



**A GUIDE TO PROVIDING
GENDER-AFFIRMING
MEDICAL CARE IN
HEADSPACE SERVICES**

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THIS RESOURCE WILL HELP YOU:

- understand what gender-affirming medical care is and why it is important
- identify ways that you and your service can provide gender-affirming medical care for trans and gender diverse young people (12 – 25 years)
- access other practical resources that can support your practice with young people and their family, carers and supporters.

This resource was developed for General Practitioners (GPs) working in headspace services. While headspace GPs are the target audience, information herein is also applicable to other GPs working in (enhanced) primary care settings. A separate [gender-affirming care resource](#) has been developed for all professionals working in headspace services, including non-clinical and clinical staff, students, and volunteers.

This resource uses the language 'trans and gender diverse' to describe young people whose gender differs from the gender presumed for them at birth. This includes gender identities such as trans men or trans women, trans masculine and trans feminine, non-binary, gender questioning, agender, gender queer, Brotherboys and Sistergirls.





YOUNG PEOPLE AGED 18 YEARS AND ABOVE

Establishing informed consent for hormone initiation

The [Australian Professional Association for Trans Health \(AusPATH\) Informed Consent Standards of Care](#)(3) offer expert Australian consensus on commencing gender-affirming hormone therapy for trans and gender diverse adults seeking medical affirmation. These guidelines are designed to reduce barriers and improve health outcomes for trans and gender diverse adults accessing gender-affirming hormonal therapies. As outlined in the guidelines, informed consent places the trans and gender diverse person at the centre of decision-making alongside their GP, removing inequitable barriers for seeking affirming hormone treatment.

The informed consent model acknowledges that gender-affirming healthcare should be based on the principles of self-determination, informed decision-making and capacity to consent rather than the resolution of co-occurring mental health issues. The role of the GP under the informed consent model is to provide accurate information about the benefits and risks of hormone therapy and ensure that the patient has access to information, understands the available options, and can consent to treatment.

The process for implementing informed consent may take one or two appointments, or more, and a step-by-step guide on how to conduct these appointments is set out in the [AusPATH Informed Consent Guidelines](#).

AUSTRALIAN GUIDELINES AND STANDARDS OF CARE FOR WORKING WITH YOUNG PEOPLE 18 YEARS AND OVER

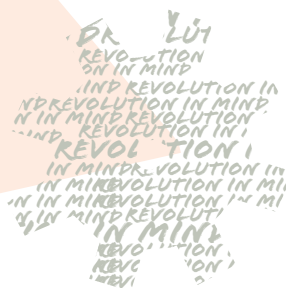
The following guidelines provide information that can support GPs working with young adults:

- [Australian Informed Consent Standards of Care for Gender Affirming Hormone Therapy](#) published by the Australian Professional Association for Trans Health (AusPATH)(3)
- [World Professional Association for Transgender Health \(WPATH\) Standards of Care \(version 8\)](#)(4)
- [Position statement on the hormonal management of adult transgender and gender diverse individuals](#) published in The Medical Journal of Australia(5)
- [Hormone therapy for trans and gender diverse patients in the general practice setting](#) published by The Royal Australian College of General Practitioners(6)
- [Protocols for the Initiation of Hormone Therapy for Trans and Gender Diverse Patients](#) published by Equinox Gender Diverse Health Centre(7)

A note on gender-affirming surgeries

The high cost of gender-affirming surgeries excludes many trans people from accessing necessary medical care. The lack of public funding for these procedures forces many to rely on expensive private surgeons, thereby creating an inequitable system where only those with substantial financial resources can access care.

In Australia, most surgeons performing gender-affirming surgeries will still require a WPATH letter from a psychiatrist or clinical psychologist. General Practitioners can assist with referrals to [AusPATH accredited providers](#), such as psychiatrists, psychologists and surgeons. Patients should be encouraged to check with the surgeon as to what requirements they have around this letter (qualifications of the person providing it etc).



YOUNG PEOPLE UNDER 18 YEARS

The [Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents](#) (2) outline the provision of quality care and treatment guidelines to trans and gender diverse adolescents and children across Australia. The standards, which have been endorsed by AusPATH, recognise the unique circumstances of providing care to this population. As outlined in the standards, 'the optimal model of care for trans and gender diverse adolescents...requires a coordinated multidisciplinary approach.'

In instances where trans and gender diverse young people aged under 18 years of age are seeking medical gender-affirming care, GPs may need to:

- Coordinate care with a multidisciplinary team – seek consultation and guidance from specialists, such as a paediatrician or endocrinologist experienced in gender-affirming care, and assess whether a referral is needed.
- In collaboration with the multidisciplinary team, GPs may also need to:
 - Provide information on the risks and benefits of puberty blockers and gender-affirming hormones. If puberty blockers are desired by the young person and their family, carers and supporters, the GP may need to support more urgent referral to specialist children's hospital gender services as this cannot practically be provided in primary care settings.

SOME HELPFUL INFORMATION FOR YOUNG PEOPLE AND THEIR FAMILY, CARERS AND SUPPORTERS CAN BE FOUND ON TRANSHUB:

- [Puberty blockers](#)
- [Masculinising hormones](#)
- [Feminising hormones](#)

Further information can be found here:

- [Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents](#) (The Royal Children's Hospital)
- [WPATH Standards of Care for the Health of Transgender and Gender Diverse People](#) (WPATH)

Legal considerations

Current Australian law in most states and territories requires clinicians to obtain both parents' or legal guardians' consent to the proposed treatment before the young person under 18 years of age can commence hormone treatment. The clinician may then commence treatment with consent from the young person or, if they are not able to consent, with parental consent – provided there is no dispute between parents or legal guardians, the adolescent, or the medical practitioner.

Where there is a dispute related to either competence, diagnosis, or treatment, court authorisation will be required to determine whether treatment can commence.

A note on consent

As with any healthcare, consent requires the cognitive capacity to understand the risks and benefits of a treatment. It also requires the ability to retain that information for the purposes of making the decision (using aids as necessary), as well as the cognitive ability to use that understanding to make an informed decision. An adolescent may be able to provide informed consent to the extent that they are able to understand and make healthcare decisions.



WORKING WITH FAMILY, CARERS AND SUPPORTERS

Family support and acceptance can be a significant positive influence on the mental health and wellbeing of trans and gender diverse young people but requires a considered approach.(8-10) For guidance on how to work with families of young people seeking gender-affirming medical care, please see: [Working with families, carers and supporters of trans and gender diverse young people](#)



WORKING WITH NEURODIVERGENCE



When working with trans and gender diverse young people, it is important to consider the likelihood of neurodivergence, particularly autism and ADHD. Research studies have shown that people on the autism spectrum are more likely than non-autistic people to have diverse gender identities. A 2018 Australian study found that 22.5% of transgender adolescents reported a diagnosis of autism, compared to 2.5% of all Australians.(11) There are even higher numbers of trans young people displaying autistic traits.(12)

One of the key drivers for distress in autistic young people is cognitive and sensory overload. Neuro-affirming care includes checking for hostile environments (consider the impact of fluorescent lighting, competing voices and extended eye contact), adjusting communication styles i.e., reframing open ended questions, and examining one's own unconscious bias, rather than making assumptions about capacity.

FOR MORE INFORMATION ON HOW TO PROVIDE NEURO-AFFIRMING CARE:

- [Autism acceptance in medicine: how to be autism-affirming](#) (Neurodivergent insights)
- [Object-based vs. social-based conversations](#) (Neurodivergent insights)
- [Initial clinical guidelines for co-occurring autism spectrum disorder and gender dysphoria or incongruence in adolescents](#) (13)

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Suggested citation A guide to providing gender-affirming medical care in headspace services. Melbourne: Orygen; 2025.

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Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to their Country, which continue to be important to First Nations people living today.

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