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The Health & Social Care system in Northern Ireland fails to support trans and non-binary people in a number of major ways, both within their specialised gender services as well as their mainstream services, which are often not trans-inclusive or culturally competent.

Many of the issues facing trans patients and many of the barriers to accessing gender-transition-related healthcare stem from the pathologisation of trans identity, as reinforced through the model of care within the gender identity services in Northern Ireland. This pathologisation model - wherein trans or gender non-conforming identity is seen and treated as a mental illness - is unsuitable for a community with such a wide range of diverse experiences, identities and expressions.

The World Professional Association for Transgender Health (WPATH) supports the depsycho-pathologisation of trans identity and gender variance and urges "governmental and medical professional organizations to review their policies and practices to eliminate stigma toward gender-variant people."¹

States around the world have altered their approach to the provision of gender-transition-related healthcare to be in line with best practice as set out in these guidelines and others; the UK is not one of them.

During the 72nd World Health Assembly in May 2019, the World Health Organisation (WHO) formally adopted the 11th International Classification of Diseases (ICD11), seeing trans-related diagnoses being removed from the chapter on mental and behavioural disorders.² A new chapter, sexual health, was created, with the term “gender incongruence” being adopted to describe trans and gender variant identities.

¹ [https://www.wpath.org/policies](https://www.wpath.org/policies)
² [https://transactivists.org/icd-11-trans-process/](https://transactivists.org/icd-11-trans-process/)
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This means that the WHO has officially depychopathologised trans and gender variant identities within its own guidelines and recommends that individual states across the world implement this change and remove transition-related healthcare from a psychiatric model setting.

In the EU, Malta has led the way by depychopathologising both its provision of gender-transition-related healthcare and gender recognition mechanisms.³ Further, both the Parliamentary Assembly of the Council of Europe⁴ and the European Parliament⁵ have supported an end to the pathologisation of trans identity. The Council of Europe Commissioner for Human Rights called for further reforms and the removal of the term “gender incongruence” from ICD11 - both as the diagnosis applied to trans children and as the new term set out under the sexual health category to describe trans identity generally - to be fully compliant with both human rights and global best practice, as well as to tackle stigma against the community.⁶

The ICD changes are not perfect, however given that the UK healthcare system is currently drastically far from being in line with ICD11⁷ it makes a good benchmark for progress in this jurisdiction.

In March 2019, we conducted a regional NI Trans Healthcare Consultation, in order to gauge the feelings and experiences of trans and gender diverse communities on the healthcare system, as well as ensuring that trans voices are meaningfully included in the development of any future service models. We ensured that trans people were given an opportunity both to outline their experiences of the current model and to explore their ideal way of receiving transition-related healthcare.

With 60.5% of respondents claiming that their mental health worsened as a result of attending the over 18s Brackenburn Clinic, as well as stating that the process was

³ https://tgeu.org/malta-adopts-ground-breaking-trans-intersex-law/
⁴ https://assembly.coe.int/nw/xml/XRef/Xref.XML2HTML-EN.asp?fileid=21736
⁷ https://publications.parliament.uk/pa/cm201516/cmselect/cmwomeq/390/390.pdf
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“draining” and “confusing”, it's clear that the services simply aren't working for the community. In comparison, over 80% of respondents who were self medicating found that their mental health improved, clearly demonstrating that there are positive outcomes when trans people are provided with healthcare based on their own informed consent. Further, many of the 15% of respondents who were self-medicating were forced to do so due to the 3+ year wait to access Gender Identity Services here in Northern Ireland. The lack of affirming and timely treatment has pushed many members of the community into considering self-medication as the only option - an option that is much less safe than being prescribed HRT through statutory services and having that monitored on an ongoing basis.

Under the current service model, for the vast majority of trans people in NI this isn't possible. The waiting list for the over 18s Brackenburn Clinic hasn't moved since at least April 2018, and within the Clinic there are widespread violations of the human rights of its trans patients, whether that be through their requirement for social transition (“real life experience”) as essential criteria for accessing transition-related healthcare, or through using patient’s poor mental health to deny them access to that care. Further, service users who attended the under 18s Knowing Our Identity Clinic have reported incredibly poor experiences and interrogatory practices with “false hope” preceding a consistent delay of treatment which served to lead young people to believe that the Clinic thought they “weren’t supposed to transition”.

These services are clearly and consistently failing trans patients of all ages, and the communities being affected by these flagrant violations of rights have been crying out for drastic change.

As a result of our Consultation, as well as engagement with healthcare and human rights organisations and by studying best practice internationally, TransgenderNI advocates for a deconstruction of the pathology based, psychiatric model of care followed in the NI Gender Identity Services. We, like other trans human rights defenders, favour a model which centres the needs and priorities of trans people,
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supports and affirms gender diversity, is inclusive of non-binary people, and provides care to those who want and need it, particularly those excluded from current services.

We recommend the following changes be made to ensure urgent healthcare system is inclusive and supports all its patients:

**Medium term/short term goals**

We recommend that immediate movement is taken to address urgent and pressing issues that are possible to remedy in the short and medium term:

- New policies, service models or reforms within the health service which will have an impact on trans communities should be developed in consultation with civil society organisations and the trans community at large;

- Existing patients on waiting lists for gender identity services in Northern Ireland should be provided access to reasonable alternative service providers on an urgent basis, whether in the UK or elsewhere;

- Patients who have been previously discharged due to an inability to meet all the assessment criteria - including being unable to socially transition prior to accessing treatment, not having ‘reasonably well-controlled mental health’ or for identifying or expressing their gender outside the gender binary - should be provided access to appropriate care on an urgent basis;

- Surgery aftercare training should be provided to a number of strategic healthcare professionals across Northern Ireland to ensure patient safety of those travelling home from surgery in Great Britain or elsewhere in Europe;

- Any trans person currently self-medicating (undergoing HRT without medical oversight or a prescription) must be offered a bridging prescription to ensure that they are able to further their transition without putting their health at risk
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due to unmonitored hormones, in line with current UK practice from RCGP NI\(^8\) and the GMC\(^9\);

- Trans people who are self-medicating should, in the event where they are uncomfortable moving to a prescribed regimen, be offered regular blood tests to monitor hormone levels and ensure the patient’s safety;

- Specialised gender identity services, following a human rights compliant and culturally competent service model, should be fully commissioned by the Department of Health and be available for trans and questioning people who wish to access them to explore their gender identity. This should not be a centralised service for all trans people and access should not be a prerequisite to accessing gender-transition-related healthcare;

- Requirements placed on trans patients to socially transition prior to accessing gender-transition-related healthcare routinely expose trans people to incidents of hatred and harassment, and constitute a violation of their Article 8 right to privacy and Article 3 right to freedom from torture, inhumane and degrading treatment, as defined in the European Convention on Human Rights (ECHR). Many respondents to the NI Trans Healthcare Survey reported facing harassment, public ridicule and homelessness as a result of being forced to socially transition in order to access care. The requirement for “real life experience” must immediately be removed from the diagnostic criteria and care pathway in order to be both human rights compliant and to reflect the needs of trans communities;

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- Some NI Trans Health Consultation respondents reported feeling like they had to “meet a criteria” of visual presentation, including conforming to the styles and clothing associated with their gender identity, in order to access gender-transition-related healthcare. The reinforcement of gender roles and stereotypes within Gender Identity Services causes detrimental harm to trans and gender non-conforming patients, in particular those who identify outside the gender binary, and should be removed in favour of a model which affirms the gender identity of the patient and supports diverse gender expression;

- Currently, in order to access gender-transition-related care, any trans person under the age of 18 must be referred to the Children and Adolescent’s Mental Health Service (CAMHS). Many young people who took part in our consultation reported that this link is stigmatising, and we consider this a form of psychopathologisation in healthcare services. Trans young people should be able to access Gender Identity Services and gender-transition-related care regardless of whether or not they are currently accessing mental health support;

- Many trans people feel uncomfortable speaking to their GP about their gender identity, often due to the fact that many GPs have not been trained on supporting trans patients, or because their GP has an intricate link to their family, or a host of other reasons. To ensure that anyone who needs to access this service is able to do so with as few barriers as possible, patients should be able to self-refer to gender identity services, and trans adults, children and young people should be able to access care without a need for direct assessment or referral from their GP or CAMHS;

- In line with the State’s obligations under Articles 5 and 25 of the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), access for disabled trans people must be provided through accessible materials, assessment processes, referral pathways and venues. Communication support,
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interpretation, supported decision making and other mechanisms must be made available in gender-affirming care services;

- Sexual health services should be available in a trans-inclusive and gender-affirming model, and the gender-segregation of testing services, waiting rooms and clinics should be ended, as current practice is moving towards;

- Trans and non-binary people should be given access to gender-segregated services, wards and clinics, though these should be phased out where practical;

- Abortion should be fully decriminalised in line with CEDAW recommendations, and any legislation, clinics, and services should be developed in consultation with trans communities and civil society to ensure they are fit for purpose, culturally competent, and do not create barriers to accessing abortion for trans individuals;

- The Department of Health should commission a consultation on healthcare needs and systemic barriers for trans people within general healthcare services as part of their broader modernisation strategy;

- A full ban on physical interventions on intersex infants and young people who are unable to consent themselves should be enacted where such interventions are not medically necessary. Intersex Genital Mutilation (IGM) is recognised by most human rights bodies as a gross violation of human rights, particularly with respect to the prohibition of torture.
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**Long term goals**

Recognising that some changes will take significant time and will depend on devolution status and other factors, we recommend these as issues to be worked on in the longer term as outcomes of the recommendations above.

- Any specialised gender identity services should be trans led and human rights compliant. To this end, the Department of Health should invest in training programmes for trans practitioners in collaboration with civil society organisations, while working with trans communities across Northern Ireland to ensure that a diverse range of identities, experiences and specialties are represented within the service;

- Gender-transition-related healthcare should primarily be delivered through GPs across the five HSC Trust areas in a primary care setting, with the option of additional support where needed or requested, in line with other areas of healthcare;

- **Hormone Replacement Therapy (HRT)** should be prescribed and monitored by GPs on the basis of informed consent, with specialist endocrine monitoring only required where there are pre-existing conditions. GP training should be made available to those GPs wishing to specialise in gender-affirming care, similar to that available to those specialising in pregnancy and mental health;

- Referral processes for surgery should follow up-to-date international best practice and regulation standards, and contracts with service providers and surgeons should reflect this;

- The health service must focus on seeking out and providing training to surgeons in Northern Ireland - including specific outreach within the trans community - who wish to develop their skills in gender-affirming care. Ensuring that trans people are able to undergo surgery without extensive unnecessary travel and are
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able to recover in the privacy of their own home is essential for positive surgery experiences and general wellbeing, as well as providing for disabled trans people and those with caring responsibilities;

- Victims and survivors of historical medical and psychiatric abuse as infants, children, young people and adults through Intersex Genital Mutilation, forced sterilisation, institutionalisation, forced treatment and other forms of torture and cruel and degrading treatment should be offered reparations in addition to access to justice and comprehensive healthcare support.

Healthcare services that respect the diversity and rights of trans communities are key to trans people realising happy, healthy and free lives here in Northern Ireland. We hope this sets out a blueprint for how global best practice reflects this, and how we can move towards that in this part of the world.

**Our supporters**

We are kindly and strongly supported by the following civil society organisations and other human rights actors:

**Questions about this resource**

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