

Future development of
health and support services
for trans and gender
diverse Victorians

Key directions discussion paper

March 2018

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Have your say

The **Victorian Department of Health and Human Services** engaged Australian Healthcare Associates to undertake the Trans and Gender Diverse Service System Development Project. The project focuses on the health and human services needed to support trans and gender diverse people.

This project represents a unique opportunity to have a say in how health and support services for trans and gender diverse adults, young people, children and their families can be provided in Victoria in the future.

We encourage you to provide feedback on this discussion paper for the project. This paper:

- Provides a summary of findings from consultations with the trans and gender diverse community as well as health and support service providers
- Maps what services exist in Victoria
- Suggests key directions for the development of services and support in the future
- Is intended to promote active, constructive contributions from all stakeholders.

You can provide feedback through one of the following methods:



Online via a [survey form](#)



Telephone Australian Healthcare Associates on 1300 242 111



Email tgd@ahaconsulting.com.au

Your response needs to be submitted by **Monday 9 April 2018.**

Glossary, abbreviations and definitions

Term	Definition
Affirmed gender	The gender that matches a person's gender identity rather than their sex assigned at birth
ANZPATH	Australia New Zealand Professional Association for Transgender Health
CHC	Community health centre
COE	Centre of Excellence
DHHS	Victorian Department of Health and Human Services (the Department)
DSM-5	<i>Diagnostic and statistical manual of mental disorders</i> (5th edition)
Intersex	People with intersex variations are born with physical sex characteristics that do not fit medical and social norms for female or male bodies
Gender	Can refer to biological sex, social roles or gender identity. There are many genders, however the most commonly recognised are male and female
Gender dysphoria	Gender dysphoria involves a conflict between a person's sex assigned at birth and the gender with which this person identifies
Gender identity	A person's internal sense of their gender, regardless of their sex assigned at birth
GPs	General practitioners
HRT	Hormone replacement therapy
ICD-10	<i>International classification of diseases and related health problems</i> (10th revision)
LGBTI	Lesbian, gay, bisexual, transgender, intersex
Non-binary	An umbrella category for genders that are not exclusively masculine or feminine
Pathologise	To regard or treat as psychologically or medically abnormal
PBS	Pharmaceutical Benefits Scheme
PHNs	Primary Health Networks

Term	Definition
RCH	Royal Children's Hospital
Sex	Biological/physical attributes
Sex assigned at birth	The sex (male or female) assigned a child at birth, based on the child's genitalia
The Department	Victorian Department of Health and Human Services
Trans	An umbrella term to include many experiences of sex and gender: trans, transsexual, transgender, genderqueer etc ¹
Transgender	An umbrella term and identity used to describe all kinds of people who sit outside the gender binary or whose gender identity is different from the sex assigned to them at birth
WHO	World Health Organization
WPATH	World Professional Association for Transgender Health

Background and context

In this section:

- Project background
- Health and support needs of trans and gender diverse people
- Diagnosis and classification of gender dysphoria
- Summary of key findings from research and consultations.

The Department of Health and Human Services is developing a plan for health and support services for trans and gender diverse adults, young people, children and their families.

A new trans and gender diverse system plan

Demand for trans and gender diverse services in Victoria has increased steadily over recent years.

Since December 2015, the Victorian Department of Health and Human Services (hereafter referred to as ‘the Department’) has been working with the Trans Expert Advisory Group to explore strategies to improve the delivery of health and support services for trans and gender diverse people.

Late in 2017, the Department established the Trans and Gender Diverse Service System Development Project. This *Key directions discussion paper* that you are now reading forms a part of this project. The development of this paper has been informed by research, evidence review, and consultations with:

- Trans and gender diverse experts
- Trans and gender diverse people and parents/carers of trans and gender diverse children (through written feedback and focus groups)
- Health services
- Peer support, advocacy and peak organisations in Victoria
- Victorian Department of Health and Human Services.

Victoria’s Statewide design, service and infrastructure plan

In 2017, the Victorian Government released its overarching *Statewide design, service and infrastructure plan for Victoria’s health system 2017–2037*. This plan focuses on five priority areas to guide the development of health and support services over the next 20 years:

1. Building a proactive system that promotes health and anticipates demand
2. Creating a safety and quality-led system
3. Integrating care across the health and social service system
4. Strengthening regional and rural health services
5. Investing in the future – the next generation of healthcare.

The Trans and Gender Diverse Service System Development Project has been undertaken within this plan.

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Project scope

The scope of this project involves trans and gender diverse children, young people and adults. Each person's journey and experience is different, as is the extent to which they affirm their gender, their process of gender affirmation and their health and support needs.

The process of questioning gender identity can begin at any stage in a person's life, including as a very young child. People may seek support and services at any time and sometimes over multiple periods of time.

The project scope includes people who:

- Question their gender identity
- Affirm their gender socially, e.g. by changing their name, pronoun or physical appearance
- Affirm their gender medically, using hormone therapy and/or surgery
- Need ongoing health or social support in relation to their gender identity.

This project looks at a wide range of services for trans and gender diverse people, including health services and support services. As a statewide Victorian project, a key element of this project is to consider services across Victoria, including in regional and rural areas.

Evidence and data sources

The evidence for this paper has come from:

- The *Transgender and gender diverse health and wellbeing discussion paper* prepared by the Gay, Lesbian, Bisexual, Transgender and Intersex Health and Wellbeing Ministerial Advisory Committee and the Department's *Trans health services model workshop report*
- Focus groups and consultations with trans and gender diverse people and parents/carers of trans and gender diverse children
- Stakeholder consultations with 30 health services, peak groups and advocacy organisations
- A scan of Australian and international literature, including the Trans Pathways study (Strauss et al, 2017)
- Future service needs information from 203 survey respondents:
 - Trans and gender diverse people (173 responses)
 - Parents/carers of trans and gender diverse children (30 responses).
- The preliminary results of two major, as-yet-unpublished studies:
 - Trans and Gender Diverse Health Survey conducted by Melbourne University for the Department (a survey of 692 Victorian adults)
 - Summary data from an Austin Health endocrinology clinic national study: Healthcare Needs of Adult Trans and Gender Diverse Australians (a survey of 964 Australians).

This information has been used to gather key themes and findings discussed in this document.

There is a lack of population data on the size of the trans and gender diverse community.

Best available data suggests that there are approximately 63,200 trans and gender diverse people in Victoria.

Population size

In recent years, society's awareness and acceptance of the trans and gender diverse community has grown due to increased community awareness and higher quality media coverage.

Gauging the size of the trans and gender diverse population in Victoria is difficult. Information on sex and gender diversity is not recorded in major data collections such as the Australian census. Where sex and gender diverse information is captured, fear of disclosure and stigma can also limit reporting. Further, some people who have been through a gender affirming process will often be counted as their affirmed male or female gender, whilst they still may need to access health services or support services.

International evidence suggests that around 1% of the population may be trans and gender diverse. This means there could be at least 63,200 trans and gender diverse people in Victoria.

Specialist health services reported a very significant increase in demand for trans and gender diverse health and support services over recent years. Figures 2,3 and 4 show examples from the Equinox Clinic, Monash Gender Clinic and the Royal Children's Hospital.

Figure 2: Equinox Clinic, new referrals, 2016-2017

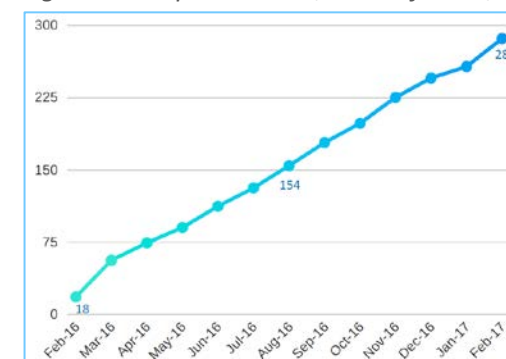


Figure 3: Monash Gender Clinic, new referrals, 1976-2017

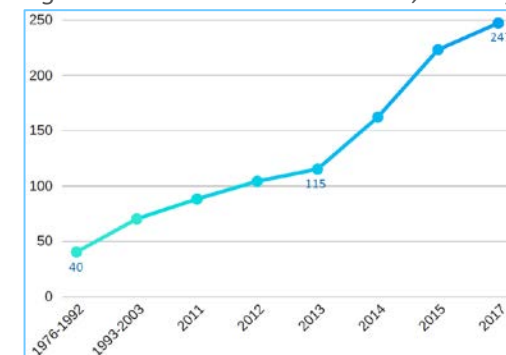
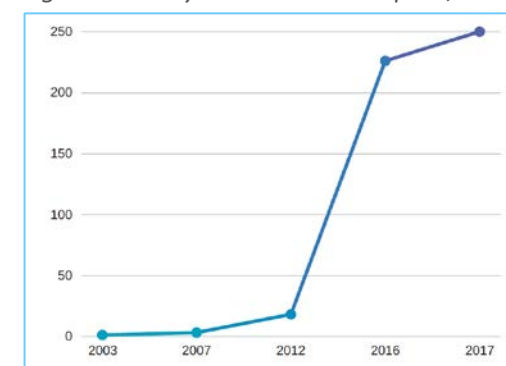


Figure 4: Royal Children's Hospital, new referrals, 2003-2018



A vulnerable, at-risk community

The trans and gender diverse community represents one of the most vulnerable, at-risk groups in Victoria, experiencing high rates of:

- Stigma, discrimination, vilification and harassment
- Depression, self-harm and suicide
- Family rejection and isolation
- Significant social and financial disadvantage.

Stigma, discrimination and vilification

In Victoria, the *Equal Opportunity Act 2010* makes it illegal to discriminate against a person based on their sex, sexual orientation and gender identity. The Victorian Charter of Human Rights also states that ‘Everyone is entitled to equal and effective protection against discrimination, and to enjoy their human rights without discrimination.’

Despite these laws, trans and gender diverse people continue to report high rates of stigma, discrimination and vilification, all of which serve as barriers to accessing healthcare.

For decades, the trans and gender diverse community has been advocating for legal and social reforms to reduce the discrimination that they encounter. This project has, in part, been enabled by that work.

‘If anyone would understand the suffering experienced in the life I have led, they would understand that this is not a choice—I did not choose to be this way.’
(Focus group participant)

Mental health and other social impacts

The Trans Pathways study (2017) focused on trans and gender diverse people aged 14–25 years and parents/carers of trans young people. Of its 736 respondents:

- 75% had been diagnosed with depression
- 80% reported self-harming
- 82% reported suicidal thoughts
- 48% had attempted suicide

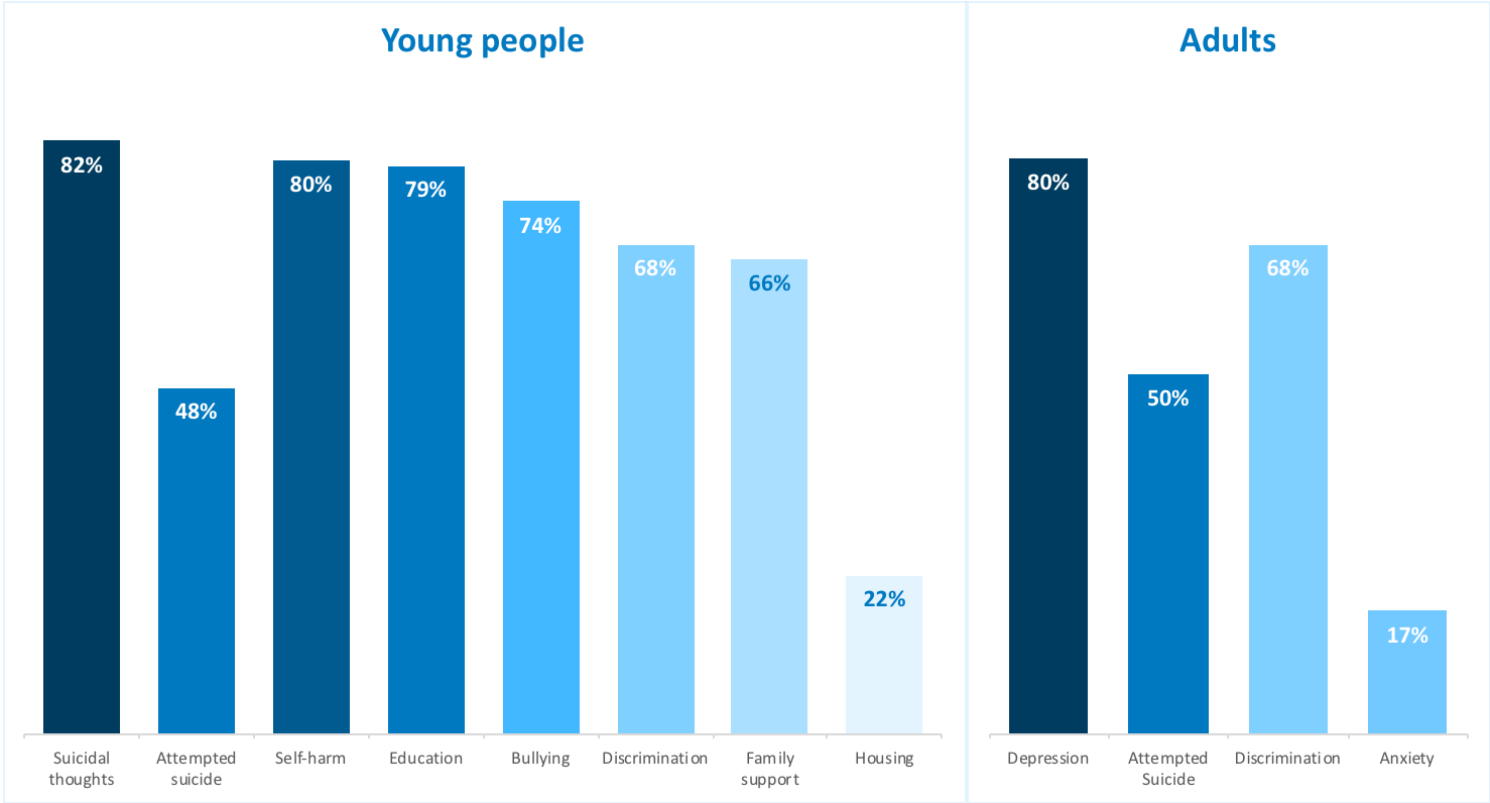
The First Australian National Trans Mental Health Study (2014) found that of its 946 participants:

- 57% had been diagnosed with depression
- 44% reported that they were currently depressed
- 17% met the criteria for major anxiety

Figure 5 reflects the high mental health and social support needs of trans and gender diverse people.

Feedback from trans and gender diverse people and families highlighted the essential support role that volunteer peer support and self-help groups play and the need for continued support and funding for these services.

Figure 5: Mental health issues and social impact—Rates among trans and gender diverse young people and adults



Sources:

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—Summary of results*. Perth, Australia.

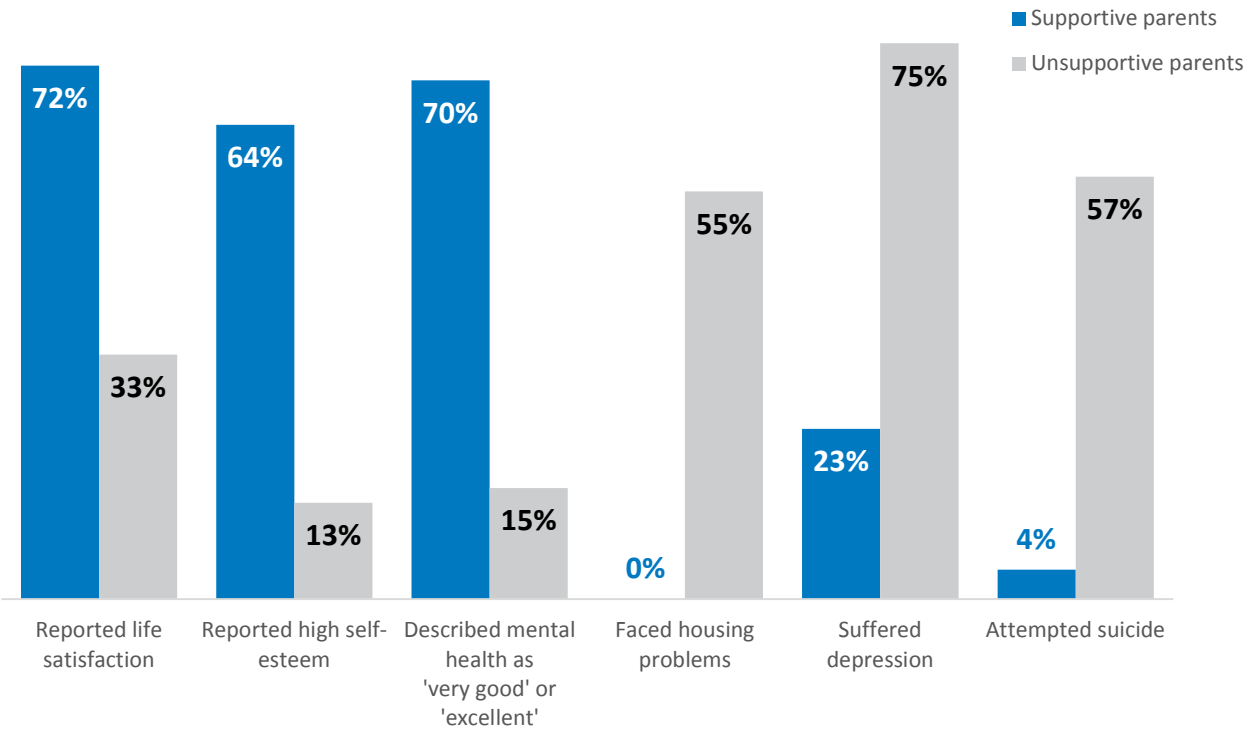
Hyde, Z, Doherty, M, Tilley, PJM, McCaul, K, Rooney, R, & Jancey, J (2014). *The First Australian National Trans Mental Health Study: Summary of results*.

Rosenreich, G (2011). *LGBTI people mental health and suicide. Revised 2nd edition*. National LGBTI Health Alliance, pp. 5–20.

Family support

Parent/carer support can have a critical impact on the mental health of young trans and gender diverse people. *Figure 6* shows the findings of a Canadian study on the impact of supportive and unsupportive parents on the mental health of trans youth.

Figure 6: Impact of supportive and unsupportive parents on the mental health of trans youth



Source:
Travers, R, Bauer, G, Pyne, J, Bradley, K, Gale, L, & Papaimitriou, M. (2012). Impacts of strong parental support for trans youth: A report prepared for Children’s Aid Society of Toronto and Delisle Youth Services.

*It is now recognised that gender dysphoria is **not**, in itself, a mental disorder. The critical element to gender dysphoria is the presence of clinically significant distress and/or problems with functioning associated with gender dysphoria (American Psychiatric Association).*

Whilst a clinical diagnosis of gender dysphoria (by a mental health clinician) is not a WPATH requirement, many medical practitioners require such a diagnosis before they will provide gender-affirming medical services.

What is gender dysphoria?

In Australia, access to medical affirmation services (such as hormones and surgery) is guided by the World Professional Association for Transgender Health (WPATH) *Standards of Care Version 7 (SOC7)*.

In previous versions of the guidelines, trans and gender diverse adults required a psychiatric diagnosis (such as *gender dysphoria*) in order to access medical affirmation services such as hormone therapy or surgery.

Gender dysphoria is defined in the 5th edition of the *Diagnostic and statistical manual of mental disorders* (DSM-5) as a marked incongruence between one's gender identity and one's assigned sex at birth, lasting for at least six months duration (see *Figure 7*).

SOC7 no longer requires that **adults** have a psychiatric diagnosis in order to access **hormone therapy**, but does require a mental health/psychosocial assessment by a mental health clinician or other experienced health professional to obtain a referral letter for access to hormone therapy. A psychiatric diagnosis is still required in order to access gender affirming **surgeries**.

Some issues

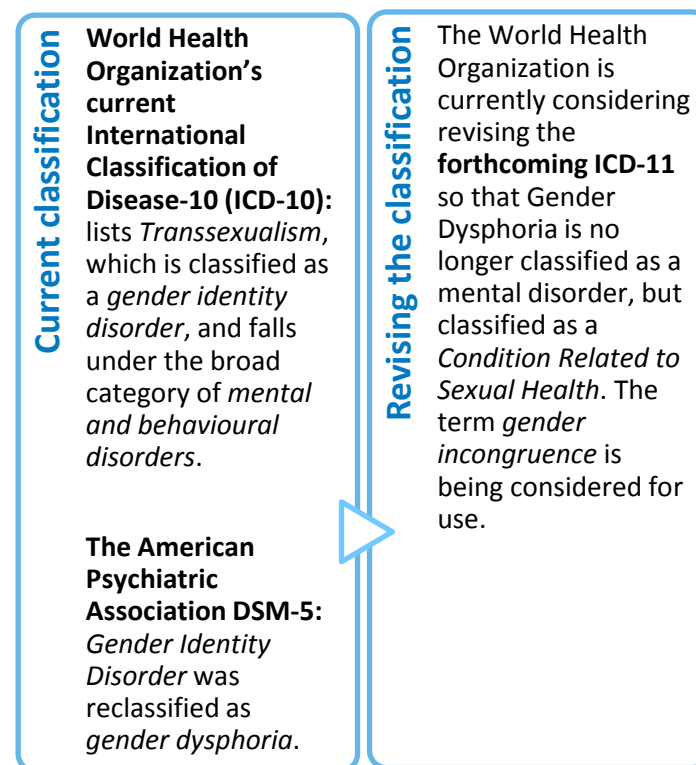
- In Victoria, gender dysphoria is mainly diagnosed by psychiatrists or clinical psychologists, and the diagnosis is a gateway to access medical services. Psychiatrists have been seen as playing a significant

gatekeeping role in facilitating access to services for trans and gender diverse people, particularly hormones and surgery. More recently, trans and gender diverse people have had increasing access to clinical psychologists who have been able to undertake evaluations concerning gender dysphoria.

- Whilst the mental health burden is very high for trans and gender diverse people, and the majority of trans and gender diverse people require mental health support, not all trans and gender diverse people experience gender dysphoria. Moreover, if appropriate support is available in the community, not all trans and gender diverse people need access to a psychiatrist or clinical psychologist for clinical support.
- The current requirement for trans and gender diverse people to see specialist psychiatrists or clinical psychologists in order to access gender-related medical services creates bottlenecks in the service system.
- Non-binary trans and gender diverse people sometimes wish to access gender related hormones and/or surgery to affirm their gender. Currently, medical diagnoses and treatments are perceived by non-binary people as excluding them.
- Some medical practitioners reported having a greater level of comfort if their clients had received a psychiatric diagnosis of gender dysphoria. In the case of accessing gender affirming surgeries, a psychiatric diagnosis is currently required.

'It is ridiculous that people need a diagnosis of gender dysphoria to access treatment. This care needs to be integrated into general practice. Trans and gender diversity shouldn't be singled out as an issue.' (Psychiatrist, in-depth interview participant).

Figure 7: Diagnostic classifications



Young people's diagnoses and treatment

In Victoria, young people are currently required to have the approval of two mental health clinicians to access hormone therapy.

Until recently, young people also required the approval of the Family Court in order to access medical affirmation services. As a result of recent rulings, court permission is no longer required, and trans and gender diverse youth will be able to access hormone therapies and surgeries with permission from their parents or legal guardians and their doctor. Where parents/carers object, or children are in state care, they still need to go to court to reach a resolution.

Because of the legal and ethical issues and risks, medical practitioners consulted considered the current processes of referral and assessment for specialist psychiatric or psychological support to be especially important for young children.

Some parents/carers reported that a diagnosis of gender dysphoria provided an important pathway to accessing services.

‘Medical, mental health and community services are cost prohibitive. The economic burden placed on trans people due to lack of or under-employment is abysmal. Faith in current organisations to provide adequate services is shaky at best. Wait lists are too long for essential services and often public services are based on outdated and exclusive ideas of gender.’ (Survey respondent, 25–34 years)

Pathways to services

The healthcare and support needs of every individual vary and can be influenced by the social determinants of health, which are the conditions in which people are born, grow up, live, work and age.

Figure 8 summarises some options for trans and gender diverse people in terms of psychological, medical and social support and changes in gender expression. It is worth noting that the timing of access to services can be critical—for example, in cases where medical hormonal support and mental health support are urgently required due to the onset of puberty.

Health professionals told us that working with trans and gender diverse children and young people is considered a minefield of family, ethical, social and medical indemnity risk issues. As a result, there is reluctance in the field to shift from the current clinical guidelines, which rely on the tertiary expertise of the Royal Children’s Hospital. However, it should be possible to put in place shared care arrangements for hormone therapy.

For trans and gender diverse adults, there was a strong view that, with the appropriate education and training, hormone therapy could be predominantly managed in primary care settings.

Figure 8: Some options for psychological, medical and social support and changes in gender expression

Options for psychological and medical treatment include:	Options for social support and changes in gender expression include:
<ul style="list-style-type: none">• Therapy to: explore gender identity, role and expression; address negative impacts on mental health; enhance social and peer support; improve body image; develop resilience• Puberty blockers for children to inhibit puberty• Hormone therapy to change secondary sexual characteristics• Surgery to change primary and/or secondary sexual characteristics (e.g., chest, external and/or internal genitalia, facial features, body contouring)	<ul style="list-style-type: none">• Offline and online peer support resources, groups or community organisations that provide avenues for social support and advocacy• Offline and online support resources for families and friends• Wearing clothing and/or engaging in types of grooming that are more consistent with individuals’ sense of their gender• Name, title, gender marker and pronoun changes (including changes to identity documents)• Voice and communication therapy to help individuals develop verbal and non-verbal communication skills that facilitate comfort with their gender identity• Hair removal through electrolysis, laser treatment or waxing• Chest binding or padding, genital tucking or prostheses, padding of hips or buttocks

‘Definitely more informed consent [is needed]. Not every doctor who has the ability to use informed consent will give it every time, but it negates the need to refer EVERY patient to a gender psychologist every time. But also offer psychologists easy access to further training on gender issues so that psychologists who don't specialise in it won't be scared off and end up dropping or referring patients on. It's hard enough to open up to one person, and then to be dropped the second “trans” is mentioned. It reinforces the “trans is bad” stigma.’ (Survey respondent, 25–34 years)

Informed consent model of service delivery

Client-centred care begins with the individual's needs. For the trans and gender diverse community, this means a shift to the use of an *informed consent* approach to the delivery of services. This shift needs to occur within a framework that ensures safety and quality of care. An informed consent model can take multiple forms, and various forms are accepted in several other countries, including the United States, Canada and the United Kingdom. The Equinox Informed Consent Model is the only Victorian informed consent model approved by ANZPATH.

During our consultations, people overwhelmingly supported the introduction of an informed consent pathway within the framework of adequate health professional education, training and support.

People we interviewed told us about things being done to support the delivery of services in primary care settings. These include:

- Development of an online training module for GPs on trans and gender diverse healthcare
- Development of an online trans and gender diverse health pathway for GPs as part of HealthPathways. This is being developed by North Western Melbourne and Eastern Melbourne Primary Health Networks.

The Department is also funding a pilot project that involves the development of resources for Community

Health Centres (CHCs) to adopt practices that are more inclusive of LGBTI people, including trans and gender diverse people.

The Equinox Informed Consent model

This Informed Consent model is a cooperative effort between the patient and their doctor in which patients are the primary decision makers in relation to their care. Under the Equinox model, the GP/regular doctor is the primary treating doctor for hormone therapy. Health professionals provide education about hormones and general health to assist patients to make informed decisions about all aspects of their health.

One example of how an informed consent model works is that the GP/regular doctor, as the primary treating doctor for hormone replacement therapy, would perform initial health assessments, play a key role in mental health and risk assessments, and organise referrals for secondary consultations where required (e.g. endocrinologist consultations). To access hormones, seeing a mental health professional would be recommended, but not required, for most adults. Mental health assessments would still be required for people who are: under 18; seeking access to surgery; or in complex situations, such as having significant mental health issues that impact on their ability to provide informed consent. (Adapted from Equinox Gender Diverse Health Centre Informed Consent guidelines.)

Where are we now?

In this section:

- Current services
- Service waiting lists
- Summary of services provided
- Key issues identified through the consultation
- Varying service needs within the community.

As part of this project, we collected information on trans and gender diverse services and peer support groups that are currently available.

Please let us know of any services we may have missed when you fill out the feedback form.

Current services

There is no central statewide directory or source of information for trans and gender diverse people, their families, health professionals and the broader community.

Figure 9 is a map of services outside of Melbourne, including online and statewide services. Figure 10 is a map of Melbourne services. These maps show hospital services, specialist GP or community health services, other specialist services such as speech pathology and surgery, and peer support services.

The maps illustrate the scarcity of resources across the state and concentration of services in metropolitan Melbourne.

In regional and rural Victoria:

- There are two specialist primary care clinics:
 - Gateway Health Wodonga, which provides services for people under 25 years
 - Kardinia Health Centre GP service in Geelong.
- Few peer support services exist outside of Melbourne.

Metropolitan Melbourne services include:

- Monash Gender Clinic
- Peninsula Health gender services

- A small number of specialist general practice or community health services that provide statewide services and are based in inner city Melbourne
- Psychologists with trans and gender diverse clients
- Statewide, online and peer support services that are predominantly delivered by volunteer organisations with limited resources, who currently play a vital role in support, community education and information.

High demand for services

Despite recent additional government funding for some services, most service providers report growing waiting lists (Table 1).

Table 1: Health service waiting lists (Dec 2017–Jan 2018)

Health service	Waitlists (months)
Monash Gender Clinic	6
Royal Children’s Hospital	3–4
La Trobe Communications Clinic	6
Andrew Ives (surgeon)	2–12 (depending on surgery type)
Austin Endocrinology Clinic	3

Table 2 details services provided outside of Melbourne, Table 3 details online and statewide services and Table 4 details Melbourne services provided.

Figure 9: Services outside of Melbourne, including statewide and online services

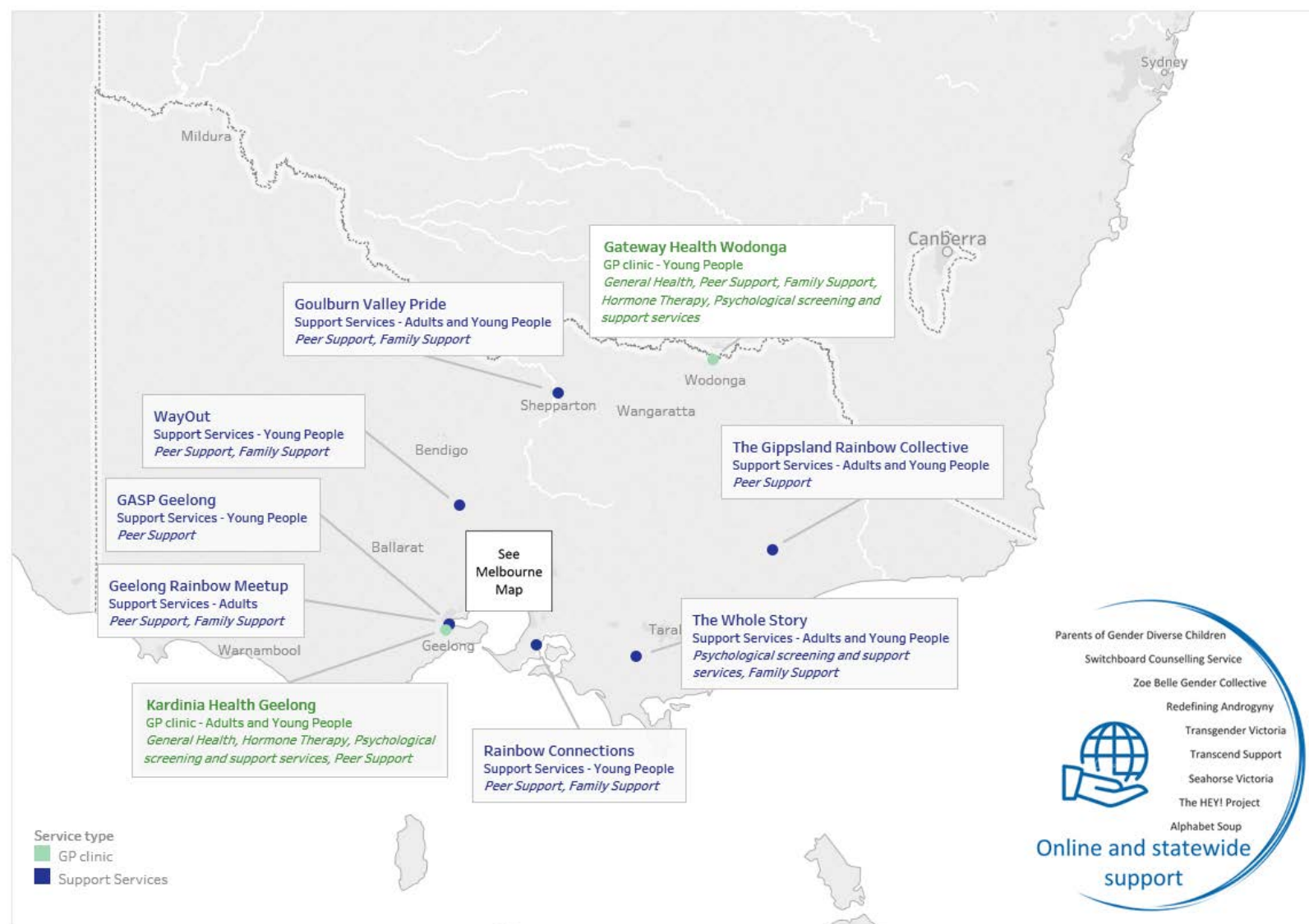
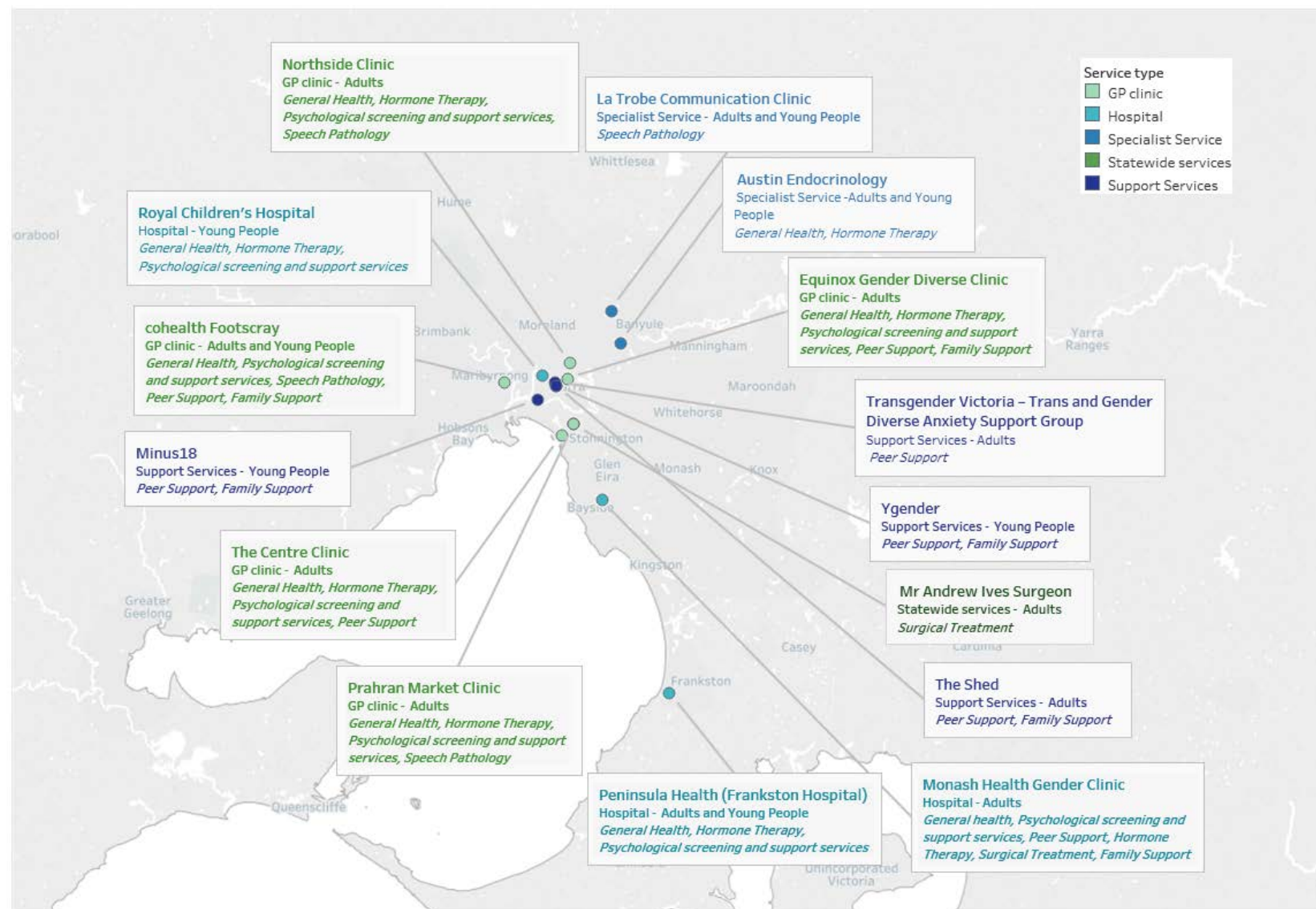


Figure 10: Melbourne services



Future development of health and support services for trans and gender diverse Victorians

Table 2: Services outside of Melbourne

Service name	Location	Clients serviced	General health	Hormone therapy	Surgical treatment	Psychological screening and support services	Speech Pathology	Peer support	Family support
GP clinics									
Gateway Health, Wodonga	Wodonga	Young people	✓	✓		✓		✓	✓
Kardinia Health Geelong	Belmont	Adults and young people	✓	✓		✓		✓	
Support Services									
GASP Geelong	Geelong	Young people						✓	✓
Geelong Rainbow Meetup	Geelong	Adults						✓	
Goulburn Valley Pride	Shepparton	Adults and young people						✓	✓
Rainbow Connections	Hastings	Young people						✓	✓
The Gippsland Rainbow Collective	Gippsland	Adults and young people						✓	
The Whole Story	Mirboo North	Adults and young people				✓			✓
WayOut	Kyneton	Young people						✓	✓

Table 3: Online and statewide services

Service name	Location	Clients serviced	General health	Hormone therapy	Surgical treatment	Psychological screening and support services	Speech Pathology	Peer support	Family support	Advocacy
Alphabet Soup	Statewide	Adults and young people						✓		
HEY! Project	Statewide	Adults and young people						✓		
Parents of Gender Diverse Children	Statewide	Parents/carers						✓	✓	
Seahorse Victoria	Statewide	Adults						✓		✓
Switchboard Counselling Service	Statewide	Adults and young people						✓	✓	
Transcend Support	Statewide	Parents/carers							✓	
Transgender Victoria	Statewide	Adults and young people								✓
Redefining Androgyny	Online	Adults and young people						✓	✓	
Zoe Belle Gender Collective	Online	Adults and young people						✓		✓

Table 4: Melbourne services

Service name	Location	Clients serviced	General health	Hormone therapy	Surgical treatment	Psychological screening and support services	Speech Pathology	Peer support	Family support
GP clinics									
cohealth Footscray	Footscray	Adults and young people	✓			✓	✓	✓	✓
Equinox Gender Diverse Clinic	Fitzroy	Adults	✓	✓		✓		✓	✓
Northside Clinic	Fitzroy North	Adults	✓	✓		✓		✓	
Prahran Market Clinic	Prahran	Adults	✓	✓		✓	✓		
The Centre Clinic	St Kilda	Adults	✓	✓		✓		✓	
Hospitals									
Monash Health Gender Clinic	Hampton East	Adults	✓	✓	(subsidies for surgery)	✓		✓	✓
Peninsula Health	Frankston	Adults and young people	✓	✓		✓			
Royal Children's Hospital	Parkville	Young people	✓	✓		✓			
Specialist Services									
Austin Endocrinology	Heidelberg	Adults and young people	✓	✓					
La Trobe Communication Clinic	Bundoora	Adults and young people					✓		
Mr Andrew Ives (surgeon)	Prahran	Adults			✓				
Support Services									
Minus18	Docklands	Young people						✓	✓
The Shed	Carlton	Adults						✓	✓
Transgender Victoria – Trans and Gender Diverse Anxiety Support Group	Carlton	Adults						✓	
Ygender	Carlton	Young people						✓	✓

Summary of key issues identified through the consultation process

'Many mainstream services have little to no knowledge about trans and gender diverse people and their families. What services exist are in high demand and thus have long waiting periods, which puts pressure on the service and the individual/s waiting to be assisted. Many LGBTIQ services are attempting to fill the gaps that mainstream services should be providing, but due to lack of funding they too are under pressure...there are not enough health services that are trained and willing to work with this cohort. This is needed within major cities but also rurally and regionally.' (Survey respondent, 35–44 years)

The high rates of mental health issues experienced by many trans and gender diverse people, the long waiting lists for some services and the lack of available services mean that this is a population group with high levels of unmet needs.

We asked people to provide information about the barriers and gaps in current services and suggestions to improve access to service.

Service barriers and gaps

The most commonly identified barriers to accessing services for trans and gender diverse people were:

- A lack of services that are easily accessible or inclusive of trans and gender diverse people. The available services are almost all located in inner-city Melbourne with a scarcity of services that are inclusive of and specific to trans and gender diverse people in outer metropolitan Melbourne and in rural and regional Victoria.
- A lack of understanding/training about trans and gender diverse people within the health system. Many people reported being misgendered, having staff question them or refer to them by their birth-assigned name, and/or generally interacting with services that lack knowledge about how to work with trans and gender diverse people. These experiences

were often traumatic and made it hard to return to the service. Many people told us they had to educate health professionals about trans and gender diverse issues and potential courses of action

- A 'gatekeeping' approach by medical practitioners that control and limits access to services
- A lack of representation from the trans and gender diverse community in the running of health services, which contributes to the non-inclusivity of health service environments
- The costs of trans and gender diverse services, such as psychology/psychiatry, speech pathology, hormone therapy, surgery and Children's Court costs were deemed prohibitive and a major barrier to accessing services. This was closely linked to other costs, such as the cost of transport/accommodation for people living in regional/rural Victoria travelling to Melbourne
- Lack of access to specific medical services, including surgery, was frequently highlighted. Few surgical options exist in Australia. As an alternative, people travel interstate or overseas to countries such as Thailand to have surgery. On returning home, or as people aged, some people who experienced surgical failure or post-surgical complications reported not being able to have post-surgery follow-up treatment or reparative surgery in Victoria, and were left in considerable distress

- Many necessary pharmaceutical and surgical procedures are not listed on the Medicare/PBS (Pharmaceutical Benefits Scheme) schedule and require private funding, which can be expensive
- Lack of awareness in society, manifesting in experiences of bullying and discrimination
- Lack of trans-and-gender-diverse-inclusive mental health/psychiatric services. Existing services were deemed unaffordable to the vast majority of trans and gender diverse people
- Lack of social support services for trans and gender diverse people, such as services for the unemployed or homeless.
- More targeted education and training for health professionals and frontline staff
- Trans-and-gender-diverse-specific medical education for the prescription of hormone therapy
- Including trans-and-gender-diverse-specific content in GP/medical and health professional education that is guided/delivered by trans and gender diverse people
- Publicly funded surgical services and the training of surgeons to provide gender-affirming surgery and post-surgical support
- Training/scholarship opportunities for trans and gender diverse people to enter health professions with targeted recruitment in order to increase visibility and representation and to provide more inclusive services to trans and gender diverse clients/patients
- Reducing the financial burden on trans and gender diverse individuals, including facilitating better access to PBS subsidies for hormone therapy
- Providing subsidies for surgery and delivery of surgery in the public health system
- Eliminating the perception that gender-affirming surgeries are 'cosmetic' procedures
- Introducing complaints pathways that are clearly articulated, impartial and well-advertised to build trust within the trans and gender diverse community towards services.

Suggestions to address barriers and gaps

The most commonly offered suggestions to address barriers and gaps included:

- Expanding publicly funded services, including in rural and regional areas, to address the waiting lists and high costs associated with medical procedures
- Greater promotion of services and more services in rural and regional areas
- Awareness training across the health service system to cover issues such as terminology, respectful interactions with trans and gender diverse people and respect for pronouns and names

'More service providers all over the country, particularly rurally. More practitioners who are trans/gender diverse. More practitioners of CALD [culturally and linguistically diverse] backgrounds. More services that can help parents/carers [and extended families] of trans people. More health campaigns promoting trans visibility. More assistance for trans people in the workplace. Putting more pools of funding available for people who need to change names, apply for new documentation, medically transition, access HRT, or surgery. Training and body positivity for trans people. More representation in imagery in terms of body diversity, people of colour, fat people, non-binary people, people with disabilities.'
(Survey respondent, 25–34 years)

A community of varying service needs

Analysis of survey data considered in this project indicated that service needs differ within the trans and gender diverse community.

Figure 11 provides a summary of the service needs expressed by three different segments of this community. The figure compares the average measure of importance of different services, as rated by trans people, gender diverse people and parents/carers of trans and gender diverse children, in relation to:

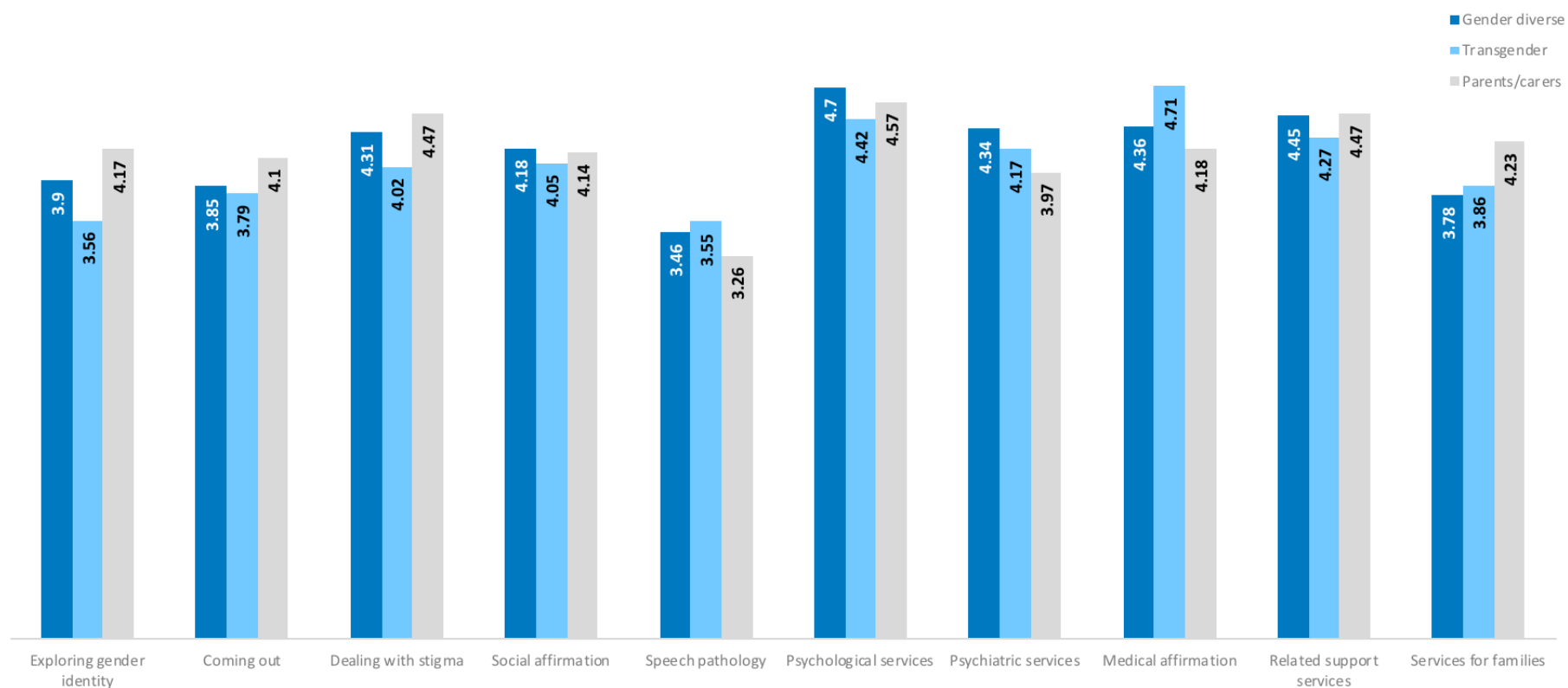
- Exploring gender identity
- Assistance with coming out
- Support to deal with stigma
- Support to assist with social affirmation of gender identity
- Speech pathology, voice training and vocal health
- Access to psychological services
- Access to psychiatric services
- Medical services
- Related support services such as housing or employment support
- Family support.

The figure indicates that while all services were ranked highly, especially access to psychology services, there were some differences in the ratings across the three community segments. In particular:

- Transgender people ranked access to medical gender affirmation services especially highly
- Gender diverse people ranked psychological services and related support services, such as housing support and employment services as most important
- In addition to psychological services, parents/carers of trans and gender diverse children also seek services to support dealing with stigma, social support such as assistance with housing or education and—unsurprisingly—family support services.

These findings indicate that different segments within the community have different needs that should be considered in the delivery of future services.

Figure 11: Average weighting of service needs identified by trans people, gender diverse people and parents/carers of trans and gender diverse children



Where should we be heading?

In this section:

- Summary of some findings so far
- **Questions we want you to respond to**
- Key principles and objectives for the future development of the service system
- A future hub and spoke model
- Pathways to services
- GP and Primary care services
- Regional Care Hubs
- National Collaborative Centre of Excellence for Trans and Gender Diverse Care.

What we know

We know that:

- There is rapidly increasing service demand and growing waiting lists for services for both children and adults, and current demand exceeds the available supply of services
- Trans and gender diverse people are one of the most vulnerable and high needs groups in Victoria. This community experiences high rates of mental health issues, stigma, discrimination and disadvantage
- Trans and gender diverse people can find the process of questioning, defining and affirming their gender identity to families, school mates, workmates and teammates to be difficult, overwhelming and distressing. This process can also be difficult for people around trans and gender diverse people such as partners, parents, siblings and friends. Access to timely, affordable counselling and support is needed
- The level of family support and acceptance can have a critical impact on the health and wellbeing of trans and gender diverse people.

In relation to health services, we know:

- Trans and gender diverse people and their families generally do not know where to access information or support, relying on word of mouth, social media and internet searches to access information
- There are few safe places to get care in Victoria, with services largely being provided by a small number of specialist GP, community health and hospital services that are concentrated in Melbourne
- It can be very hard to find a trans-and-gender-diverse-friendly GP to get a mental health plan and to gain access to services. Trans and gender diverse people fear rejection by their GPs/doctors
- The trans and gender diverse community needs doctors, counsellors, health workers and front-line staff who understand them and their health and support needs
- Health professionals report that trans and gender diverse healthcare can be a vexed ethical and moral area, with many health professionals being very risk adverse with regard to providing primary care for their patients

The following sections contain questions that we want you to respond to.

You can respond:



Online via a [survey](#)



Telephone
Australian Healthcare
Associates on
1300 242 111



Email
tgd@ahaconsulting.com.au

- GPs are showing an increased interest in trans and gender diverse health, as more people seek their assistance
- Increasing access to mental health, counselling and support services is a priority
- Peer support and engagement with the trans and gender diverse community is essential to effective service development and to the quality of services delivered
- Volunteer peer support and self-help groups play a key role that needs to be supported. There is a clear need to expand professionally-facilitated and funded support groups
- Quality health professional education and training, as well as the development of clinical guidelines and referral pathways, are a key component to expanding the delivery of community-based services
- Current clinical health service guidelines and pathways are framed within a mental health diagnosis of gender dysphoria. This reinforces the pathologisation of trans and gender diversity
- The costs of accessing services, especially medical gender affirmation services, play a major part in limiting access. In some cases, these services can be life-saving healthcare because of the associated risks of depression, self-harm and suicide that trans and gender diverse people can face.

Key principles and objectives guide how future services are to be developed.

Do you have any suggested changes or comments on the principles and objectives as proposed in this discussion paper?

Key principles and objectives for developing future services

In alignment with the Victorian Government's *Statewide design, service and infrastructure plan for Victoria's health system 2017–2037*, it is recommended that the development of future services be based on the following set of six key principles and their associated objectives:

1. Integrate trans and gender diverse service and support delivery as part of the mainstream health and support service system

This includes:

- Recognising that being trans and gender diverse does not define the whole of a person's health. Trans and gender diverse people should feel safe to access appropriate healthcare for their health needs, which may or may not be related to being trans or gender diverse
- Centring service delivery in primary care, with referral pathways to specialist primary care service hubs, or tertiary specialist services as needed
- Funding and integrating community-led peer support services and programs as an essential part of the service delivery system
- Ensuring GPs can deliver hormone therapy within appropriate clinical guidelines, and with dedicated training and support
- Encouraging health and support services to adopt inclusive and respectful service delivery policies and practices.

2. Build a proactive system that promotes health and anticipates demand

This includes:

- Reducing stigma and transphobic discrimination within the Victorian health system
- Providing accessible, evidence-based information, education and resources for trans and gender diverse people, their families, health professionals and the broader community on trans and gender diversity, and related health and support pathways, resources and services
- Developing an evidence base to monitor, measure and anticipate future demand for services.

3. Create a safety and quality-led system

This includes:

- Providing a client-centred and client-driven approach that assists trans and gender diverse people to navigate the service system, and ensures that services are tailored to their needs and that trans and gender diverse people can access necessary support

- Ensuring that trans and gender diverse community involvement, engagement and co-design is an essential component of service design and delivery
- Increasing access to timely and early mental health services as a priority for this high-risk population
- Increasing education and professional development for primary care providers on trans and gender diverse cultural awareness and clinical practice
- Developing guidelines for the care of trans and gender diverse adults and widely promoting these guidelines and the existing standards and guidelines for the care of trans and gender diverse children and adolescents
- Developing and promoting evidence-based information and training resources for health professionals.

4. Integrating care across the health and social service system

This includes:

- Shifting the balance of service delivery from tertiary specialist services and building capacity in primary care
- Building statewide health and support service pathways, including the development of pathways for

accessing hormones and surgery for gender-affirming purposes.

5. Strengthening regional and rural health services

This includes:

- Creating trans and gender diverse collaborative service hubs in regional and rural Victoria
- Developing regional health service pathways for trans and gender diverse children and adults, with identified referral pathways to local services and resources.

6. Investing in the future – the next generation of healthcare

This includes:

- Building collaborative service arrangements across primary, specialist trans and gender diverse services and tertiary care, as well as across services in the public and private sector
- Developing future professional training pathways in trans and gender diverse multidisciplinary practice
- Developing capacity for the expanded delivery of surgical services in the public system.

A hub and spoke model of services is proposed (Figure 12).

Do you have any suggested changes or comments on the proposed hub and spoke model?

The development of a new service and support system: A hub and spoke model

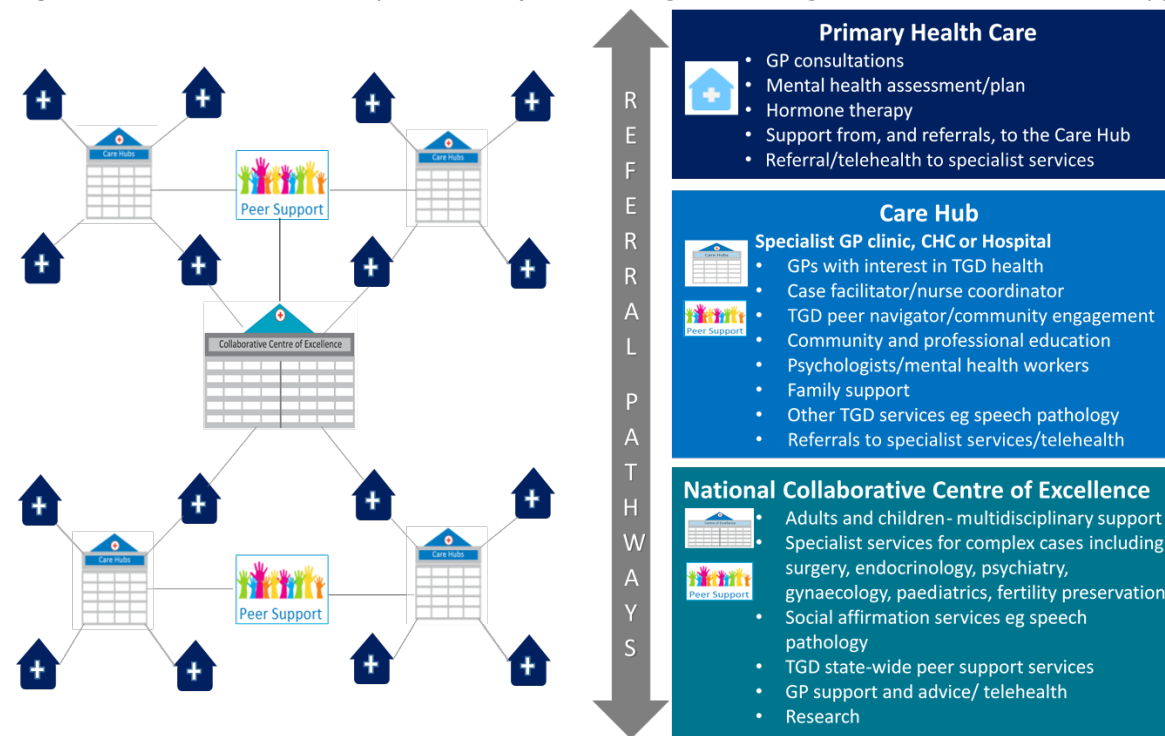
Figure 12 outlines a proposed hub and spoke model for the delivery of trans and gender diverse health and support services. This is framed within three levels:

- Primary care through general practice and Community Health Centres
- Regional Care Hubs

- A National Collaborative Centre of Excellence (COE) for Trans and Gender Diverse Care.

These three levels need to be supported by clear pathways for trans and gender diverse people and their families to access services.

Figure 12: Victorian hub and spoke model for delivering trans and gender diverse health and support services



Developing a **central source of information**

and advice as part of a broader awareness campaign is proposed.

What information and advice is needed?

How is this best provided and by whom?

Clear pathways into services

Developing clear pathways for trans and gender diverse people, and their families, partners, and significant others into services involves:

- De-stigmatising and ceasing to pathologise trans and gender diverse people
- Creating welcoming and inclusive trans and gender diverse services
- Providing access to key sources of information for trans and gender diverse people and their families and partners, as well as community organisations such as schools and employers.
- Developing local public information channels on available services and health and support service pathways.

A central source of information and advice

It is proposed that a **central source of information, resources and advice** be developed and that this form part of a broader awareness campaign to improve access to information on peer support groups and health and support services. This central source would include the development of a statewide directory of services.

Options for information sources include developing any/all of the following:

- A smartphone app to provide information and promote support services
- A statewide telephone enquiry service
- A website and/or dedicated social media channels.

GPs and primary care

- The role of the GP and primary care is central to the proposed new service and support system
- Care coordination would occur at GP level with referral to regional care hubs, mental health services or tertiary specialist services as required
- GPs would initiate hormone therapy and/or continue hormone therapy after initiation by a specialist endocrinologist
- GPs with a higher trans and gender diverse patient base could use an informed consent process, whereby these GPs conduct a mental health assessment and initiate hormones without the need to refer clients to specialist mental health providers
- Investing in health professional education and training and peer support activities could be accomplished through Primary Health Networks (PHNs). Training and education could be offered through health professional colleges and associations and through regional care hubs.

Consultations highlighted the need to roll out an **informed consent model of service** where a trained GP can manage trans and gender diverse clients locally, including providing hormone therapy.

What is needed to support the expansion of the informed consent approach?

How would quality and safety be ensured in an expanded informed consent model of service delivery?

Are there circumstances in which informed consent approaches should not be used?

Central role of GPs

GPs are usually a person's first point of contact with the health system.

The experience of encountering GPs can have a major impact on a trans or gender diverse person's experience of the health system. In our consultations, trans and gender diverse people reported relying on personal networks and social media channels to actively seek out specialised GP clinics where they felt they would be welcome and understood. In Victoria, trans and gender diverse support groups have developed informal lists of GPs whom they consider trans-and-gender-diverse-friendly GPs.

GPs reported variable levels of confidence in dealing with trans and gender diverse health needs, sometimes preferring to refer trans and gender diverse people to more specialist GPs or hospital clinics.

Consultations with GPs who have a high client base of trans and gender diverse people consistently stated that much of the care required for adult trans and gender diverse people can and should be delivered in a primary care setting, with referrals to specialist support services for people who experience complex issues and for specialist psychiatry, endocrinology, gynaecology and surgical services as needed.

Expanding the informed consent model into general practice

GPs routinely prescribe hormone therapy for cisgender patients and refer to specialist services when needed.

As already noted, the only ANZPATH-endorsed model for informed consent is the Victorian AIDS Council's Equinox Clinic. Other informed consent models exist and operate to varying degrees in Victoria.

A key to expanding the informed consent model is the education, training and support of health professionals, as well as the development of clearly defined clinical pathways.

GPs with specialist experience in healthcare for trans and gender diverse people uniformly advised that, in their view, GPs with additional professional development could prescribe and manage hormone therapy within general practice for patients who do not have additional complex issues. However, not all patients will be able to access the PBS for their hormone therapy and this will require discussion between the Department and the Commonwealth Department of Health.

Consultations highlighted the need for an increase in **education and training**, including clinical placement programs for GPs and health professionals.

Who should be responsible for developing professional education?

How should professional education and training be delivered?

Do you have other suggestions or comments?

Professional education and training

The expansion of training and education for GPs and health professionals will be an essential component in improving services for trans and gender diverse people.

Education and training is needed for a broad range of health professionals, such as GPs, psychologists, mental health workers, pharmacists and school nurses. Training is needed at a number of levels and a suite of training resources will be required to fulfil different needs. The training could include:

- A trans and gender diverse HealthPathways online resource currently being developed by the North Western Melbourne, Eastern Melbourne and Western Victorian PHNs, which will provide details and referral pathways for GPs
- A trans and gender diverse online GP training module is also currently being developed by an experienced GP. It has been suggested that this be further expanded to include videos, guidance and referral resources for clinicians who need more information. New online training modules for psychologists and endocrinologists are also needed
- ANZPATH has developed a course for its members. This course covers a range of issues such as trans and gender diverse health, diagnosis, effective hormone therapy and the management of patients with complex needs. Such a course needs to be more broadly available and regularly conducted.

PHNs can also play an important role in:

- Organising professional development
- Supporting platforms such as HealthPathways
- Developing and supporting ‘communities of practice’ for health professionals working with trans and gender diverse people.

Health professionals also suggested that:

- Medical colleges and training providers such as the Royal Australian College of General Practitioners and training providers such as Regional Training Organisations have a key role in professional development for existing GPs and the education of GP trainees. It was suggested that the needs of trans and gender diverse people should be considered as part of practice accreditation
- Universities have a key role in improving awareness of trans and gender diverse health in the education and training of medical and health students
- A scheme similar to the Program of Experience in the Palliative Approach (PEPA) model could be developed. This scheme would provide opportunities for primary health providers to undertake clinical placements within trans and gender diverse specialist services, which would serve as host sites. These placements might incorporate learning with regard to community practice, and managing patient and family needs when patients have complex problems or need access to inpatient or specialist services such as surgery.

The discussion paper proposes additional funding and an expansion of **mental health services** for trans and gender diverse people, especially in rural and regional areas.

Do you support the expansion of mental health services as proposed?

Figure 13 outlines the proposed **health and referral pathways for children and adolescents**.

Does this reflect what is needed?

Figure 14 outlines the proposed **health and referral pathways for adults**.

Does this reflect what is needed?

Collectively, these suggestions may reduce the reluctance expressed by some health professionals to engage in trans and gender diverse healthcare due to lack of awareness, confidence or clinical interest.

Expanding mental health services

Expanding mental health services for trans and gender diverse people is critical. Currently there is a lack of services, especially in regional and rural areas of Victoria. The following mental health service gaps were identified:

- Psychiatrists or psychologists with a specialist interest in trans and gender diverse health who can provide assessment services prior to gender affirmation treatments
- Local services providing mental health support for trans and gender diverse people.

Suggested options to address these gaps included:

- Investing in upskilling community psychiatrists, psychiatry registrars and psychologists in trans and gender diverse health, particularly in rural and regional areas
- Additional funding to support the provision of specialist trans and gender diverse mental health services as part of future trans and gender diverse services
- Funding for a statewide mental health service to provide adult specialist trans and gender diverse counselling and telehealth services to locations

without access to regional specialist trans and gender diverse mental health services

- Further development of telehealth services for rural and regional clients.

Developing healthcare and referral pathways

HealthPathways framework

The online trans and gender diverse HealthPathways resource being developed by the North Western Melbourne, Eastern Melbourne and Western Victorian PHNs could provide a model for future pathway development to support GPs across Victoria. It is proposed that a health and support service referral pathway for use by GPs and other service providers be developed for each PHN region. This pathway would include a directory of local service providers.

Access to online health pathway information would provide an essential resource for GPs and other health professionals seeking advice on treatment and referral arrangements for their trans and gender diverse clients.

Figure 13 outlines a possible referral pathway to services for children and adolescents that details a shared care approach. *Figure 14* outlines a possible referral pathway to services for adults that details a shared care approach.

Figure 13: Children and adolescent shared care model—A proposed referral pathway

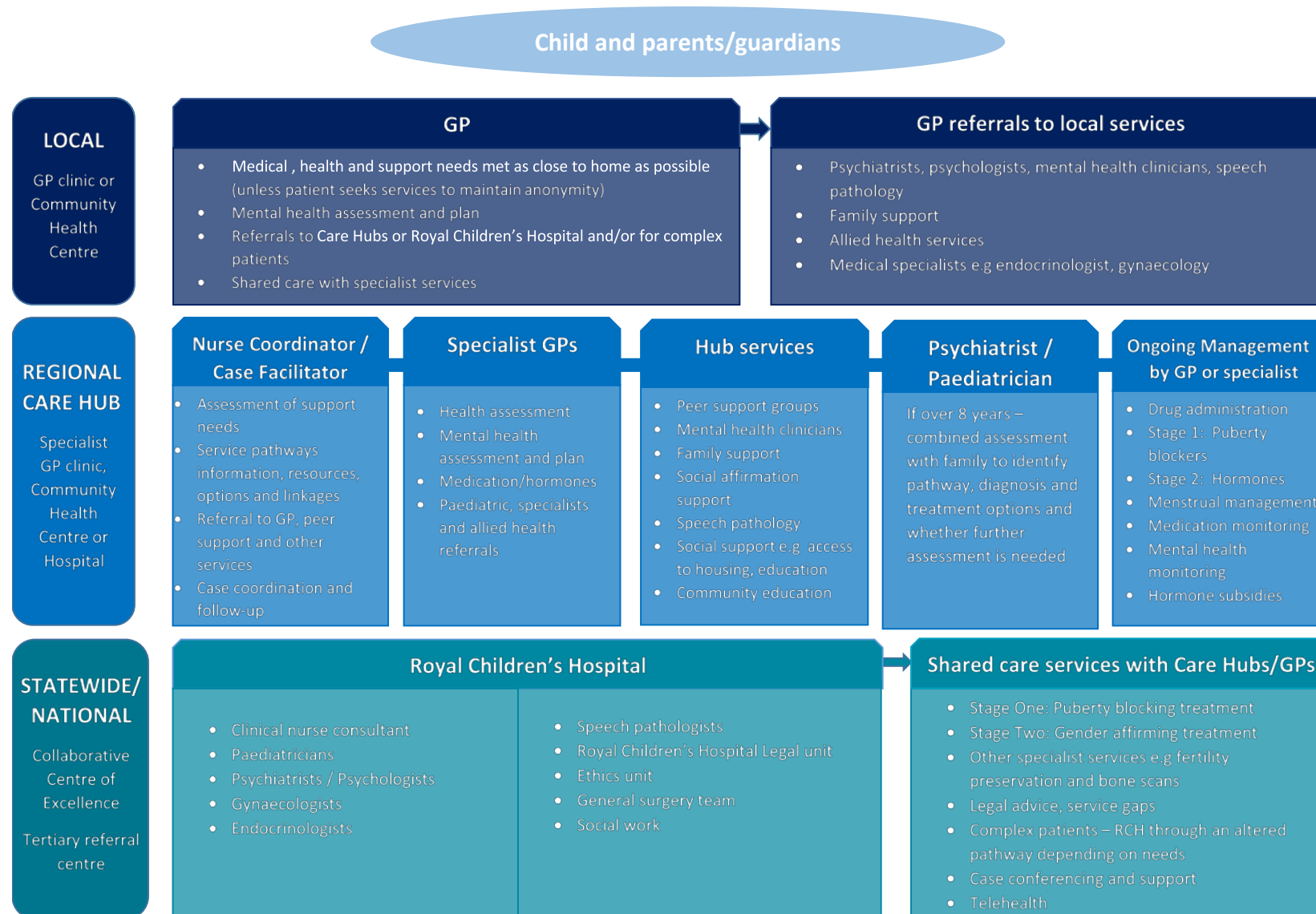
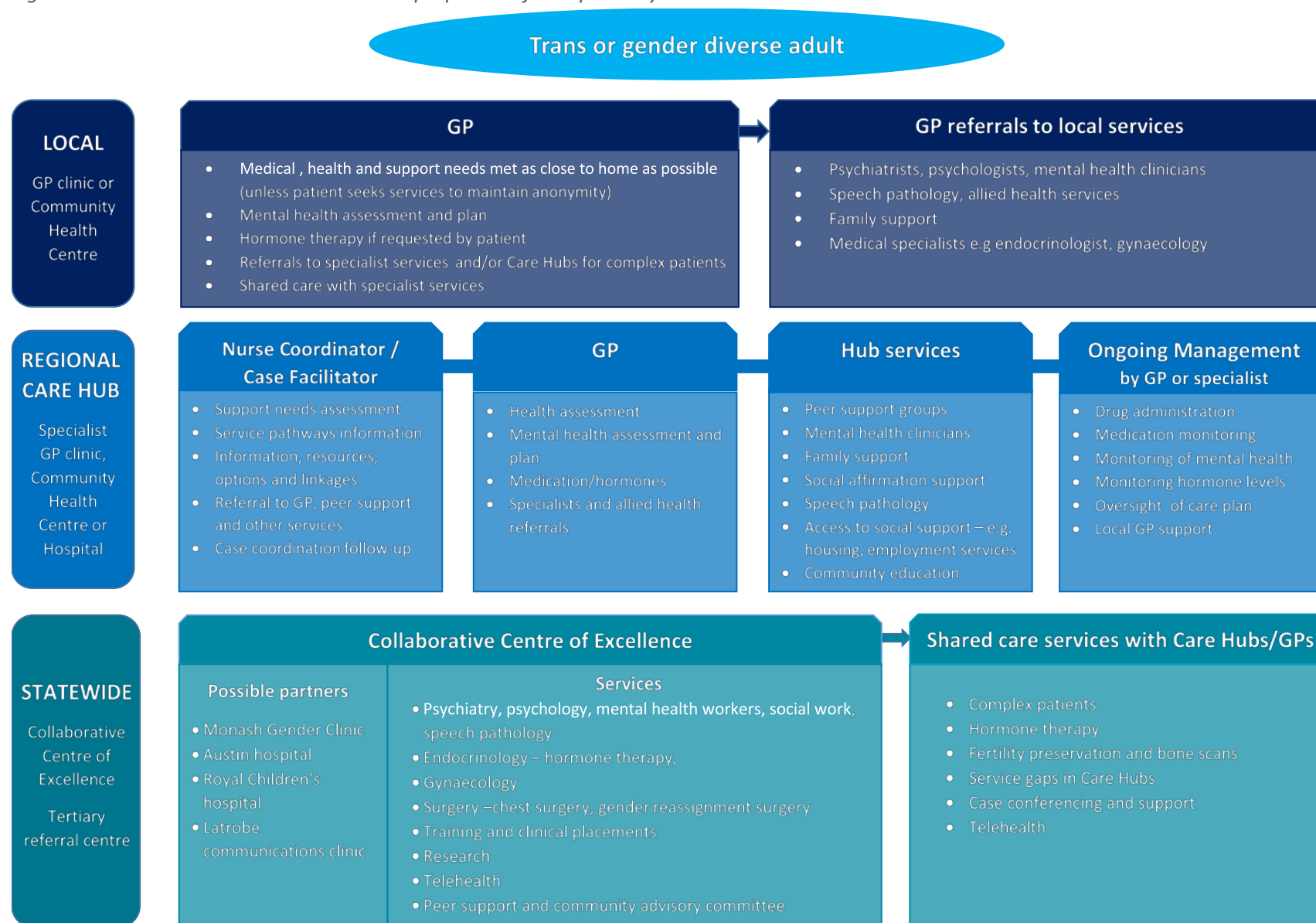


Figure 14: Adults shared care model—A proposed referral pathway



Developing Care Hubs

Do you support the development of the **Care Hubs** as proposed?

What do you see as the key issues involved in the development of the **Care Hubs**?

Where should **Care Hubs** be located?

The development of regional **Care Hubs** across Victoria has been proposed to provide integrated, multidisciplinary services for trans and gender diverse people. The Gateway Health approach is an exemplar service model for the development of Care Hubs.

In this model, each Care Hub would employ dedicated positions (either full-time or part-time), as follows:

- A case facilitator/nurse coordinator, who would be the point of contact for each trans and gender diverse person and their family, providing information and case facilitation services
- A community engagement/peer support worker who would be employed to engage the trans and gender diverse community and provide broader community education.

The recruitment for these roles could involve employing people with lived experience.

Based at a GP clinic, CHC or hospital, a Care Hub would provide trans and gender diverse people and their families with access to:

- GP services under an informed consent model, with referral as needed to local services and pathways. Ideally, as part of the service, this will include mental health support, family support and speech pathology services, with good linkages to local paediatrician, psychiatry and gynaecology services

- Shared care services with the National Collaborative COE (for trans and gender diverse adults)/RCH (for trans and gender diverse children)
- Multidisciplinary services
- Local pathways to services.

In most cases, it is expected that Care Hubs will be based initially in regional centres and outer metropolitan areas where there may be a pre-existing concentration of support.

Expressions of interest

Given the lack of information on demand for services in particular geographic locations, it is proposed that the Department seek expressions of interest (EOIs) from existing services to create a small number of outer metropolitan/regional Care Hubs on a progressive basis as staff capacity and resources are developed.

Key selection criteria for assessing EOIs could include experience in and/or willingness to:

- Develop trans and gender diverse inclusive policies and practices
- Provide GPs and health professionals experienced in working with trans and gender diverse people
- Implement the informed consent model
- Undertake clinical placements for professional development where needed

- Engage and build key relationships with local GPs, service providers and tertiary referral centres
- Collaborate and establish service and referral pathways with key medical specialists and mental health and community services, and implement shared care pathways
- Involve trans and gender diverse people in service advisory committees and in the co-design of services
- Deliver peer support services.

Developing a National Collaborative Centre for Trans and Gender Diverse Care

Do you support the development of a **National Collaborative Centre of Excellence for Trans and Gender Diverse Care** as proposed?

What do you see as the key issues involved in the development of the COE?

This project provides the opportunity for Victoria to cement its place in Australia as a leading provider of services that are inclusive of and specific to trans and gender diverse people. Across Australia, there is clear evidence that such services are in demand and that a gap for this leadership role exists.

Ideally, the development of a National Collaborative COE for Trans and Gender Diverse Care would involve the collaboration of existing tertiary and specialist services. This should be based at a tertiary referral hospital to build the much-needed tertiary specialist and surgical capacity required to provide services for trans and gender diverse people. Possible collaborating services could include:

- Endocrinology and surgery – Austin Hospital
- Psychiatry and mental health – Monash Gender Clinic
- Royal Children’s Hospital
- La Trobe Communications Clinic
- Research capacities – Melbourne, Monash and La Trobe universities.

Consistent with the need to ensure co-design and involvement in the COE, the COE would include a trans and gender diverse advisory committee and could also support an extensive community education function for GPs, health professionals and the broader community.

Key features of the COE would involve:

- Building surgical and specialist capacity (surgery, endocrinology, psychiatry, paediatrics, gynaecology), including post-surgical support for Victorians as required
- Professional support and education
- Telehealth specialist consultations for health professionals
- Formal university links for research, development and training
- Professional training posts
- Development of data collection and research capacity
- Facilitation of the development of new Australian care and treatment guidelines for trans and gender

diverse adults and the promotion of existing standards and guidelines.

Figure 15 summarises the proposed functions of the COE and Figure 16 provides an overview of the proposed staffing for the COE.

Figure 15: Proposed functions of the National Collaborative COE

Do you have comments on the proposed functions of the National Collaborative COE?

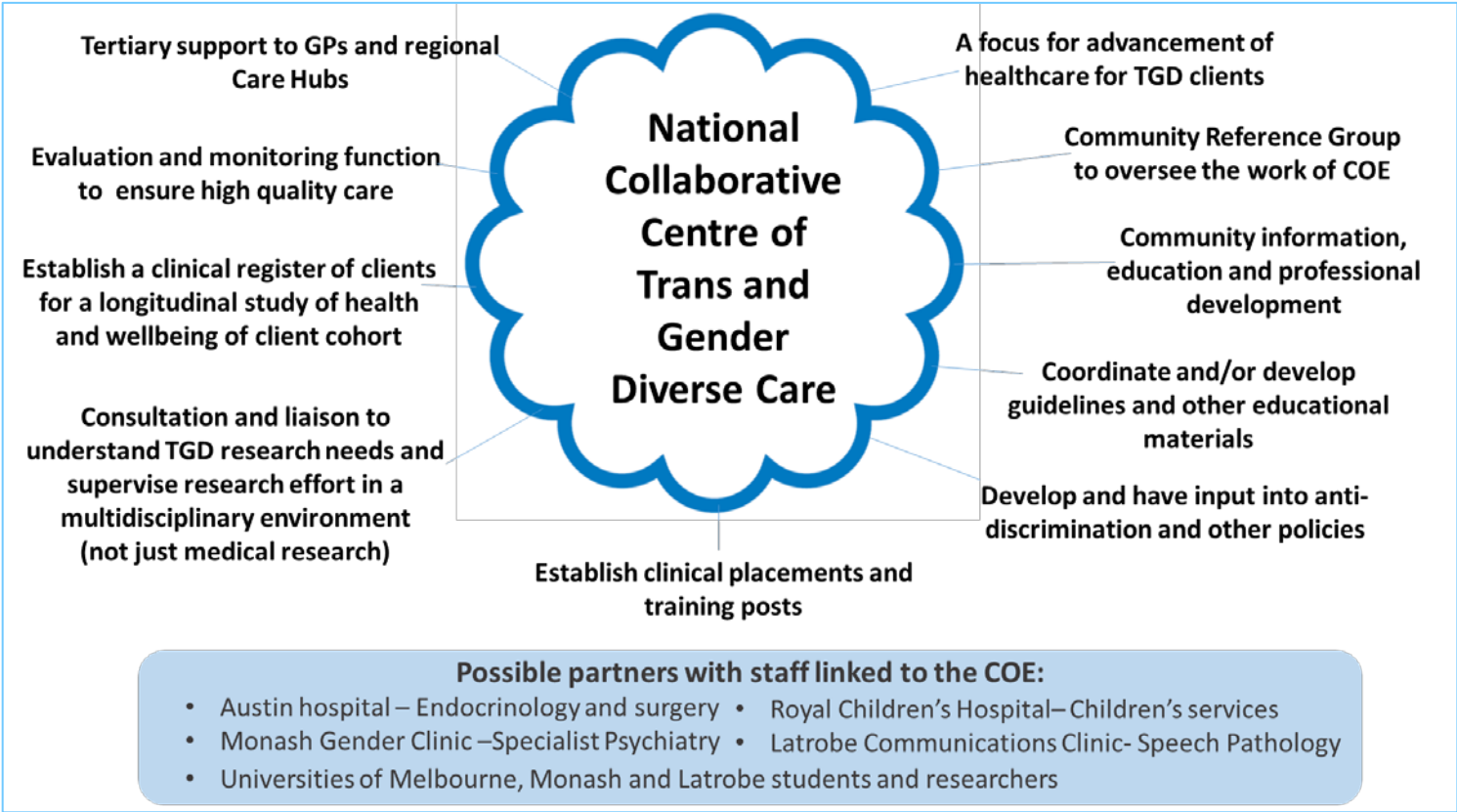
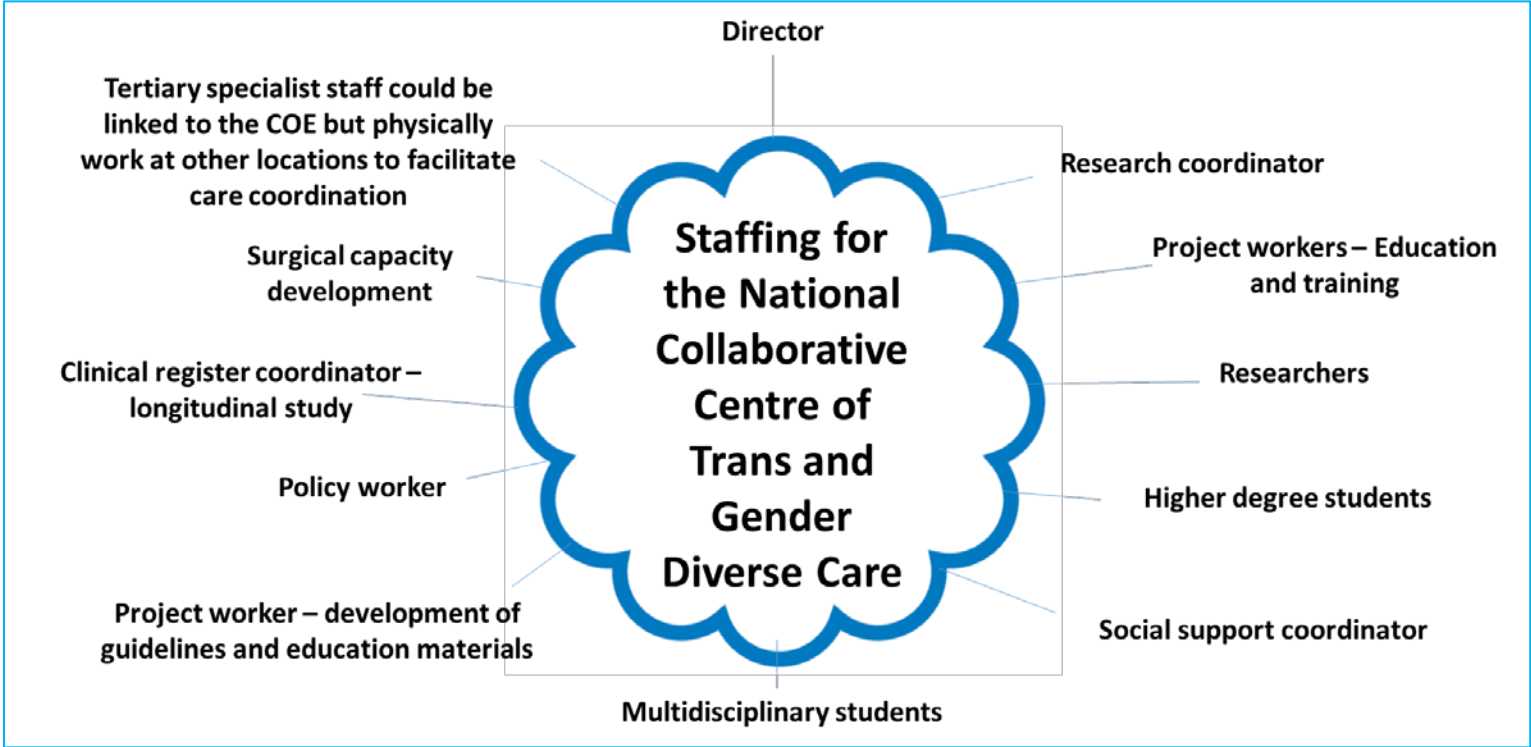


Figure 16: Proposed staffing for the National Collaborative COE



Do you have comments on the proposed **staffing model** for the National Collaborative COE?

Are there **any other comments or suggestions** on issues raised in this paper that you would like to make?

Do you have suggestions on how to **develop surgical capacity**?

Critical success factors

Critical success factors are essential areas of activity that are required to achieve the mission or goals for a project. There are three critical success factors underlying this proposal:

- Effective **communication**
- **Collaboration** and support between the three service tiers—GPs/primary care, Care Hubs and the COE

- More **investment**, support and resources to expand service provision in general practice and primary care, as well as across outer metropolitan, rural and regional Victoria.

Over time, it is envisaged that the Care Hubs, COE and other education and training providers will play a key role in building the service capacity and expertise required to improve the health and wellbeing of trans and gender diverse people and their families.

Next steps

Have your say

We encourage you to provide feedback through one of the following methods:



Online via a [survey form](#)



Telephone Australian Healthcare Associates on
1300 242 111



Email tgd@ahaconsulting.com.au

Your response needs to be submitted by
Monday 9 April 2018.

Final report

Feedback from this second round of consultation will be presented in a final report to the Victorian Department of Health and Human Services.