

INFORMATION SHEET: AUSTRALIAN PSYCHOLOGICAL SOCIETY RECOMMENDS MENTAL HEALTH PRACTICES THAT AFFIRM TRANSGENDER PEOPLE'S EXPERIENCES

For most people, sex is assigned following birth on the basis of visual inspection of the genitalia. The majority of people who are assigned as female will experience themselves as female, in line with social norms and conventions about what constitutes this category. Similarly, most people who are assigned as male will experience themselves as male. For some people, however, the presumed relationship between assigned sex and gender is incorrect. The term 'transgender' is now widely used to refer to this diverse group of people.

The presumed relationship between assigned sex and gender means that many people, including mental health professionals, often seek to provide an explanation for transgender people's experiences. In the DSM5 the diagnosis of 'gender dysphoria' is currently used to describe those experiences. At present, transgender people who wish to access gender-affirming medical responses are typically treated under this diagnosis. Some transgender people may experience a diagnosis of gender dysphoria as accurately describing and affirming their experiences. Other people may reject the idea of a diagnosis as unnecessarily pathologising. Either way, concerns have been increasingly raised about the extent to which requiring a diagnosis may inadvertently serve to gate keep services.

These problems associated with the diagnosis of 'gender dysphoria' are exacerbated by the fact that the DSM5 offers little guidance about what would constitute appropriate therapeutic responses. Moreover, whilst the *World Professional Association for Transgender Health* (2013) recommends affirming and supportive therapeutic responses, some mental health professionals may believe that clinical responses should involve directing transgender people to live as the gender normatively expected of the sex they were assigned at birth.

To date there have been no robust empirical findings demonstrating therapeutic success in directing transgender people to live as the gender normatively expected of the sex they were assigned at birth. By contrast, a growing body of empirical research has demonstrated that affirming clinical responses can make a significant positive contribution to the mental health of transgender people (Bailey, Ellis & McNeil, 2014; de Vries et al., 2011; Hill et al., 2010; Hyde et al., 2014; Riggs & Due, 2013).

As a professional organisation committed to evidence-based practice, the Australian Psychological Society therefore opposes any forms of mental health practice that are not affirming of transgender people.

The *Code of Ethics* of the Australian Psychological Society (APS), and the *Ethical Guidelines on Working with Sex and/or Gender Diverse Clients* that accompany it, clearly outline why the APS takes this approach.

Section A.1.1 of the APS *Code of Ethics* states that:

"psychologists avoid discriminating unfairly against people on the basis of age, religion, sexuality, ethnicity, gender, disability, or any other basis proscribed by law".

Section A.2.1 states that:

"in the course of their conduct, psychologists:

- a) communicate respect for other people through their actions and language,
- b) do not behave in a manner that, having regard to the context, may reasonably be perceived as coercive or demeaning, and

c) respect the legal rights and moral rights of others”.

Section B.1.2 further states that:

“psychologists only provide psychological services within the boundaries of their professional competence. This includes but is not restricted to... b) basing their service on established knowledge of the discipline and profession of psychology”.

The APS *Ethical Guidelines on Working with Sex and/or Gender Diverse Clients* clarify these points about professional competencies and established knowledge. Section 4.1 states that: “Psychologists providing psychological services to sex and/or gender diverse clients maintain their competence with this client group. This competence includes acquiring and maintaining knowledge of common psychological and mental health issues affecting sex and/or gender diverse clients, their prevalence and etiology, relevant life span development issues for these clients, risk assessment concerns, issues in providing culturally sensitive assessments and psychological interventions, and health and mental health disparities”.

Given that there is no empirical evidence to support therapeutic approaches that direct transgender people to live as the gender normatively expected of the sex they were assigned at birth, attempting to do so would be counter to the guidelines outlined above. Specifically, it would not demonstrate respect for the person, and as such would likely be experienced as coercive. The available evidence supports the APS recommendation that psychologists utilise mental health practices that affirm transgender people’s experiences.

It is of course appropriate for psychologists to provide clinical services to people who experience distress about their gender. It is also appropriate for psychological research to be undertaken on this topic. However, the APS advises that such practice and research should seek to understand *the reasons for* distress and how it may be alleviated through affirming responses. Such reasons might include, for example, pressure from parents and friends, or conflict between gender and religious beliefs and values.

Evidence-based strategies for responding to transgender clients include:

- 1) Affirming the person’s gender;
- 2) Challenging negative perceptions of gender diversity amongst family members (especially with regard to children);
- 3) Discussing appropriate referral options for hormonal or surgical responses if desired; and
- 4) Advocating for the support needs of transgender and gender diverse people.

These strategies are equally applicable to children and adults. Psychologists working with both groups should always be guided by the client’s expressed needs. Such an approach is in line with the APS *Code of Ethics* and *Ethical Guidelines on Working with Sex and/or Gender Diverse Clients*, and the World Professional Association for Transgender Health *Standards of Care*.

Psychologists are responsible for their professional decisions and may be liable to investigation for professional misconduct if a client makes a claim of maleficence.

References

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