ICD -11 Response from Gender Service at the Sandyford (Adult and Young Persons Gender Service)

1. Do you think this change will impact on an individual's ability to access to mental health services? (in your answer, please explain why this may or may not be the case)

- One view is that this change may mean that there are fewer MH clinicians working within Gender Services. This may mean that general MH services may be more likely to see their role in work with the mental health of the gender population as they boundaries would be less blurred. However, it is important we as a gender service make our service remit clear in that we are not a mental health service and it is imperative that mental health services to not distance themselves from the gender population even with move away from mental health diagnostic criteria. It would be hoped that the work being done under the GRP review with the Scottish Government, NES and gender services currently would raise awareness of the extremely high rates of mental health issues in in the gender population.
- When considering the Young Persons Gender Service, it remains staffed by a high number of mental health clinicians hosted within a sexual health service. However, again, it is imperative that there are close links to CAMHS Services as the MH clinicians working within the service are not working with young people purely to manage their mental health but to collaboratively explore their gender identity, with support from other services, when appropriate.
- Is it worth exploring if YP Services are best placed to sit in sexual health services? Very positively, it allows for continuity with adult gender services and associated best practice and governance alongside this which is helpful for MDT clinical discussion. However we know that the interim Cass report recommends closer links with CAMHS services. Hopefully this can be achieved while adult and young person's gender services are hosted together.
- Our understanding is that mental health services (e.g. CAMHS) currently accept the referrals based on the level of distress the young person is experiencing rather than questioning gender/gender identity. We therefore wouldn't expect a change as we don't believe they have been accepting referrals purely due to a potential gender "diagnosis".
- We would not expect the changes to adversely impact on accessing mental health services. Mental health services (CAMHS & adult) focus their assessments on the mental health needs of people, which are with people across the gender spectrum. They will use criteria based on mental health presentations (informed not just solely on medical manuals like the ICD but also psychological theory and model). Irrespective of the change in the diagnostic labelling, It's important that mental health services continue to develop awareness and understanding of gender, and gender incongruence, to serve their patient engagement, formulations of distress (e.g. gender based experiences can understandably impact/affect mental health difficulties/distress), and build our working relationships together (e.g. understanding of our roles with patients, utilising teaching and consultation). We

suppose in a similar way we as a gender service consider an individual's mental health and social needs alongside the gender focused assessment.

- We think it is important to keep in mind people within the LGBTQ+ may be more vulnerable to mental health difficulties (i.e. taken from minority stress theory), so it is really important that MH are accessible for this population and recognise that they may have an equally important role alongside a gender service.

2. If yes, how could we mitigate this impact?

- As above, by raising awareness of the high prevalence of mental health needs in the gender population and ensuring links with both adult and children and young people's MHS. Also as above, upskilling and raising awareness so that "gender is everyone's business" should improve access to all services for the gender population and ensure all clinicians feel skills in working with people with gender distress.

3. Are patients aware of the change and have they communicated any concerns about the ability to access mental health services?

- Overall, there does not seem to be much awareness in service users as noted by the clinicians in the team who work with the population daily. There has been no concerns communicated regarding the change from young people and families. One adult service user commented that, while that move out of mental health is positive, they are concerned that being under sexual health may also have associated stigma that trans people are "perverts". It is important to hold this in mind and not marginalise the gender population any further.

4. Do you have any wider concerns about this change?

- Overall, it is extremely positive that gender distress is no longer seen as a mental health condition. However, as afore noted, this may have a negative effect if gender patients find it hard to access MHS. However, it is hoped that forming more formal links with MH services and upskilling and raising awareness will counter this. It is thought most MH clinicians in general services would also broadly be aware of poor mental health in the gender population given e.g. minority stress.
- Once negative that may be associated with the change to being under sexual disorders, as a service user pointed out, may mean that gender incongruence is misconstrued as being associated with sexual ill health, sexual perversion or a sexual issue.
- A further concern is that the huge demand for gender services and the lack of gender specialists inevitably means that we need to look to other services to share this workload and build capacity around meeting gender-related health care needs elsewhere. As afore noted, it needs to be everyone's business rather than no-ones business and we think that a strong message (along with support, training and appropriate care pathways) needs to be given to mental health and other health care services regarding this across health-boards.

5. Is there anything else you'd like to add?

- In the context of ICD11 the term sexual health is intended to encompass a broader range of health issues than the ones we tend to associate with sexual health services. These would include anything related to sexual characteristics and reproductive potential which come under various different specialties. Therefore, it does not imply that gender services must be hosted within a sexual health service or delivered by SRH or GUM specialists. A variety of disciplines will still be required. Mental health clinicians will always be required in adult gender service to assess more complex cases than non-mental health clinicians such as trauma, neurodivergence, psychosis, personality and risk issues. Mental health clinicians will still be routinely required in young people's services because the diagnostic assessment must take into account the young person's psychological development and related social factors.
- One concern is that the the criteria for gender incongruence in adulthood is vague and seemed to be focus on medical transition within it. The criteria for gender incongruence in childhood feels a bit more useful clinically, as it is more specific.

This response has been collated by a senior clinician in the Gender Service based on responses from clinicians and managers within the team. Not all points are representative of the entire team's views but rather based on the experience of individual clinicians working within both the adult and young person's Gender Service.