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Young people's gender dysphoria treatment models: How psychiatry lost and is regaining its voice

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INTRODUCTION

Worldwide, between 2 and 3 percent of young people identify as transgender and/or gender diverse with a gender identity that is not consistent with their birth sex. Compared to the general population, trans children and adolescents experience discrimination, bullying, and social exclusion, as well as high rates of psychiatric comorbidities, attempts at self-harm, and suicide. Legal and clinical frameworks are always influenced by socio-cultural movements, which fuel identity politics and make it difficult to provide care to this vulnerable population. Media coverage that may not be sympathetic to the difficulties faced by healthcare pioneers is attracted to this complex and dynamic area. Appropriate models of care for trans youth may be the most contentious and current topic [1].

DESCRIPTION

This article compares and contrasts the dominant medical model of care for gender dysphoria in young people in Australia with the broader approach that was recently proposed by the Royal Australian and New Zealand College of Psychiatrists (RANZCP). Despite the fact that a mental health diagnosis of gender dysphoria is needed to get medical care, psychiatrists haven't done much to help trans young people until recently. In order to propose Psychiatry's role in the future, historical reasons for this are investigated and lessons from history are utilized. Importantly, psychiatrists have the skills and responsibility to speak up and work with colleagues in medicine to pioneer treatment and care for this vulnerable population [2].

The Royal Children's Hospital Gender Service published the first Australian guidelines in 2018. It was the first program in the world to concentrate solely on trans children, drawing on existing international standards of care developed by the World Professional Association for Transgender Health (WPATH). In consultation with "all the known child and adolescent psychiatrists, paediatricians, paediatric endocrinologists, and allied health specialists who work clinically in the area of transgender health across Australia," the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents (hereinafter referred to as "the Guidelines") were developed. They were primarily based on expert consensus. The Australia and New Zealand Professional Association for Transgender Health (AusPATH), the peak organization for professionals concerned with transgender people's health, rights, and well-being, endorsed this [3].

The gender-affirming model of care, which is a

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multidisciplinary, individualized approach that enables the young person to make decisions based on their felt sense of gender, is supported by the Guidelines, which were written by two paediatricians, a research officer, and a clinical psychologist. This strategy is based on the idea that children should have "freedom from restriction, aspersion, or rejection" to live and express their gender. Therefore, it is essential to accept the child's gender as stated; On the other hand, psychotherapeutic methods that look into a young person's sense of gender and might be seen as asking questions about it are not included. In practice, this gender-affirming strategy is frequently equated with a path for medical intervention.

The young person makes the decision to receive medical care in the gender-affirmative approach. Medical care cannot be complete without providing transgender young people and their families with psychological support. A mental health professional with the necessary experience must make the diagnosis of gender dysphoria in adolescence in order to gain access to treatment.

A GP, pediatrician, adolescent physician, or endocrinologist—or, if necessary, additional fertility preservation counseling from a gynaecologist or andrologist—must also conduct a medical evaluation on the child, there has been an unexplained increase in the number of transgender young people seeking medical treatment over the past decade, with an increased proportion of presentations among sex-assigned females and those with autism spectrum disorder co-occurrence. The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) defines gender dysphoria as significant distress or functional impairment caused by an incongruence between an individual's internal sense of gender and the sex they were given at birth. Many people suffer from gender dysphoria [4].

Paediatricians are in charge of multidisciplinary specialized gender identity clinics in Australia's major cities, adhering to the gender-affirmative approach. Due to their perceived role as gatekeepers, psychiatrists are often disregarded by young people because they do not allow for participation in the therapeutic process or exploration of alternative care models. Psychiatrists typically provide specialist consultation for issues related to the diagnosis of gender dysphoria. The "conservative approach" and "risky and unproven strategy" of psychological exploration with an agenda-free therapist to address issues such as past trauma, anxiety, school refusal, and social difficulties in addition to gender identity as a prerequisite for medical treatment. The RANZCP did not have an official position statement at the time of the hearing.

Position statement 83, "Recognising and addressing the mental health needs of the LGBTIQ+ population," was revised in August 2019 and removed reference to the Guidelines pending further review of evidence for the standards. RANZCP endorsed the guidelines up until that point. This was not explained, and no alternative strategy was recommended for the following two years. In the interim, the absence of an official position statement was interpreted by the media as "abandonment," the Family Court of Australia as agreeing with the Guidelines, and some psychiatrists as a deft sidestep of "core controversies by remaining vague and non-committal."

Position statement 103, developed from a psychiatric perspective and published in August 2021, was titled "Recognising and addressing the mental health needs of people experiencing Gender Dysphoria/Gender Incongruence." The statement acknowledges the gender-affirmative approach, but also notes that there is insufficient high-quality evidence and professional consensus. "Better evidence in relation to outcomes, particularly for children and adolescents is required," in particular. Rather than urging psychiatrists "to be aware there are multiple perspectives and views," the statement makes it clear that there is no single preferred guideline [5].

CONCLUSION

Psychotherapy is seen as an integral part of the gender-affirming approach rather than as an adversary, in contrast to the Guidelines; While acknowledging the "dynamic changes in a child or adolescent's identity and brain development" and inherent complexities of clinical care and assessment, acceptance is de-emphasized in favor of "full exploration of the person's gender identity." “As appropriate, psychiatrists can additionally facilitate the assessment of eligibility, preparation, and referral to treatment,” even though access to medical interventions is not the primary focus.

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CONFLICT OF INTEREST

None.

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