



South African Society of Psychiatrists

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SASOP CAPSIG POSITION STATEMENT ON THE CARE OF TRANSGENDER AND NON-BINARY YOUTH.

In recent years, there has been a worldwide increase in the prevalence of children and adolescents identifying as Transgender and Non-Binary (TGNB). Gender incongruence is defined as a condition in which the gender identity of a person does not align with the gender assigned at birth. Gender Incongruence (ICD 11) is not in itself a disorder of mental health. Some people who are transgender experience gender dysphoria (DSM 5) which refers to psychological distress that results from this incongruence.

TGNB youth are at increased risk for mental health problems. Youth with co-existing mental health, neurodevelopmental and or family/social complexities require clinical attention for elevated rates of depression, anxiety, eating disorders, substance abuse, self-harm, and suicidality. There is a higher prevalence of autism in gender diverse youth. TGNB youth are not immune to general psychiatric disorders affecting the general population e.g., ADHD and it may be during treatment for a primary disorder that the gender incongruence is first disclosed.

Childhood and adolescence are often the time of initial presentation to mental health services as identity formation is usually navigated throughout childhood; and there may be elevated symptoms of distress when physical changes of puberty occur in opposition to the adolescent's gender identity and sense of self.

Healthcare providers are frequently ill-prepared to cater for the physical and mental health needs of transgendered individuals. Barriers to treatment may include limited training of healthcare workers within this field of medicine and limited access to resources. Healthcare workers including psychiatrists, may also be aware of recent publications that have challenged long established treatment guidelines, which may cause uncertainty in our management approach. There has been considerable controversy and CAPSIG therefore has sought to review the existing literature and new information to inform our local best practice.

A team of child and adolescent psychiatrists was tasked with reviewing the literature. They reviewed local and international guidelines as well as more recent publications such as the CASS interim report. Their findings were presented at the SASOP Congress in November 2023 and open for comment. The group consensus is presented in this statement, and it is not intended as a guideline.

There is significant evidence to support the improvement of dysphoria and the mental health of transgender individuals when they are supported in their gender identities. It has been well established that access to gender affirming health care is both safe and can contribute to improvement in a number of measurable outcomes. Gender affirming care can include any single or combination of a number of social, psychological, behavioural or medical (including hormone treatments or surgery) that support or affirm an individual's gender identity.

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Gender-affirming care is endorsed by multiple professional organisations including the AACAP, AAP, APA, AMA, ACOG, and the American Association of Clinical Endocrinology.

International best practice, the WPATHSOC 8 Guidelines, updated in 2022, informs the process in the comprehensive, multi-disciplinary, developmentally informed assessment and evaluation of these children and adolescents, before embarking on a collaborative therapeutic team journey to implement an individualised treatment plan. Locally, the South African HIV Clinicians Society published guidelines in 2021, which have been endorsed by the Professional Association of Transgender Health South Africa (Pathsa). These echo the WPATHSOC 8 guidelines in their approach to an informed and individualised approach to identity affirming care.

After careful consideration of the current literature, CAPSIG has determined the following position:

- CAPSIG continues to endorse a spectrum of gender affirming care as informed by the WPATHSOC 8 guidelines, as international best practice.
- We highlight the frequent comorbidity of other mental health disorders and emphasize the importance of screening for this.
- We acknowledge the role of the family and community system in which youth live and advocate for access to supporting this system as needed.
- We uphold the right to accessing nonjudgmental and nondiscriminatory care.
- We acknowledge that the field of transgender treatment is evolving, and we commend all professional bodies (including our own) to continue to review guidelines as new evidence is presented.

References

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