

Supporting Lesbian, Gay, Bisexual &  
Trans Young People in Ireland



# Transgender and Non-Binary Mental Health

## Access: Needs Analysis

Report October 2019



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## Introduction

It is well established that the mental health support needs of LGBTI+ youth are higher than the general youth population. In Ireland, the transgender and non-binary community have been identified as having higher needs within the LGBTI+ community (Higgins et al, 2016). In the LGBTI Ireland report 75.6% of participants were more likely to have considered ending their life compared to lesbian/gay females (56.4%) and gay males (52.4%) (Higgins et al, 2016). As well as seeing mental health providers for their general mental health challenges, if seeking medical transition, they are required to undertake additional assessments.

The current system in Ireland to access gender-affirming care requires a young person to be assessed by mental health professionals to receive an official diagnosis of gender dysphoria. The journey for young people from referral to being seen by an endocrinologist is an under-researched one. The availability and access of trans-inclusive mental health services is under-researched. The purpose of this report was to complete a needs analysis of the mental health service community.

Belong To asked for an independent researcher to consult with young people and assess the current levels of satisfaction and address some of the key barriers and priority issues for the future. It is important to note that in recent decades Ireland has trailblazed on many issues of LGBTI+ inequalities. Marriage Equality was passed by popular vote, a first in the world, the Gender Recognition Act was passed and just last year we had the first LGBTI+ Youth Strategy agreed for 2018-2020. However, we still know very little about mental health needs and pathways for this population.

For this report, we talked with transgender and non-binary young people, psychotherapists, and youth workers that work in this area. We have 10 key recommendations to improve mental health care for this community.

## **Methodology**

Needs analysis involves the identification and evaluation of needs. Ultimately, it is a process of evaluating the problems and solutions identified for a target population. McKillip (1987) determined a discrepancy model, where three phases were established:

- Goal setting: identifying what ought to be
- Measurement: determining what is
- Identification: What needs to change

Through a pilot survey questionnaire, we explored the current perception and levels of satisfaction with a small cohort of young people. From this, we qualitatively explored the experience of young people interacting with mental health services and through thematic analysis and identify key themes.

We explored the perceptions of services with youth workers and psychotherapists to ascertain their thematic understanding of discrepancy. Lastly, we provided several key recommendations arrived at through a discussion section from an analysis of the data.

## **Questionnaire**

### **Questionnaire Results**

A questionnaire was distributed to young people at their IndividualiTy group. This is a safe and fun space for trans and non-binary people to express their identities. The questionnaire was made available during one of the sessions and was anonymous. A youth worker was present to provide any support afterwards to young people. Questions were asked surrounding, demographics, lifestyle, health, supports, mental health and ranking of services used in Ireland. This

survey gives a taste of some of the experiences of young people in Ireland however, a much larger study is recommended for statistical rigour and further exploration of experiences.

## **Demographics**

### **Gender Identity**

In our questionnaire, we gathered data on n=8 young people. While we recognise this is a smaller sample for the purpose of this needs analysis, it is still one of the most contemporary pieces of data gathered encompassing youth's experiences. The samples demographics are as follows: three participants identified as a transman, two participants identified as a transman /non-binary, two participants identified as a transwoman and one identified as other which was then detailed as "man". The options available to participants were as follows: cisgender man, cisgender woman, transgender man, transgender woman, transmasculine, transfeminine, non-binary, gender non-conforming, genderqueer, other.

### **Sexual Orientation**

The highest prevalence of survey responses was gay, with queer identity being next. Participants could choose all answers that applied to them. The options were: gay, lesbian, bisexual, pansexual, heterosexual, questioning, queer, other.

### **Age**

The minimum age at the time of data collection was 17. The maximum age was 23. The mean age was 19.25.

### **Ethnicity**

75% of participants were white: Irish, 12.5 per cent were Asian or other Irish and 12.5% were other mixed Irish/Asian.

## **Coming out to self**

Age of realising that gender identity was different from the gender assigned at birth was an average of 13 years old.

## **Legal name and true gender**

62.6 % of young people had legally changed their names. 100% of young people were living in their true gender with 87.5% of young people living in this gender full time and 12.5 % part-time.

## **Health**

Participants self-reported their general health. Participants had the option of reporting their health as excellent, very good, good, fair or poor. No participants reported their general health as poor. 50% reported their health as fair, 25% reported their health as good. 12.5% reported as very good or excellent.

Only 50% of young people had a regular family nurse practitioner or doctor that they attend. Participants were asked how comfortable they would be discussing being trans or gender-affirming health with a medical professional and 62.5% felt uncomfortable, very uncomfortable or would not discuss at all with them.

In Ireland, for many young people, the first point of referral for gender care is from the GP or family doctor clinic. When we consider that the average age of realising gender variance for this sample is 13 and consider that the GP is the first line of contact for gender-affirming health and mental health support, the statistics of dissatisfaction are concerning.

In the last 12 months, 50% of the young people felt they needed medical help and were sick/hurt but didn't get the medical help they needed.

In the last 12 months, 62% of the young people felt they needed emotional or mental health services but didn't get the help they needed.

We asked participants the reason for not attending their family doctor and they listed a myriad of reasons. These are detailed in the report.

## **Mental Health**

With regards to mental health, we asked participants some general questions around their mental health status. We asked how they would describe their overall mental health. The options were: excellent, very good, good, fair or poor. No participants reported their status as excellent or very good, half of the participants reported as good, and one third reported as fair, with two-thirds reporting as poor.

Participants were asked if they had a mental or emotional problem that lasted over 12 months and it was reported that 87.5% of participants stated yes. This number is significant when considering statistics that have been found pertaining to higher risks for trans people regarding mental health.

In the next section, we asked participants to rate in the last 30 days how often they felt a certain way. The options to respond were on a 5 point Likert Scale as follows: all of the time, most of the time, some of the time, a little of the time, none of the time (Joshi et al 2015). The highest-ranking feelings were 'nervousness' and that 'everything was an effort'. A startling statistic here showed that 37.5% of the sample felt so sad that nothing could cheer them up (all or most of the time). Some 25% of participants expressed that they cannot think of anything that they are good at. The remaining participants listed things that they regarded themselves as good at, some of these are as follows: watching TV, petting my cat, everything I apply myself to, being myself, scouting, peer educating, being gay, walking my dog.

When asked to rate the current level of mental health support in Ireland, there were varying viewpoints. Overall 75% of participants rated the service as fair/poor. 1/8 deemed the service good and the remaining 1/8 deemed it very good. The variance in rating makes sense when we examine the fact that

participants often engage in different services in different areas. Some participants will have a positive experience based on who they deal with clinically. This will be explored more in the interview section of the needs analysis.

Overall from the questionnaires rankings, the Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) ranked lower than private counselling and mental health support organisations.

A standout quote from the qualitative piece:

***"Trans is the last thing that they want you to be! I think as soon as we get rid of that it will get better. In an ideal world, they would say how can we help you with that instead of ..... are you sure?"***

**-Transman 23**

## **Qualitative Interviews**

We interviewed five young people, two youth workers, a psychotherapist and a parent surrounding the experiences of young people with mental health services in Ireland.

Some key themes were identified and from these six key recommendations were formed. On talking with the youth participants, they had varying levels of utilising mental healthcare services. All participants except one had experiences with CAMHS, most had or are waiting for a connection with AMHS. All participants except one have had experiences with private counselling. This was via Crosscare, Jigsaw, Pieta House and Insight Matters.

The main themes that emerged were:

1. Unclear referral pathways
2. Negative experience in mental health services

3. Parental consent to access supports
4. Fear of being outed
5. Training for hcp's (health care professionals)
6. Trans broken leg syndrome (everything linked to being trans)
7. Cost and waiting times
8. Additional supports needed
9. Positive experiences

We concluded the interviews by asking each young person if they had a magic wand and could change the mental health system or make changes to the narrative, what magic would they perform. Their thoughts on this are documented at the end of this section under the heading 'Ideal Health System'.

### **1. Unclear Referral Pathways**

One of the most common themes that arose in this needs analysis was that the referral pathways for gender services is unclear and the pathway is not disseminated. For most healthcare services, it is a clear process for a GP to understand. With regards to support for general mental health, the GP has the availability to refer to CAMHS or AMHS. This brings with it, its own challenges but it is relatively clear that if you are struggling with anxiety or depression this is your first port of call.

If a young person is seeking gender-affirming care and wants to be referred to an endocrinologist to discuss the option of getting blockers, hormones or being referred for surgeries, then the referral process becomes unclear. The process is different if you are under 16 or over 16 (or nearing those ages). The process changes depending on which endocrinologist you see, and different endocrinologists have different requirements. A psychological assessment is required to be permitted to receive medications and not all CAMHS/AMHS assessments are accepted.

Ultimately, there is not a clear set of instructions or guidelines available to young people or parents on what the experience will look like for a young person or an adult. There is little indication about the wait times and this information is not available on HSE websites. Ironically and tragically, young people have



verbalised that the experience of accessing mental health services to gain access to gender-affirming care has actually worsened their mental health due to the waiting times, lack of clear referral pathways and negative experiences when there.

*"No. A few weeks ago in one of our workshops, I drew a diagram for one of the volunteers to explain how it (the referral pathway) works. It was a bit of a flow chart/tree diagram, that kind of thing. How old are you? Are you trans in a binary sense or in a non-binary sense? What do you actually want? Are you trans masculine? Are you trans feminine? Do you have money? Could you go privately? Do you not have money? Could you not afford that? If you look at the experience of trans people around the country, everyone's experiences are so different because nothing is set in stone, even places like Loughlinstown who makes the rules seem to change the rules." – Transman 20*

Another repetitive concern that arose was that trans people eventually age out of the CAMHS and into the AMHS. In some cases, there has been a bridging service called YAMHS (Young Adult Mental Health Service). YAMS was positively reviewed by the youth participant who attended there and felt there was a bridge into the adult service. However, YAMHS is not available to everyone and in every catchment area (HSE, National Directory of Mental Health Services., 2019). Most often people transition from CAMHS to AMHS. Overall the transition from child services to adult services is detailed as very poor and there needs to be an investment in aiding that transition for trans and non-binary people.

Instead of a systematic approach where it is clear how to access services, Trans people have to depend on what other people are telling them and this is not indicative of a well organised, equitable system. Dissemination of the correct information is incredibly important to allow informed choices.

*"The best way to get the information is from other trans people who are currently availing of those services." – Transman 20*

## **2. Negative Experiences**

When a young person is experiencing mental health challenges, the first line of defence is to engage with a mental health provider. A negative experience with this provider can effect whether this person will return to a service again and continue to get the care that they need. It is clear that from talking with these participants that many of them had negative experiences that would deter them from returning to a service. One of the common reoccurring negative experiences that occurred was that pronouns were not being respected. The literature has well established that one of the most important first steps in providing quality and just care to trans and non-binary people is to be respectful of a person's pronouns and gender identity ( Vance., 2018, Hann et al., 2017, Wyffles., 2018,)

*"He didn't know what gender dysphoria was and I tried to explain to him but he kept calling me a lesbian." – Transman 21*

*"...they were misgendering me all the time so I left and after that the only thing I did was that I was referred on to CAMHS" – Transman 22*

*"Am they knew that I was trans but they still called me the wrong name and pronouns the entire time and then when we asked them for a referral letter to Crumlin to Tavistock, and Crumlin services and an endocrinologist in Crumlin. They put down the wrong name and the wrong pronouns for the entire letter. Even though they knew it was a specific letter about being trans and being referred for those services. " – Transman 18*

This experience can make people frustrated and when someone doesn't know how to react, it can be traumatic for the staff and client. One young person detailed how his experience led to a shouting incident and he left feeling disrespected and not helped.

*"I think it is just like that baseline of respect that if you do have a transgender person in with you, you don't misgender them and if you do you are apologising for it because when it happened with me, the person I was with was like, you shouldn't be getting angry with me and I was like,*

*you're supposed to be here to help me and not upset me sort of thing."* –  
Transman 23

### **3. Accessing Mental Health Support**

We have established in the literature that LGBTI+ people are more likely to experience mental health challenges in their lifetime (McNeil et al., 2013, Mayock et al., 2009, Higgins et al., 2016). In order to save lives and be committed to equitable care, it is imperative that young people be able to access mental health supports. Many barriers to accessing mental health support exist including geographical location, cost, waiting times and stigmatisation.

A common barrier that arose for trans and non-binary youth is that in order to consent for mental health services under 16 years old, parental consent is required (HSE Consent: a guide for health and social care professionals). Many young people are not comfortable in seeking parental consent as it would potentially mean coming out to their family or having to disclose information that they are not yet comfortable with disclosing as young adults. It also negates the idea that in some cases parents may be "part of the problem" and for the young persons' safety should not be informed. All mental health workers are mandated reporters so young people are protected and observed in the system. It is certainly much more dangerous to have young people unsupported in their mental health due to their age. For those between 16 and 18 who seek mental health treatment on an outpatient basis, the decision is made by a healthcare professional on their maturity to make own decision.

*"For mental health services, when you are 16 I don't think you can access them without your parents' consent but then for every other area of health you can access without parental consent when you are 16 so like that's not very helpful especially if you don't have very supportive parents or if you don't want them to find out about what's going on in your life or anything like that."* – Transman 18

*"If you are not an adult, then that's its own obstacle, to a degree it's a bit of a farce that you can't get mental health care as a 16-year-old without your parents knowing but you can get all your other care without them knowing."* – Transman 20

The three basic elements of consent that must be present for consent to be valid is that it must be (HSE Consent: a guide for health and social care professionals):

1. Voluntary
2. Given by someone with capacity
3. Based on sufficient relevant information

Elsewhere, the law has moved away from generalising all peoples' capacity to consent-based on a numeric age and instead vindicates for an individual examination of an individual instead. In the UK this is known as Gillick Competence (Griffith., 2016). Irish law recognises that one becomes an adult for the purposes of consent to medical and surgical treatment at the age of 16 (section 23 of the Non-Fatal Offences Against the Person Act 1997). However, mental health services and treatment are often exempt from this. One young person made the point that they would not always feel comfortable being referred by their GP for mental health support and would advise a system that empowers schools and other supportive service providers to set up referral processes

*"In terms of mental health support, you wouldn't have to be referred by your GP but as a young person, you could be referred by their school or through someone else. I would make it so counselling and therapy services could be accessed by 16/17-year-olds without needing parents' consent."* – Transman 20

#### 4. **Fear of Being Outed**

Young people still have a right to privacy and when talking about their mental health challenges, there's often the belief that everything that is said to a therapist is confidential and that it is a safe place. We've established that some

people who are attending services will not be out to their families. Coming out is an incredibly personal decision and a milestone in your life. Mental health professionals 'Outing' children to parents without their consent is potentially putting a young person at risk of harm.

The fear of being outed to their parents is a major deterrent for young people to seek the care that they need.

*"I know people who have been outed by their therapists to their parents. As trans, as LGBTI+ as anything. Things that they thought would be confidential were then told to their parents with them in the room. So I really did not feel comfortable talking about anything negative to my therapist so he thought I was living a grand life." – Transman 19*

*"I did not trust her and I was constantly lying to her too in case it would be fed back to my mom in front of me. It was scary." – Transman 21*

*"I think they are scared to and don't know what's going on and when you are young, you think when you come out that it will get back to your parents. You have freedom of speech now but they may tell your parents, because I'm still not an adult and I am still under the protection of my parents and they have to know these things. That is one of the worries I always heard, that it would go back or something would happen and it would come out." – Transman 21*

Due to this fear, there is sometimes a culture of mistrust between clients and trans and non-binary youth.

*"I didn't feel like I could trust my therapist because I was under 18. I didn't feel like I could trust him with information and for him to not say it to my parents." – Transman 19*

## **5. Ill-Equipped Health Care Professionals**

Across the literature, a common theme emerges that many health care professionals do not have adequate training on trans and non-binary issues and that this impacts negatively the quality of care received by trans and non-binary individuals (McNeil et al., 2014, Collins & Sheena., 2004, Clark et al., 2018, Spencer & Muller., 2017, Kidd et al., 2016,). In some cases, it was described that there was an unwillingness to learn or try. Others felt as though the nature of the conversation was inappropriate and invasive.

*"Basically instead of talking about the mental health stuff I was referred for I just got them to give me my gender dysphoria diagnosis which was a lot about sex life and stuff which I thought was inappropriate because I was like 17 at the time. I was a minor."* – Transman 23

*"It's abysmal absolutely abysmal. The main person you have to go to get hormones, your man in [name of clinic] who will sit you in a room for three hours and interrogate you and ask you what porn you watch, yano."*  
– Transman 19

Youth also acknowledged that it wasn't always the health professionals' fault.

*"The guy wasn't not nice, it was just clear that he didn't really know what was going on and certain questions he asked out of ignorance, not because he was trying to be malicious or anything like that"* – Transman 20

There is a feeling that the curriculum for allied health professionals is lacking a module on LGBTI+ health issues and especially trans healthcare.

*"I would make it so when people do their training that they have to learn more about LGBTI+ people trans young people especially."* – Transman 20

As many services do not specify that they are trans supportive, some people are afraid that they will encounter transphobia through their health service.

*"The fear that it won't help as that person may be transphobic or could if they don't have their default gender at birth have to reach out with their dead name first and have to out themselves."* – Transman 23

Currently, medical doctors, general nurses and children's nurses receive no formal training during their undergraduate training on transgender healthcare. This leaves them ill-equipped to know the current language and provide good care when they are out in the clinical areas. Society and media have led to a lot more conversations surrounding gender, but it needs to be formalised in a curriculum.

*"There has been a lot of great discussion in the last few years. I think there needs to be training for people who have been in it longer and how to talk about these issues."* – Transman 23

## **6. Trans Broken Leg Syndrome**

The Irish system can seem a little confusing with regards to mental health support for trans people. There are multiple reasons why someone may be accessing services and, in many cases, there is overlap too.

- A trans/non-binary person may be seeking mental health supports for mental health challenges such as depression or anxiety that has nothing to do with them being trans.
- A trans/non-binary person may be seeking mental health supports for a diagnosis of gender dysphoria which is a prerequisite in Ireland to access gender affirming care and have no experience with any other mental health challenges.
- A trans/non-binary person may be seeking mental health supports for a diagnosis of gender dysphoria which is a prerequisite in Ireland to access gender affirming care and experience with other mental health challenges related to their gender identity (depression, self-harm, anxiety).
- A trans/non-binary person may be seeking mental health supports for a diagnosis of gender dysphoria which is a prerequisite in Ireland to access gender affirming care and experience with other mental health challenges not related to their gender identity

- Or a multitude of other reasons why a person may be seeking mental health supports. The above is not an exhaustive list.

However, according to this needs analysis, despite several potential presenting issues, mental health professionals often relate everything to a trans identity. One youth participant coined this 'broken leg syndrome'. You go to a health professional with a broken leg and they ask you is it broken because you are trans?

*"I think you can get a little trans broken leg syndrome where if you are talking about one thing and they are like ... but how does that make you feel about your gender and you're like that's fine. They are worried that everything will be assumed that it's because you're trans or because you are LGBTI+." – Transman 23*

*"In terms of the young persons' experience dealing with mental health services, there is always the paranoia that everything will be pinned on you being trans and nothing else will be paid attention to. The reality is, a lot of young trans people do have problems with their mental health but they're not because they are trans, they have other experiences in life and the fact that stuff that is related to the trans experience, they are not unwell because they are trans they are unwell because of how people are treating them because they're trans." – Transman 21*

There needs to be a commitment going forward that health care professionals are educated enough to appreciate that not all issues with regards to mental health are related to an individual being trans.

## **7. Cost and Waiting Times**

There is a multitude of barriers that affect access to mental health services. Other barriers that were identified are cost and waiting times.

### **Cost**



There is a two-tiered healthcare system in Ireland. If as a young person, your parents/guardians are in a position to pay for private counselling services, then you are more likely to experience quicker access to mental health care and you will be able to screen the service and HCP more thoroughly so that the likelihood of transphobia being encountered will be lower. One young person spoke of the positive experience that they had in Insight Matters (a private counselling and psychotherapy service in Dublin), but recognised that not everyone would be able to avail of a service like that.

*"I know there are other young people who are not able to go there because they don't have parents who are able or willing to pay, so while I really liked the service and I think it was very good, it's the level of service that people like the HSE should be providing so that we would be able to access for free."* – Transman 20

Jigsaw was commended also for the free counselling that it provides to young people, but it was noted that there is only a fixed amount of sessions that you can attend with this service.

*"I think there definitely needs to be more free or affordable services because a lot of people I know won't go because they can't afford it or they have already gone through Jigsaw and you can only do that so many times and it isn't very long. More affordable stuff would be the way forward."* – Transman 23

If an individual has the means to go through the private system, they will still need to be seen publicly in order to be referred for gender-affirming care and this is a waste of resources.

### **Long Waiting Times**

From the point of referral from CAMHS or AMHS, the waiting times are incredibly long. This had a negative impact on the young people's mental health.

*"Basically it's like never going to happen so there is no point starting that process and that sort of stuff."* – Transman 23

*"So long. Especially with that whole service. I know that I am on a 25-month waiting list for Loughlinstown so if you go public you will be waiting a long time to get anywhere with it." – Transman 18*

The young people recognised that it is a common issue, that people are on waiting lists all over Ireland and not just Trans people. However, for trans people getting access to hormone blockers (which can potentially help them avoid needing surgeries down the line and will ease their transition), it also can be lifesaving.

*"I think the way the system is set up, you could be waiting a long time for services (and I know that is a problem everywhere in Ireland) but it's especially worrying when people are going on these waiting lists because they are suicidal or because they are in a crisis and are not being seen for a year." – Transman 20*

## **8. Call for Supports**

From interviewing the young people, it became clear that young people want additional supports. One of the most common requests was a service that would allow group support being led by a qualified psychotherapist. This would serve some by allowing them to talk about some of the day-day microaggressions that trans people can face. It also allows for peer support but has a therapeutic aspect embedded in its design. This was a service that TENI used to offer and was well received.

*"I definitely think so, I think there used to be a child psychologist or psychiatrist that used to work with the transformers group provided by TENI which is run at the same time as Transparency. I think most people found it very helpful to have her input and help us deal with any problems that we had. It was a good group." – Transman 18*

Other youth verbalised that they would like to see this in some of the clinical settings too and help to normalise the experience of attending a CAMHS or AMHS.

*"I would love to see trans MH groups going on in psychiatry places. I think it would be great as well. When you are in there, you don't see many trans people and you feel like you're the only one who is trans and going through mental health stuff. If you don't go to groups or you don't know anyone else who is trans, they might have the same thing going on as you, or different, it makes you feel like you aren't the only one and you aren't crazy. That's just the way I am and the way that everyone else is. "*

– Transman 21

Many parents and families receive very little support with their mental health and with their understanding of being trans and the challenges and journey ahead. One young person spoke to how this could be much more integrated.

*"They should help with making the parents understand, especially if they are young. If the parents are waiting for the child, there could even be a psychiatrist that could come see the parent while the child is in with their psychiatrist. The adult could talk and find out like how could I support my child or if they don't agree with it as such, they can be educated on it and talk and vent to a psychiatrist instead of just waiting there and not knowing what is going on and only hearing from what their child is telling them and actually having someone to support them as well, I feel like everyone should be supported in that sense and not just the trans person as it will affect everyone."* – Transman 21

## 9. **Positive Experiences**

There is an acceptance by the young people that Ireland is advancing in relation to LGBTI+ rights and some areas are improving. Many young people have also had positive experiences accessing healthcare services too.

*"From my experience, I think it's getting better, I mean there is a lot out there now. I mean I wouldn't have known about TENI and I wouldn't have known about Belong To if it wasn't for my psychiatrist. And I feel as well, a lot of them are going out of their way to learn more which I think is*

*really good as well. It makes me feel like people want to support me and other people like me. I hope it gets better and I hope there is more to do.” – Transman 21*

*“I think it’s getting better for sure. I think it is improving and a lot of places are taking steps to improve things and improve attitudes around talking about mental health.” – Transman 23*

*“Friends, the internet, Belong To, they are the tri-force of trans people to talk to.” –Transman 19*

*“I really liked Insight Matters because all the staff are really friendly, a lot of the staff were LGBTI+ themselves and they were all very validating and affirming in terms of like as a trans young person, I wasn’t being treated badly.” – Transman 20*

*“I think there are a lot of people who want to be helpful and who really do want to help but they don’t know how.” – Transman 20*

However, while there are some positive experiences here, it is still overshadowed by the fact that a willingness to learn does not mean they are being taught, that positive experiences in private healthcare is not accessible to everyone and if someone doesn’t know where to get the care they need and nobody can tell them, then they won’t get it. Getting better needs to be better now.

### **Ideal Health System**

*“You can go to someone and maybe free and accessible and isn’t something where they aren’t trying to get a diagnosis but you can talk openly if you are having issues around your gender.” – Transman 23*

*“I guess, gender-neutral bathrooms would be great, groups would be great, having your doctor over you be able to help you get HRT or surgery if you want. That should always be an option, the doctor over you in that place should be able to get you on that*

*journey. Trans flags are always great. Having stuff like that and having people come in and have talks, open talks. Having workshops with people who do voice therapy and stuff like that. "*  
– Transman 21

*"Gender Euphoria needs to become more of a part of the conversation. Conversation orientated around the negative will become a negative conversation. Not the spaces we need, we don't need negative spaces. Well, it's good to have spaces where you can express negativity but having a negative space will just put people in a negative mind space and we don't need one of those."* – Transman 19

*"I definitely think there needs to be an actual clinic, like a trans healthcare clinic specifically for dealing with all-trans issues that people could have to do with their mental health, to do with their medical transition to do with anything, one centre where they have endocrinologist, psychologist, voice training, anything that trans people could utilise, having a centre or building that trans people can go to specifically for their health care."* – Transman 18

*"I would make it so counselling and therapy services could be accessed by 16/17-year-olds without needing parents' consent. Obviously, it's a different story if you're saying like we are going to provide this person with medication. I don't think I could convince people to sway on that but at least in terms of accessing someone that they can talk to because sometimes the person that they need to talk about is a parent and the person they are trying to get away from is the parents so you need to be able to give them that freedom. I would make it so when people do their training that they have to learn more about LGBTI+ people trans young people especially. In terms of trans related care, I would be removing the need to go through a mental health evaluation at all. I would make sure that it is still available because I know that some people found it really helpful"* – Transman 20

## **Stakeholder Interviews**

Two youth workers and a psychotherapist were also interviewed as part of this project.

From these discussions, five key themes emerged and four recommendations.

1. Two tier-health system
2. Waiting times
3. Referring young people
4. Specialist gender clinic
5. Being heard

### **1.) Two-Tier Health System**

It was noted by the stakeholders interviewed that there is a different standard of mental health availability depending on if you have access to private healthcare or public healthcare.

*"Mental health through the HSE is not easily accessible due to the waiting lists." - Psychotherapist*

*"We have a two-tier health system... if they're under 18 and they have the support of their parents or their legal guardians they're able to access mental health services from day one because they don't have to go on a waiting list because they have private insurance." - Youth Worker*

When it comes to the availability of mental health supports to a community that we know has higher risk factors than the general population, the stakeholders here all noted the issues with a two-tiered system. It was also noted that with regards to surgical procedures that there were disparities between public and private care.

*"What we have seen with our older adult transgender (14-24) is that there would be a massive difference around their access to surgical procedures between the private and public schemes, travelling and leaving the island for procedures because we don't have a surgeon in Ireland who is not best practice for major surgeries and the isolation with that. "* – Youth Worker

## **2.) Waiting Times**

Similar to the young people it was noted by the youth workers and psychotherapist that the waiting times have a negative impact on the experience of young people accessing mental health services. They spoke to how it can impact their general mental health and put people at risk for higher levels of suicidal ideation

*"...because they are stuck on the waiting lists and this is negatively impacting on their mental health and has a detrimental impact with regards to their levels of suicidal ideation."* – Youth Worker

The interviewees also noted that there is a systems error in not having a separate pathway for people who are seeking to access mental health services purely for accessing gender care. There equally should be a system in place to fast track young people into CAMHS/AMHS if they are high risk as identified by youth workers or psychotherapists.

*"I definitely think we need to look at our mental health services and we need to be able to fast track trans people through our mental health services because they are getting caught up in waiting lists and it's disgraceful."* – Youth Worker

### **3.) Referring Young People**

A common theme that arose with this group was that many youth workers and psychotherapists struggle to understand the referral pathways for young people and how best to advise young people and their families. One youth worker spoke to the beginning days of the trans peer support group in BelongTo and how then it was challenging to know how to navigate services.

*"We had one or two young people when we started IndividualiTy. We didn't know ourselves where to refer trans young people, we did our best with them. We would try to navigate through counselling services to see what even back then we found a lot of the counsellors or psychiatrists didn't even know what trans issues were. It was hit and miss."- Youth Worker*

*"Ireland is systematically transphobic. Young people and their families have to migrate through horrific instances of transphobia, and they have nowhere to turn." – Youth Worker*

There is no uniform experience had by young people and it tends to vary on who they see. Youth workers would like more clarity on the routes that they should advise taking.

*"This CAHMS service is very individualistic and very dependent on where you end up. We have Trans young people who finally get into CAHMS and have a positive experience, but we have plenty of people depending on the CAHMS who have a really negative experience." –Youth Worker*

While a lot may have changed since the earlier days of the service. Sadly, much has also stayed the same and the systems still prove difficult for youth workers to navigate to try to ensure young people are accessing mental health services that are not transphobic.

### **4.) Being heard**

The psychotherapist that was spoken to works with many trans and non-binary people and shared valuable insight into the needs of these young people. One of



the themes that arose here and is a common theme across the young people's experience is the need to be heard.

*"Not being heard, not being listened to and being dismissed. As adults, we have a tendency to minimise young people's issues" - Psychotherapist*

There can be a culture of dismissing young people and their capacity to know their own gender. Having access to well-trained mental health professionals is of key importance. It was noted that the cost of private services can often be a barrier to being heard for young people. Equally, the need to have parental consent can often mean that a young person is left unheard.

*"Most therapists are 60 euro and above and a lot of young people can't afford to be paying that much every week." - Psychotherapist*

*"Sometimes they (young people) are not ready to come out to their parents yet and not ready to come out to the family and sometimes they are not ready to accept it themselves and need time to figure that out. Then they don't want to say it in case they change." - Psychotherapist*

It was noted that while it is important to make space for young people to be heard it should also be important to make space for the families and have a system in place where their voice has an impact.

*"The longer families aren't support can lead to family break down, torn apart, the daily pressure of a bringing your child to school and your child not being allowed to wear the uniform they want to wear and the battle and the time it takes the family to go through that and the things we take for granted. We have seen that in BeLonG To." - Youth Worker*

## **5.) Specialist Gender Clinic**

Mirroring the voice of the young people, many of the interviewees noted that in order to optimise a service for trans and non-binary young people, there is a need to create a service that is centralised and specialised in providing gender care. For the adult population a gender clinic is established and needs continued funding and support to grow. The same should be considered for young people.

At the moment Tavistock via the treatment abroad scheme helps with paediatric assessments.

While a specialist gender clinic is needed to assist with potential transitioning exploration, continual mental health support and counselling is needed too.

*"For me 100% I think we need to have a gender clinic. There is no doubt in my mind. We have trans people getting lost in the waiting lists and dying by suicide. We see it in Belong To, high-risk young people have suicide ideation, and we need a gender clinic in Ireland and without that, I'm afraid to say that waiting lists are so long people disappear into the service."* – Youth Worker

*"All the services are not linked in together as well, which if there was a space where all the services were linked in together and you go under one roof where there is a psychiatrist and a psychologist and psychotherapist and OT and endocrinologist, Speech Therapy and then there could be a case management and work together on A,B,C,D."* – Psychotherapist

*"I think a holistic, everything under one roof would be more appropriate in terms of having doctors, GP's, psychiatrists, psychologists, voice coaches everybody under the one roof, that would be ideal because transgender clients require support from the beginning to the end , even in their adult life they require support and most people go through that medical journey on their own and that journey is not easy at all. There isn't anyone supporting them emotionally unless they can afford to pay."*  
– Psychotherapist

*"While crisis intervention is really good and relevant, there has to be continual mental health support from the beginning."* – Psychotherapist

## Key Recommendations

This final section seeks to explore in more detail some of the key recommendations that have emerged from this needs analysis. The first six recommendations come from the analysis of the interviews with young people and the latter four recommendations are representative of the interviews with BelonG To youth workers and the psychotherapist. The data presented similar issues from both groups. Five transgender young people were interviewed aged from 18-23. The order of these 10 recommendations are not prioritised.

It is the researcher's belief that all recommendations hold importance and deserve equal commitment. There is no quick fix solution to the mental health service problems that exist for transgender and non-binary people. Transphobia is still a systemic issue in Ireland. There are significant challenges in accessing mental health supports in Ireland.

From talking with young people, we asked where do young people turn to for support when times are tough? BelonG To and TENI were praised for their commitment to providing safe spaces where peer to peer support can be found. Peer to peer support was frequently reported as one of the most important protective factors when young people felt the mental health service had failed them. CAMHS and AMHS services received varied reports on whether they were positive or negative experiences. Overall these services fared worse than private counselling services. This is reasonable seeming as the experience can differ depending on which CAMHS/AMHS you attend. However uniform training on trans and non-binary terms should be mandatory.

Insight Matters received extremely positive reports, as did Pieta House and Jigsaw. They should be commended for the training and approach they adopt. However, there are limited numbers of times that young people can attend for free/discounted prices and the professionals in these organisations cannot sign the Treatment Abroad paperwork that is required to access gender affirming

care for young people under 18 (via Tavistock). Therefore, all individuals who are medically transitioning must engage with CAMHS/AMHS.

The 10 key recommendations are as follows:

1. Resource Further research
2. Publish Clear referral pathways
3. Provide Training for hcp's
4. Follow the Maturity consent model
5. Provide More supports – psychotherapists and counselling
6. Decrease waiting times
7. Provide a Specialist gender clinic
8. Abolish the two tier healthcare system
9. Introduce a Fast track system for emergencies
10. Commit to funding

#### 1.) **Further Research**

- There is a dearth of knowledge surrounding the experiences of transgender and non-binary young people accessing mental health services in Ireland and an insufficient amount of information pertaining to experiencing access to general health care.
- Too often, the transgender experience is included as part of LGBTI+ research, but not examined separately. Where possible, it is important to disaggregate research as sexuality and gender are succinctly different.
- We completed a needs analysis of this population and modelled the methodology on international larger research pieces. Expanding this methodology and embedding in a co-production design is recommended.
- Collaboration with more partners such as psychiatrists, psychotherapists, mental health nurses, SALT, OT, CAMHS and AMHS services is recommended.

- Exploration of the experiences of GP's would also be beneficial to ascertain the needs from a primary care perspective.
- Following on from the National Youth Strategy 2018-2020, a commitment to investing in this research is sought.

## **2.) Clear Referral Pathways**

- Referral pathways for mental health services for transgender and non-binary individuals are unclear.
- The HSE should publicise the necessary steps required by each endocrinologist online.
- GP's should all have access to referral pathways.
- These steps should detail mental health assessment requirements (when needed and when not e.g. for treatment abroad scheme paperwork)
- If requirements are different depending on what CAMHS/AMHS you are referred to, then this should be detailed.
- A list of professionals who can sign the necessary paperwork for gender affirming care for under 18s (treatment abroad scheme) should be made available.
- A complaints pathway should be made clear if people are having negative experiences with healthcare professionals .

## **3.) Training for Health Care Professionals**

- Transgender and non-binary health is not extensively included in the curriculum for doctors, general physicians, SALT, OT's, nurses and CAMHS/AMHS staff at present.
- Current staff should be required to receive mandatory training on this issue.
- Key stakeholders such as BeLonG To and TENI should be engaged to provide training modules and programs for all healthcare professionals.
- CAMHS staff need training and information in particular in relation to disclosing the gender identity of a young person

#### **4.) Maturity Consent Model**

- Currently, you must have guardian consent to obtain mental health support in Ireland if you are under 18.
- For transgender and non-binary young people, it can be unsafe for them to disclose their gender identity or that they are exploring their gender. This creates a barrier to accessing care.
- A review of the age of consent needs to be completed and clear guidelines on the age of consent for mental health services (as per recommendation from the Taskforce on Youth Mental Health and the National LGBTI+ Youth Strategy).
- Knowing that LGBTI+ young people experience higher levels of depression and anxiety, a maturity consent model should be considered.
- Distrust between mental health providers and young people exist as there is a feeling amongst young people that due to the parental consent model at the moment that all their issues will be communicated to their parents without their consent.

#### **5.) More Supports**

- Crisis intervention services are incredibly important and necessary in the mental health service and more should be provided.
- Many transgender and non-binary young people need mental health maintenance support too.
- Having a psychotherapist available to provide group support as a weekly drop in service was frequently mentioned as a required service by the young people.
- Very often their support is accessed via CAMHS/AMHS and sometimes as the only trans person in a service, that can feel very isolating.
- Having a drop-in service led by a professional would provide much needed support for day-day microaggressions and allow for peer-

peer support in a structured and positive way was named as something that would help young Trans people

- Many young people also spoke about their families and felt that there should be more services to help families with the transitional element in their lives too.

#### **6.) Shorter Waiting Times**

- Waiting times for access to mental health services via the public system are publicly on record as terrible.
- One young person reported receiving a letter for 26 month waiting list.
- A young person who has been seen by CAMHS and TAVISTOCK, and may be on hormones, may still require to be seen by adult mental health services
- Often these long waiting times negatively impact the mental health of young people and can put them at higher risk of suicide ideation or self-harm.
- If you have private insurance, you can be seen by one consultant and may have faster access to gender affirming care. All young people deserve the right to be able to transition to their true gender with the same level of care and within a reasonable period.
- Often the long waiting times mean that people travel abroad for their care and this journey has been described as 'a lonely one'.

#### **7.) Specialist Gender Clinic**

- Our current service needs a multitude of different allied healthcare professionals to be trained on transgender healthcare and provide respectful and inclusive care
- The US, Canada and the UK have specialised gender clinics where all activities pertaining to gender care are provided. All mental health assessments, endocrinology, surgical review, OT, voice training and peer-peer support groups are provided under the same roof. Patients are referred to the clinic by their GP.

- This is the gold standard of providing gender care regardless of the age and this should be what we aim to achieve in Ireland.

#### 8.) **Abolish Two-Tier System**

- Private and public healthcare systems have long existed in Ireland but from this needs analysis, it is clear that this is not working for the transgender and non-binary community.
- An investment in publicly funded healthcare is the solution.

#### 9.) **Fast Track Systems**

- If a young person is already on hormones/blockers via Tavistock and CAMHS, there should be a fast track system to get them seen onto the AMHS and the National Gender Service at St. Columcille's Hospital in Loughlinstown.
- If a young person's mental health needs are extremely high, there should be a means for youth workers or private psychotherapists to refer them to CAMHS/AMHS and have their care prioritised without needing to go through A+E.

#### 10.) **Commitment to Funding**

- There is a need for the state to commit to the improvement and development of services for transgender and non-binary people.
- Each year there has been an increase to the Loughlinstown service from 2004-2014. The age of referral rate is lowering.
- Transgender and non-binary people have a right to the same standard of life and access to proficient mental health supports.
- Investment in this service has been proven to be lifesaving.



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