

Coroners Prevention Unit

Coroner's investigation into transgender, gender diverse, and/or non-binary
suicides

August 2022

Improving the mental health of communities

Royal Australian and New Zealand College of Psychiatrists submission

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About the Royal Australian and New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) is responsible for training, educating and representing psychiatrists in Australia and New Zealand. The RANZCP has more than 7700 members, including over 5500 qualified psychiatrists.

Introduction

The RANZCP welcomes the opportunity to contribute to the coroner's investigation of the deaths of five people who identified as male/female, transgender, gender diverse and/or non-binary, and who had commenced transitioning, which occurred across 2020-2021. The recommendations contained within this submission are based on extensive consultation with the RANZCP Committees including the Steering Group into evidence-informed mental health care for people experiencing gender dysphoria which is made up of psychiatrists with direct experience working with people who are transitioning. As such, the RANZCP is well positioned to provide assistance and advice about this issue due to the breadth of academic, clinical and service delivery expertise it represents.

The RANZCP has a demonstrated interest in improving mental health care for people who are transitioning, and has released [Position Statement 103: Recognising and addressing the mental health needs of people experiencing Gender Dysphoria / Gender Incongruence](#).

Questions

1. Outline the risks and benefits associated with a person's decision to transition including the differences/specific factors if any, associated with:

a. transitioning from male to female

b. transitioning from female to male.

As highlighted in [Position Statement 103: Recognising and addressing the mental health needs of people experiencing Gender Dysphoria / Gender Incongruence](#), there are polarised views and mixed evidence regarding treatment options for people presenting with gender identity concerns, especially children and young people. It is important to understand the different factors, complexities, theories, and research relating to Gender Dysphoria.

There are positive psychosocial outcomes for people who are supported in their gender identity.[1] The RANZCP is of the view that in all cases, the risks and benefits of different treatment options must be carefully assessed and balanced by the multidisciplinary team providing care and support to the person experiencing Gender Dysphoria.

2. Detail the implications if any, for a person who is transitioning and who has a diagnosed and currently treated mental illness, including any potential adverse effects of hormone therapies.

As noted in the RANZCP [Position Statement 103](#), Gender Dysphoria emerges in many different ways and is associated with significant distress for those who experience it. However, Gender Incongruence is not inherently pathological.

There is evidence that people who experience incongruence between their gender identity and assigned gender have higher levels of mental illness than the general population.[2]

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As stated in the RANZCP [Position Statement 83: Recognising and addressing the mental health needs of the LGBTIQ+ population](#), the discrimination and marginalisation experienced by LGBTIQ+ people increases the risk of developing mental health conditions and creates barriers to accessing supportive services.

The RANZCP endorses practice which supports and validates the identity, strength, and experience of the individual, recognising that all experiences of gender are equally healthy and valuable.

3. Detail the expected assessment for historical and/or current suicidality and how this would influence shared decision making and planning/treatment.

Early clinical assessments are essential to identify any serious mental illness. Clinical assessment and care will be more effective when an individual's needs are identified and prioritised, and a strong therapeutic partnership is developed. For more information, please see RANZCP [Position Statement 101: Suicide prevention – the role of psychiatry](#).

4. Detail the expectations if any, of communication and/or coordinated care with a person who is transitioning's mental health practitioner or service provider.

Patients, carers and their families must have access to integrated, multidisciplinary services. The RANZCP maintains that multidisciplinary, cross-agency service approaches are essential to improve mental health outcomes and avoid fragmented care. This coordination includes providing holistic assessments and facilitating shared plans which determine service roles and responsibilities. For more information, please see [RANZCP Position Statement 37: Principles for mental health systems](#).

The RANZCP [Position Statement 103](#) emphasises the importance of the psychiatrist's role to undertake thorough assessment and evidence-based treatment, ideally as part of a multidisciplinary team, especially highlighting co-existing issues which may need addressing and treating. Psychiatric assessment and treatment must also occur in accordance with professional standards, and in a way which is person-centred, responsive to and supportive of the person's needs. Psychosocial support should be continuously offered and provided to people and their families before, during and after any treatment to maximise positive mental health outcomes.

Mental health professionals including psychiatrists should maintain a collaborative and multidisciplinary approach to the treatment of Gender Dysphoria. Psychiatrists should discuss progress and obtain peer consultation from other professionals competent in the assessment and treatment of Gender Dysphoria, within both mental health and other medical disciplines. If appropriate, psychiatrists can additionally facilitate the assessment of eligibility, preparation and referral for treatment.

5. Is there a focus on delivering culturally safe care to patients who identify as transgender, gender diverse and non-binary? If so, please provide details.

The RANZCP's [Position Statement 105: Cultural safety](#) highlights that cultural safety underpins achieving equitable health outcomes, and that the need for culturally safe mental health systems and services is relevant to all people across culturally and linguistically diverse communities, beliefs, values, ethnic groups, religion or faith, age, ability, sexual orientation and gender identity.

In RANZCP [Position Statement 103](#), it is recommended that health services should take steps to accommodate the needs and ensure the cultural safety of people experiencing Gender Dysphoria/Gender Incongruence.

6. The review of the cluster identified some disconnect between mental health practitioners/services and the services offering the process of transition. For example, there was

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evidence of mental health/health practitioners engaged in the process of transition and mental health practitioners/services (public, private, primary care) providing treatments for a mental illness with limited evidence of communication or coordination of care.

a. Please provide comments on the feasibility and/or clinical appropriateness of an increased focus on communication and care coordination for a patient who is undergoing transition and is currently being treated for a mental illness.

Psychiatrists are trained to understand information sharing as an essential and integrated part of clinical practice. Crucially, information sharing can play a vital role in enhancing patient outcomes and ensuring that the carers and support persons are involved in care. Importantly, it decreases the need for the person to repeat their story and increases their ability to review and be in control of their progress in the recovery journey. However, it is critical to ensure the information is available/transferred in real time and that safeguards are in place to protect privacy and confidentiality.

Within multidisciplinary teams, psychiatrists work in partnership with other health professionals to support carers and provide them with applicable information. Appropriate and sensitive information sharing plays a vital role in enhancing patient outcomes by ensuring consistency in communication to all members of the multidisciplinary team, internal and external care providers, carers, and support persons involved.

While an increased focus on communication and care coordination for a patient who is undergoing transition and is currently being treated for a mental illness would be considered good practice in theory, the RANZCP highlights that there are many complexities present in this type of communication.

Information sharing between clinical services occurs very responsibly on most occasions and needs to be set in as default arrangement unless a client has particularly advised otherwise while being in a stable state and intact capacity. A provision that certain clinical information has been withheld needs to be specifically mentioned in such a case. It is important to recognise that sometimes the wishes of the patient and the family may be at odds and there should be a mechanism to explicate this conflict.

The Royal Commission into Victoria's Mental Health Services (Royal Commission) final report is a key point of reference for reducing complexity and increasing enablers for improved communication between service providers. Royal Commission recommendation 62 was to 'develop, fund, and implement modern infrastructure for Information and Communications Technology systems' for such a purpose.

The RANZCP recommends in-depth consideration to address issues where mental health legislation and care for patients intersect and may influence service design and delivery. This applies where the patient requires care from multiple specialities and has complex needs; as well as for people with mental health issues presenting within emergency departments, custodial health, and forensics systems. Without due consideration to these issues, services cannot sustain solutions that address inequities of access and delivery of care or provide appropriate oversight of treatment.

The RANZCP [submission](#) to the Victorian Mental Health and Wellbeing Act 2022 highlighted the legislative complexity of communication between services. Acknowledgement of and consistency between legislation that affects information sharing or ownership is needed. Such legislation that may interact includes the Carer's Recognition Act, Health Services Act, Health Records Act, Freedom of Information Act, Occupational Health and Safety Act, Information Sharing Schemes and the Multi-Agency Risk Assessment and Management Framework.

Therefore, while clinically appropriate in most circumstances, supports and enablers are required to improve communication and care coordination for a patient who is undergoing transition and is currently being treated for a mental illness.

b. Please provide advice on ways in which mental health service provision to people who are transitioning and have a current mental illness could be improved.

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The RANZCP highlights Royal Commission recommendation 34: Working in partnership with and improving accessibility for diverse communities, noting that coordination of funding, commissioning, design and delivery of services would be critical. Diversity would need to be reflected in the system's governance, leadership and workforce. Significant advice was provided by the Royal Commission on how mental health service provision can be improved.

The RANZCP agrees that more consideration is needed regards patient individuality and diversity related needs within the mental health system. That is, a need to maximise accessibility, safety, and capacity to respond to the specific local needs of people with intersectional needs, including gender diverse people.

The RANZCP further recommends that:

- Further research should be supported and funded in relation to wellbeing and quality of life during and after medical and surgical interventions for Gender Dysphoria/Gender Incongruence. Research is also needed to inform and improve service provision for people who are transitioning and have a current mental illness.
- Assessment and treatment should be based on the best available evidence and fully explore the person's gender identity and the biopsychosocial context from which this has emerged.
- Health services should take steps to accommodate the needs and ensure the cultural safety of people experiencing Gender Dysphoria/Gender Incongruence.

7. Provide comment on the impact if any, of COVID associated restrictions in 2020-2021 on the transgender, gender diverse and non-binary communities.

The restrictions with the COVID-19 pandemic have undoubtedly had a major impact on the lives of all Victorians. Psychiatrists across the RANZCP Victorian Branch have expressed deep concern for the negative impacts on the mental health and wellbeing of the Victorian community associated with the COVID-19 pandemic.

Mental health and wellbeing issues are predominantly related to increased and sustained levels of stress, worries and anxieties. In isolation the healthy balance between consuming (which fills) and contributing (which fulfills) has been lost for many. The resultant feelings are largely a completely normal response to an unprecedented crisis. However, we also know this crisis will have a harder and likely prolonged impact on mental health and wellbeing of some groups within the community – more so than others. This includes those with pre-existing mental ill-health, young people, and those with intersectional and diverse needs.

8. If your organisation provides postvention programs please provide details, including what triggers the program.

n/a

9. Please provide any additional information you believe will be of assistance to the Coroner in the investigation of the Cluster.

nil

References

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1. Olson KR DL, DeMeules M, McLaughlin KA. Mental health of transgender children who are supported in their identities. *Pediatrics*. 2016;137(3).
2. Dhejne C LP, Boman M, Johansson AL, Långström N, Landén M. Long-term follow-up of transsexual persons undergoing sex reassignment surgery: cohort study in Sweden. *PloS one*. 2011;6(2).