



SEXUALITY &
GENDER DIVISION

06 March 2018

LETTER OF SUPPORT FOR CONSIDERATION DURING APPEAL REGARDING GENDER AFFIRMING TREATMENT: INCLUSION OF HORMONES IN THE HOSPITAL STANDARD TREATMENT GUIDELINES

The Psychological Society of South Africa (PsySSA) Sexuality and Gender Division has become aware of current deliberations regarding the management and treatment on a secondary level of trans- and gender diverse people and people diagnosed with gender dysphoria. This letter serves to support the appeal made by other parties to include the use of hormones for gender affirming treatment in the Hospital Standard Treatment Guidelines.

PsySSA is the professional body representing psychology professionals in South Africa and focuses on the mental health and psychological wellbeing of all South Africans (http://www.psyssa.com/doc-frame.asp?doc=PsySSA_Vision_Mission.pdf#). PsySSA upholds the South African Constitution and Bill of Rights that advocate dignity, equality and access to healthcare. The Society similarly upholds the ethical notion of benevolence and this should equally apply to transgender and gender diverse patients. To this end, PsySSA adopted a Position Statement in 2013 with an affirmative view of sexual and gender diversity that was developed by its Sexuality and Gender Division (SGD) ¹ (See http://www.psyssa.com/documents/PsySSA_sexual_gender_position_statement.pdf). The Society, through the SGD, has further developed affirmative practice guidelines for psychology professionals working in this field that were adopted in 2017, and will be formally launched in April 2018 (PsySSA, 2017). PsySSA also endorses the IPsyNet (International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues) Statement and Commitment concerning sexually and gender diverse people that similarly advances an affirmative stance (See Appendix A in PsySSA, 2017).

¹ The mission of the SGD is to promote a psychological understanding of the fields of sexuality and gender. The SGD addresses this mission through the advancement of scientific research, clinical practice, continuing professional development and being responsive to related national, continental and international issues and concerns.

Transgender is an umbrella term for people expressing their gender in non-traditional ways. Transgender persons experience incongruity between their sex assigned at birth and their gender identity (mental body image) (WHO, 2015; WPATH, 2010). They reject their original gender assignment, as it causes distress, and through their behaviour, dress code, use of hormones and, in certain instances, gender reassignment surgery, actively seek to address their gender and sex incongruence (Nkoana & Nduna, 2012). The transgender and gender diverse person thus initiates a change in their sex characteristics and their gender expression and role to conform to their inherent gender identity. A person's gender identity is not a choice – it is their personal sense and experience of their gender (Wilson, Marais, De Villiers, Addinall, & Campbell, 2014).

According to the ICD-10, (<http://www.who.int/classifications/icd/en/GRNBOOK.pdf>) a person with gender identity disorder (GID) has a desire to live openly and be accepted as a member of the opposite gender. The person with GID usually presents with the wish to change their body to be as congruent as possible with their preferred gender. This can be accomplished through hormonal treatment and, for some, further surgical procedures (WHO, 2007).

In the Diagnostic and Statistical Manual of Mental Disorders, Version 5 (<http://www.apa.org/>), the diagnostic term that is currently used is Gender Dysphoria.

“Gender dysphoria refers to the distress that may accompany the incongruence between one's experienced or expressed gender and one's assigned gender. Although not all individuals will experience distress as a result of such incongruence, many are distressed if the desired physical interventions by means of hormones and/or surgery are not available” (American Psychiatric Association, 2013, p.451).

This distress can lead to major depression, anxiety, stress and adjustment disorder that may be compounded by minority stress as the transgender and gender diverse person experiences discrimination and marginalisation. Suicide rates, self-harm and life-threatening behaviour are also elevated among transgender and gender diverse people (Davidson, 2007; Gehi & Arkels, 2007; Grosmann & D'Augelli, 2007).

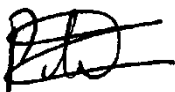
PsySSA's stance on the treatment of people diagnosed with Gender Dysphoria (DSM-5) / Gender Identity Disorder (ICD-10) is as follows:

- 1.) Transgender and diverse gender identities are seen as normal and part of the variance in gender identity.

- 2.) It has been found that transition, the use of hormones and at times surgery, alleviate the gender dysphoria and has positive impact on the patients' mental health.
- 3.) It has been found that suicidality, as well as depression and anxiety, mostly decrease as patients access gender affirming treatment.
- 4.) Hormone therapy is indicated to form part of the management of most patients diagnosed with gender dysphoria.
- 5.) Training has been made available by the PsySSA SGD for psychologists working in this field focussing on if the person is able to give informed consent to access hormones as well as necessary psychological assessments.
- 6.) Access to gender affirming healthcare is of the utmost importance and many trans- and gender diverse people, especially in rural areas, struggle to access this treatment as it is localised in specialised units.
- 7.) Economically disadvantaged patients are also not able to travel to these specialised units to access healthcare.

Informed by the above, we implore the Essential Medicine List Tertiary and Quaternary Committee to include Hormones for Gender Affirming Treatment in the Hospital Standard Treatment Guidelines.

Kind regards



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Chair: Sexuality and Gender Division (PSYSSA)

Psychological Society of South Africa

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