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# Supporting transgender and gender-diverse people

March 2018

**April 2023 update:**

A review of this publication is planned and will take place in due course

POSITION STATEMENT

# Position Statement on supporting transgender and gender-diverse people

## Purpose of the document

This Position Statement:

- sets out the Royal College of Psychiatrists' view on how to work with transgender and gender-diverse people if they seek mental health services
- makes recommendations on how this can be best implemented.

This statement is concerned with the general approach by psychiatrists and does not cover the detail of current psychiatric and medical treatments for transition.

## Issues

### Gender

Transgender and gender-diverse people are individuals whose gender identity and/or gender role do not conform to the sex assigned to them at birth. While the term 'transgender' is commonly accepted, not all gender-diverse people self identify as transgender, or with the binary concept of gender that is common to most cultures (Bouman et al., 2017; Richards et al., 2016; Saewye et al., 2017). For most of the history of psychiatric practice, transgender and gender-diverse individuals have been considered to have a psychiatric diagnosis.

'Gender identity disorder' is the umbrella term used in the 10th edition of the International Classification of Diseases (ICD; WHO, 1992) although it is expected that the 11th edition will adopt the new term "gender incongruence" and remove this from the mental disorders chapter, hence de-classifying being trans as a mental disorder (Drescher et al., 2012). Field testing of these proposals has been positively received (Beek et al., 2016).

Gender identity disorder was also the term used in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders fourth edition (DSM-IV; APA, 1994) but in the current edition of the DSM (DSM-5; APA, 2013) the term 'gender dysphoria' is used.

## Conversion Therapies

Over the twentieth century, talking therapies and medical treatments emerged that tried to make homosexual or bisexual people, heterosexual. These so-called conversion therapies have no scientific basis and have been shown to be harmful in this context in many countries around the world, including the United Kingdom (MoU).

The term 'conversion therapy' has also been used to describe treatments for transgender people that aim to suppress or divert their gender identity – i.e. to make them cisgender – that is exclusively identified with the sex assigned to them at birth. Conversion therapies may draw from treatment principles established for other purposes, for example psychoanalytic or behaviour therapy. They may include barriers to gender-affirming medical and psychological treatments. There is no scientific support for use of treatments in such a way and such applications are widely regarded as unacceptable.

## Evidence

Psychiatric disorders (particularly anxiety, depression and acts of self-harm) in treatment-seeking transgender people are much more common than in cisgender people (Arcelus et al., 2016; Bouman et al., 2017).

There is evidence that this increased rate of psychiatric disorders can, in part, be explained by societal responses to transgender people. For example, pupils who present as transgender or gender-diverse are also disproportionately affected by bullying in schools (Bradlow et al. 2017) and are therefore at higher risk of experiencing poor mental health, particularly self-harm and suicide attempts. Regardless of cause, it is essential that transgender people can seek help in confidence for such psychological distress or illness.

While gender-affirming medical interventions improve, wellbeing and mental health in transgender and gender diverse adults (Dhejne et al., 2016), more evidence is needed on management of gender-diverse children, particularly those who are pre-pubertal. This includes understanding how gender dysphoria in childhood continues into adolescence, as well as the impact of interventions to begin the process of transition in very young gender diverse people

(Olson-Kennedy et al., 2016). Long-term follow-up studies of young transgender people are needed.

The extent of use of conversion therapies with transgender people is unclear. Published papers on conversion therapies in lesbian, gay and bisexual people do not always state whether or not transgender and gender-diverse people are included (Mizock & Lewis, 2008).

A review of academic publications has recently been completed and submitted for publication (Wright et al., 2018). The findings suggest that specific treatments to persuade transgender and gender-diverse people to accept their gender as assigned at birth are rare, but there is evidence of barriers to transgender people receiving appropriate help to enable medical and social transition. Denying access to gender-affirming treatment is likely to have a detrimental effect on the wellbeing of transgender and gender-diverse people.

## The College position

The College supports psychiatrists in fully exploring their patient's gender identity (involving their families where appropriate) in a non-judgemental, supportive and ethical manner.

The College acknowledges the need for better evidence on the outcomes of pre-pubertal children who present as transgender or gender-diverse, whether or not they enter treatment. Until that evidence is available, the College believes that a watch and wait policy, which does not place any pressure on children to live or behave in accordance with their sex assigned at birth or to move rapidly to gender transition, may be an appropriate course of action when young people first present.

The College is committed to working with people who seek help in the context of gender diversity. It considers that interventions that claim to convert transgender and gender-diverse people into cisgender people are without scientific foundation and thus both unethical and unacceptable. Thus, the College concurs with the views of many international professional organisations, such as the World Professional Association for Transgender Health (WPATH), the American Academy of Child & Adolescent Psychiatry, and the American Psychological Association, that psychological treatments to suppress or 'revert' gender-diverse behaviours are unscientific and unethical.

The Royal College of Psychiatrists considers that use of conversion therapy with transgender and gender diverse (or lesbian, gay or bisexual) people may be an act of discrimination under the Equality Act (2010).

## Recommendations for action

- The Royal College of Psychiatrists, as well as medical schools, through their responsibilities for training of doctors and psychiatrists, should promote the need for competence in supporting the wellbeing of transgender and gender diverse people and clarify that gender diversity per se is not a disorder.
- The Royal College of Psychiatrists should continue to provide professional education events on appropriate care and treatment when patients are transgender or gender-diverse.
- The National Institute for Health Research and other UK grant funding bodies should commission research to increase our understanding of psychiatry's role in treatments for transgender youth, particularly very young gender-diverse people, to ensure that they fulfil their potential in comfort.
- The Department of Health and Social Care and the Department for Education should ensure all schools provide appropriate staff training and have clear policies that support transgender children. These include tackling bullying, effective safeguarding, parental concerns, and practical considerations (such as appropriate language, use of toilets and changing rooms, and uniforms).
- The Royal College of Psychiatrists should work closely with other international organisations in order to improve the wellbeing of transgender and gender diverse people.
- The College recommends that the WHO International Classification of Diseases (ICD) and the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) should, at the earliest opportunity, de-classify any terms they use to describe transgender as a mental health disorder.

## Glossary

The following are common definitions of terms in this document that are provided for clarification. They are provided for explanation and their use is not necessarily endorsed by the Royal College of Psychiatrists.

### **Conversion treatment**

These include any approach that aims to: 1) change a person's sexual orientation from same-sex to opposite sex; 2) persuade or pressurise trans people to accept (or align their gender identity with) their sex assigned at birth; or 3) place barriers in the way of trans people who seek advice regarding medical and/or social transition.

### **Gender identity**

Self-identification and/or social identity as male/female/other gender. Other gender identities may include gender neutral, non-binary, fluid, and genderqueer.

### **Gender dysphoria**

Distress that is caused by a discrepancy between a person's gender identity and that person's sex assigned at birth.

### **Cisgender**

Exclusive identification with sex assigned at birth.

### **Gender identity disorder**

ICD 10 states that gender identity disorder is a disorder characterised by a strong and persistent cross-gender identification (such as stating a desire to be the other sex or frequently passing as the other sex) coupled with persistent discomfort with his or her sex, manifested in adults, for example, as a preoccupation with altering primary and secondary sex characteristics through hormonal manipulation or surgery.

### **Sex**

The anatomy of an person's [reproductive system](#) and [secondary sex characteristics](#).

### **Trans**

A form of self-identification preferred by many transgender people.

### **Transgender**

Gender identities of those who do not (exclusively) identify with sex assigned at birth.

### **Transition**

Process of change from the gender role associated with sex assigned at birth to another gender role.

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