PROJECT EVIDENCE

PROJECT EVIDENCE for Prevention of Mental Disorders. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvic.org

[3] Indicated Programs are those for young people who will inevitably develop mental disorders unless there is preventive intervention.

[3 a] Biological factors
- i Brain injury
- ii Chronic illnesses
- iii Substance abuse
- iv Psychosexual and gender dysphoria

[3 a iv] Psychosexual and Gender dysphoria

Childhood and adolescence is a time of rapid physical and psycho-social growth and profound personal development. It is characterised by examining many aspects of identity, including sexual orientation and gender. As the child matures and progresses through puberty this questioning usually transforms and resolves and the young person, in the majority of cases, accepts his/her biological sex and adult body. A small proportion of young people feel that their sexual identity is different to their biological sex and wish to change. This gender dysphoria/incongruence may, in some instances, be a manifestation of complex pre-existing family, social, psychological or psychiatric conditions. A holistic approach includes a comprehensive exploration for these potential conditions in order to more fully understand a child presenting with gender dysphoria/incongruence.

Assessment of family, social, psychological and psychiatric factors is an essential step in the effective and safe management of children and adolescents presenting with gender dysphoria/incongruence. It is proposed that psychotherapy should be a first-line treatment for young people with gender dysphoria/incongruence. This intervention should be undertaken before medical interventions (puberty-blocking drugs, cross-sex hormones, sex reassignment surgery) are planned. Such interventions are not fully reversible. A few individuals who have undergone hormonal treatment and surgical interventions subsequently report experiencing regret and a wish to de-transition. Avoidance of such failures highlights the reasons for careful assessment prior to undertaking any irreversible medical interventions. This precautionary statement is the basis for a policy that gender transition programs should only be offered in multidisciplinary specialist settings that have established expertise in this field.

The goal of intervention is to improve the physical and mental health and wellbeing outcomes for trans and gender diverse children and adolescents. Clients should be provided with timely triage, assessment and treatment pathways. A comprehensive, multidisciplinary patient and family-centred approach which collaborates with community-based health and support services will maximise mental health outcomes (quality of life, reduced suicide risk).

A conservative approach, with ongoing psychological care, is appropriate for younger children. Older children who successfully demonstrate stable gender identity may proceed to medical interventions. These include puberty suppression, gender-affirming hormones and clinical education of patients and their families. After an appropriate period of acclimatisation, the definitive medical and surgical interventions may be undertaken. Long-term follow up is arranged.

All specialist programs will include a research component that includes clinical evaluation and analyses outcomes.

Services should comply with “Australian Standards of Care and Treatment Guidelines”.

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