

Productivity Commission Inquiry into the Economic impacts of mental ill-health

Gender Transitioning – what happens when individuals find a shortcut?

I welcome the Commonwealth Government's commitment to promoting the health and wellbeing of Australians at all stages of life, thereby appreciating the opportunity to make an individual submission to the Productivity Commissions Inquiry into the Economic impacts of mental ill-health.

*My submission is based on the **mental health outcomes of young adult transgender individuals and their carers undertaking gender transitioning without adequate ongoing multi-disciplinary support.***

I respectfully request that the inquiry takes into consideration the connection for many transgender individuals mental health, managing irreversible life-changes of hormone therapy and surgical procedures, and the impact on the individuals mental health and that of their carers and families, without adequate support. **This impacts everyone in the immediate surrounds. It affects more than one person and their mental health.**

Transgenderism

The prevalence of transgenderism is unknown In Australia because there is a paucity of research in LGBTIQ+ populations (Atkinson, 2015). It is difficult to provide the size of the trans and gender diverse community/population as there are no population-based studies asking about gender identity, status, history or experience (GLBTIHWMAC, 2018).

The number of young adults identifying more commonly as transgender, is reported by The The Royal Children's Hospital – Gender Clinic in Victoria and others are finding patient waiting lists growing. Some are seeking life changing gender transitioning from male to female (mtf), female to male (ftm), is becoming more common (Delahunt, Denison, Sim, Bullock & Krebs, 2018).

Generally trans and gender diverse people's mental health, wellbeing and physical health is worse than that of the general population. It is unknown that poorer mental or physical health and higher suicidality is inherent to being trans and gender diverse.

Transitioning individuals, and their families need access to a range of healthcare and support services over their lives. This includes psychological support for the individual and their nominated support persons, families, friends, clinical services and more specialised providers such as gender affirmation surgery, speech therapy, endocrinologist Sinnott, 2006 cited in GLBTIHWMAC, 2018).

With little evidence and research available, life changing decisions are being made, especially if an individual bypasses the specialist clinics and therefore long term care processes and support systems.

As a mother of a young adult transgender individual, who for a period of time identified as "fluid" by-passed the formal clinical system and was not part of any standard of care framework.

***Please forgive me in advance, in this submission if there is some confusion. I don't wish to identify my adult child by name, and as they are now identifying as fluid/queer I still get mixed up as to how to address them. They, to me still means plural!*

My young adult wish to be a her or him, but a "they" so I will try to stay to this throughout the following pages..

They, we were left isolated. After years of navigating the "mental health system" for complex psychiatric issues, diagnosed with ASD (Aspergers Syndrome) and body dysphoria. Transgenderism wasn't apparent until they turned 16 and disclosed their feelings.

The young person shared with us they had been thinking about their gender identity and gender expression for some time, having researched google and found themselves in the company of similarly aged individuals in transgender social media groups and "connected, feeling this was me". Local friendships developed with these peers as they aligned more comfortably. Today they live independently and happily, with house mates who all identify as queer and they.

This raises difficult and painful questions. In these politically correct times, it feels as if certain conversations can now not be had in case of offence or disrespect. But when there is little research about a complex social movement and life changing consequences that is clearly coming out and growing, we do need a dose of courage to ask them anyway.

In this technological era, what is the impact of social media and transgender and gender diverse peers?. Littman (2019) reported parents noticing their children, adolescents and young adults seemed to experience sudden or rapid onset of gender dysphoria with increased social media/internet use prior to disclosure of a transgender identity, this has led to commencement of some work in this area.

Our fluid adolescent upon entering young adulthood seemed to suddenly have an urgent need for hormone therapy to commence transitioning when they turned 18 years of age. This started several months later. It was confusing, why did they need testosterone to transition to a male when they were fluid? This was a question we did ask the psychiatrist, who gave a non-memorable response. The assessing psychiatrist had been found online, we were granted a visit as family, whilst our young adult was still dependent on us, but we had to beg to be a part of the last assessment session.

The medical professional provided a document for our young adult to sign confirming they understood what would happen during transitioning and waiving any liability if they changed

their mind. The doctor gave them a pre-pared prescription to commence hormone therapy. This was after 3 sessions at 45 minutes duration.

The doctor indicated to our young person they didn't have to come back, they could go to their GP who had referred them. I never understood the urgent nature of doing this assessment, it being so quickly completed over such a short period of time, with no counselling as such, but completing questionnaires. Nor was there any support offered to her family to learn about this new way of being and how our dynamics and relationship might change.

We love our child and only wish them to be healthy and happy, to enjoy and contribute to life. Of course this has been stressful for all of us. We did not understand what this meant, how this would impact the rest of the person's life, their fertility, the potential body changes..... their tenuous mental health and history of self-harm and suicide attempts didn't feel to us to have been given the serious attention they deserved.

Our sorrow at their suffering and pain of not knowing their identity and not liking themselves was and is incredibly concerning.

The process, or rather the lack of it and support was indescribably painful

Testosterone injections commenced and were given once a month. Side effects such as second puberty occurred almost instantly, their voice broke, menstrual cycle stopped, hair growth and skin changes. Several months later, our young adult changed their mind and stopped taking the hormone therapy. They did not expect the changes so quickly and didn't like them! They felt "ugly" Again no support, they visited their GP at the transgender clinic a while down the track. Support was suggested but very casually, too casually, especially with their complex history. This could be a trigger for depression, anxiety, self-harm.

As a parent who manages life with a mental illness and has survived suicide attempts, this was a traumatic triggering life experience. Grief hit like a bomb, already having lived in hyper vigilance, hyper-arousal for many years before this, doing suicide watch, and waiting night after night for something to happen to my child added further complexity that compromised my ability to support my trans adolescent/young adult.

I tried to seek help, but was unable to find support for my declining mental health issues, as my previous supports didn't understand this issue. I went looking for peer support in this group but was viewed negatively as a bigot and a transphobe placing my child at risk because I was not accepting or respecting them. I sought help from trans groups all over Victoria, then Australia, and then went to USA/UK via social media. I was told that they didn't "deal with grieving parents", and if I had questions and concerns around the process than I had to go to the young person's practitioner – easier said than done! We tried, but to no success.

Emotional distress and inability of carers to "accept" change immediately, acquiring, understanding and using appropriate "correct" language is expected now by our youth instantly. If this doesn't occur quickly than as per many of our high profile youth based organisations information website portals, "we, families and others, are placing our lgbtiq+ loved one at risk of suicide or self-harm".

Lived experience has demonstrated that this view is more harmful to all. The carers can end up consumers with mental health issues including suicidality because of the distress of caring for long periods of time, reading and hearing these blaming statements can be triggering.

In my case I felt silenced and unsupported. Worse, was the thought that I was harming my child and “placing them at risk of suicide and self-harm” This is cruel.

We need to be educated and supported without judgement, not all family members throw their children out of home, abuse them, disown them, or been violent towards them. Perhaps this is why so many LGBTIQ+ individuals and communities are suffering, because people fear what they don't know or understand. It does take education from all sides. To those who are transitioning, perhaps not expecting loved ones to accept, understand, like or agree with something instantly maybe a little ambitious. Communication needs to go both ways – this is why external support is critical.

During this I felt I had no voice, metaphorically or literally. I felt “selfish” and “politically incorrect” But I genuinely couldn't understand this new world and language. Emotionally I couldn't make the switch instantly, saying goodbye to my daughter felt like a death, but I needed to do that in order to welcome a son. Seeking help from peers in this space, I was told that the sector didn't “cater for my issues, my grief” I had to accept this new status quo. My mental health declined, I was unable to function, ending up in a clinic for several months. How could I help my daughter emotionally through her changes when I didn't and couldn't care for myself? I really didn't get it, no matter how much I wanted to read, and researched, and talked to others.

Even more worrisome in my learning about this was that there is evidence emerging that indicates prescribing hormone therapy to young people especially between 18-26y.o as their brain's are still developing and hormones are already high should not be considered (Arain, Haque, Shama, 2013), especially as the link to Autism is still debatable, and long term effects are unknown.

Much education, research, communication, and support is needed for all community members as this is a growing issue.

How can any parent or family member help a loved one to lovingly navigate this complex terrain in a way that does not cause anyone to have a mental health problem?

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