

State-wide gender diversity model of care project update

SA Health is developing a contemporary, state-wide model of care for gender diversity services for people who are trans, gender diverse or gender non-binary (TGDNB) in South Australia.

This paper provides a brief update on the project and where it is up to.

The project aims to:

- > Identify the best model of care to meet the needs of the trans and gender diverse community
- > Establish clear pathways and awareness for consumers and health professionals to access available services and supports
- > Improve timely access to and provision of appropriate, evidence-based care and support for TGDNB children, young people, adults and older adults including those from diverse population groups and rural and/or remote communities
- > Improve transition of care between child, adolescent and adult health services
- > Build health professionals' understanding and awareness about trans and gender diversity and gender dysphoria, and options available for further support and treatment
- > Regularly review and evaluate effectiveness of service delivery to inform future models of care.

A Project Steering Group is overseeing the project and includes representatives from Local Health Networks, Primary Health Networks, private health practitioners, community service providers, consumers and parents.

Public consultation

The first round of consultation occurred in May-June 2021 to seek input regarding current services, barriers, enablers and opportunities.

Thank you to all those who participated and provided input at the workshop (n=67) and/or via the online survey (n=106). Of the 186 participants, 63% identified as TGDNB or their parents/carers, 45% were service providers, and 11% indicated 'other'. Almost one in five (19%) identified as more than one of these groups.

A summary of key findings from the stakeholder consultation is provided overpage.

We are now in the process of using all information received to develop the future model of care, and we will let you know about further opportunities to provide input as part of this process.

Further information

For more information, please email: health.GenderDysphoriaInbox@sa.gov.au .

Alternatively, you can contact

- > Ruth Fernandez, Project Manager
Ruth.fernandez@sa.gov.au | 0424 139 134
- > Anji Hill, Manager System Design
Anji.hill3@sa.gov.au | 0435 968 624

Key findings from first round consultation

A summary of the top five most frequently given response themes are provided below for each of the discussion areas from the workshop and online survey.

Key principles

Principles are the values, beliefs or rules that guide our actions. The five most frequently stated key principles which people suggested should guide provision of trans and gender diverse health services were:

- **Acknowledgement:** Acknowledge that trans and gender diversity are not mental illnesses
- **Respect:** Respect that people who are TGDNB know and understand themselves
- **Self-determination:** Be willing to listen, understand and provide person-centred care, as not all people who are TGDNB want the same thing
- **Lived experience:** Value lived experience, and involve people with lived experience at all levels of care provision
- **Equity of access:** Design services that are accessible for all.

"There's nothing 'wrong' about being trans, it's a variation of normal, it's a nice, healthy thing. It's something I like about myself." (Survey respondent, 25-64 years)

"There isn't only one path for medical transition. Different people will have different goals and to assume that a full transition to 'as close to cis as possible' is what works for everyone is disingenuous, harmful and transphobic." (Survey respondent, 25-64 years)

"Ill-informed medical professionals attribute everything to a person's gender. I've been to hospital ... for asthma and [been] asked to submit to a genital exam ... I've had an ER doctor loudly proclaim to 7 or 8 students that this is [MALE NAME], he she is transgender, presenting with an asthma attack. ..." (Survey respondent, 25-64 years)

"Just let us be us. A cis woman doesn't need 5 psych notes to get a breast reduction or enlargement. Why do you force it onto trans people who are dying of dysphoria." (Survey respondent, 13-18 years)

"Gatekeeping kills us. Work WITH us, not against us. It shouldn't be an ordeal just to access health care. It shouldn't be traumatic. It is. Ideally we should be able to go to ANY GP and ask to start transitioning, and they should immediately have protocols in place to refer a trans person to the services we need. Patients should not have to educate doctors." (Survey respondent, 25-64 years)

"We shouldn't have to prove we have gender dysphoria to be allowed care that we need. Not all trans folks have dysphoria, but they are still trans." (Survey respondent, 19-24 years)

Access to information and support

The five most frequently stated suggestions for improving access to information and support for people who are TGDNB were:

- **Information and resources:** Greater availability of up to date, easily accessible information and resources including:
 - Online and printed materials, centralised phone and/or webchat service
 - Information on what TGDNB means, available services and supports for both social and medical affirmation, relevant costs, referral and access pathways, and list of 'TGDNB friendly' providers
 - Information and resources relevant to consumers, parents/carers, GPs and other health service providers both public and private, schools/educators, workplaces, disability service providers, aged care providers, refugee service providers, and other service providers
 - Information accessible for different age groups, persons with disabilities, different educational backgrounds, different cultural backgrounds and all geographic locations
- **GP first port of call:** Greater GP education regarding TGDNB health care and referral pathways, and 'TGDNB friendly flag' for service providers
- **Lived experience:** Paid peer workers to support system navigation and gender affirmation, and access to lived experience support groups

- **School services:** Increased TGDNB information available and/or taught in schools, and increased access to support services within schools for students who identify as TGDNB or who are gender questioning
- **Education and training:** Broad public awareness campaigns and increased education, training and/or upskilling for all health and mental health clinicians.

"I find it very difficult to stay up to date with what's happening. It is very much reliant on me remembering who works where and getting in touch with them, which is an unsustainable and ineffective way of keeping up to date." (Survey respondent, mental health clinician)

"Digital and printed resources that are accessible to people of all cultural backgrounds, literacy levels and disabilities, that could be put online and distributed to access points (e.g. GP clinics, schools) across the state would be fantastic." (Survey respondent, 25-64 years)

"As the first point of contact usually for someone questioning their gender and medical options, I think it's really important GPs are educated so it doesn't fall to the patient to educate and explain ourselves or have to research where we need referrals to." (Survey respondent, 25-64 years)

"Continuing to support peer services ... is essential and should be prioritised. This is a specialised space and requires specialised workers." (Survey respondent, 25-64 years)

"Social transition is made easier through increasing awareness and positivity around transness. Media campaigns and overt, unquestionable support for trans people from organisations. This needs to be not just surface level support but also support through active efforts to speak out against transphobic narratives and misinformation." (Survey respondent, 19-24 years)

"[Need] information in school-based settings including where to go for support and intervention." (Survey respondent, 25-64 years)

Access to medical, psychological and allied health services

The five most frequently stated suggestions for improving access to health services for people who are TGDNB were:

- **Information re options and referral pathways:** Greater availability of up to date, easily accessible information and resources for consumers of all ages and in both metropolitan and regional locations, parents, GPs and other service providers regarding options, 'diagnostic' and referral pathways, cost, TGDNB friendly providers
- **Funding:** Funding models for publicly available services in SA to improve affordability, access and reduce wait times, including for medical and psychological services, allied health, pharmaceuticals, prosthetics, other devices or supports
- **Role of GP:** Training and education to improve GP's understanding re TGDNB health care requirements, and support a greater role for GPs in managing hormone therapy
- **Education and training:** Increased TGDNB education, training and upskilling for all health and mental health clinicians to support provision of safe and supportive care (including for GPs, gynaecologists, paediatricians, endocrinologists, genetic counsellors, psychologists, pathology services)
- **Clinical service hubs:** 'Safe', client centred spaces/service hubs, either centralised or across metropolitan Adelaide and regional locations, which support personal autonomy and provide multi-disciplinary care and links to relevant services.

Access to all information, resources and services must also consider the needs of specific groups including:

- People across different ages
- Parents, carers and families
- Different cultural backgrounds
- Different educational backgrounds
- Regional and rural locations
- Different socio-economic status or workplaces, including homeless and sex workers
- People with disabilities including neurodivergent conditions (e.g. autism spectrum disorder), mental health issues, physical disabilities.

"There really needs to be much clearer pathways readily available. The network of trans healthcare services needs to be transparent enough that EVERYONE can navigate it—trans people, doctors, parents, vulnerable communities, educators, children. Everyone." (Survey respondent, 25-64 years)

"Complex alternative diagnoses need to be explored by centralised specialist medical / psychiatric services and a written flexible treatment plan agreed with the individual/parents then transitioning can be managed by GP s and community-based psychology services. (Survey respondent, parent)

"I would also like to see some more specialised training available to people providing psychological therapy. Every clinician knows the basics (i.e. asking about pronouns, being generally affirming) but the clinicians I work with are really keen for some deeper learning. We would like to know how to balance being affirming with working safely with highly anxious parents and families, especially when the trans/gender diverse person is very young and experiencing a lot of mental health challenges alongside their gender experiences." (Survey respondent, health service provider)

"Have a gender clinic in the Northern, Southern and Western suburbs." (Survey respondent, 25-64 years)

"All GPs should be able to and comfortable with prescribing hormones. There's no excuse for it in 2021 for a GP to not know about HRT for trans people." (Survey respondent, 25-64 years)

"Gynaecologists need to ... offer neutral spaces ... For [trans men] it can often be a very hostile and alienating space ... this can cause a lot of social dysphoria and feelings of shame." (Survey respondent, 25-64 years)

"Accessing medical [care] from the country is next to impossible." (Survey respondent, 25-64 years)

Access to surgical services

The three most frequently stated suggestions for improving access to surgical gender affirmation services for people who are TGDNB were:

- **Information re options and referral pathways:** Greater availability of up to date, easily accessible information and resources regarding surgical options, costs and referral pathways for consumers, GPs and other service providers
- **Funding and availability in SA:** Availability of publicly funded surgical gender affirmation services in SA was the most common suggestion for improving affordability, access and reducing wait times, noting that this may require reclassification of gender affirmation surgery from 'elective' or 'cosmetic' to 'medical necessity'
- **Education and training:** Increased number of surgeons trained and/or willing to provide gender affirmation surgery, including surgery for people who are gender non-binary.

"No amount of airy fairy policy development is going to do as much good as considering rebates on Medicare for medically necessary gender affirming medical care." (Survey respondent, 25-64 years)

"Medicare subsidised gender affirming surgery. There needs to be acknowledgement that for many people it is a medically necessary intervention, not elective. As with other forms of gender affirming care, timely and adequate interventions are suicide prevention." (Survey respondent, 25-64 years)

"I had to pretend to be a trans man to get top surgery because the first surgeon I saw laughed me out of the room for saying I'm non-binary." (Survey respondent, 25-64 years)

"Inadequate ongoing funding, and lack of staffing to ensure ongoing coordination of services across the state [may impede or limit success in delivering the model of care]. This needs to be something that will be sustainable in the long term. (Survey respondent, health service provider)

Key concerns regarding future model of care implementation

The five most frequently stated concerns which people felt may impede or limit successful implementation of the model of care were:

- **Lack of community awareness / understanding:** 'Transphobic' media and broader community
- **Potential lack of political support:** 'Politics' and/or potential lack of bipartisan support
- **Inadequate funding:** Inadequate ongoing service funding
- **Insufficient clinical expertise:** Insufficient local clinical expertise and/or desire to upskill or improve understanding about trans and gender diverse health care amongst service providers
- **Lack of service integration:** Complex and disjointed system with poor integration and inconsistencies in service provision across SA.

Suggestions for future model of care

The five most frequently stated suggestions for what would make this a transformational model of care were:

- **Information and resources:** Up to date information on services and referral pathways across all levels of care, and available to consumers, parents, doctors, other service providers, vulnerable communities, educators, children
- **Clinical service hubs:** 'Safe', client centred spaces/service hubs, either centralised or across metropolitan and regional locations, which support personal autonomy and provide multi-disciplinary care which recognises the needs of people from different cultures, backgrounds and/or (dis)abilities
- **Lived experience:** Paid peer workers, leading and/or working across all stages of service and support provision
- **Provider networks:** Integrated state-wide services including between public, private and community providers, across different sectors including health and education, and ensuring outreach to people in rural and remote areas
- **Funding:** Ongoing, appropriate and sustainable funding and resourcing.

"More clear information on pathways. More networking between key services, more clarity on what each service can provide and to what age and demographic." (Survey respondent, 25-64 years)

"[It would be a transformative model of care] if services were peer-led, holistic and integrated for continuity of care, available and accessible (taking into account financial cost, geographic location, cultural background, disability, age, educational level) to all South Australians, and adequately resourced to provide the right support as it is needed i.e. GPs (and specialists) trained to use informed consent model and commence people on GAHT, no waitlists, with no unnecessary legal interventions." (Survey respondent, 25-64 years)

"A multi-disciplinary team including psychiatric, surgical and specialist medical assessments with short wait times for assessments then referral back to GP / community based services for ongoing care once diagnosed and treatment plan established." (Survey respondent, parent and health service provider)

"[It would be a transformative model of care] if it was linked-up with many other services in an easy to navigate way. If it allowed for the rollout of high quality training to organisations, networking across services and a one stop shop where people could access all the information and referrals they need." (Survey respondent, health service provider)

"Greater engagement and consolidation between services will be important. Creating a network of service providers and working with them to ensure there are clear referral pathways and that patient needs aren't going unmet. This should include patients/consumers having clear pathways to provide feedback and contribute to the ongoing development of the service model to be responsive to emerging needs. (Survey respondent, other service provider)

"A central model of care that provides a hub for all to seek information, support and care." (Survey respondent, parent)