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# Work Instruction

## Treatment of Gender Dysphoria

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Executive sponsor	Executive Director Clinical Services			Effective date	21/02/2024
Author/custodian	CYMHS Nursing Director			Review date	15/02/2025
Supersedes	2.0				
Applicable to	Queensland Children's Gender Service				
Authorisation	Executive Director Clinical Services				

### Purpose

This work instruction provides a guideline for providing gender affirming medical treatments with patients of the Queensland Children's Gender Service (QCGS). It outlines the principles underpinning care, the steps required in providing treatment and the published guidelines that inform practice. This guideline supports Children Health Queensland's commitment to offer the best, safe, expert, accessible child and family-centred care for young people.

### Scope

This guideline applies to all staff involved in care of young people engaged with Queensland Children's Gender Service, Child & Youth Mental Health Service (CYMHS), Children's Health Queensland Hospital and Health Service (CHQ).

### Principles

Practice aligns with national and international clinical guidelines listed in the supporting documents section. The following principles underpin the care of patients within the Queensland Children's Gender Service and the steps to be followed when considering commencing gender affirming medical treatments.

#### Principle 1: Affirmative approach

Children's Health Queensland and representative medical bodies consider being transgender, non-binary or gender diverse a part of the natural spectrum of human diversity. QCGS staff provide care within an affirmative approach which considers no gender identity outcome: transgender; cisgender or otherwise to be preferable. Affirmative care seeks to facilitate an adolescent to develop a confident, settled sense of gender identity with the support of family and friends and assistance of gender affirming treatments when indicated. Increasing evidence demonstrates that supportive, affirmative care in childhood and adolescence, ameliorates harms and improves mental health and wellbeing outcomes<sup>1</sup>.

## Principle 2: Child centred; family focused shared care

QCGS will co-create treatment plans with the adolescent, their parents/legal guardians and the multi-disciplinary gender clinic treating team. Adolescent's and their family bring lived experience expertise, the team bring clinical knowledge expertise and together we apply the existing research/evidence base and clinical guidelines in forming a plan for treatment.

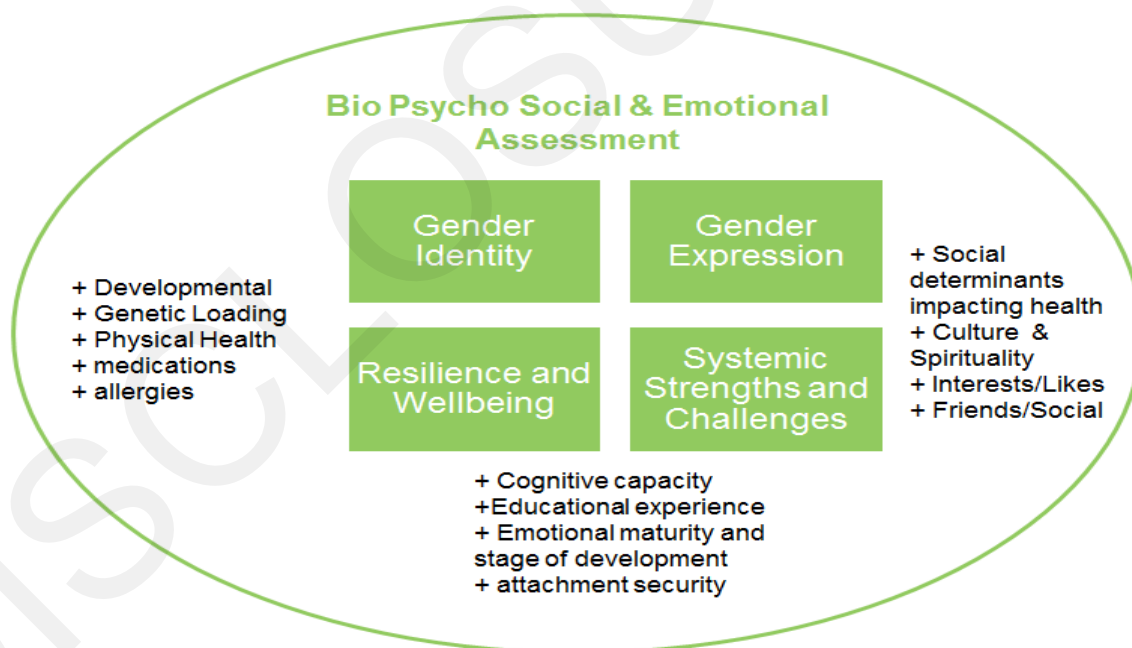
## Principle 3: Comprehensive, systemic, developmentally informed assessment

Assessment includes comprehensive exploration of the adolescent's early developmental history, history of gender identity development and gender expression, strengths and resilience, family functioning and mental health (Figure 1). Care provided is family focused and includes equipping parents and adolescents to make decisions that have complex risk-benefit ratios.

Gender incongruence, a difference between a person's gender identity and their gender assigned at birth, is frequently accompanied by gender dysphoria. Gender dysphoria is a discomfort or distress experienced by a person in association with their body, gender or how their gender is perceived by others. Additionally, it is well recognised that trans and gender diverse individuals are at increased risk of harm associated with discrimination, social exclusion, bullying, physical assault and homicide.<sup>1,2</sup>

Psychological assessment, conducted by a mental health professional experienced in child & adolescent development is delivered through clinical interview, psychometric tools and self-report surveys that are inclusive of family members. Chart review occurs and with consent, consultation with key parts of the adolescent's external support system occurs including school, other health providers, counsellors.

Figure 1: Psychological assessment of gender expansive children or adolescents



## Principle 4: Multi-disciplinary team

The optimal model of care for trans, non-binary and gender diverse adolescents who present to services involves a coordinated, multi-disciplinary team approach.<sup>1</sup> Health professionals supporting parents and adolescents can develop a shared understanding of the adolescent's experience and enable optimisation of clinical outcomes and family functioning.

## Role of Mental Health Practitioners (Allied health and nursing disciplines)

- Systemic, developmentally informed assessment of child & family that:
  - Elicits & strengthens existing resilience within the adolescent and family
  - Explores thoughts and feelings around gender identity and presence of gender dysphoria
  - Assess gender incongruence
- Psychoeducation on factors associated with optimum development and wellbeing in gender diverse young people.
- Assess and respond to co-occurring mental illness and/or symptoms
- Identify developmental strengths and challenges and seek clarification or further assessment where required
- Assess & respond to risk of harm to self including suicidal risk
- Assess & respond to social determinants impacting health e.g. bullying, social isolation, family attunement
- Interventions may include direct delivery, referral or care coordination of mental health treatment school assistance, family therapy, links to community supports, advocacy as needed
- Developmentally scaffolded, evidence informed education on the risk/benefit profile of proposed treatments and assessment of the adolescent's ability to consent to medical intervention in collaboration with the treating doctors
- Ascertain adolescent's capacity to provide informed consent to gender affirming medical treatments (see [Supporting Documents Forms and Templates](#))

## Role of Consultant Child & Adolescent Psychiatrist

- Clinical leadership of mental health practice within the Queensland Children's Gender Service
- Assess gender incongruence and gender dysphoria
- Psychiatric assessment and review of mental health symptoms and developmental concerns
- Treatment and/or liaison with providers regarding co-occurring mental health or developmental challenges
- Ascertain adolescent's capacity to provide informed consent to gender affirming medical treatments (see [Supporting Documents Forms and Templates](#))
- Provide evidence informed information to adolescents and parents/legal guardians regarding medical treatments for gender dysphoria including associated mental health and functioning impacts

## Role of Paediatric Endocrinologist and Sexual Health Physician

- Medical assessment and treatments for gender dysphoria
- Baseline and continuing clinical evaluation of physical changes and potential adverse changes in response to pubertal blockade and or hormone therapy
- Fertility counselling. Referral to gynaecologist or andrologist for fertility consultation and/or preservation if clinically indicated or requested by the family
- Provide education on the effects and risks associated with commencing treatments and obtain written consent from adolescent and each person with parental (see [Supporting Documents Forms and Templates](#))

**Medical treatment will be offered where all members of the multi-disciplinary team agree that treatment is in the adolescent's best interests as confirmed at a multi-disciplinary case review.**

## Principle 5: Informed Consent

We encourage families to be actively involved and participate in decision-making. The usual position on consent for treatment for minors is outlined in the [Qld Health Guide to Informed Consent Decision-making in Healthcare](#) (Queensland Health, 2017, p41) but is modified in the case of pubertal blockade and gender affirming hormone treatment for gender dysphoria following several Family Court determinations:

In *Re Darryl* (FamCA, 2016), when assessing whether a child is Gillick competent, Justice Tree rejected the notion that the words 'understand fully' require a child to have achieved the "maximum understanding which later years may give them when their brain and personality are fully developed" and reiterated what the High Court adopted as the appropriate consideration i.e. "the capacity to make an intelligent choice, involving the ability to consider different options and their consequences."

In *Re Kelvin* (FAM CA, 2017) the Full Court of the Family Court of Australia unanimously decided that gender affirming hormone treatment for the gender incongruent adolescent is no longer a special medical procedure.

In *Re Imogen* (FM CA, 2020) the Family Court of Australia clarified that the consent of an adolescent who is determined to be Gillick competent is effective **only** where each of their legal guardians actively consents to treatment (ie this is not fulfilled by a parent who states that he/she will not oppose the treatment but does not consent).

In determining an adolescent's capacity to provide informed consent, the items addressed by the treating clinician in *Re Lincoln (No 2)* (FamCA, 2016) (a case relating to stage 3 treatment for gender dysphoria) has been described as a 'gold standard' by the court and is outlined in dot point below.

### QCGS staff apply the following framework in assessing an adolescent's understanding and ability to provide informed consent to gender dysphoria treatment:

- Ability to comprehend and retain both existing and new information regarding the proposed treatment;
- Ability to provide a full explanation, in terms appropriate to the child's level of maturity and education, of the nature of the treatment;
- Ability to describe the advantages of the treatment;
- Ability to describe the disadvantages of the treatment;
- Ability to weigh the advantages and disadvantages in the balance, and arrive at an informed decision about whether and when they should proceed with the treatment;
- Able to understand that the decision to proceed with the treatment could have consequences that cannot be entirely foreseen at the time of the decision;
- Acknowledgement that the treatment would not necessarily address all of the psychological and social difficulties that the patient had before its commencement;
- Confirmation from the clinician that the patient was free, to the greatest extent possible, from temporary factors such as pressure of pain that could impair judgement in providing consent to treatment.

### Steps to obtaining informed consent

1. Discuss the recommended treatments (including the expected benefits, possible side effects and any alternative treatments, including no treatment), any immediate, medium- or long-term risks associated with the proposed treatments and of no treatment. Further discussion, beyond the team with external fertility specialists may be required.

2. Ensure information is provided in a developmentally appropriate way, supports and encourages the participation of the patient and parents/guardians. Consider use of interpreters, speech pathologist, visual aids, non-clinical language or other means as necessary to ensure the information being provided is understood.
3. A mental health professional will assess whether the adolescent has provided informed consent for treatment as outlined in Principle 5 and document this assessment in the medical record.
4. Confirm parents (or other persons with parental responsibility) and the adolescent understand and agree to proceed with the treatment.
5. Inform the person(s) giving consent that they can withdraw consent for treatment at any time. Withdrawal of consent may be verbal or by action.
6. In circumstances where there is a dispute between parents, the young person or their treating medical professionals about a) Gillick-competence; b) gender dysphoria diagnosis; or c) proposed treatment; an application to the Family Court is mandatory to begin a new treatment. This includes circumstances where one parent cannot be located, is incarcerated or for any reason is not signing the consent form. CHQ Legal advice should be sought.
7. The prescribing doctor will ensure the relevant consent form (see [Supporting Documents Forms and Templates](#)) is signed by the adolescent and all persons with parental authority prior to commencement.
8. Record all of the above in the clinical record and upload signed consent form.

### **Adolescents with capacity to provide informed consent**

The consent of an adolescent determined to have capacity to provide informed consent is effective for the gender affirming treatments, puberty blockade and hormones only where all persons with parental responsibility also consent.

Even where the adolescent has capacity to give informed consent and the treating team are aware that:

- Both parents/guardians do not agree with the treating team's recommendation;
- One parent/guardian does not agree with the treating team's recommendation (i.e. dispute between the parents/guardians);
- One parent/guardian has not responded with their agreement or objection to the treating team's recommendation (i.e. a nil response to a request to obtain consent by a parent);
- One or both parents/guardians have not been contacted at the instruction of the Gillick competent child;

An application to the Family Court of Australia may be required before the treatment can be provided. Such a circumstance should be referred to CHQ Legal for advice.

### **Adolescent's without capacity to provide informed consent**

For adolescents determined not to have capacity to provide informed consent to hormone treatment at this time, treatment can proceed with their agreement and the consent of all persons with parental responsibility without court authorisation.

The assent of the adolescent to the hormone treatment will be documented on the consent forms. The treatment will not proceed without the adolescent's assent.

If the adolescent's lack of capacity is of a temporary nature, a decision to proceed with treatment may be deferred if that is in the best interest of the adolescent.

Where the child does not have capacity to give informed consent and the treating team are aware that:

- Both parents/guardians do not agree with the treating team's recommendation;
- One parent/guardian does not agree with the treating team's recommendation (i.e. dispute between the parents/guardians); or
- One parent/guardian has not responded with their agreement or disagreement with the treating team's recommendation (i.e. a nil response to a request to obtain consent by a parent);

An application to the Family Court of Australia may be required. Such a circumstance should be referred to CHQ Legal for advice.

### Consent for children in the care of the State

As outlined in the [Qld Health Guide to Informed Consent Decision-making in Healthcare](#) (Queensland Health, 2017, p44):

*“Under the Child Protection Act 1999, a person granted ‘guardianship’ of a child under a protection order has the equivalent right and responsibility of someone with parental responsibility to make decisions about the daily care, long-term care, well-being and development of the child [...].”*

*An order granting guardianship may be made by the court in favour of the Chief Executive Department of Communities, Child Safety and Disability Services or a suitable person, including a member of the child's extended family. Sometimes, parents retain guardianship of the child while the Chief Executive or another suitable person is granted custody.*

*Custody is more limited than guardianship and is restricted to the right to have the child's daily care and the right and responsibility to make decisions about the child's daily care. Daily care might include managing existing health care matters but may not include decisions about future long-term health care.”*

Consultation with the Department of Communities, Child Safety and Disabilities is always required for medical treatment of an adolescent in the care of the State. Consent forms must be signed by the appropriate delegate.

### Age

[WPATH Standards of Care \(SOC v7\)](#) and [Australian Standards of Care and Treatment Guidelines \(2020\)](#) do not specify an age for commencement of gender affirming medical treatments, rather developmental age and stage of puberty are the key factors. As with all medical intervention commencement will depend on the individual seeking treatment and their unique circumstances. The [Endocrine Treatment of Gender-Dysphoric/Gender incongruent persons: An Endocrine Society Clinical Practice Guideline](#) recommend commencement with a gradually increasing dose schedule with the support of a multidisciplinary team of medical and mental health professionals, noting most adolescents have sufficient capacity to give informed consent by age 16 years. The guidelines note that there are minimal published studies on the use of gender affirming hormones prior to 16 years but that there may be compelling reasons to commence this treatment prior to 16 years. Factors to be considered in treatment with estrogen or testosterone include but are not limited to an adolescent's ability to provide informed consent, number of years of treatment on GnRH analogues, number of years of social transition and social emotional wellbeing and the impacts of no treatment or treatment delay.

## Medical evaluation and treatment

Queensland Children's Gender Service provides gender affirming medical treatment in accordance with published clinical guidelines, namely:

1. [The Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents v1.3 \(2020\)](#)
2. [Endocrine Treatment of Gender-Dysphoric/Gender incongruent persons: An Endocrine Society\\* Clinical Practice Guideline \(2017\)](#)
3. [Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, V. 7 \(2011\), World Professional Association for Transgender Health \(WPATH\)](#)

## Chest Reconstructive Surgery

Chest reconstructive surgery (also known as top surgery) is not offered by the QLD Children's Gender Service although it is considered an integral part of the transition process for many Trans males and non-binary young people with chest development and has low complication rates and high levels of satisfaction<sup>3</sup>. The World Professional Association for Transgender Health [Standards of Care](#)<sup>4</sup> and the [Australian Standards of Care and Treatment Guidelines](#)<sup>1</sup> outline clinical considerations and criteria associated with chest reconstruction surgery for those who choose to access this treatment privately.

It is recognised that in exceptional circumstances it may be in the best interest of an older adolescent under 18 years to consider chest reconstructive surgery before adulthood. Chest binding may not be effective in suppressing the chest profile and therefore ineffective in reducing gender dysphoria. Gender-related stigmatization and abuse is associated with the degree of psychiatric distress during adolescence<sup>5</sup>. Adolescents commencing testosterone treatment will physically develop observable male characteristics within 3-6 months and if unable to suppress the chest profile, and/ or experiencing intense body dysphoria, psychiatric risk may increase, and social functioning deteriorate.

Given the irreversible nature of chest reconstructive surgery, this decision before 18 years requires considered and thorough assessment by professionals experienced in working with adolescents with gender dysphoria. Similar to the decisions regarding commencement of gender affirming hormones, an individualised approach is needed. Thorough assessments of the cognitive and emotional maturity of the adolescent, their support networks and their capacity to understand the risks and benefits of surgical intervention are required to ensure good outcomes.

It is noted that the Family Court of Australia previously found that two adolescents were competent to consent to stage 3 treatment at the age of 15 years: *Re. Quinn* FamCA 2016; *Re: Lincoln (2)* FamCA 2016. A decision as to whether the surgery is in the adolescent's best interest should be made by agreement of the adolescent, their parents and the multidisciplinary team, in liaison with a surgeon.

## Background

Previously court authorisation was required for gender affirming hormone treatment of gender dysphoria, specifically testosterone or oestrogen to initiate the secondary sexual characteristics of a person's identified gender. The Full Court of the Family Court of Australia unanimously decided in December 2017 in *Re. Kelvin* decision that court authorisation was no longer required. This remains the position following the decision in *Re Imogen* where the parents/legal guardians of a child each consent to the treatment (even in the case of a Gillick competent child). Clinical guidelines listed in [Supporting Documents](#) guide practice. Given the changes, to avoid any ambiguity, clear work instructions within Children's Health Queensland was required.

## Supporting documents

### Authorising Policy and Standard/s

- [Child Protection Act 1999 \(Queensland\)](#)
- The [Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents v1.3](#)
- [Endocrine Treatment of Gender-Dysphoric/Gender incongruent persons: An Endocrine Society\\* Clinical Practice Guideline](#)
- [Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, V. 7 \(2011\)](#),

### Procedures, Guidelines and Protocols

- [Qld Health Guide to Informed Consent Decision-making in Healthcare](#)

### Forms and Templates

- [Testosterone Patient Information and Consent](#)
- [Oestrogen Patient Information and Consent](#)
- [Informed Consent GnRH Puberty Blocker Assigned Male at Birth](#)
- [Informed Consent GnRH Puberty Blocker Assigned Female at Birth](#)

## Consultation

Key stakeholders who reviewed this version:

- Paediatric Endocrinologist, Queensland Children's Gender Service
- Consultant Child & Adolescent Psychiatrist, Queensland Children's Gender Service
- Coordinator, Queensland Children's Gender Service
- Medical Director, Child & Youth Mental Health Service
- Director of Nursing, Child & Youth Mental Health Service
- Director of Legal Services
- CYMHS Clinical Quality and Safety Manager
- CYMHS Procedure Management Committee

## Definition of terms

Term	Definition
Adolescent	Young people under 18 years who have commenced puberty.
Parent	A person with parental responsibility for an adolescent. Note that a biological or birth parent of an adolescent may not have parental responsibility for an adolescent and parental responsibility may be altered by a court order.

## References

1. The [Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents v1.3 \(2020\)](#)
2. Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) Writing Themselves In 4: The health and wellbeing of LGBTQA+ young people in Australia. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University
3. Bustos VP, Bustos SS, Mascaro A, Del Corral G, Forte AJ, Ciudad P, Kim EA, Langstein HN, Manrique OJ. Transgender and Gender-nonbinary Patient Satisfaction after Transmasculine Chest Surgery. *Plast Reconstr Surg Glob Open*. 2021 Mar 19;9(3):e3479
4. [Standards of Care for the health of Transsexual, Transgender, and Gender Nonconforming People, V. 7 \(2011\)](#), World Professional Association for Transgender Health.
5. Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2020). Associations between negative life experiences and the mental health of trans and gender diverse young people in Australia: Findings from Trans Pathways. *Psychological Medicine*, 50(5), 808-817.
6. [Endocrine Treatment of Gender-Dysphoric/Gender incongruent persons: An Endocrine Society\\* Clinical Practice Guideline](#)
7. [Guide to Informed Consent Decision-making in Health Care](#)

## Audit/evaluation strategy

Level of risk	High
Strategy	Chart audit (30 at random)
Audit/review tool(s) attached	N/A
Audit/Review date	Annually
Review responsibility	Coordinator Queensland Children's Gender Service
Key elements / Indicators / Outcomes	Consent forms on the chart in alignment with the principles and process outlined in this WI

## Guideline revision and approval history

Version No.	Modified by	Amendments authorised by	Approved by
1.0 15/12/2020	Gender Clinic Coordinator	Medical Director- CYMHS	Executive Director Clinical Service
2.0 15/07/2021	A/ Clinical Quality and Safety Manager	A/Divisional Director CYMHS	Executive Director Clinical Services
2.1 15/02/2024	A/ Clinical Quality and Safety Manager	A/Divisional Director CYMHS	Executive Director Clinical Services

<b>Keywords</b>	Queensland Children's Gender Service, Gender Clinic, QCGS, gender dysphoria, hormone treatment, informed consent, consent, gender, stage 2, CYMHS, child and youth mental health, puberty blockers, testosterone, estrogen, transgender, 50103
<b>Accreditation references</b>	NSQHS Standards: Standard 2 – Partnering with consumer NSMHS Standards: Standard 1 – Rights & Responsibilities; Standard 6 – Consumers, Standard 10 – Delivery of Care ISO 9001:2015 Quality Management Systems

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**Subject:** MTG | CHHS Gender Service Review

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