

5 November 2021

Associate Professor Vinay Lakra  
President  
The Royal Australian and New Zealand College of Psychiatrists  
309 La Trobe Street  
Melbourne VIC 3000

Sent by email: [president@ranzcp.org](mailto:president@ranzcp.org)

Dear Associate Professor Lakra

**A Joint Letter calling for a review of the Position Statement “recognising and addressing the mental health needs of people experiencing Gender Dysphoria / Gender Incongruence”**

We are writing to express our deep concern with RANZCP’s recent position statement regarding “gender dysphoria/gender incongruence” (“the position statement”), the manner with which it has been produced and the harms it may cause. We ask that the position statement be reviewed, and we also request an opportunity to meet with you to discuss the impact of the position statement on our communities.

Signatories to this letter represent Australia and New Zealand’s leading trans health and allied organisations, as well as LGBTQ+, LGBTIQ+ health organisations and professionals. We are dedicated to improving the health of trans people – binary and non-binary - and believe that lived expertise and lived experience are paramount to improving health outcomes.

The mental health sector has long committed to embedding lived expertise and lived experience across all levels of the system, including individual, service, organisational or strategic. The Fifth National Mental Health and Suicide Prevention Plan commits Australian governments to a process of co-design with people with lived experience and other stakeholders, in all aspects of the sector and across the continuum of care. Similarly, He Ara Oranga Report of the New Zealand Government Inquiry into Mental Health and Addiction, recommends that people with lived experience should be central to mental health services.

Our understanding is that RANZCP has a similar commitment to the involvement of people with lived experience in the development of your consensus statements. The position statement produced by RANZCP regarding gender dysphoria neglects this commitment to lived experience.

We are concerned that key representatives from the trans community, as individuals or from trans-led organisations and projects, were not adequately consulted in the process of developing this position statement. Furthermore, we know of no one directly involved in the mental health care of trans people who was consulted for the development of this statement. This appears to represent a departure from other position statements produced by RANZCP, which are developed by committees made up of community members with lived expertise and psychiatrists with direct experience working with those populations.

By framing the trans experience as inherently pathological, the position statement will cause harm. Language such as *co-morbidity* implies that being trans is a disorder. The statement equates peer-reviewed evidence with “professional opinion”, framing the notion of supporting trans people as a “debate”.

The statement also selectively cites research; we note the omission of important research, such as Australia’s *Trans Pathways* and *Counting Ourselves In* from New Zealand. These represent some of the largest studies ever conducted in this region about the mental health and care pathways of trans people, including trans young people.

Trans people – binary and non-binary – experience disproportionate levels of mental distress, suicidality and suicide attempts, when compared with cisgender people. However, this is not inherently due to being trans, but is largely attributable to being treated as a challenge or problem, facing daily discrimination and stigma, and experiencing rejection from and violence within healthcare, home, employment, education, justice and across many domains of life.

In this context, gender dysphoria can be environmental: such as distress experienced as a result of having one’s gender assumed or disrespected, or being required to go through harmful medical gatekeeping in order to access gender affirming care. Notably, we also refer you to the recent *Trans Pathways* results published in the RANZCP journal, *ANZJP*, which clearly highlights the health care experiences of Australian trans youth. Minority stress, stigma, and discrimination are drivers of distress. Trans people being supported and affirmed in their gender is a known protective factor against such distress, including suicidality.

Gender incongruence is a sexual health related diagnostic code from the 11th edition of the International Classification of Diseases, of which an important new element is that distress does not have to be present for patients to gain access to medical gender affirmation. Conflating the experience and diagnosis of gender dysphoria, which are two different phenomena, with sexual health ICD coding is not appropriate, conflating both of these with the trans experience in totality is harmful. It’s important to understand that the trans experience, and the processes of gender affirmation, are very different.

Gender affirmation can be social, medical, or legal, with medical gender affirmation, for those who seek it, which offers crucial interventions for gender incongruence and to alleviate gender dysphoria. While not all trans people seek medical affirmation, for those who do it’s essential for all treating physicians to understand this as clinically relevant and medically necessary care.

Historically, psychiatry has played a central role in the pathologisation of those seeking medical gender affirmation. Gatekeeping has been most practiced in this field, neglecting a patient-led, informed consent approach. For those needing hormonal or surgical affirmation, psychotherapy alone is inadequate. Refusing to affirm someone’s gender is a driver for severe psychiatric distress.

Psychiatry has an important role in the mental health care of trans adults experiencing psychiatric distress, as it has a role in the care of cisgender people experiencing the same. It does not have a role in the care of trans people simply because of their gender experience, or desire for medical gender affirmation. Psychiatry may form part of a trans person’s multi-disciplinary team, as may other mental health disciplines.

We know that RANZCP is committed to improving the mental health of trans people, and we note that the statement recommends a person-centred and non-judgemental approach. However, significant steps need to be taken to address the harms of gatekeeping. We are very concerned that the position statement encourages the denial of life saving gender affirming treatment for trans people, including young people.

This position runs directly counter to the well-established evidence base that gender affirmation improves health outcomes and strengthens quality of life. Unreasonable barriers to access, outdated and harmful arbitrary protocols, and preferential application of practices which reflect individual practitioner prejudices rather than up-to-date and accepted and endorsed practise guidelines currently in place in Australia and elsewhere, can only lead to poorer health and wellbeing outcomes for trans people across the lifespan, including young people.

A list of essential research on these matters is provided on the next page.

As outlined earlier, we ask that the position statement be reviewed, and we also request an opportunity to meet with you to discuss the impact of the position statement on trans people and communities, and your members. Not all of our concerns are discussed in the letter, and we look forward to meeting with you and establishing a connection.

To arrange a meeting with representatives from ACON, AusPATH and PATHA, please contact Teddy Cook *Acting Director, Community Health – ACON* and *Vice President – Australian Professional Association for Trans Health (AusPATH)* at [tcook@acon.org.au](mailto:tcook@acon.org.au).

#### Signatories:



ACON is NSW's leading and Australia's largest health promotion organisation specialising in community health, inclusion, and HIV responses for people of diverse sexualities and/or genders.

[www.acon.org.au](http://www.acon.org.au)



The Australian Professional Association for Trans Health (AusPATH) is the national peak body representing, supporting and connecting those working to strengthen the health, rights and wellbeing of all trans people – binary and non-binary. The AusPATH membership comprises 365 members.

[www.auspath.org.au](http://www.auspath.org.au)



The Professional Association for Transgender Health Aotearoa (PATHA) works to promote the health, wellbeing and rights of transgender people. The PATHA membership comprises over 200 members.

[www.patha.nz](http://www.patha.nz)

Endorsed and co-signed by:



## **Supporting Materials**

1. Austin, A., & Goodman, R. (2016). The impact of social connectedness and internalized transphobic stigma on self-esteem among transgender and gender non-conforming adults. *Journal of Homosexuality*, 64(6), 825-841.
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3. Dolan, I., Strauss, P., Winter, S., & Lin, A. (2020). Misgendering and experiences of stigma in health care settings for transgender people. *Medical Journal of Australia*, 212(4), 150.
4. Fraser, G., Brady, A., & Wilson, M. S. (2021). "What if I'm not trans enough? What if I'm not man enough?": Transgender young adults' experiences of gender-affirming healthcare readiness assessments in Aotearoa New Zealand. *International Journal of Transgender Health*, 22(4), 454-467.
5. Hill, A. O., Bourne, A., McNair, R., Carman, M. & Lyons, A. (2020). *Private Lives 3: The health and wellbeing of LGBTIQ people in Australia*. ARCSHS Monograph Series No. 122. Melbourne, Australia: Australian Research Centre in Sex, Health and Society, La Trobe University.
6. Hill, A. O., Lyons, A., Jones, J., McGowan, I., Carman, M., Parsons, M., Power, J., & Bourne, A. (2021). *Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia*. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.
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10. Moody, C., Fuks, N., Peláez, S., & Smith, N. (2015). "Without this, I would for sure already be dead": A qualitative inquiry regarding suicide protective factors among trans adults. *Psychology of Sexual Orientation and Gender Diversity*, 2(3), 266-280.
11. Olson, K., Durwood, L., DeMeules, M., & McLaughlin, K. (2016). Mental Health of Transgender Children Who Are Supported in Their Identities. *Pediatrics*, 137(3), e20153223. <https://doi.org/10.1542/peds.2015-3223>
12. Olson-Kennedy, J., Warus, J., Okonta, V., Belzer, M., & Clark, L. (2018). Chest Reconstruction and Chest Dysphoria in Transmasculine Minors and Young Adults. *JAMA Pediatrics*, 172(5), 431. <https://doi.org/10.1001/jamapediatrics.2017.5440>
13. Smith, E., Jones, T., Ward, R., Dixon, J., Mitchell, A., & Hillier, L. (2014). *From blues to rainbows: the mental health and wellbeing of gender diverse and transgender young people in Australia*. Melbourne VIC: La Trobe University, Australian Research Centre in Sex Health and Society.
14. Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., Lin, A. (2017). *Trans Pathways: the mental health experiences and care pathways of trans young people*. Telethon Kids Institute, Perth, Australia.
15. Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2020). Mental health issues and complex experiences of abuse among trans and gender diverse young people: Findings from trans pathways. *LGBT Health*, 7(3), 128-136.
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18. Turban, J., King, D., Carswell, J., & Keuroghlian, A. (2020). Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. *Pediatrics*, 145(2), e20191725. <https://doi.org/10.1542/peds.2019-1725>
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