



Transgender  
and  
Gender Dysphoria  
Information  
for  
**Psychiatrists**

Transgender Equality Network Ireland



*Transgender Equality Network Ireland*  
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*This publication is supported by the Directorate-General for Employment, Social Affairs and Equal Opportunities of the European Commission. Its funding is provided under the European Community Programme for Employment and Social Solidarity, PROGRESS (2007–2013). This programme was established to financially support the implementation of the objectives of the European Union in the employment and social affairs area, as set out in the Social Agenda, and thereby contribute to the achievement of the Lisbon Strategy goals in these fields. The seven-year programme targets all stakeholders who can help shape the development of appropriate and effective employment and social legislation and policies across the EU-27, EFTA–EEA and EU candidate and pre-candidate countries.*

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**Transgender Equality Network Ireland (TENI)** has produced this leaflet with the generous support of the European Commission and the Equality Authority, as part of the 'Burning Issues' campaign to ensure a lasting legacy for the **European Year of Equal Opportunities for All** in Ireland.

This leaflet is intended to raise awareness about transgender people, help mental healthcare providers understand and address trans issues, and assist in providing effective treatment and care of transgender individuals. Its goal is to promote transgender-competent mental healthcare in providing individualised, comprehensive care to gender dysphoric, gender variant, transvestite, transgender and transsexual people or those with gender related issues. We hope it will assist you in building confidence and knowledge in your role as a supporter and facilitator working with transgender people.

As a facilitator, supporter and information resource, psychiatrists can help and guide an individual in making informed decisions about treatment options that can facilitate successful transition, if desired, whilst also providing the opportunity for an individual to simply explore and discuss their feelings about their gender identity. Transgender individuals and loved ones may seek assistance from mental health professionals for trans-specific or more general concerns.

### **What is Gender Dysphoria?**

The experience of dissonance between the sex appearance and the personal sense of gender identity is termed gender dysphoria. The diagnosis should not be taken as an indication of mental illness. Instead, the phenomenon is most constructively viewed as a valid variation in the human condition, which is considered unremarkable in some cultures. It is important to recognise how gender variance, transgenderism and transsexuality are depicted and discussed within the medical literature, and the impact that this has on trans people's lives. The terms 'disorder' and 'disease' in the gender context are widely perceived by trans people as offensive and stigmatising. The use of these terms should therefore be avoided in clinical practice.

### **What is Transgender?**

**Gender identity** is a person's internal feeling of being male, female or some other gender or combination of genders. Some people identify as having no gender at all while others feel their gender identity is outside the traditional male/female gender binary. Society understands and interprets gender through our gender expression – how we appear to other people, including our mannerisms, and how we walk, talk, dress, and live our lives. Gender identity cannot be changed by treatment or counselling and is completely separate from an individual's sexual orientation.

**Transgender or trans** is an inclusive, umbrella term which includes people of different gender identities and gender presentations including intersex people, cross-dressers and people who cross-dress without any permanent desire for change, transvestites, transsexuals, transgender and other gender variant people.

A **transsexual** person identifies as, or has the desire to live and be accepted as a member of the sex other than that assigned at birth. This is accompanied by a sense of discomfort with, or inappropriateness of, their anatomical sex and a wish to have hormonal treatment and/or surgery to make their bodies as congruent as possible with the preferred gender. Put simply, a transsexual person is someone whose gender and sense of self is different from their apparent physiological sex.

A **transvestite or cross-dressing** person sometimes feels the need to dress in clothes considered appropriate to a different gender. There is generally no need or desire to change their gender, however, a small number can go on to identify as transsexual.

An **intersex** person is someone who was born with a reproductive or sexual anatomy that is determined to be outside of the accepted norms for female or male with both sets, or a combination, of reproductive or sexual organs and/or different chromosomes or hormone levels present. There are many different types of intersex conditions – it is not always just about ambiguous genitalia.

An **androgynous** person may not necessarily identify as male or female and their gender may appear to be unknown, ambiguous, or indeterminate, neither expressively male nor female.

Gender variant people are themselves very diverse and it would be wrong to assume that there is a 'stereotypical' trans experience. Increasing numbers of individuals now come out at an earlier stage in life but there are many who may have lived with gender issues for decades before feeling confident enough (or having the opportunity) to seek support. Gender variance knows no social, ethnic, religious or socio-economic boundaries.

We live in a world where trans people's gender identities, gender expressions and sex embodiments are deemed less natural, less legitimate, and not deserving of the same rights or respect as those of non-trans people. Secrecy and stigma may lead many people to avoid 'coming out' as transgender, resulting in the perception of a much smaller trans population than may actually be the reality. Easier access to medical treatment and a legal system that recognises and respects the rights of transgender people also affects the number of people openly identifying as trans.

Coming out – telling someone that you are trans – is a very personal decision. All aspects of health – physical, emotional/mental, sexual, spiritual – are potentially affected by being trans. It is important that you help a trans person work with you to determine what kinds of care they need, and for them to be clear with you about what being trans means to them, so that you are not basing their care on assumptions or stereotypes.

## Good Practice

Good practice ensures that a wide choice of treatment pathways is offered, tailored to the needs of the individual, and recognising the great diversity of clinical and presentation needs when providing person-centred care. A transgender person should be addressed with the name, title and pronoun requested by the individual. If you are unsure, then please ask the person how they wish to be addressed. When the specific gender terms (listed above) are used, it is preferable to use them as descriptive terms, for example, a transsexual individual, transgender person, or someone who is gender variant.

### *Availability, Accessibility and Choice*

Regardless of location in Ireland, there should be competent and effective practitioners around the country who are easily accessible and within a reasonable travelling distance. The waiting times for access to services should not be excessive. This is mental healthcare as any other medical treatment and individuals should not have to wait unreasonable times or travel unreasonable distances for support.

Working in co-operation with other gender specialist practitioners should be the goal of all clinicians, particularly when referring on to other health professionals and health resources for comprehensive care. In addition to involving trans people, clinicians should facilitate or provide information about assistance available to partners and families as part of their work with the trans person.

Currently, in order to transition in Ireland, an individual must undergo certain medical procedures, and to obtain these, they must first be referred by a General Practitioner to, and gain approval from, one or two mental health professionals such as a psychiatrist or a psychologist. Thus, mental health professionals are viewed as the ultimate “deciders” of who should be allowed to transition and who should not. While some mental health providers are thoughtful, sympathetic and have experience working with trans people, many others do not have any trans-specific training or experience at all.

As part of being trans-competent, medical professionals are expected to know how to find answers to trans health questions and healthcare options. This includes knowing how to find trans peer and professional resources, and providing advocacy when making a referral, if needed.

### *Peer support and Mentoring*

Societal prejudice and discrimination can affect the overall health and well-being of trans people. Peer support can play an important role in reducing social isolation and distress by providing support and encouraging the use of helpful organisations and resources. Because many trans people may be more comfortable talking to those who have been through similar experiences, they are more likely to trust their help and accept their advice. It is important that clinicians provide information on local and national resources, where available. Peer contact may include group therapy, self-help groups, participation in Internet discussions, social contact, or one-to-one peer support available through transgender community organisations. The mental health clinician can assist with referral to peer groups that explicitly support diversity of gender identity and expression, and individual choice in decisions relating to gender identity.

We live in a society where all people must be willing to be diagnosed as having a medical or psychiatric condition in order to access the healthcare system. People may presume that trans people are mentally confused, incompetent, or ill, and therefore unable to speak with validity about their own experiences, identities and personal histories. The idea of empowering trans people to make informed choices about their own healthcare must clearly recognise their unique and different preferences, needs, and circumstances.

There are a number of allies and advocates in the medical and mental health fields who have shown a willingness to listen to what we, as trans people, have to say and treat gender variant people as human beings who have autonomy and agency.

## Raising Awareness about Trans Issues

Although no formal guidelines exist in Ireland for trans medical care, it is not the responsibility of the individual trans person to educate mental health providers about trans issues. Many people do talk openly about their experience of being trans in the hope that it can provide information that improves the quality of care for other trans people.

As a practitioner, it may be helpful for you to consider these questions:

- *What is your experience of working with trans people and their loved ones? Have you ever worked specifically with trans people – trans women (Male To Female transsexuals-MTFs), trans men (Female To Male transsexuals-FTMs), intersex people, transgender, cross-dressing, or gender variant people?*
- *Are you interested in learning about trans care?*
- *How comfortable are you talking about gender issues and being around trans people?*
- *What is your approach to gender and to gender diversity? Do you perceive transgenderism as a mental illness, sexual deviance, or a type of pathology?*
- *What is your approach to physiological diversity? Do you perceive intersexuality or disabilities as physical abnormalities?*
- *Do you understand how societal issues (such as transphobia, homophobia, racism, sexism) affect trans people's health and well-being?*
- *Are you open to advocating on behalf of trans people if they are having difficulty with other service providers?*

Transgender terminology is new and it may be especially hard to understand the language and identities that are relevant to trans people. The language used by transgender individuals is continually changing, as trans people become better able to articulate similarities and differences in identities and experiences. To facilitate communication, it is helpful for the clinician and the trans person to reach a common understanding of terms and key concepts in the discussion of gender concerns (e.g., gender, sex, sexual orientation). It is very important, however, that mental health professionals do not have stereotyped ideas of what it means to be trans.

A basic principle of trans-sensitive care is that everyone has the right to define their own gender identity and to be addressed in a way that is respectful. When talking with the trans person, you should use whatever name they prefer (whether it is their legal name or not), and also the gender pronoun they prefer, including gender-neutral pronouns if they request.

## Trans Mental Health

The prevalence of gender concerns is unknown. There are no data about the number of people who have concerns or questions about gender identity or cross-dressing, only some limited data on those who have sought surgical sex reassignment. Gender issues can affect all age groups, including children and adolescents. Older people may also present with previously unarticulated or repressed gender concerns.

As gender variance is often assumed to be evidence of homosexuality, individuals who are questioning their gender or are confused about gender identity issues may describe their feelings in terms of confusion about sexual orientation. In some cases, gender issues emerge over time for individuals who initially seek help relating to substance use, self-harming behaviour, disordered eating, or other issues. One of the most alarming findings from recent Irish research on lesbian, gay, bisexual and transgender (LGBT) people has been evidence of higher rates of self harm and attempted suicide, and particular mental health problems among young LGBT people<sup>1</sup>. Although much progress has been made in Ireland to address discrimination and prejudice against lesbian and gay people, it is acknowledged that transgender people continue to experience very acute levels of prejudice.

Trans people have not featured at all in policy or service development relating to their mental health and well-being needs and circumstances. The particular vulnerability of trans people has to be acknowledged in the context of a lack of specific services, supports and information/education resources to improve mental health among the trans community in Ireland. Professional staff across a range of relevant services (including psychiatrists, psychologists, GPs, social workers, and others) should receive awareness training on the specific needs and circumstances of trans people, highlighting the barriers they face in accessing these services. This must include the needs of transgender youth who will require, in addition to accessing general services, specialised areas of care around gender transition issues relevant specifically to young people.

It is essential that mental health professionals ensure their commitment to equality in service provision for trans people and welcome access to their services. Professional development, policy, and programme development can be used to enable mental health services to become more accessible and appropriate to the needs of trans people in Ireland. There is great diversity among transgender individuals and their needs relating to mental health services. Trans people may present seeking assistance with mental health issues, gender concerns, or non-trans-specific psychosocial issues. For some, all three concerns may be relevant, and the focus may need to shift over time to address the most pressing concerns.

For individuals seeking help relating to gender concerns, the clinician must be knowledgeable about gender and sexual identity development, transgender “coming out”, cross-dressing, gender dysphoria, gender transition, and the common concerns and reactions of loved ones. Many transgender individuals have had negative experiences with health and social service professionals. This is particularly true when the interaction is mandated (e.g., as part of hormone/surgery assessment) rather than voluntarily sought.

This information leaflet aims to improve clinical resources for mental health professionals. However, complete mental healthcare for the transgender community must similarly be considered in the context of a holistic approach to transgender health that includes comprehensive primary care as well as psychosocial care. Clinicians engaged in transgender healthcare in Ireland are encouraged to become part of a network of care to facilitate interdisciplinary collaboration and communication as research in transgender health is still in its infancy, and there are widely diverging clinical and trans opinions about “best” practice.

## Conclusion

Some individuals explore gender identity issues through peer support, relationships, use of the Internet, or self-directed reading, writing, and reflection. Others voluntarily seek professional psychotherapeutic assistance, or have psychotherapy recommended as a prerequisite to consideration for hormonal or surgical treatment.

It takes courage and persistence to confront gender issues that have often been surrounded with fear, shame, and feelings of hopelessness and despair. Addressing the overall mental health of the individual will improve their ability to work toward the resolution of gender confusion or distress and, if desired, to pursue gender transition.

The role of the mental health professional is to assist the trans person to consider all of the options and make an informed decision regarding their gender identity. Some transgender individuals have sophisticated knowledge about mental health treatment options and have a clear direction they wish to pursue, while others have no knowledge and expect guidance from a professional.

Contact with peers who express their gender identity in various ways can help individuals to appreciate the multiplicity of options for gender expression, understand what is involved in the various treatment options that may be pursued, and anticipate potential challenges relating to the adjustment to a new gender role and facing discrimination and harassment that is frequently experienced by someone who is visibly gender variant, as many trans people are, especially when they begin transitioning.

Transgender people and their loved ones are an underserved community in need of empathic, comprehensive, and clinically competent care. Mental healthcare providers are more and more likely to be approached for assistance by trans people at some point in their practice. Mental health clinicians can have a significantly positive influence in helping transgender people and loved ones build resilience to heal from and cope with societal stigma, promoting healthy psychosocial development, and facilitating timely treatment of mental health concerns.

## Resources

### Transgender Equality Network Ireland (TENI)

Transgender Equality Network Ireland (TENI) works to support transgender and transsexual people and individuals with gender identity issues. TENI is dedicated to promoting positive awareness about gender diversity and to advancing equality for transsexual and transgender people in Ireland. TENI can provide information, education and access to peer support services that promote greater understanding and awareness of trans issues in Irish society.

Website: [www.teni.ie](http://www.teni.ie)

Email: [info@teni.ie](mailto:info@teni.ie)

Phone: 085 147 7166

### OutHouse – LGBT Community Resource Centre

Website: [www.outhouse.ie](http://www.outhouse.ie)

Email: [info@outhouse.ie](mailto:info@outhouse.ie)

Phone: (01) 873 4999

### BeLoNG To Youth Services – LGBT Youth Services for 14-23 year olds

BeLoNG To provides safe, positive and fun environments for LGBT young people – facilitating them through exploration, development and growth so that they can access all their rights as equal citizens and participate as agents in positive social change. BeLoNG To supports designated LGBT youth groups throughout Ireland and offers resources and training for schools and youth projects on LGBT issues.

BeLoNG To also runs a trans-specific youth group – **Individuality**

Website: [www.belongto.org](http://www.belongto.org)

Email: [info@belongto.org](mailto:info@belongto.org)

Phone: (01) 670 6223

### World Professional Association for Transgender Health

Website: [www.wpath.org](http://www.wpath.org)

## TRANSGENDER AND GENDER DYSPHORIA

### A Quick Reference Guide

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