Justice Health and
Forensic Mental Health Network

NSW GOVERNMENT

Justice Health NSW Policy

Management of Trans and Gender Diverse Patients

Issue Date: 17 February 2023

Together for
Healthier Tomorrows

Management of Trans and Gender Diverse Patients

Policy Number 1.410

Policy Function Continuum of Care

Issue Date 17 February 2023

Next Review Date 17 February 2026

Risk Rating High

Summary This policy provides direction for staff in the clinical management of trans and gender diverse patients in Adult Correctional Centres, the Forensic Hospital and Youth Justice Centres.

Responsible Officer General Manager, Population and Preventative Health

Applies to
☐ Administration Centres
☒ Community Sites and programs
☒ Health Centres - Adult Correctional Centres or Police Cells
☒ Health Centres - Youth Justice Centres
☒ Long Bay Hospital
☒ Forensic Hospital

CM Reference POLJH/1410

Change summary
- Deletion of intersex patients and inclusion of gender diverse
- Clarification re gender dysphoria and gender incongruence
- Policy refers to a model of care for transgender and gender diverse patients that features a multidisciplinary team management that is underpinned by gender affirming health care
- Broadens scope of responsive health care for Trans and gender diverse people in custody beyond provision of previously termed Hormone Replacement Therapy (HRT) and now Gender Affirming Hormone Therapy (GAHT) to include reproductive health, screening, mental health and general health issues.

Authorised by Chair, Policy Steering Committee

Revision History

#	Issue Date	Number and Name	Change Summary
5	February 2023	1.410 Management of Trans and Gender Diverse Patients	• Deletion of intersex patients and inclusion of gender diverse • Clarification re gender dysphoria and gender incongruence

			• Policy refers to a model of care for transgender and gender diverse patients that features a multidisciplinary team management that is underpinned by gender affirming health care • Broadens scope of responsive health care for Trans and gender diverse people in custody beyond provision of previously termed Hormone Replacement Therapy (HRT) and now Gender Affirming Hormone Therapy (GAHT) to include reproductive health, screening, mental health and general health issues.
4	September 2019	1.410 Management of Transgender and Intersex Patients	• Inclusion of section 2.2 Implementation Roles and Responsibilities • Section 3.1.2 Removal of Commencement of HRT over the internet • Section 3.1.2 Addition of patients previously accessing HRT over the internet • Inclusion of the Forensic Hospital patients • Addition of Gender Incongruence definition
3	August 2016	1.410 Management of Transgender and Intersex Patients	• CSNSW changes to management of transgender people in custody included • Inclusion of consent for treatment for adolescent patients • Policy title change to include intersex patients and definitions
2	September 2012	1.410 Transgender Patients – Management of	• Grammatical changes and clarification of process
1	May 2009	1.410 Management of Transgender People	• A full risk assessment on renewal of the policy has also been completed

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1. Preface

The Australian Commonwealth Government Guidelines on the Recognition of Sex and Gender recognises that individuals may identify and be recognised within the community as a gender other than the sex they were assigned at birth or during infancy, or as a gender which is not exclusively male or female, and that this must be recognised and reflected in their personal health records.

Throughout this policy the terms transgender (abbreviated to Trans) and gender diverse are used as umbrella terms that describe people whose gender is different to what was presumed for them at birth. A transgender man is someone with a male gender identity and a female birth assigned sex; a transgender woman is someone with a female gender identity and a male birth assigned sex. A non-transgender person may be referred to as cisgender (cis=same side in Latin). When we refer to Trans and gender diverse patients we are also including Brotherboys and Sistergirls (see section 4. Definitions).

Trans and gender diverse people have a range of experiences with transitioning. Some may transition socially, legally, and medically, some may transition only socially, and some may not do any of these. In the community medical Gender Affirming Therapies can include: hormone therapy, gender affirming surgery, voice and communication therapy, reproductive options and consideration of dress and underwear options.

This policy is designed to support Justice Health NSW clinicians to manage gender affirming hormone therapy, and to help reduce barriers and improve health outcomes for Trans and gender diverse. This will ensure a trans-affirming, culturally safe health environment enabling a gender affirming patient journey and enabling Trans and gender diverse patients to maximize their overall health, quality of life, psychological well-being, and self-fulfillment and achieve long-term comfort in their gender identity expression.

This policy has been developed in accordance with the following national guidelines:

- Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents
- AusPATH: Australian Informed Consent Standards of Care for Gender Affirming Hormone Therapy

2. Policy Content

2.1 Mandatory Requirements

To provide prompt best practice and non-discriminatory clinical management for all Trans and gender diverse patients.

To ensure that the correct process, by consulting with the appropriate Clinical Director(s), is followed when patients in custody are requiring gender affirming therapy treatments.

To ensure Trans and gender diverse patients must be addressed by their chosen name and pronouns.

Male to female transgender patients must not be called by their male given names (regardless of their legal identification) or referred to as ‘he’; they are to be called by their chosen names and referred to by their chosen pronouns. Similarly female to male transgender patients must

not be called by their female given names (regardless of their legal identification) or referred to as 'she'; they are to be called by their chosen names and referred to by their chosen pronouns.

2.2 Implementation – Roles and Responsibilities

It is the responsibility of all staff within Justice Health NSW to address Trans and gender diverse patients by their chosen names and according to their identified gender and chosen pronouns and ensuring social affirmation.

It is the responsibility of all staff within the Justice Health NSW to provide care and treatment to Trans and gender diverse patients as appropriate and with respect to their gender identity and with respect to human rights principles of gender affirming health care.

Clinical Care and Management

Refer to Justice Health NSW Clinical Guidelines and Model of Care for Trans and Gender Diverse People in Custody and Forensic Patients (in development).

All patients considered for gender affirming therapies must have:

- Patient Care managed by a Primary Care General Practitioner (GP) or Nurse Practitioner (NP) or nominated Clinical Nurse Consultant (CNC).
- Patient care in consultation with the Clinical Director Primary Care for Adult patients or the Clinical Director Adolescent Health (CDAH) for Adolescent patients in Youth Justice NSW (YJNSW) and appropriate Clinical Director for patients under the care of Custodial Mental Health or Forensic Mental Health.
- A treatment and management plan, as a JHEHS Multidisciplinary Care Plan, developed by a collaborative multidisciplinary team including staff from both Justice Health NSW, the treating Forensic Hospital team (if appropriate) and Corrective Service NSW (CSNSW) or Youth Justice NSW (YJNSW) accordingly.

Availability of support from Justice Health NSW's Gender Affirming Health Care Team.

3. Procedure Content

3.1 Support for Patients

A patient who identifies as Aboriginal and as transgender or gender diverse should be given the opportunity to ask for the support of an Aboriginal health worker.

All patients will have the option of support from Justice Health NSW's Gender Affirming Health Care Team.

3.2 Support for Staff

Resources for staff are available in section 3.11 Additional Resources.

3.3 Staff Roles

3.3.1 Health Centre Nursing Role

Health Centre Nursing staff will refer Trans or gender diverse patient to:

- Gender Affirming Health Care team for initial assessment via [redacted]

- Public Sexual Health Nurse for sexual health screens, STI & BBV assessments.

Heath Centre Nursing staff will operationalise referrals to the relevant health care services for:

- contraception
- vaccinations
- mental health assessments
- drug and alcohol assessments

3.3.2 Primary Care GP/NP Role

The GP/NP/CNC will coordinate the medical care and referrals for Trans and gender diverse patients in custody requiring gender affirming therapy in consultation with the appropriate Clinical Director.

Referrals may be needed for:

- Specialists Physicians such as Endocrinology or Cardiology
- Psychiatry
- Fertility Counselling and Preservation
- Peer Support
- Routine cancer screening based on age and organs present (cervix, prostate, breast/chest).

3.3.3 Gender Affiriming Health Care Team

The Gender Affirming Health Care Team is a multidisciplinary team consisting of Justice Health NSW staff with enhanced knowledge and training around pathways and protocols and clinical practice to support and assist Trans and gender diverse patients and Justice Health NSW staff.

3.4 Gender Affirming Hormone Treatment

Gender Affirming Hormone Treatment (GAHT) and in particular initiation, should only occur under the guidance of the appropriate Clinical Director(s) who will determine if consultation is required with an experienced specialist endocrinologist. (See Section 3.4.3)

A flow chart at Appendix outlines the clinical pathways to care for patients seeking to continue or to commence GAHT.

Trans and gender diverse patients who come into custody may require gender affirming therapy in the following scenarios.

3.4.1 Continuation of Gender Affirming Hormone Treatment

Patients who are on prescribed gender affirming hormone treatment in the community, will have timely continuation of gender affirming hormone treatment when in custody or admitted to the Forensic Hospital with minimal impediment.

- Confirmation via Justice Health NSW form JUS020.083 - *Consent To Obtain Health Information For Continuation of Care* is necessary from their Community Prescriber for continuation of treatment.

- Their medical treatment will be managed by the Primary Care General Practitioners or Nurse Practitioners and in consultation with the relevant Clinical Director(s).

JHEHS Multidisciplinary Care Plans for ongoing management by GPs, NPs or CNCs must be developed by a collaborative multidisciplinary team including staff from both Justice Health NSW, if appropriate the Forensic Hospital treating team and Corrective Service NSW or Youth Justice NSW.

- The GP/NP/CNC will assume the responsibilities of Primary Care provision and the JHEHS Multidisciplinary Care Plan treatment and management unique for each patient according to patient healthcare needs. The GP/NP/CNC will manage interventions such as referrals for consultation with internal and external specialist services (see Section 3.3.2).

3.4.2 Requests for Gender Affiriming Hormone Treatment Initiation

Requests for Gender Affirming Hormone Treatment Initiation may occur:

- If a patient may have been taking hormones or other medications not prescribed by a medical practitioner prior to entering custody or Forensic Hospital admission.
- Or if a patient requests Gender Affirming Hormone Treatment whilst in custody or as an inpatient at the Forensic Hospital.

For both scenarios patients will be managed as Gender Affirming Hormone Treatment Initiation and have a JHEHS Multidisciplinary Care Plan for treatment and management developed by the collaborative multi-disciplinary team with support from Justice Health NSW's Gender Affirming Health Care Team.

Confirmation of gender incongruence or dysphoria is assessed by an experienced Medical or Nurse Practitioner but a Psychiatric review is not always required to commence hormone therapy.

Referral to a Psychiatrist for review, may be needed if the patient has complex mental health, or legal requirements or cognitive impairment, which may impact the ability to provide informed consent or if there is a psychiatric diagnosis that could complicate their gender- affirmation journey.

3.4.3 Specialist Endocrinology Services

Referral options for patients on or commencing GAHT will be:

- For patients housed or as inpatients on the Long Bay site or Forensic Hospital.
  - Department of Endocrinology and Diabetes - Prince of Wales Hospital Randwick
- For patients housed in women's correctional centres.
  - Department of Diabetes and Endocrinology - Westmead Hospital Westmead
- For young people tertiary services include: (see AusPath Providers)
  - Maple Leaf House – John Hunter Children's Hospital – HNE LHD
  - The Adolescent Ambulatory Care Centre (Outpatient Clinic) – Westmead Hospital - WSLHD

3.4.4 GAHT and Young People

Therapy for Trans and gender diverse young people should only be undertaken in consultation with specialists in this field and must be individualised for each person. The Adolescent Health Clinical Directors should be notified of any gender diverse young people in custody as soon as possible so that multidisciplinary care and support can be provided. *The Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents* provides guidance for GAHT and young people.

Requirements before prescribing GAHT for young people include:

- A formal diagnosis of gender dysphoria
- JHEHS Multidisciplinary Care Plan from the multidisciplinary team.
- Appropriate consent (see section 3.5.2)

Any Trans or gender diverse young person already on medical therapy should have the therapy regimen confirmed from their community prescribers and reviewed by Justice Health NSW GP/NP to support timely continuation.

Young people newly presenting with gender incongruence and/or dysphoria (as per DSM-5-TR, 2022) must be confirmed by consultation with the Child and Adolescent/ Forensic Psychiatrist at the Youth Justice Centre health clinic.

Once confirmed then referral will be made by the GP/NP/CNC to the nearest Local Health District (LHD) Adolescent Specialist Gender Endocrinologist clinic for further assessment and treatment.

The Specialist services of LHD in the community which can provide support to Trans and gender diverse young people include:

- Maple Leaf House – John Hunter Children's Hospital – HNE LHD
- The Adolescent Ambulatory Care Centre (Outpatient Clinic) – Westmead Hospital - WSLHD

All young people should have documented in JHEHS their JHEHS Multidisciplinary Care Plan and specialist follow-up requirements.

3.5 Informed Consent

Trans and gender diverse patients have the right to self-determine their own future. Gender affirming care in custody must occur with informed consent.

3.5.1 Consent for Adult Patients

Gender affirming hormone therapy can be commenced and managed by Justice Health NSW clinicians, if the patient has the mental and legal capacity to give informed consent for treatment.

The situation for those without medical decision-making capacity or who may be placed in care or under guardianship orders is more complex.

3.5.2 Consent for Young People

The medical treatment for gender incongruence and/or dysphoria for young people consists of two stages, namely;

- Stage 1 which consists of the suppression of pubertal development and gonadal function, primarily by gonadotropin suppression using Gonadotropin-releasing hormone analogues, the effects of which are reversible; and
- Stage 2 which consists of pubertal induction via the administration of either oestrogen or testosterone, the effects of which are irreversible.

Involvement of a young person's caregiver(s)/ parent(s) in this process must follow the *NSW Health Consent to Medical and Healthcare Treatment Manual*. Involvement of a young person's caregiver/ parents is required for young people under 14 years of age or who do not have capacity to determine their own consent.

There are additional challenges for young people and clinicians in accessing and providing gender diverse healthcare in youth custody, where there is a high proportion of young people who are vulnerable, culturally and linguistically diverse, Aboriginal, from out-of-home care (OOHC), with cognitive impairments, serious mental illness and other neurocognitive adversity.

The role of the Adolescent Health clinician (GP, psychiatrist and dual diagnosis CNC in consultation with Adolescent Health Clinical Directors) is to provide young people in custody with a safe and informed space to identify and be supported as their chosen gender, and to facilitate timely referrals to tertiary services (for commencement of treatment) and continuity of care for those young people who have already engaged with specialist services and begun treatment.

Prior to the continuation of treatment, there should be clear documentation of the young person's consent, and for those young people under 18 years of age, documented consent from their legal guardians, court and community service providers.

The legal landscape concerning adolescents under 18 years is rapidly evolving and likely to change, however currently the courts and legal guardians play a major role in determining access to pubertal suppression and gender affirming hormonal treatments. A specialised transgender service for young people and their carers should always be the lead in the initiation of treatment, so that fully informed consent can be provided. This includes conversations about:

- Access to fertility preservation information and counselling prior to commencement of pubertal suppression or gender affirming hormones.
- The timing of treatments, according to the developmental stage of the adolescent in order to minimise impacts on linear growth and development, menstrual irregularities, bone density and preservation of genital skin that may be required later for surgical re-assignment procedures.
- Appropriate contraception advice to avoid unwanted pregnancy in a transitioning young person, and the adverse effects of affirming hormones on a developing fetus.

3.6 Health information and identification of gender status

Justice Health NSW is currently identifying strategies to accurately identify gender status and collect data within Justice Health electronic Health System (JHeHS), in line with the *NSW LGBTIQ+ Health Strategy 2022-2027* to facilitate appropriate clinical pathways for transgender people in custody or as Forensic Hospital inpatients.

3.7 Corrective Services NSW

Corrective Services NSW (CSNSW) has the *Custodial Operations Policy and Procedures section 3.8 (COPP Section 3.8)* for the management of Trans and gender diverse people in custody.

3.8 Youth Justice NSW

Youth Justice NSW (YJNSW) has the Working with lesbian, gay, bisexual, transgender, queer, intersex asexual plus young people Policy for the management of Trans and gender diverse people; such management would be arranged on a case by case basis. YJNSW will provide ongoing psychological support to young people in custody with Gender incongruence or dysphoria.

Should a Justice Health NSW staff member receive a request from YJNSW to make recommendations on suitable placement based on transgender medical issues, the Clinical Director Adolescent Health must be contacted for advice.

3.9 Forensic Hospital

Therapy and support for Trans and gender diverse patients at the Forensic Hospital is provided by a multi-disciplinary team as part of consultation with the GP and Clinical Director of the Forensic Hospital, on a case by case basis.

Management of Trans and gender diverse people in the Forensic Hospital will be provided in consultation with Justice Health NSW's Gender Affirming Health Care Team. Treatment and management interventions may require referrals or external consultations as part of this process.

3.10 Requests for surgical gender affirmation

Justice Health NSW Staff may only make recommendations for patients to undergo surgical gender affirmation under exceptional circumstances and generally surgical gender affirmation will not be arranged for trans/ gender diverse people in custody or as Forensic Hospital inpatients.

Referral for surgical gender affirmation must have been discussed with the collaborative Multidisciplinary Justice Health NSW/CSNSW/YJNSW teams and with the Clinical Directors.

The patient will be responsible for the surgical gender affirmation costs. Refer to policy 1.252 *Access to Local Public Hospitals* and policy 1.253 *Access to Private Health Services*.

A brief must be provided to the Chief Executive of Justice Health NSW, which details the expert advice sought by the relevant GP and the relevant Clinical Director(s) within Justice Health NSW and the external specialists' recommendations that surgical gender affirmation is considered necessary for the preservation of the health of the patient.

Approval will be required by Justice Health NSW's Chief Executive and subsequently by the Commissioner of Corrective Services NSW.

3.11 Additional resources

The Gender Centre is a NSW Health funded centre and provides services including education, policies, resources and support, for both staff and the transgender and gender diverse community.

TransHub, is a digital information and resource platform for all Trans and gender diverse people in NSW, allies and health providers. This platform is an initiative from ACON, NSW's

leading health organisation specialising in community health, inclusion and HIV responses for people of diverse sexualities and genders.

Twenty10 is a NSW service that provides a broad range of specialised services for young people aged 12-25 who are lesbian, gay, bisexual, transgender and gender diverse, intersex, questioning, queer, asexual and more, LGBTIQA+ people and others of diverse genders and sexualities, their families and communities. They provide services such as housing, mental health, counselling and social support.

Further useful guidelines for the care of transgender people include:

World Professional Association for Transgender Health Standards of Care for the Health of Transsexual, Transgender and Gender Nonconforming People

UCSF Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Nonbinary People

Endocrine Treatment of Gender-Dysphoric/Gender-Incongruent Persons: An Endocrine Society Clinical Practice Guideline, The Journal of Clinical Endocrinology & Metabolism, Volume 102, Issue 11, 1 November 2017, Pages 3869–3903, https://doi.org/10.1210/jc.2017-01658

Position statement on the hormonal management of adult transgender and gender diverse individuals. Med J Aust. 2019 Aug;211(3):127-133. doi: 10.5694/mja2.50259. Epub 2019 Jul 4. PMID: 31271465

4. Definitions

Brotherboy

A term used by Aboriginal and Torres Strait Islander people to describe gender diverse people who have a male spirit and take on male roles within the community.

Cisgender

Cisgender is a non-transgender person may be referred to as cisgender (cis=same side in Latin).

Gender

Gender is part of a person's social and personal identity. It refers to each person's deeply felt internal and individual identity. A person's gender also includes outward social markers, including their name, outward appearance, mannerisms and dress. An individual's gender may or may not correspond with their sex recorded for them at birth, and some people may identify as neither exclusively male nor female.

Gender incongruence

Refers to a marked and persistent incongruence between an individual's presumed and experienced gender. This is an umbrella term used when the gender identity and/or gender expression differs from what is typically associated with the designated gender. Gender incongruence is also the name of the gender identity–related diagnoses in ICD-11. Not all individuals with gender incongruence have gender dysphoria or seek treatment.

Gender dysphoria

Diagnosis – A DSM-5 diagnosis characterised by a marked incongruence between one's experienced gender and physical characteristics, and a strong desire for medical affirmation.

Experience – the experience of distress or unease from being mis-gendered or not treated as the gender someone is. This is the distress and unease experienced if gender identity and designated gender are not completely congruent.

Intersex

Intersex people are born with naturally occurring differences of chromosomes, gonads (ovaries and testes), hormones and/or genitals. There are more than 40 variations of intersex. An intersex person is

a person who has physical, hormonal or genetic features that are:

- Neither wholly female nor wholly male
- A combination of female and male
- Neither female nor male

An intersex person must be treated as a member of the gender with which they identify.

Sistergirl

A term used by Aboriginal and Torres Strait Islander people to describe gender diverse people that have a female spirit and take on female roles within the community.

Transgender and gender diverse

These are inclusive umbrella terms that describe people whose gender is different to what was presumed for them at birth. May be abbreviated to trans. A transgender man is someone with a male gender identity and a female birth assigned sex; a transgender woman is someone with a female gender identity and a male birth assigned sex.

Must

Indicates a mandatory action required to be complied with.

Should

Indicates a recommended action to be followed unless there are sound reasons for taking a different course of action.

5. Related Documents

Legislations	*Crimes (Administration of Sentences) Act 1999* *Crimes (Administration of Sentences) Regulation 2014 Anti-discrimination Act 1977* *Sex Discrimination Act 1984 (Commonwealth)* *Australian Commonwealth Government Guidelines on the Recognition of Sex and Gender* *Intersex Human Rights Australia* *The Australian Human Rights Commission Act 1986 The Universal Declaration of Human Rights* *The Convention on the Rights of the Child*
Justice Health NSW Policies, Guidelines and Procedures	1.085 *Consent to Medical Treatment – Patient Information* 1.252 *Access to Local Public Hospitals* 1.253 *Access to Private Health Services* 1.340 *Accommodation – Clinical Recommendations (Adults)*
Justice Health NSW Forms	
NSW Health Policy Directives and Guidelines	*Aboriginal and Torres Strait Islander Origin - Recording of Information of Patients and Clients* *NSW LGBTIQ+ Health Strategy 2022-2027*
Other documents and resources	*Custodial Operations Policy and Procedures* – *Section 3.8 Transgender and intersex inmates* *Custodial Operations Policy and Procedures* – *Section 1.1 Reception procedures* *Custodial Operations Policy and Procedures* – *Section 19.1 General escort procedures* *Offender Classification and Case Management Policy and Procedures Manual* *Working with LGBTQIA+ Young People Policy* *Australian Standards of Care and Treatment Guidelines for trans and gender diverse children and adolescents* *AusPATH: Australian Informed Consent Standards of Care for Gender Affirming Hormone Therapy* *Position statement on the hormonal management of adult transgender and gender diverse individuals*

The World Professional Association for Transgender Health Standards of Care for the Health of Transsexual, Transgender, and Gender

Appendix 1 – Pathways to Care for Transgender Patients Requesting HRT

(This will feature in the accompanying Gender Affirming Model of Care)

