

Assessing for gender dysphoria

Explore the client's gender history

Include:

- Assessment of gender identity and gender dysphoria, history and development of gender dysphoric/incongruence feelings.
- The impact of stigma attached to gender diversity on mental health.
- The availability of support from family, friends and peers.

Diagnostic criteria for Gender Dysphoria (DSM 5)

It is important to be aware that there is movement internationally toward depathologizing and destigmatizing gender difference and validating the diversity of gender identity and expression. If Gender Dysphoria is considered a psychiatric diagnosis it can lead to stigmatization and mistreatment of trans and gender diverse people who are perceived as having something wrong with them. However, having a diagnosis can also facilitate management according to accepted guidelines and access to publicly funded medical services.

The DSM 5 criteria for Gender Dysphoria are:

A. A marked incongruence between one's experience/expressed gender and assigned gender, of at least 6 months duration, as manifested by at least two of the following:

1. A marked incongruence between one's experienced/expressed gender and primary and/or secondary sex characteristics (or in young adolescents, the anticipated secondary sex characteristics).
2. A strong desire to be rid of one's primary and/or secondary sex characteristics because of a marked incongruence with one's experienced or expressed gender (or in young adolescents, a desire to prevent the development of the anticipated secondary sex characteristics).
3. A strong desire for the primary and/or secondary sex characteristics of the other gender.
4. A strong desire to be of the other gender (or some alternative gender different from one's assigned gender).
5. A strong desire to be treated as the other gender (or some alternative gender different from one's assigned gender).
6. A strong conviction that one has the typical feelings and reactions of the other gender (or some alternative gender different from one's assigned gender).

B. The condition is associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Approach to patients seeking gender affirming treatments

When to involve a psychiatrist or psychologist

Most patients will not require the involvement of a psychologist or psychiatrist to make a diagnosis of Gender Dysphoria. Primary care providers with their longitudinal patient/provider relationships and their knowledge of the patient's social context are well positioned to make a diagnosis of Gender Dysphoria and start the appropriate treatment. It is advisable to involve a psychologist or psychiatrist if the diagnosis of Gender Dysphoria is unclear or if significant comorbid mental health concerns are making diagnosis or management difficult.

WPATH Standards of Care, version 8 PDF (<https://www.wpath.org/publications/soc>) have clear criteria for the role of the mental health profession in the care of gender diverse patients (Chapter 18, pages S171-S176).

I am ready to start providing care

Note that children and youth (< 16 years old) should be connected with Gender Dysphoria Assessment and Action for Youth (www.gdaay.ca).

For anyone aged 16 and over, return to the previous page and consult information on hormones and other gender-affirming treatments.