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HEALTH SERVICES

# Gender Incongruence

White Paper

## What is gender incongruence?

**Gender incongruence** is defined as the mismatch an individual feels as a result of the discrepancy experienced between their gender identity and the gender they were assigned at birth (GIRES, 2018, 2018).

This condition may cause clinically significant distress or impairment in social, occupational or other important areas of functioning, in which case it is known as gender dysphoria (NHS 2014). It is estimated that approximately 0.5 to 1.3% of the UK population have some form of gender variance (Zucker, 2017).

## Mental health implications

In June 2018 The WHO announced that they would no longer class gender dysphoria as a mental health disorder. The newly refined International Classification of Disease (ICD-11) has seen gender incongruence move from the "mental health" chapter to a newly created "sexual health" chapter. The need to include gender dysphoria within this classification has been questioned, with many defending that its inclusion within the ICD categorisation enables patients to access required treatment through healthcare providers in countries that have a billable systems in place. However, others argue that the medicalisation of transgender individuals promotes stigma by suggesting there is a problem that needs “fixing”.

While no longer classed as a mental health disorder, gender dysphoria has known mental health implications caused by the lack of congruence experienced between birth and felt gender. This can be compounded by the lack of choice and/or availability surrounding gender confirmation services, leading to anxiety, depression, social withdrawal and even suicide (Hughto, 2015). It is important to remember that the difficulties experienced by individuals with gender dysphoria can be further amplified by the lack of support and negative social attitudes experienced. The statistics suggest that up to 48% of young transgender people in England have attempted suicide at some point in their lives (Nuno et al 2015).

## Referral and treatment

While referrals to gender identity clinics have been increasing by around 20% per year in recent years, the need for specialised Gender Identity Services (GIS) varies considerably and not everyone will be seeking treatment to transition (NHS England 2013).

It is recognised that there is a wide spectrum of gender experience between the binary 'man' or 'woman', some of which cause discomfort and may need medical intervention; others may need little or none. Furthermore, a number of people reject the gender concept altogether, and see themselves as non- gendered. Transgender is the manifestation of gender dysphoria at the end of the spectrum continuum, whereby there is an overwhelming ongoing desire to live and be accepted as a member of the gender opposite to that which was biologically assigned at birth. Medical treatment to enable transgender people to alter their bodies to match their core identity has been highly effective with around a 94% success rate (C van de Grift et al, 2018). The transitioning period is very individual, although, the whole process, if undertaken successively can take around 3-5 years.

In the UK, GIS are commissioned by NHS England. At present, there are 8 Gender Identity Clinics (GICs) with referral options which range from self-referral to social services referral. Once referred to the relevant clinic, the individual will be assessed and will commence an individual treatment pathway suited to their needs.

## UK service provision capacity and challenges

As previously mentioned, there are 8 GICs which offer a range of services from psychological and endocrine support to onward referral for surgery. The current waiting times from the date of referral to first appointment are 14-18 months (GIDS 2018). Furthermore, between April 2017 and January 2018, only 5% of patients being seen within the 18 week rule for non-urgent treatment. The longest wait to start treatment experienced by a patient was 29 months (The Tavistock and Portman NHS Foundation Trust, 2017)

Charing Cross was the only NHS provider directly commissioned by NHS England to provide gender confirmation surgery but since April 2018, Aspen Healthcare has also been commissioned to provide surgery to NHS patients. Privately this service is offered by Aspen Parkside and Charing Cross as well as the Nuffield Hospital Brighton. In addition to the limited private provision, the number of surgeons in the UK who are able to perform male-to female (MTF) and female-to-male (FTM) surgery is limited to less than 12. Consequently, there may be challenges associated with accessing services solely on the basis that demand could outweigh supply. This is compounded by the lack of trained staff to appropriately care for this patient group (BMJ 2018). From a clinical governance perspective, private services appear to mimic NHS guidelines when assessing suitability for intervention. Some patients may choose to access treatment on a "shared care" basis, mixing NHS and private services as appropriate, although this can cause issues with funding and treatment (NHS, 2007).

## Costs

The transitioning process is very individual and therefore it is difficult to provide indicative costs as these will be patient specific. However, on average, it is reasonable to assume that outpatient therapy (generally required pre-operatively) will cost around £2,000 to £5,000 per year while the gender confirmation surgery pathway can cost up to £100,000 depending on what is required. This does not include revision surgery or complications that may occur.

## Implications

Historically, corporate private healthcare provision has commonly excluded any treatment required for gender incongruence and/or gender dysphoria. However, in 2016 a large banking group confirmed they had restructured their benefits to provide cover for such treatment. The recent adoption of similar stances by progressive organisations such as Facebook and Yahoo support the idea that this corporate approach to gender identity is set to become the norm, fostered by an emerging culture of inclusion and diversity.

While this is clearly a very positive approach, some argue that it could have implications for the corporate healthcare market beyond the simple inclusion of additional healthcare benefits. In itself, it could be said that it defies the standard approach of excluding certain conditions, for example chronic, cosmetic and sexual conditions. Furthermore it could challenge the fundamental purpose of private healthcare provision as a concept, historically exclusively designed to provide quick access to acute medical treatment in a bid to speed up employee return to work.

The adoption of this holistic approach suggests that the ethos of private corporate healthcare is evolving to support benefits for a wide range of physical, emotional, sexual and mental health conditions. While they are not comparable, supporting gender confirmation treatment may impact the provision of other traditionally excluded conditions, for example, assisted reproduction. It is well recognised that assisted reproduction provision on the NHS is underfunded and oversubscribed, yet this area of unmet need is not generally funded within the corporate healthcare market.

Despite this oversubscription, in August 2018, the NHS has been advised that they must extend their offering of fertility treatment to encompass transgender patients. If employers are providing gender confirmation services it could be suggested that they are bound to offer fertility support to individuals who have transitioned. As such, it could be argued that this should be extended to all employees.

## Considerations

It is important for employers wishing to fund treatment for gender dysphoria to be aware of the possible requirements for ongoing treatment in this patient group. This could range from psychological support to treatment of complications arising from hormone therapy, or individuals requesting revision surgeries as a result of new technology with associated improved cosmetic outcomes. In addition to treatment considerations, it is essential to clearly delineate the level of cover available under the benefit for gender dysphoria. This includes clear guidance surrounding underwriting, any operational constraints to NHS transfers and family cover. The regret rate for gender confirmation surgery is estimated at 2-4% so this must be considered when determining if revision surgery to restore biological gender would be eligible, especially as this is not funded by the NHS (NHS England 2018).

Individuals with gender incongruence will tell you that the transitioning process is long and hard and, to some extent, never really ends. Consequently, it may be common to require ongoing treatment and support in some measure. If employers seek to fund treatment, it would be reasonable to expect them to provide benefit for these ongoing needs.

## Conclusion

It is likely that private access to gender incongruence treatment will continue to become readily available within the corporate healthcare market. This is a positive step which reflects the progress being made towards the inclusion and involvement of people with gender incongruence. The addition of gender confirmation benefits to corporate healthcare plans marks a milestone in the shift of the industry towards a holistic approach to employees, suggesting the emphasis is no longer being placed exclusively on medical necessity and disease. As such, it is important for employers to obtain expert input to ensure the benefit structures they provide are consistent with the level of support they plan to offer, as well as the overall message they wish to convey to employees.

Healix Health Services are able to offer impartial clinical advice on gender dysphoria taking into consideration bespoke client requirements and budgetary constraints.

## References


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