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The Global Forum on MSM & HIV (MSMGF) supports worldwide advocacy efforts to depathologize transgender identities

A psychiatric diagnosis of Gender Identity Disorder fosters stigma and discrimination, escalating vulnerability of transgender persons to social exclusion and disease

The Global Forum on MSM & HIV (MSMGF) recommends a rights-based and person-centered approach to developing guidelines that will help transgender persons receive non-discriminatory, non-judgmental and quality health care. There has been an international wave of advocacy calling on authorities such as the American Psychiatric Association (APA) and World Health Organization (WHO) to depathologize transgender identities. Pathologizing gender identity variance as a 'psychiatric disorder' only perpetuates the stigma, discrimination and violence that these individuals experience around the world.

Gender Identity Disorder (GID), a term currently used in most clinical contexts to diagnose transgender persons who meet a specific set of criteria, first appeared in 1980 in the Diagnostic and Statistical Manual of Mental Disorders (DSM¹). The criteria for this diagnosis and related disorders have been keenly debated for their validity and appropriateness in recent years. Key thought leaders, activists and service providers who work with transgender persons have underscored the criteria's (1) dichotomous view on gender identity, (2) inability to address mentally healthy (non-dysphoric) transgender persons in the community and (3) applicability to post-operative transgender persons. The central concern among many advocates remains that a psychiatric diagnosis helps foster widespread stigma that results in rejection and marginalization of these individuals.

As a global advocacy organization working for the health and human rights of men who have sex with men (MSM), the MSMGF is familiar with stigma within health system structures and its negative impact on individuals and communities. For instance, the classification of homosexuality as a mental disorder by institutions such as the APA until 1973 and the WHO until 1993 helped endorse discrimination against gay men and other MSM at multiple levels. Stigma and discrimination impact health by heightening HIV risk factors, including social isolation, and compromising access to HIV prevention, care and treatment services. Transgender persons are also the targets of stigma and discrimination that can be exacerbated by a mental diagnosis, ultimately resulting in compromised health and wellness.

Evidence from the literature has recorded a continuum of responses in how transgender individuals identify themselves. This argues for a multi-dimensional approach to self-identity in the context of gender. Some clinical advocates have argued against psychiatric interventions pointing out that cross gender behavior alone does not make a child or adult innately abnormal. To better serve transgender needs, global reform that eliminates risk from psychiatric labeling and that focuses on the establishment of quality medical services is urgently necessary. These services may include provisions for counseling, medication, hormonal therapy, or surgery if indicated. This can be done through the creation of innovative and non-stigmatizing medical models. Although some countries today use public funds to provide care, health financing and delivery mechanisms vary greatly worldwide. Therefore national healthcare policies must ensure that the unique health needs of transgender persons are addressed through a greater investment in research and services. Such policies must ultimately be driven by the active participation of transgender persons in key decision-making processes. Depathologizing transgender identities is but a crucial first step.

¹ A revised version of the DSM's Fifth Edition is scheduled for release in May 2013. Earlier this year, the APA released a working draft of this version to solicit public comment, a process that ended on April 20, 2010. The International Statistical Classification of Diseases and Related Health Problems 10th Revision (2007) of the World Health Organization (WHO) also known as ICD-10, similarly classifies a group of related diagnoses under Mental and Behavioral disorders. The WHO is expected to publish a revised version, ICD-11, in March 2014. Both of these manuals are used widely by mental healthcare professionals in many countries. They are viewed as authoritative and prescriptive for the clinical practice of psychiatry.