

## CLINICAL PRACTICE POINT

# GENDER-AFFIRMING MENTAL HEALTH CARE

### THIS RESOURCE WILL HELP YOU

1. understand what gender-affirming care is and why it is important;
2. understand principles that support gender-affirming care;
3. integrate an inclusive, gender-affirming approach in mental health assessment, care planning and support; and
4. reflect on how to apply this knowledge in youth mental health practice.

This resource is aimed at professionals who work therapeutically with young people and at the youth mental health workforce outside of specialist gender services. It assumes prior clinical knowledge in youth mental health.

This resource is designed to be accessible to practitioners with a basic level of knowledge about gender diversity. For an introduction to gender diversity and gender-affirming care, see Orygen's online learning module [Gender diversity and youth mental health 101](#). Orygen acknowledges that trans and gender diverse mental health professionals often act as champions of gender-affirming care in their own organisation; this resource aims to build the capacity of all mental health professionals to be advocates and allies to help create culturally safe and responsive environments for trans and gender diverse colleagues and young people who access services, and their families.



### A NOTE ON LANGUAGE

Language related to identity is constantly evolving. The language used in this resource has been informed by young people with lived expertise of gender diversity. Young people you support may use different language. Respect can be shown by using the language young people use for themselves. For more information on how this resource was developed see [Collaborative development of gender diversity and youth mental health resources: an example of community-academic-health partnership](#). For a glossary of key terms related to gender diversity and youth mental health see [Gender diversity and language](#).

## INTRODUCTION

Gender is part of identity and is conceptually different from sex as defined by chromosomes. Gender diversity is an umbrella term used to describe the many ways that people experience gender that differs from the gender presumed from their sex characteristics at birth.

Gender-affirmation is an umbrella term to describe the different processes that can support people to live and flourish as their authentic gendered selves. Gender-affirming is a word used to describe something that supports someone's gender identity. Gender-affirmation can involve people and things external to gender diverse people. Gender diverse people can also choose to affirm their gender for themselves through their own actions.

There are many ways that trans and gender diverse people can affirm their gender for themselves. The way a person chooses to affirm their gender is individual and may depend on a number of factors, both internal and external. It may also change over time. It is important to know that the ways in which a young person chooses to affirm their gender should not affect the way others see their gender identity, or its 'legitimacy'. Mental health practitioners can also play a role in supporting young people to affirm and feel positive or comfortable with their gender, as well as all aspects of their intersecting

identities. Mental health practitioners can affirm young people's gender through their actions and words.

This clinical practice point has been designed to help mental health practitioners work inclusively and affirmatively with trans and gender diverse young people – however a gender-affirming approach should be used with all young people. It is not safe or possible to know someone's gender from how they look or sound, nor should someone's gender be assumed based on these characteristics. In addition, a young person may be questioning their gender and may not yet have the words for what they are feeling.

Working in gender-affirming ways tells all young people that a service is inclusive of diverse identities and experiences. For trans and gender diverse young people, it can help create a sense of safety and an understanding that a service will be supportive and inclusive of their identity and experiences, which in turn supports effective engagement with care.

## MINORITY STRESS

Extensive evidence shows a connection between the stress experienced by minority groups and poor mental health outcomes. (1) Minority stress distinguishes the additional stress that people from stigmatised social categories are exposed to because of their social identity. As a minority group, trans and gender diverse people are at heightened risk of experiencing these stressors and related mental ill-health. The minority stress model outlines stress processes resulting from external prejudice events, such as discrimination and violence, as well as internal stressors, including expectations of rejection, concealment of identity and internalised stigma.(1)

The trans and gender diverse community is diverse and experiences of discrimination vary for different parts of the community. For instance, trans women may experience discrimination based on attitudes and beliefs that see femininity as inferior to masculinity. Trans and gender diverse people also experience lateral violence from within the broader LGBTIQ+ communities, including transphobia within LGBTIQ+ communities.

For trans and gender diverse people who experience multiple marginalisation, the experiences of discrimination and prejudice can vary from one community of belonging to another, as they carefully navigate different aspects of their intersectional identities across various communities (such as LGBTIQ+, ethnic communities, faith communities, family, and

more). Acknowledging such intersections are crucial in delivering a person-centred service.

Poor mental health amongst trans and gender diverse communities has been linked to:

- violence and harassment (for example verbal, physical, emotional, financial and more);
- stigma, including from within the LGBTIQ+ communities and other communities of belonging, such as ethnic, faith, school/ university, peers and more;
- bullying and lateral violence;
- rigid gender norms, gender stereotypes and the pressure to pass as cisgender;
- lack of support, including minimum support available for trans and gender diverse people with intersecting marginalities and in community languages;
- family rejection and violence, including violence from family of origin and/or family of choice;
- barriers to gender affirmation and a lack of autonomy in regards to gender affirmation;
- internalised transphobia and stigma; and
- intersecting marginalisations.

For more information about minority stress and the impact on mental health please refer to Orygen's online learning module [Gender diversity and youth mental health 101](#).

## WHAT IS GENDER-AFFIRMING HEALTHCARE?

Gender-affirming care is care that holistically attends to trans and gender diverse people's physical, mental and social health needs, while affirming their gender identity.<sup>(2)</sup> Gender affirming care supports gender identity and expression in all health care encounters. When working with any young person, whether conducting an assessment, providing counselling, referrals or advocacy, it is essential that mental health professionals work in a gender-affirming way.

Importantly, gender-affirming care takes a de-pathologising approach to gender diversity as part of identity and not a disorder.

“Gender affirming care recognises the impact that someone’s gender will have on the care they need, and care that is responsive and sensitive to their experience. It is not a gender blind service or one that just claims to treat people the same – instead it recognises that there are specific impacts [that] being trans or gender diverse can have on your life and aims to support you in every aspect of this.”

SARAH, YOUNG PERSON

### GENDER DIVERSITY IS NOT AN ILLNESS

For many years, gender diversity was viewed as a mental illness and classified as gender identity disorder by the Diagnostic and Statistical Manual (DSM). This has been corrected in current diagnostic manuals including ICD-11 and DSM-5 which have provided clear statements that diversity in gender is neither a disorder or a pathology of any kind but rather, a variation in the spectrum of humanity. However, the high levels of psychological distress experienced by many trans and gender diverse people is described in the classification gender dysphoria, which can be driven by cis-normative assumptions about bodies and experiences of discrimination, rejection and internalised transphobia. It is important for mental health professionals to be aware of this history, to understand that pathologising views, behaviours and structures can still exist in health and mental health systems, and recognise the distrust that this can create between community and services. By working in a gender-affirming way, health professionals can help trans and gender diverse people have positive experiences with the care system.

### THE IMPACT OF NON GENDER-AFFIRMING CARE

Trans and gender diverse young people have higher rates of anxiety, depression and suicidality compared with cisgender young people. <sup>(3, 4)</sup> This is connected to the higher rates of discrimination and violence trans and gender diverse young people can experience in schools, workplaces, health settings and family contexts. <sup>(4, 5)</sup> However, despite this elevated need for health supports, many trans and gender diverse young people report feeling isolated

from medical and mental health services. In Australia’s largest study with trans and gender diverse young people, 60 per cent of participants reported feeling isolated from medical and mental health services and 48 per cent had a history of suicide attempt.<sup>(5)</sup> Non-affirming experiences in health care settings can heighten young people’s distress, which can lead to disengagement with these services, or a delay or refusal in seeking care.<sup>(6)</sup> This means that working in a gender-affirming way is essential to help young people both engage and stay engaged with mental health care.

## PRINCIPLES AND APPROACHES THAT UNDERPIN GENDER-AFFIRMING CARE

Mental health professionals can utilise a number of frameworks and ways of working to build strong and responsive therapeutic environments for trans and gender-diverse young people, which align with gender-affirming care.

### CULTURAL SAFETY

Cultural safety in the context of gender-affirming care means working in a sensitive and responsive way that is mindful of how gender identity influences interactions within healthcare systems, including power differentials between client and provider.<sup>(7)</sup> Working in a culturally safe way with trans and gender diverse young people means being involved in, or at least knowing about, the socio-political issues that they and their families are facing. This is why trans and gender diverse health care workers are especially valued by the community. Cisgender professionals can build this knowledge by working with lived experience consultants from their own or other services, or through formal professional development opportunities.

### PERSON-CENTRED CARE

As with all work with young people, work with trans and gender diverse young people must be person-centred. Gender-affirming care aims to support a young person's power and autonomy around their decision-making processes, particularly their gender identity and gender affirmation. It also seeks to acknowledge and address barriers to gender affirmation experienced by young people.

Every young person has their own experience and journey with gender. The trans and gender diverse community is diverse and barriers to exploring and expressing gender may vary for different parts of the community. For instance, the barriers faced by trans women may be different to those faced by trans men and non-binary people due to prevailing attitudes and beliefs which see femininity as inferior to masculinity. Similarly, the experiences of trans and gender diverse people of colour and of multicultural communities can be significantly different to the experiences and needs of Anglo-European trans and gender diverse people. Clinicians should be led by young people in how they want to be supported. Moreover, clinicians should be aware of their own biases, prejudices, privileges, and power, to avoid imposing what they think is best onto young people. This is especially important when working with trans and gender diverse people who have intersecting marginalised social identities (e.g., a non-binary person with a disability or a neurodiverse trans woman).

### TRAUMA-INFORMED CARE

Trauma-informed care recognises the pervasive impacts of oppression through the traumatic stress experienced by individuals and collectively by communities, and that trauma can emerge from experiences of oppression in a range of ways, including through abuse, violence, loss, neglect, disaster and systems.<sup>(8)</sup> For instance, trans and gender diverse people may have had personally, or vicariously, traumatic experiences with health providers that act as a barrier to accessing care for their wellbeing. The cumulative effect of bullying, specifically homophobic and transphobic violence in schools and other settings can contribute to post-traumatic stress responses in young people.<sup>(9, 10)</sup> Using a trauma-informed approach allows young people to access care while minimising risk of traumatisation or re-traumatisation.

For more information on trauma-informed care on see Clinical practice point [What is trauma-informed care and how is it implemented in youth healthcare settings?](#)

### REFLECTIVE PRACTICE

When working with trans and gender diverse young people it is important to reflect on your own beliefs and attitudes about gender. This reflection should examine ways in which you may have internalised cis-normativity, and ways of acting and thinking that are based on assumptions that being cisgender is the norm. Reflection should also include consideration of the privilege cisgender people have compared to trans and gender diverse people. This reflective practice may require a significant commitment to unlearning and approaching this with humility and self-compassion. Reflect on what shows up for you when you confront and seek to understand the experiences of trans and gender diverse young people, without judgement.

This also requires clinicians to reflect on their beliefs about gender diversity and how these may be informed by Western or medicalised understandings. People experience and express their gender in many ways, all of which are valid. Enforcing rigid gender norms on trans and gender diverse young people can be detrimental to their mental health.

This awareness can help clinicians prevent unintentionally reinforcing expectations of gender, such as avoiding commenting on someone's appearance.

“It’s really important that clinicians understand the (cis/hetero-normative) privileges they hold.”

MAC ZAMANI, YOUNG PERSON

“To me intersectionality refers to not honing in on a singular element of identity and looking at a situation a person is in with a sense of nuance.”

FINN DUFF, YOUNG PERSON

### WILLINGNESS TO BE OPEN

Although it is ideal that mental health professionals working with trans and gender diverse young people are both knowledgeable and affirming, research suggests that professionals can be affirming even when they do not have specific training or experience in trans health care.<sup>(11)</sup> Willingness to be open is a proposed hallmark of a general approach to practice that acknowledges the effects of marginalisation on trans and gender diverse people. Australian research with trans and gender diverse young people also found that young people value open-minded professionals who aim to be helpful and understanding, even if they are not very experienced working in the area.<sup>(5)</sup> Simple changes such as introducing yourself with your pronouns can indicate your openness and understanding of diversity to all young people you see.

### MULTI-DISCIPLINARY APPROACH

Mental health care and support is not a one-person job, it must be integrated across primary care providers, school, and other professionals and organisations that support the young person. Working with trans and gender diverse young people may require working with a diverse range of health care and other professionals, including specialist gender clinics, speech pathologists, general practitioners, paediatricians and endocrinologists.

### INTERSECTIONAL APPROACH

As young people hold many social identities, mental health care for trans and gender diverse young people must acknowledge the ways in which gender identity intersects and is understood in the context of other identities, for example, culture, faith, ability and sexuality. Young people need to feel safe to express all aspects of their identity when accessing mental health care. This resource uses an intersectional lens to consider the ways that gender identity might intersect and overlap with other aspects of identity such as culture or neurodiversity. For more information on intersectionality and youth mental health, including what an intersectional approach means for practice, see fact sheet [Intersectionality in youth mental health](#).

## WORKING WITH TRANS AND GENDER DIVERSE YOUNG PEOPLE

Mental health professionals may take on a range of roles in the care of trans and gender diverse young people. This will depend on the needs and goals of the young person and the knowledge and expertise of the mental health professional. For those working in youth mental health services, these roles may include aspects of usual care such as assessment, counselling and other therapeutic interventions, supporting family and other supports, coordination of care and advocacy.

Clinicians will have to adapt their usual practice in all of these areas to respectfully work with trans and gender diverse young people. In addition, clinicians may find themselves working in more specific ways such as:

- supporting young people to explore their gender;
- supporting young people experiencing gender-related distress or dysphoria to manage and alleviate distress;
- working systemically with the young person and their family, related or chosen, to support gender-affirmation, see clinical practice point [Gender-affirming mental health care: Working with families](#);
- supporting young people to affirm their gender; or
- providing other gender specific supports and advocacy.

Australian and international Standards of Care offer guidance on the role of mental health professionals in supporting trans and gender diverse young people.

## STANDARDS OF CARE

Standards of care for trans and gender diverse young people aged under and over 18 years have been developed by Australian and global experts. These outline current best practice and are relevant to mental health and general health professionals. They provide guidance on assessment, intervention, safety, and other considerations for working with trans and gender diverse young people.

For young people under 18 years of age: [Australian Standard of Care and Treatment Guidelines: For trans and gender diverse children and adolescents](#)

For young people over 18 years of age: [World Professional Association for Transgender Health \(WPATH\) Standards of Care \(version 8\)](#)

For adolescents with an Autism Spectrum Disorder: [Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents](#)



## TIPS FOR SUPPORTING ENGAGEMENT WITH THE YOUNG PERSON

- Use both name and pronoun introduction with all young people so that assumptions are not made about gender. Ask them how they would like you to refer to them and ensure records are updated.
- Meet all young people by themselves near the beginning of the initial session to avoid the chance of unintentionally misgendering them, which can impact engagement.
- Early on in engagement, establish with the young person who they feel safe talking with, who their main supports are, and how these people can be involved in care.
- If you slip up with names or pronouns, apologise sincerely but quickly move on rather than making a big point about it, consider reflecting on the experience of being misgendered in the session and coping strategies. For more advice on what to do if you make a mistake, see Orygen's online training module [Gender diversity and youth mental health 101](#).

## CONFIDENTIALITY

Confidentiality is a key consideration for mental health practitioners and services when working with all young people. Mental health practitioners often consider how much information about a young person's experience can be shared with people like family and friends, schools, health or other support services. There are some instances where you are legally obliged to share information to support a young person's safety.

For trans and gender diverse young people, there may be additional considerations about information sharing related to gender identity, for example, sharing the young person's name if different to the name on their Medicare card, or information about their sex presumed at birth, if needed for healthcare referrals. When mental health concerns are related to gender identity, it can add complexity in terms of what information is necessary to share.

Work with the young person to make decisions about what information they are comfortable sharing with whom and when. Always outline where information must be shared for their safety, and consider whether this might mean sharing of information about their gender identity. Some talking points for discussion with young people might include:

- Do you use a different name and pronouns in different situations, for example, with your parents? What name and pronoun do you want me to use if/when we talk with them together, or if I or another worker at the service is talking with them separately?
- Are you ok with our service contacting you? How would you like to be contacted and do we need to consider what name we use, for instance when we send mail or call your home?

When working with trans and gender diverse young people from migrant or refugee backgrounds (including international students or temporary visa holders) there may be intersectional considerations regarding confidentiality.

For more information on risks of breaching confidentiality see [Inclusive and gender-affirming youth mental health services toolkit](#).

“Pronoun introductions tell me that someone is incorporating this into their practice, it’s not just for show. As does not assuming my gender or sexuality, and also responding casually and the same as they would to other pieces of information I’m sharing with them. I also want to be able to emphasise if my gender is important to my experiences or understandings and not be immediately told I should see a specialist.”

SARAH, YOUNG PERSON

“It’s important to understand that one aspect of someone’s identity may not play as significant a role as another when it comes to their mental health. In past experience it has been all too easy for mental health workers to jump to the conclusion that I am struggling due to the fact that I am trans, without looking at the bigger picture.

FINN DUFF, YOUNG PERSON

## ASSESSMENT

The structure, content and purpose of assessment with a trans or gender diverse young person will vary according to the young person’s needs and goals. Questions of gender should be routinely asked as part of assessment to avoid making assumptions based on physical appearance whether the young person identifies as trans or gender diverse. If they are not, young people may not see the clinician or service as being a safe space to talk about gender diversity, and this can affect trust and engagement with the clinician and service.

However, mental health professionals should be mindful that some young people may not feel ready to discuss aspects of their gender identity until they have established rapport, or they may choose not to discuss their gender identity at all. Repeated and unnecessary questions about gender identity may be seen as invasive and pathologising if the young person does not feel this is relevant to their mental health, or does not wish to discuss it.

Australian and international Standards of Care offer guidance on the role of mental healthcare professionals in supporting trans and gender diverse young people, including useful information for assessment – see the text box ‘Standards of Care’. Most relevant information can be collected through existing psychosocial instruments such as the HEADSS psychosocial assessment, adapted by headspace for youth mental health.(12)

There isn’t a specific section of the HEADSS on gender and gender diversity, so it is important to ask some additional questions.

- How would you describe your gender?
- Has your gender changed over time or does it fluctuate?
- Do you present in different ways at different parts of your life or with different people, for example school, home, with friends?
- At different times people may feel differently about their gender. Have there been times that you’ve felt really good about your gender and your body?
- Have there been times when you’ve felt upset or distressed related to your gender or your body?
- Has this been due to something someone has said or the way you’ve been treated?

## DISLIKE AND DISTRESS RELATED TO GENDER

Not all trans and gender diverse people will experience distress related to their gender, but some people may, for some part of their life. The two major classification systems used in health and mental health care, International Classification of Disorders (ICD) and the Diagnostic and Statistical Manual (DSM) each include a diagnosis related to distress and gender: gender incongruence (ICD) and gender dysphoria (DSM). Gender incongruence uses language of dislike, while gender dysphoria uses the language of distress to describe the negative feelings people can experience when their presumed gender is different to their experienced gender. Notably, there is definitive statements that neither gender incongruence nor gender dysphoria are mental disorders with both diagnostic manuals placing these classifications in chapters separate to mental illness.

Currently, assessment for dysphoria or incongruence is often required for gender-affirming medical intervention in Australia. The competencies needed to effectively assess dysphoria or incongruence in children and adults are outlined in the relevant standards of care – see text box ‘Standards of Care’. While not all youth mental health professionals will meet these competencies, the guidelines can help clinicians to implement gender-affirming care strategies in their setting.

### ADDITIONAL AREAS TO EXPLORE

If the young person’s therapeutic work will focus on their experience of gender, areas that may be relevant to explore are outlined in the following sections.

#### Family support and functioning

- Who is part of their family (including chosen family)?
- Are their family aware of their gender identity?
- What role does their culture, religion or aspects of their identity play in family understanding of gender identity? And the way their gender identity is understood or misunderstood by others around them?
- Which relationships in their life have been caring, accepting and respectful?
- Are there relationships where people are not affirming or are disrespectful?
- Are there any signs of coercive control, gaslighting, or violence at school, within family systems or their community? Is the young person homeless, including couch-surfing? If living with family, is there risk of homelessness? See section on [Safety and wellness planning](#).

#### Social environment, for example, school or work experiences of bully or discrimination? Source of support and resilience?

- Are they open about their gender identity at their school or work?
- Is the environment affirming of their gender identity?
- Are there any safety concerns in these environments, including bullying and harassment?
- Are these impacting the young person’s wellbeing?
- Are these impacting the young person academic/occupation engagement, function or achievement?

#### Developmental history & gender identity

- What were their experiences of gender identity in childhood and adolescence, including timing of realisation of gender?
- Has the young person had experiences of gender dysphoria, incongruence or euphoria, current or past?
- If gender dysphoria has been part of their experience, what has helped them to cope with it?
- What helps them to feel positive about their gender identity?

It can be helpful for clinicians to ask young people if they know of gender euphoria before exploring this topic further. Euphoria can relate to different gendered experiences, for example a young person can experience gender euphoria in relation to their social interactions but may still feel dysphoria related to their body. Young people of multicultural backgrounds should be supported in understanding the meaning of terminology to overcome any language barriers that exist, as well as personal and cultural assumptions and expectations in relation to gender. Some guiding questions may include:

- Where do you feel most comfortable to express your gender (this might be specific places or with specific people)?
- What is it about these place or people?
- Can this element be replicated in other environments?
- Are there things that make you feel happy or content (for example, using certain pronouns or name, wearing particular clothes)?
- Are there things you’d like to be doing more of? Are there things you would you like to do that would help you feel positive about your gender?
- What do you find joyful about being trans or gender diverse\*? (\*use young person’s self-described gender)



In developing a nuanced understanding of gender euphoria, it may be helpful for clinicians and young people to read the lived experience of young people, including:

- [Finding Nevo](#) (13)
- Girl, transcending: Becoming the woman I was born to be (14)
- Do they have any goals regarding their gender identity? For example, reducing experiences of dysphoria and increasing experiences of euphoria, medical or legal goals for gender affirmation.

#### Diet and exercise

- Is gender identity interacting with diet? For example, calorie restriction related to a desire to change body shape or size to more closely align with gender identity.
- Are there any barriers to engaging in physical activity related to experiences of gender? For example, reluctance to wear a sport uniform because of negative experiences of their body in certain clothing, or avoidance of gendered changing rooms at school or sporting clubs.

### SAFETY AND WELLNESS PLANNING

Trans and gender diverse young people experience heightened risk of a number of harms, including self-harm and suicide due to the cumulative effects of harmful experiences, including microaggressions, experiences of harassment and/or violence. It is important to do a thorough risk assessment and subsequent wellness planning, when appropriate.

#### Considerations for assessing risk include:

- suicide and self-harm;
- family rejection and family violence, for example, there is an increased risk of suicide pre and immediately post disclosure of gender identity to family ([see section on Family violence](#))
- intimate partner violence;
- housing stability;
- substance use and risky behaviours; and
- sexual and reproductive health.

When assessing safety, mental health practitioners should seek to understand the young person's experiences, including those of transphobia, harassment, abuse or violence. A young person's anxieties and fears should be validated and contextualised within the broader experiences of their communities, while also supported by building strategies and skills for navigating and coping with negative experiences.

Wellness planning should consider supports that may be perceived as safe and accessible, for example, helplines specifically servicing LGBTIQ+ people and other services who can provide support crisis mental health support, that are seen as safe and acceptable. Depending on the context and the young person's expressed preferences, this may also include advocating for the young person or helping them advocate for themselves to build safer environments at their school, higher education institution or workplace, for example.

### TALKING ABOUT SEXUAL AND REPRODUCTIVE HEALTH

Attending to sexual health and reproductive health is an important part of a young person's wellbeing. Trans and gender diverse young people experiences additional barriers to accessing safe and inclusive sexual and reproductive education and healthcare.<sup>(15)</sup> Discussions about sexual and reproductive health issues and interventions, such as contraception, can trigger experiences of gender dysphoria for some trans and gender diverse people.<sup>(16, 17, 18)</sup> Mental health professionals should respect and use the language the young person uses to describe their body, how it functions and its characteristics, for example, using terms such as vagina and breasts may be distressing to a trans man.<sup>(19)</sup> Respectful conversations, using inclusive language can de-stigmatise sexual and reproductive health and help young people adopt practices which prevent sexual and reproductive health issues. For example, discussion about contraception should be inclusive of trans and gender diverse young people and their bodies.<sup>(16)</sup> It is also important when discussing sexual attraction and behaviour not to make assumptions about the young person's sexuality, the gender of a young person's sexual partner(s) or sexual activity.

Normalising these conversations can help the young person to feel more comfortable to ask questions. This can lead to opportunities to provide education about consent, contraception and safe sexual behaviour, alongside checking if the young person is at risk of sexual or intimate partner violence.

If you are providing sexual and reproductive health counselling to trans and gender diverse young people it is important to engage in training and professional development and/or secondary consultation to ensure you are providing inclusive and responsive care.

[TransHub](#) has further information for both young people and clinicians on sexual and reproductive health.

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## FORMULATION

Formulation is a core process in providing mental health care to all young people. When a trans or gender diverse young person presents with a mental health concern, mental health professionals can use an intersectional lens to integrate spiritual, cultural and gender considerations into their biopsychosocial formulation. The formulation should always integrate gender diversity information from a de-pathologising stance, while acknowledging that psychological, social and cultural experiences related to gender may have played a role in the current presentation. Whilst the young person's primary presenting concern may not be related to gender, integrating their experience of gender into formulation will ensure a holistic approach to care. Creating a collaborative formulation with the young person can help to clarify misunderstanding and reduce the likelihood that gender considerations, or other considerations, are over or under-emphasised.

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## SUPPORTING YOUNG PEOPLE TO EXPLORE THEIR GENDER

Some young people might be questioning their gender identity or be having experience of gender incongruence when they present for support. Mental health professionals can help by:

- normalising these experiences and reducing feelings of shame;
- using an intersectional lens to understand the young person's multiple social identities and how these are informing their beliefs about gender and their experiences of questioning or gender incongruence;
- providing education on gender and gender diversity – resources such as the [Gender Unicorn](#) can be used as a learning aid; and
- helping the young person to locate reliable and safe material about gender diversity, and/or connect with LGBTIQ+ peer or community groups.

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## WORKING WITH DISTRESS

Mental health professionals can help trans and gender diverse young people find ways to manage their distress and create positive experiences of gender or gender euphoria. Gender euphoria is the sense of comfort or joy experienced by a trans or gender diverse person when their experiences of gender, gender expression and/or body are more aligned with their gender identity. Experiences of dislike or distress of one's gender or body can act as a risk factor for other mental health concerns, and research also shows that intervention to affirm gender and reduce dysphoria can improve mental health outcomes.<sup>(20)</sup> Mental health professionals should be mindful of how experiences of distress related to gender incongruence may impact a young person's wellbeing, as well as their social, occupational

and academic functioning – for example, engagement in sport and exercise.

See Telethon Kids Institute resource [Coping with gender dysphoria](#) for ideas for coping with gender dysphoria.

Mental health clinicians should be aware that young people may internalise their experiences of discrimination and/or transphobia, and some young people are experiencing multiple and intersecting forms of discrimination. Clinicians are in a good place to support young people to understand that they are not the problem and to sensitively help them to recognise the external cisnormative and other stigmatising beliefs that may be impacting their own and other people's understandings of their gender and identity.

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## SUPPORTING YOUNG PEOPLE TO AFFIRM THEIR GENDER

There are many ways in which a young person can affirm their gender identity. These can be broadly grouped in three categories: social affirmation, legal affirmation and medical intervention for gender affirmation. The way a young person chooses to affirm their gender is individual and may depend on a number of factors, both internal and external. The way a person chooses to affirm their gender may also vary across their life.

Affirming gender across different cultures and societies may not be the same to the White-normative gender affirmation. It's important not to expect everyone to fit the Western narrative of gender, and to allow culturally-specific gender identities, expressions, and norms to exist and co-exist alongside the Western normative – see Online learning module.

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## SOCIAL AFFIRMATION

Social affirmation of one's gender refers to changes that a trans or gender diverse young person can make in their social life to express their gender.

Some young people may not seek to socially affirm their gender in specific ways or in specific settings. This might be for safety reasons, or because they choose not to share their gender identity with family or community. This could be for cultural reasons, non-acceptance and other factors. Mental health professionals should be guided by the young person on when and how to affirm gender in public settings or with other people including family and services.

**Mental health professionals can support young people to socially affirm their gender in a number of ways including:**

- using their self-stated name;
- using their self-stated pronouns;

- supporting the young person to explore their interest in sharing their gender with friends, family or community – this can involve thinking about the concepts of ‘inviting in’ or ‘coming out’;
- supporting a young person’s curiosity to experiment with their appearance through clothing, hairstyle, make-up etc. If you are working with a young person thinking about these options, you could show your alliance by reading up on options like:
  - working out to build muscle mass;
  - binding their chest, tucking or using packers;
  - hair removal, for example, laser for facial hair; and
  - voice coaching.
- making the young person aware of their rights to use the bathroom, change room or other facilities that align with their gender identity; and
- understanding support networks available locally and online, including trans and gender diverse spaces and communities.

## SOCIAL AFFIRMATION APPROACHES

The list of approaches to social affirmation here is not exhaustive and not all points will be relevant to all young people. Social affirmation will look different for different people and can often be influenced by the young person’s cultural, ethnic, and/or faith backgrounds (for example, wearing a hijab may be one way in which a Muslim trans woman chooses to affirm her gender). Mental health professionals can explore this intersection of gender, ethnicity, culture, religion and more with the young person. In this work, mental health professionals’ role is to facilitate an exploration and provide a safe space for young people to lead a conversation about their understanding of their authentic and culturally specific gender identities, expressions and norms.

## PASSING

Some young people exploring ways to affirm their gender might also be thinking about ‘passing’. Passing refers to when people don’t perceive if someone has a trans or gender diverse experience based on their external appearance. There are different reasons that some trans and gender diverse people might want to pass, such as for authentic expressions of gender, personal comfort, and for improved safety. The ability to pass can intersect with access to resources, age, or other factors and may also be influenced by cultural influences such as Western beauty standards.

“The moment my body and voice began to change because of hormone replacement therapy, I began existing in the world as part of the ‘club’. Being accepted as cis-male creates a cushion of safety and strength, also known as, ‘cis-privilege’ or ‘passing privilege’. Being read as white, educated, straight and cis male allows me to enter worlds from which I was once excluded (worlds from which many remain excluded). Such that I was able to find a job, move through the world without challenge, my voice was heard, and I rarely have to fear the police or presence of the police.”

– Kyle Sawyer, speaking of passing in his essay *Explorations in Trans\* Subjectivity*

Young people may also refer to stealth, which is a related but distinct concept. It refers to living without others knowing that you are trans and/or gender diverse. Hence, you can pass without going stealth, but you can’t go stealth without passing. Again, the motivations to go stealth vary but they can include gaining improving safety or social inclusion.

Passing and stealth are contentious topics as they can reinforce rigid expectations and put pressure on trans and gender diverse people to act or be a certain way, for more information about the nuances of passing and stealth, see

- [TransFemme](#)
- Reflexions on ‘passing’: An essay. Sexualities, genders and narrative practice(21)
- Explorations in Trans\* Subjectivity(22)
- [Transhub](#)
- [Minus 18, why ‘passing’ can be total rubbish](#)

## GENDER DIVERSITY AND AUTISM

Research has found a higher prevalence of autism among trans and gender diverse young people. (23) The biggest study to investigate this connection found that trans and gender diverse people are three to six times more likely to be on the autism spectrum than cisgender people. (24)

### KEY MESSAGES

Although there is a high prevalence of autism in trans and gender diverse people, autism does not cause gender diversity, and gender diversity does not cause autism.

Young people with autism should still have autonomy over their gender, bodies and gender expression and access to gender affirming care.

Young people's experience of having autism and being gender diverse can interact and intersect as part of their unique identity. For more information on intersectional identity, see fact sheet [Intersectionality in youth mental health](#).

### PRACTICE TIPS

Mental health professionals may support trans and gender diverse young people with autism by:

- sensitively integrating questions about neurodiversity and autism in assessment;
- exploring ways in which gender identity and neurodiversity may interact with mental health concerns, integrating these within a holistic formulation and adjusting the therapeutic approach as needed;
- holding space and helping the young person to explore intersecting identities;
- seeking to understand if the young person has experienced additional barriers to accessing timely and affirming care due to intersectional identity, and how these barriers may be reduced, by providing education to other health professionals or family members; and
- assessing the accessibility and appropriateness of gender diversity and autism-related supports, to support the young people to access these services.

### FURTHER INFORMATION:

- [Initial Clinical Guidelines for Co-Occurring Autism Spectrum Disorder and Gender Dysphoria or Incongruence in Adolescents](#)
- Rainbow Neurodiverse Peer Support Group for 18+ year olds: [Spectrum Intersections](#)
- Orygen's suite of resources on [Neurodevelopmental disorders](#)

## LEGAL AFFIRMATION

Legally affirming one's gender is the process of aligning information within government and legal systems with one's gender. It may include changing names or gender markers on identification such as a birth certificate, passport or Medicare card.

Mental health professionals may support young people to legally affirm their gender in the following ways:

- familiarising oneself with the process and requirements to change legal name and gender markers on identification and within government and legal systems. More information can be found at [Youth Law Australia](#), [Justice Connect](#), and [TransHub](#);
- providing young people and their families with information about their options and helping them to navigate the different processes associated with this; and
- providing appropriate documentation for these processes.



## GENDER-AFFIRMING MEDICAL INTERVENTION

Access to timely and safe pathways for gender-affirming medical interventions can have a significant impact on the wellbeing on trans and gender diverse young people.(25)

A young person may seek to affirm their gender through medical interventions to masculinise or feminise their body. Medical interventions for gender affirmation include puberty suppression, hormone therapy and surgery. Mental health assessment and counselling is often required for young people accessing these interventions to ensure they are supported in making these decisions and managing any associated stressors. Physical assessment is also usually needed, and can add to the stress of navigating systems and services. The process of assessment can have long wait times and be invasive. Australian research has found that the trans community reported low levels of knowledge and experience of health professionals in terms of trans health care needs.(26)

Mental health professionals can help to support trans and gender diverse young people through this process in the following ways:

- becoming familiar with relevant standards of care: [The Australian Standard of Care and Treatment Guidelines: For trans and gender diverse children and adolescents](#) (under 18 years old) and [WPATH Standards of Care \(version 8\)](#) (18 years and older);
- building a strong network and familiarising oneself with the health professionals and services in your community or state that can assist with medical intervention, including speech pathologists, general practitioners, endocrinologists and specialist gender services;

- helping young people and their families to navigate the system and referrals;
- exploring with the young person their readiness for medical intervention, as well as the psychological resources and supports to manage the process; and
- by providing support to young people waiting to gain access to gender-affirming medical interventions.

For more information on the ways young people can choose to affirm their gender for themselves see online training module: [Gender diversity and youth mental health 101](#).

## WORKING WITH FAMILY

Family and kinship mean different things to different people and across cultures, and might include chosen family, partners, carers or parents, extended family, or other people in caring or support roles. It is essential to work with young people to understand who is in their support networks and who they want involved in their mental health care.

Family can play a key role in supporting the mental health of trans and gender diverse young people. However, sometimes family can struggle with gender affirmation. For more information about how mental health professionals and services can work with family of trans and gender diverse young people, including family who are struggling with gender affirmation, see Clinical practice point [Gender-affirming mental health care: Working with families](#). For considerations around safety, see section on [Safety and wellness planning](#).

## EXPERIENCES OF FAMILY VIOLENCE AMONG TRANS AND GENDER DIVERSE PEOPLE

Experience of family violence is a key consideration for assessing the safety of trans and gender diverse young people. Trans and gender diverse communities report family members responding with verbal and physical abuse, loss of relationships with family members, and displacement from the home related to family non-acceptance of gender identity.(4, 27, 28) Trans and gender diverse young people may also experience coercive control and violence in the form of actual or threatened 'outing', that is, disclosing a person's gender identity, biological sex or sexuality, deliberate misgendering, demeaning language, restricting access to support services or gender-affirming care, or telling the person that they deserve mistreatment due to their gender identity.(28)

Family violence is reportedly associated with elevated risk of suicide attempts and risk of homelessness. One survey reported that 59 per cent of trans people who experienced family violence also reported homelessness, compared to 29 per cent who reported homelessness without family violence.(27) Understanding risk of family violence for trans and gender diverse young people is essential for mental health practitioners considering safety and working with family.

Mental health practitioners can support young people through providing referrals to practitioners or services that specialise in family violence and homelessness and are inclusive for trans and gender diverse young people. Trans and gender diverse people can face additional barriers in accessing appropriate homelessness services, including a lack of understanding of gender diversity and the needs of trans and gender diverse people facing homelessness in services, as well as safety concerns.(29)

This resource may also be of assistance:

<https://safeandequal.org.au/resources/tip-sheet-to-help-practitioners-responding-to-family-violence-provide-lgbtiqa>

## MEDICO-LEGAL CONSIDERATIONS

Mental health practitioners can adhere to good practice to ensure they are meeting the required standards of care, such as:

- providing clear information to young people and their families and allowing adequate time to discuss the risks and benefits of treatment;
- ensuring accurate and timely documentation/ notetaking with sufficient detail;
- following relevant professional guidelines and review with relevant organisational procedures;
- seeking consultation with a supervisor, colleague or secondary consultation with a specialist gender service in your state if there are concerns regarding the young person's ability to consent or other concerns; and
- speaking with your professional indemnity insurer if you have additional concerns about liability.

## WHEN TO REFER FOR ADDITIONAL SUPPORT

Some trans and gender diverse young people may need additional and specialised support through their gender affirmation process, in particular for medical intervention. To aid in decision-making, mental health professionals can contact a specialist gender service in their state or territory and discuss referral options. The Australian Professional Association for Trans Health (AusPATH) has a listing of gender diversity specialists working privately. Early referral to specialist gender services is recommended due to the likelihood of long wait times for an assessment.

## AUSTRALIAN STATE-BASED SPECIALIST GENDER SERVICES

- Victoria: [Royal Children's Hospital Gender Service](#); [Monash Health Gender Clinic](#) - aged 17+ [Victorian Trans and Gender Diverse Community Health Services](#) - aged 18+
- Queensland: [Queensland Children's Gender Service](#); [Metro North Gender Service](#), [Royal Brisbane and Women's Hospital](#) aged 17+
- New South Wales: [Gender Clinic at Westmead Children's Hospital](#); [Transgender and Gender Diversity Service at John Hunter Children's Hospital, Newcastle](#)
- South Australia: [Women's and Children's Hospital Paediatric Gender Clinic](#);
- Western Australia: [Gender Diversity Service at Perth Children's Hospital](#)
- Tasmania: [Tasmanian Gender Service](#); [Tasmanian Transgender Service](#) aged 15+
- Northern Territory: [Northside Health NT](#)

## CONSIDERATIONS WHEN REFERRING FOR ADDITIONAL SUPPORT

### CONTINUITY OF CARE

Continuity of care is important for young people's mental health. It is important for mental health professionals to understand what supports they can continue to provide whilst young people are waiting to access specialist services and how they may resume supporting a young person when they are discharged from a specialist service following a period of care. Australian research has shown that trans and gender diverse young people and their parents value mental health care outside of specialist gender clinics to support holistic care and complex needs.<sup>(11)</sup> Continuity of care is particularly important during the time a young person may be transitioning their care from paediatric to adult health systems.

### CLARIFYING DIFFERENT ROLES

It is important when a young person is seeing numerous health care professionals that the young person, their family and health professionals within their care team, understand who is involved and what their role is. It will also be important to clarify what questions each professional is qualified to answer and how information will be shared between services.

## WHAT ELSE CAN I DO OUTSIDE OF MY DIRECT WORK WITH YOUNG PEOPLE?

Learn more about gender diversity, including the different ways that trans and gender diverse young people might want to affirm their gender, for example, socially, legally, medically. It is not the responsibility of the young person or their family to provide education, and you can help by doing research. In addition to online resources, there are a range of different training options that you can access individually, or as a team or service, to improve competence and confidence in working with trans and gender diverse young people and their families.<sup>(30)</sup>



\*Take care of yourself. Working with families can bring challenges, particularly when fears are directed onto you as a mental health practitioner. It is vital that you take care of yourself and model self-care to others.

#### KEY ORGANISATIONS FOR FURTHER LEARNING

The following organisations offer a range of professional development opportunities including resources and training in gender-affirming care:

- [Transhub](#)
- [The Australian Professional Association for Trans Health \(AusPATH\)](#)
- The University of Melbourne developed online learning module on [mental health care for trans, gender diverse & non-binary people](#).
- [Transgender Victoria](#)
- [Minus18](#)
- [Zoe Belle Gender Collective](#)
- [TransFolk of WA](#)

#### KEY REPORTS

- [Trans Pathways](#), Telethon Kids Institute
- [Writing Themselves in 4](#), Australian Research Centre in Sex, Health and Society, La Trobe University

#### CONCLUSION

Working in a gender-affirming way is key to supporting the mental health and wellbeing of trans and gender diverse young people. Gender-affirming care can and should be practiced by all mental health practitioners working with young people, not just those in specialist gender clinics and services. Although it can be beneficial to have specific knowledge about gender diversity, gender-affirming care is underpinned by frameworks and approaches that are commonly used in youth mental health. Implementing these approaches can help youth mental health practitioners to create a mental health system that is responsive and inclusive.



## RELATED RESOURCES

- Orygen suite of resources [Trans and diverse young people](#)
- Orygen suite of resources [Neurodevelopmental disorders](#)
- Clinical practice point [What is trauma-informed care and how is it implemented in youth healthcare settings?](#)
- Clinical practice point [Culture 101](#)

## ADDITIONAL RESOURCES

- Telethon Kids Institute [Coping with Gender Dysphoria](#)
- Gratton FV. Supporting Transgender Autistic Youth and Adults: A Guide for Professionals and Families. Jessica Kingsley Publishers; 2019 Oct 21.
- TransHub [Clinical Trans-Affirming Clinical Language](#) - relates to sexual health
- [Australian Standard of Care and Treatment Guidelines: For trans and gender diverse children and adolescents](#): for young people under 18 years of age
- [World Professional Association for Transgender Health \(WPATH\) Standards of Care \(version 8\)](#): for young people over 18 years of age
- Trans Student Educational Resources [Gender Unicorn](#)

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