service delivery by adhering to the core principles of the NHS constitution.

Background of the past National Specialist service model of GIDS:

The NHS commissioned the highly specialised National Gender Identity Development service at the Tavistock and Portman NHS foundation trust with satellite bases in Leeds and Bristol in 2009(2). The service accepted referral from multiple sources and was led by a multi professional review group working collaboratively. National GIDS has been the centre of recent controversies influenced by various clinical, ethical, and socio-political debates.

There has been a huge leap in the number of referrals received by the national GIDS in Tavistock from around 50 referrals per year in 2009 to a total of around 2500 referrals per annum in 2019. The service was overwhelmed with around 4600 children in its waiting list and there has been a major shift in the profile of referral with birth registered females in adolescent age group being referred compared to earlier trends of birth registered males with gender incongruence from an early age (3,4).

Majority of children and young people referred also had complex bio-psycho-social interplay with almost one -third of them having a neurodiverse background with a diagnosis of autism spectrum. This was further complicated by lack of a standard assessment process, evidence-based approach for prescribing puberty blockers and sexual hormones and lack of evidence base around long-term follow-up and support needed for helping the vulnerable children. There was also a lack of agreeability among the professionals in taking a developmentally sensitive approach and arguments favouring both affirmative and fluidity concepts of gender incongruence. This was further amplified by social and cultural factors and lack of an effective collaboration, leadership and guidance led to the review of the service provision by care quality commission (5), followed by commissioning of an independent review into gender identity services for children and young people chaired by Dr Hillary Cass(6).

The interim report and further communication by the Cass review is published at a right time and the suggestions put forward has been a huge opportunity for professionals to reflect and learn from the past shortcomings and plan for a better service delivery model in future. The discussion in the essay will be around the suggestions outlined in the independent review and how CAMHS could play a pivotal role in modifying and implementing the recommendations

Clinical service delivery for gender questioning young children and young people:

It is important that multi-disciplinary team of Child and Adolescent Mental Health Professionals play an active role in co-producing, planning, implementation and delivering clinical services in the regional gender identity services across the country. Proposal of implementing regional centres and equipping regional secondary care CAMHS pathways is essential not only to provide fast and effective services but also to expand the network of professionals equipped to help the vulnerable children and young

people. Every child and young person with gender diverse needs and their families are entitled to same level of psychological and social support as any other child in distress can avail from their first contact with NHS services.

Every child and young person with gender diverse needs should be approached in a developmentally sensitive way and supported with an initial bio-psycho-social assessment incorporating developmental, social, and cultural factors. Children and young people with gender dysphoria present with complex range of mental health adversities ranging from depression, anxiety to significant trauma and distress arising out of bullying, abuse, and neglect in various context. Recent evidence from national and international gender identity services have shown that almost one third of children who have been referred to GIDS present with neurodiversity profile particularly autism spectrum disorder(7). The well-established Dutch model of care for young person with gender dysphoria has shown that a comprehensive assessment for mental health needs should be the initial step in guiding the vulnerable young population and it is mandatory that CAMHS teams are equipped to follow a standard national protocol for the assessment and continue the follow up through every step of their developmental trajectory (8).

The controversial debate around taking a gender affirmative approach against an explorative approach of exploring the developmental context has polarised the professionals and the society on either side. One major reflection from the Cass review is the lack of standard operational protocol supported by evidence base for age at which GIDS could prescribe puberty blockers, sexual hormones, and recommend social and surgical transition(9). The result has been the GIDS deviating from the core values of NHS which is patient stand above all needs. It is important that we CAMHS professional extend our expertise and support by guiding the children all through the decision-making process and co-ordinate and implement research base into the topic.

One significant suggestion from the CASS review is to consider care of children and young people with Gender dysphoria as everyone's priority rather than restricting it to a few select specialist centres. It is important that every secondary care and tertiary CAMHS pathways are professionally equipped to support the gender questioning children with initial support and guidance. Decentralising the GIDS to regional centres and a mandatory Multi-disciplinary CAMHS assessment in regional GIDS and in secondary care CAMHS pathways will help the vulnerable group of young people to explore their developmental needs, address the contextual factors and provides a balance between strict gender affirming and explorative approach. This would help the vulnerable young population to meet their developmental potential, foster resilience and coping skills and guide them during the journey of gender exploration rather than being in a specialist wait list for years for first contact. It is essential that we as CAMHS professional see the child behind all the diagnostic, socio-political debate and address their needs in a developmentally sensitive approach.

It is essential that every CAMHS team take up the role of providing psychological support and guidance for families of children with gender dysphoria. The multi-disciplinary CAMHS team of Psychiatrists, clinical psychologists, social workers are trained and equipped to provide family systems assessment and support the families in their journey of guiding their children. Families need long term psychological support and guidance in understanding the child's internal world and moving through their inner conflicts towards the stage of acceptance. It is important that families were given a clear framework of current understanding of developmental trajectory of gender diversity and involve them in every point of shared decision-making process. Families should be part of the decision-making process particularly when complex dilemma of deciding between gender affirmative and explorative approach. Controversial protocol of prescribing puberty blockers, sexual hormones, surgical transition

has ethical and legal interplay, and it is important that CAMHS professionals are involved in supporting the families with support needed(9).

Inter-disciplinary co-ordination of the Multi-Professional Review Group:

The newly proposed reginal centres will be based on paediatric hospitals with mental health trusts supporting them in the process. It is essential that CAMHS plays the pivotal role of co-ordinating and communicating the team of inter-disciplinary specialist professionals within the team. The Dutch protocol and the World Professional Association for Transgender Health [WPATH] guidelines mandates routine follow up by mental health professionals after starting the puberty blockers as the children need continued support and guidance during the difficult transition process(10). This has been one of the major criticisms in the review of existing national services and CMAHS take up the role of providing continued support and guidance for the vulnerable children and young people.

Advocacy for Gender diverse children and young people:

It is important that we as a unified professionals take up the role of advocacy and leadership in being the voice of the vulnerable population. It is a mandatory professional obligation for CAMHS professionals to be part of the policy and decision-making process and look beyond the clinical and research provisions. The need for sensitising the schools, teachers, special educators, and most importantly young children about the gender diversity has to be a part of the ethical and social obligation for CAMHS. It is essential that The Royal College of Psychiatrists with the CAP faculty lead in advocacy for better service provision in GIDS adhering to the core values and principles on which the NHS is built on for years.

Addressing the training and sensitisation needs:

It is essential that active training and sensitisation of multi-disciplinary professionals involved in GIDS is carried out by CAMHS professionals as part of capacity building exercise and building a strong professional work force to sustain the GIDS for future years to come. Considering the magnitude of severity and the ongoing burden it is essential that training in gender assessment and support provision be made an essential competency to be achieved in core and specialist training curriculum.

Future research, quality improvement projects and building evidence-based guidelines:

The debate around the prescription of puberty blockers before 16 years and their long-term effects, following a strict gender affirmative approach rather than taking a developmentally informed approach where gender questioning can be a fluid process influenced by different contextual factors, long term course and developmental trajectory of transition/desistance of gender diversity needs a carefully designed, multi-disciplinary and multi-centre national research to develop a standard framework and guidelines(6,7). CAMHS services and in particular the regional centres should be investing in building capacity for research and train the budding young professionals and trainees in the less explored area.

Wellbeing of CAMHS professionals: Working through the journey of gender questioning young people and their families can be emotionally straining and have an impact on the mental well-being of the professionals involved in service profession. It is important that CAMHS team equip themselves with regular sessions of reflective forum, professional support and adequate supervision for the professionals involved in the care and services. This would provide a long-term framework for sustaining.

Conclusion

Modifying from the statement in CASS review I would say that Service provision for gender questioning children and young people should primarily be responsibly of CAMHS professionals. Prevalence of overarching mental health comorbidity, neurodiverse background, and high level of distress most of these children and young people encounter suggests that there is a high likelihood that their first point of contact will be with a primary care and secondary CAMHS services. So as CAMHS professionals it is our professional duty to make sure that we will provide the initial primary and secondary care support, inter departmental co-ordination, lead forward in the research and guidelines implementation, active participation in teaching, training, and service improvement projects. Most importantly it is the obligation of every CAMHS professional to be an active advocate and voice of the vulnerable children. To conclude CAMHS have to work along with GIDS services in developing a supportive and client-oriented protocol for transitioning the young person to adult services after the age of 18 years to maintain the continuity of care. Even the critical review of previous model of GIDS appreciated the commitment and intention of service providers in delivering the care and it is important that we channelize the commitment into effective service delivery model.

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