



# Addressing key health inequalities affecting transgender people

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# Presentation Areas

- Gender Reassignment Protocols
- Mental Health
- Transphobic Healthcare Experiences
- Sexual Health
- Single Sex Wards and Procedures
- Dignity, Privacy and Respect of Gender Identity

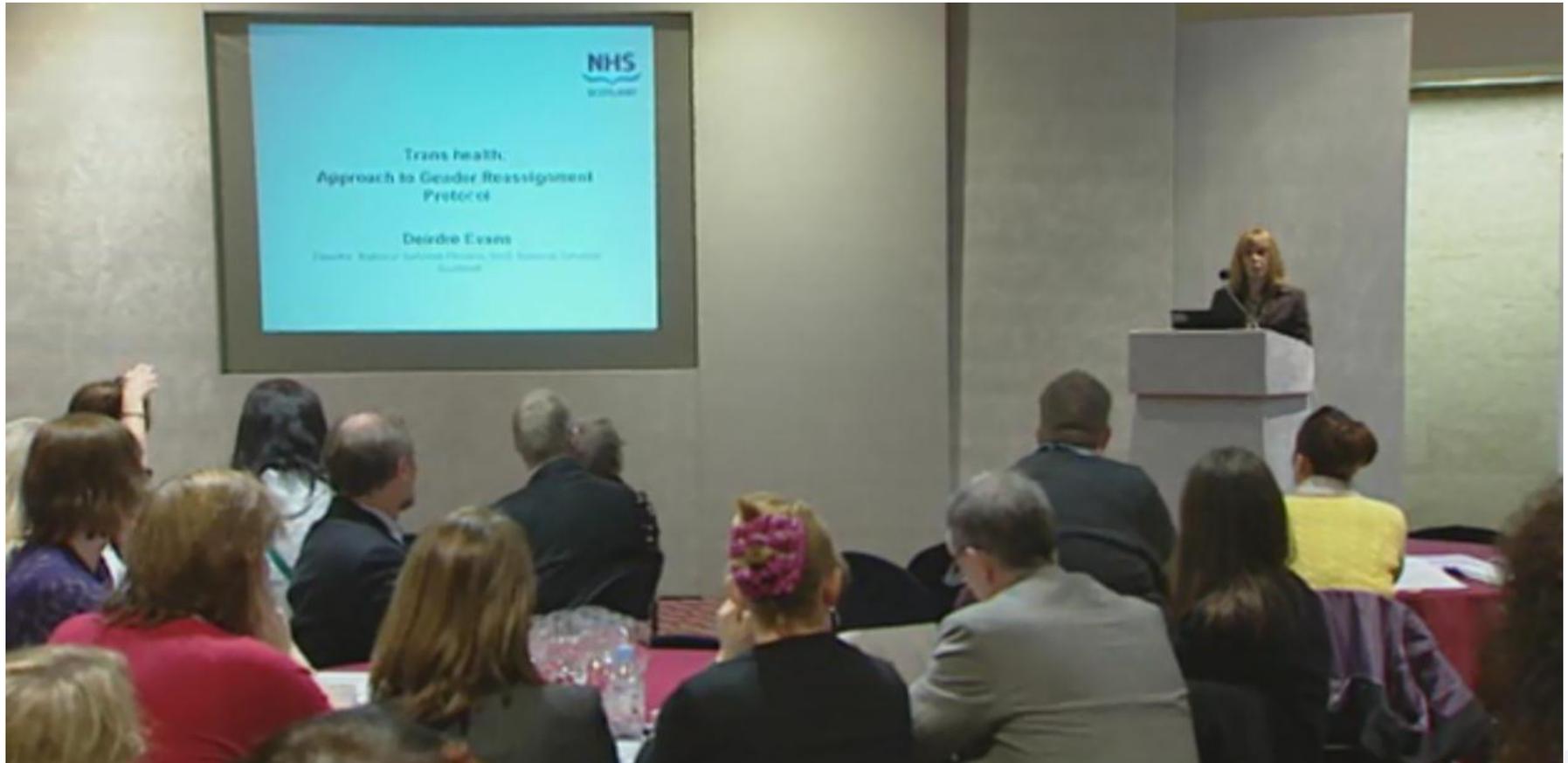


# First ever trans health conference in Scotland





# Launched start of audit of new GR protocol





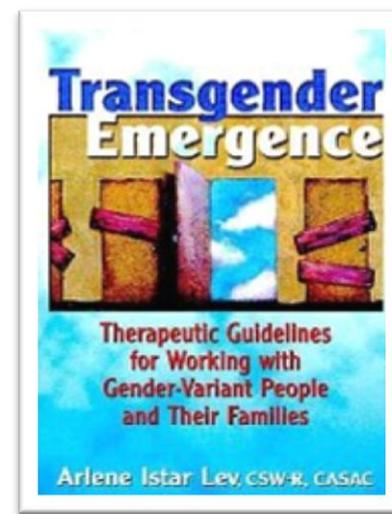
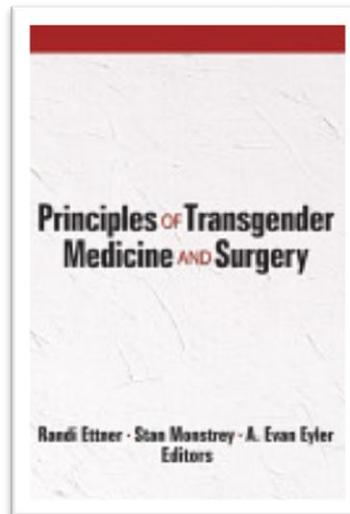
# Gender Reassignment Protocols

- World Professional Association for Transgender Health, Standards of Care Version 7 [www.wpath.org](http://www.wpath.org)
- Only **one** health professional approval needed for hormones and non-genital surgeries (such as FTM chest reconstruction).
- **“a health professional who is appropriately trained in behavioral health and competent in the assessment of gender dysphoria may assess eligibility of, prepare, and refer the patient for hormone therapy”** (section 4, WPATH SoC V7)
- **Two** health professional approvals plus **12 months** ‘Real Life Experience’ needed for genital surgeries.
- **No compulsory sterilisation!**



# Clinician Competency to Approve Treatment

- Comprehensive competency training for clinicians can be achieved using these two key textbooks:
  - ‘Principles of Transgender Medicine and Surgery’,  
Editors: Randi Ettner, Stan Monstrey, A. Evan Eyler (2007)
  - ‘Transgender Emergence: Therapeutic Guidelines for Working with Gender-Variant People and Their Families’,  
Arlene Istar Lev (2004)





# Effective & Cost Efficient Protocols

- Refer directly to competent clinicians for approvals
- Use an informed consent model:
  - Informed about risks
  - Realistic about outcome
  - Intact capacity to consent (as for other medical decisions)
- Use a national clinical network structure:
  - More experienced clinicians support less experienced
  - National provision not as affected by a clinician retiring
  - Online information sharing
  - Patient involvement in clinical network



# Involve Transgender People in Development

- Need transgender people to help identify:
  - most experienced or interested clinicians
  - current good practice and areas of concern
  - which surgeons have satisfactory results
- Engage transgender people on range of levels:
  - Transgender people with legal, health care and social work backgrounds as part of clinical network & working groups
  - Wider engagement with service users via focus groups and online surveys



# Provision of GR Surgeries

- Often need to contract with at least 3 different surgeons:
  - FTM chest reconstruction and MTF breast augmentation
  - FTM metoidioplasty and phalloplasty (multi-stage)
  - MTF vaginoplasty
- Arrange at national level as would surgery for other rare medical conditions (may need surgery in another country)
- Monitor outcome quality and complications of all cases
- Ensure patient post-op care info provided
- Ensure detailed post-op info provided to local doctors
- Follow up again 6 months after surgery (further revisions)



# Mental Health Services

- 66% of respondents had used mental health services for reasons other than access to gender reassignment
  - 28% were rarely or never open about their trans status
  - 29% felt their gender identity was treated as a symptom of mental health issues rather than as their genuine identity
  - 17% were told their mental health issues were just because they were trans people, while they disagreed
- Incorrectly referred back to gender reassignment clinicians
- Afraid to reveal any mental health problems during 'Real Life Experience' in case then refused approval for surgery



# UK Trans Mental Health Study 2012

- 88% had experienced depression (55% diagnosed)
- 75% had experienced anxiety (38% diagnosed)
- 62% engaged in alcohol abuse
- Centre for Epidemiology Studies (CES) Depression Scale scores:
  - 46% Non-Depressed (0-15 score)
  - 18% Mild Depression (16-26 score)
  - 36% Major Depression (27-60 score)
  - Statistically significant reduction in CES Depression Scale scores if received gender reassignment treatment



# UK Trans Mental Health Study 2012

- 53% had self-harmed (for example: cut or burned self)
- 11% currently self-harming
- 20% had wanted to harm themselves due to distress caused by negative interactions with health services
  
- 84% had considered suicide
- 35% had attempted suicide at least once
- 25% had attempted suicide multiple times



# Transphobic Healthcare Experiences (UK)

Have you experienced the following from healthcare staff?	YES
Refused to provide healthcare due to you being trans	12%
Used hurtful or insulting language about trans people	24%
Belittled or ridiculed you for being trans	18%
Said didn't know enough to provide trans-related healthcare	54%
Used wrong pronoun or name on purpose	26%
Used wrong pronoun or name by mistake	55%
Showed unprofessional curiosity about your body appearance	16%
Asked to see/examine your genitals when it was unnecessary	7%



# Sexual Health

- Employment discrimination, family rejection and lack of gender change on ID results in high risk of sex work
- Even if MSM funding is used, call the project a trans-inclusive name (it is highly offensive to refer to trans women as MSM)
- Terrence Higgins Trust (THT) worked with trans men and trans women to create specific sexual health resources:
  - [www.tht.org.uk/transmen](http://www.tht.org.uk/transmen)
  - [www.tht.org.uk/transwomen](http://www.tht.org.uk/transwomen)



# Single Sex Wards and Procedures

- To uphold dignity, privacy and respect place on single sex ward which matches with gender the person is living as or provide a single room (even if not all ID fully changed)
- Update systems for calling females for cervical and breast screening to ensure trans people with these body parts can access screening regardless of legal gender
- To uphold dignity and privacy provide special early or late time slots for cervical and breast screening of trans men so waiting room is as empty as possible



# Dignity, Privacy and Respect of Gender Identity

- Change of name and gender on medical records
- Get person's permission to reveal GR history in referral letters
- NHS Scotland and STA together created A4 double sided "Quick Guide" for front-line healthcare staff:
  - Why do I need to know about transgender people?
  - Do I need to do anything differently?
  - So they've told me, what do I do now?
  - They're unconscious and I'm not sure what gender they are!
  - What can I do if someone else is being discriminatory?
  - What about inpatient care and ward placement?
  - Where can I get more info and guidance?



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