# Supporting Transgender Young people

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### Aims of the session



- Overview of the service
- Pathway of care the NHS Provides
- Awareness of referral rates
- How to make a referral
- Professionals role





### An introduction to our service



- When was it established?
- 1989
- 2009 Nationally funded
- Where are we based?
- Leeds and London
- What ages do we see?
- Young people up to the age of 18
- Satellite clinics in Exeter, Cardiff and Brighton
- Work closely with local services (e.g. schools, CAMHS, etc.)





### Multidisciplinary team

- Clinical psychologists
- Child and adolescent psychiatrists
- Family therapists
- Social workers
- Child and adolescent psychotherapists
- Senior trainees: people usually at the end of their professional training, or completing additional training
- Research team
- Consultant Paediatric Endocrinologists and Clinical Nurse Specialists at LGI Leeds & UCLH London

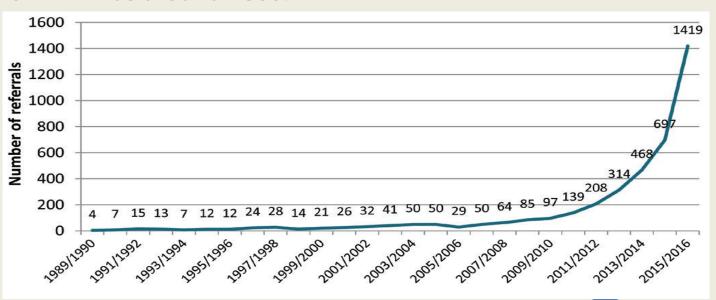




### **Referral Pathway**

**Referrals from professionals** 

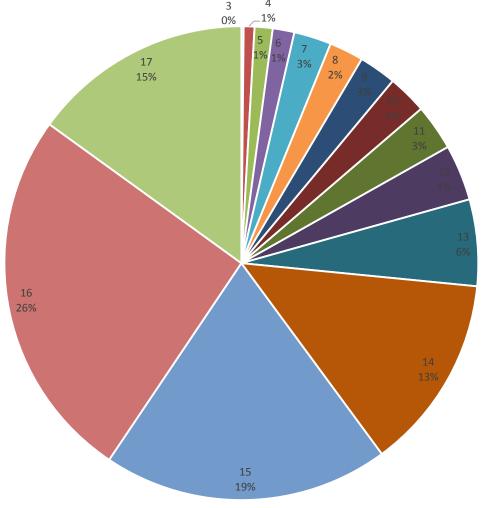
Since 2009 referral rates have increased 50% year on year with a 100% increase in 2016. Current estimated referral rates for the financial year 2016-17 will be around 1800.







#### GIDS Referrals by Age April 2009 to Mar 2016 (3253 Referrals)







### Pathway of Care (Stage 1)

- Initial detailed assessment by a Tavistock Worker
- At least 3-6 appointments
- Developmental, social and medical history
- DSM 5 criteria for the diagnosis of gender dysphoria
- Referral to the endocrine team





### **Endocrine Referral (Stage 2)**

#### **Education session**

- Options for treatment
- Fertility preservation
- Smoking cessation
- Bone health
- Vitamin D supplementation
- Adult services

#### First consultant appointment

- Investigations
- ? GP referral to local fertility clinic
- GnRH Analogues (hormone blockers)
- Physical examination at least tanner stage 2

### Reversible Treatment





### **On-going Endocrine Treatment (stage 3)**

- On-going assessments by Tavistock team
- Cross sex hormones (oestrogen or testosterone)
- Minimum of 12 months on hormone blockers
- Around the age of 16
- 6 monthly incremental dose increases

#### **Only Partially Reversible**





# Physical interventions

in partnership with UCLH and LGI



- About 40% of referrals to the service decide to undertake physical treatments – about 25% of young people referred before age 12 years
- Staged approach: from reversible to irreversible
- GnRH analogues (blockers) to achieve suppression of pubertal hormones from the early stages of puberty (Tanner stage 2) since 2011
- Cross-sex hormones from around the age of 16 years using a gradually increasing dose schedule





### **Adult Services (Stage 4)**

- 7 adult centres
- Further assessments
- Surgical procedures
- Speech therapy

**Irreversible interventions** 





### **Associated Difficulties**

- Low mood, lack of concentration
- Self harm, thoughts of suicide (and sometimes attempts)
- Anxiety
- Feelings of confusion or shame
- Bullying
- Relationship issues
- ASD features





### **Terminology**

- Pronouns he/she/they/their
- Natal/Assigned at birth
- Trans male/female
- Cisgendered
- Gender Queer
- Gender fluid
- Agender/non binary





## What has led to such rapid growth in referrals?

2015-2016 unprecedented 100% increase in referrals

- Increased visibility in the media
- Information on the internet & social media
- Increased awareness of physical treatments
- Increase in number of support groups







### **Raised Awareness**

#### **Contributed to:**

- Acceptance & understanding ?
- Decrease in stigma?
- Easier for young people and their families to seek out care

#### Impact on:

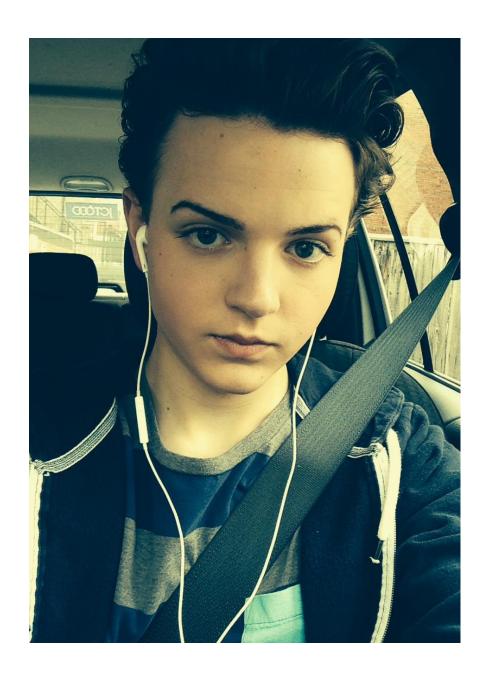
Waiting list and waiting times







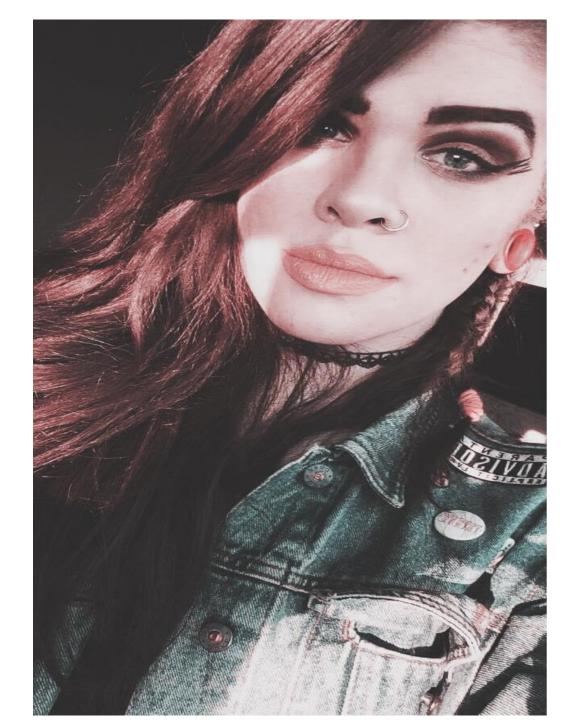




#### FULLOWERS DIREC







### Life in school/college

- Transitioning
- Practicalities
- GIDS input/support







### Safeguarding

- Risk taking behaviour
- Online relationships/CSE
- Online medications



enhance your user experience.

Young people V

Parents V

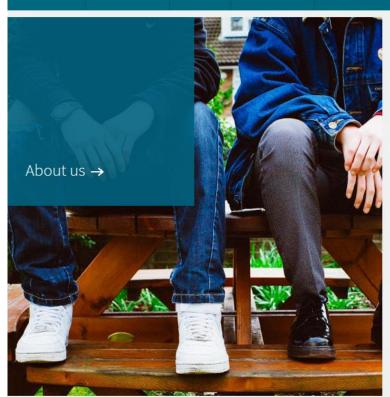
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Working therapeutically

Ideas about how to work with young people and gender

Read more →













Media enquiries?

Our press office is happy to help

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#### Professionals

Advice and guidance for professionals

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Working therapeutically with gender

Shared care and our network model

Guidance for schools

Our CPD events

Staff publications

Making a referral

Upcoming CPD Events

Evidence base

Examples of multi-agency working







Referral form →





Media enquiries?

Our press office is happy to help







**NHS Foundation Trust** 

#### Referral Form for the Gender Identity Development Service (GIDS)

Young people referred to GIDS are frequently struggling with issues such as communication and relationship difficulties, bullying and discrimination, low mood and anxiety, and a number also self-harm. These experiences are often linked to a young person's gender identity. In our experience a young person is optimally supported when GIDS and the local CAMHS work in partnership. We support this by joining local network meetings, where we can participate in multi-agency discussions which may include the family and may also include the school. We can provide consultation and supervision, for example to professionals providing psychotherapy, around gender issues. We can also provide literature and further information relevant to gender identity and the young person we are seeing.

As the local service we believe that the local CAMHS is best placed to monitor and manage risk, such as self-harm and suicidal ideation. CAMHS are also in the best position to provide more regular support to the young person and their families. If the referral to GIDS is not being made by CAMHS, and if there is identified risk, we request that a concurrent referral is made to CAMHS as well as to our service, if this has not already been done. We will be unable to accept referrals with identified risk without ongoing CAMHS involvement or a referral to CAMHS.

Patient Details			Date of Referral*
	Name*	Preferred Name	DOB*
		Tick if Deed Poll name change [ ]	
	NHS Number	Natal/Assigned Gender*	Ethnicity
	Address*		Telephone Number(s)
			Email Address
	GP Name and Address		Telephone Number
	Who Holds Parental Responsibility?		<u> </u>
	Consent from young persor	YES NO	
	Consent from Parent		YES NO

#### Referrer Details

	Name*	Job Title*
	Name of Referring Organisation*	
	Address*	
	Telephone or other contact details	
Re	ferral Details	
	Reason for Referral	
	Incidents of self harm and suicide attempts	(with dates, metho

### **Take Home Messages**

- Don't assume check names/pronouns
- Vulnerable group
- Signposting
- Advocate
- Rapidly changing field











#### You could lose up to 12lb in just six weeks!

Clinic accused of 'playing Treatment stops puberty God' with children's lives and may do long-term harm



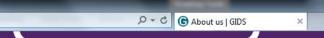
**Harry meets** Cressie and says: Let's try again 📲



Sex swap revealed by school A BOY aged 12 turned up at school as a GiRt. — after changing sex during the summer holidays.



### **Any Questions?**



#### Values and ethos



#### Curiosity

To help people to remain curious and thoughtful about their lives, and to understand what might get in the way of them doing this.



#### Mind/body

To keep in mind the relationship between the body, thoughts and feelings. We work closely together as a group of professionals from different backgrounds, including paediatric endocrinology.



#### Loss

To allow young people and their families to acknowledge the sense of loss that can result from change.