

GUIDELINES FOR HEALTHCARE PROVIDERS ON TRANS-COMPETENT HEALTHCARE SERVICES FOR TRANSGENDER PATIENTS



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Production Team

Author:

Sangita Singh

Overall Coordination:

Samreen Shahbaz, Human Rights and Advocacy Officer, APTN

Internal Reviewers:

Joe Wong, Executive Director, APTN

Raine Cortes, Senior Project Manager, APTN

Cole Young, Programme Officer, APTN

Samreen Shahbaz, Human Rights and Advocacy Officer, APTN

External Reviewers:

Jack Byrne

Design layout:

www.minhdesigns.com



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WHO ARE THESE GUIDELINES FOR?

Our community-led research and studies have shown that transgender persons routinely experience health disparities, barriers and discrimination related to gender identity and/or expression. Many avoid or delay care because of perceived or real transphobia and discrimination by healthcare providers and institutions.¹

These guidelines have been developed for healthcare providers on trans-competent healthcare services for transgender² patients. We hope these guidelines will give you a better understanding of the experiences trans people face as they navigate their way through accessing health services. It is our hope that these guidelines will increase knowledge about trans-inclusive health services in order to create positive health care experiences for trans people and ensure their right to the highest attainable standard of health. This includes ensuring that healthcare meets the Availability, Accessibility, Acceptability, and Quality (AAAQ) framework set out in international human rights standards.³

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- 1 Fisk, Kylie, and Jack Byrne. *The Cost of Stigma: Understanding and Addressing Health Implications of Transphobia and Discrimination on Transgender and Gender Diverse People. Evidence from a Trans-Led Research in Indonesia, Nepal, Thailand, and Vietnam*. Bangkok: Asia Pacific Transgender Network (APTN), 2020.
 - 2 Please see the note on terminologies.
 - 3 WHO. *Factsheet on AAAQ*. Retrieved from: <https://www.who.int/gender-equity-rights/knowledge/AAAQ.pdf?ua=1>

WHAT ARE TRANS-COMPETENT HEALTH SERVICES?

- 4 APTN. *Regional Mapping Report on Trans Health, Rights and Development in Asia*. 2019, pp. 8 <https://weareaptn.org/2020/02/19/regional-mapping-report-on-trans-health-rights-and-development-in-asia/>
- 5 Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Washington, DC: Futures Group Health Policy Project, 2015, pp 69-95 for a comprehensive definition of trans-competent healthcare.
- 6 Ibid, pp. 78-93.

Trans-competent health services ensure clear and easy pathways for accessing all types of healthcare, including HIV, gender-affirming, mental health, and general healthcare, regardless of one's gender identity and sexual orientation.

TRANS-COMPETENT CARE

Refers to healthcare that demonstrates both trans cultural competency and technical, clinical competency.⁴

TRANS CULTURAL COMPETENCY

Refers to the ability to understand, communicate with, and effectively interact with trans people, in a respectful, non-judgemental, compassionate manner, in settings free of stigma and discrimination. For example, APTN's *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific* sets out some fundamental principles when treating trans people, tips for improving these health interactions including the design of reception services, clinical record management, clinical evaluations and physical examinations.⁵

TRANS CLINICAL COMPETENCY

Refers to demonstrated competency across the specific gender-affirming healthcare needs of trans people and also about the application of prevention and screening tools for general healthcare to trans people. APTN's *Blueprint* covers gender-affirming healthcare as well as trans-specific guidance in relation to general prevention and screening; HIV testing, counselling and treatment; mental health; alcohol and other substance use; and addressing the consequences of physical violence.⁶

At a regional consultation in Manila in September 2012, the Asia Pacific Transgender Network (APTN) adopted the following definition of trans/transgender:

“Persons who identify themselves in a different gender than that assigned to them at birth. They may express their identity differently to that expected of the gender role assigned to them at birth. Trans/transgender persons often identify themselves in ways that are locally, socially, culturally, religiously, or spiritually defined.”

This factsheet uses this definition, and the shorter term ‘trans’, as its umbrella term to convey the diversity of gender identities and expressions in Asia and the Pacific. In parts of the region, the term non-binary is used increasingly by those who do not identify as exclusively female or male. The term trans masculine is used to refer to anyone whose gender identity does not exclusively align with the female sex they were assigned at birth. Similarly, the term trans feminine refers to those whose gender identity does not exclusively align with having been assigned male at birth.

UNDERSTANDING SOGIESC (SEXUAL ORIENTATION, GENDER IDENTITY AND EXPRESSION, SEX CHARACTERISTICS)

- 7 *The Yogyakarta Principles: Principles on the Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity*, 2006. <https://yogyakartaprinciples.org/>
- 8 *The Yogyakarta Principles plus 10: Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity and Sex Characteristics to Complement the Yogyakarta Principles* as adopted on 10 November 2017, Geneva, 2017. <https://yogyakartaprinciples.org/>

You may have seen or heard of the term SOGIESC. SOGIESC stands for Sexual Orientation, Gender Identity and Expression and Sex Characteristics. Every person has a sexual orientation, sex characteristics, and gender identity and we all express these in our own ways. In this section we break down what SOGIESC is and how it relates to non-trans people and trans people's identity.

Sexual Orientation (SO) is about each person's capacity for profound emotional, affectional and sexual attraction to, and intimate and sexual relations with, another person.⁷

People may be attracted to someone of a different gender (and may identify as heterosexual or 'straight'), the same gender (and may identify as gay, lesbian or queer), more than one gender (and may identify as bisexual or pansexual). Someone who has no sexual or romantic desire may identify as asexual or aromantic.

Sexual orientation can be fluid, individuals may find that they are romantically or sexually attracted to all, some or no genders as they move through life.

Gender Identity (GI) relates to a person's deeply felt internal and individual experience of their gender, seeing themselves as male, female, a blend of both or neither.⁸

9 *The Yogyakarta Principles plus 10: Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity and Sex Characteristics to Complement the Yogyakarta Principles as adopted on 10 November 2017, Geneva, 2017. <https://yogyakartaprinciples.org/>*

Gender identity can be the same as, or different from, a person's sex assigned at birth. Someone is transgender if their gender does not match the sex they were assigned at birth. For example, someone who has been assigned female at birth (AFAB) but identifies as a man is a transgender man, trans man or may refer to themselves as simply a man. In the same way, if a person was assigned male at birth (AMAB) but they identify as a woman, they are a transgender woman, trans women or may refer to themselves as simply a woman. There are also some people who identify as neither a man or a woman, who may use term such as non-binary, gender non-conforming and/or gender diverse to describe their gender identity.

Each individual also has a **Gender Expression (GE)**. This is how someone presents their gender through physical appearance - including dress, hairstyles, accessories, cosmetics - and through mannerisms, speech, behavioural patterns, names and personal references. Gender expression may or may not conform to a person's gender identity.⁹ In other words, you cannot assume a person's gender identity (including whether they are trans) based on their appearance or mannerisms. Some transgender people also undergo gender-affirming medical steps such as hormones or surgeries to physically change their appearance.

A person's sexual orientation is distinct from their gender identity. So, just like non-trans people (cisgender people), transgender people can have any sexual orientation. Trans people may be straight, lesbian/gay, bisexual, or have another sexual orientation. For example, a transgender woman who is solely attracted to men (or a trans man solely attracted to women) may identify as heterosexual (straight). A transgender man who is attracted solely to men may identify as gay and a trans woman attracted to both men and women may identify as bisexual or queer.

In some countries, being transgender, cross-dressing, or having same sex relationships is still illegal and may come with penalties such as jail, fines, harassment or even death sentencing. In other countries while it may

be legal, social and cultural norms can make people feel like they have to hide their sexual orientation, gender identity or expression for their safety. Yet these parts of a person's identity are some of the most fundamental elements of their personality, everyone has the right to self-determination and to express who they are.

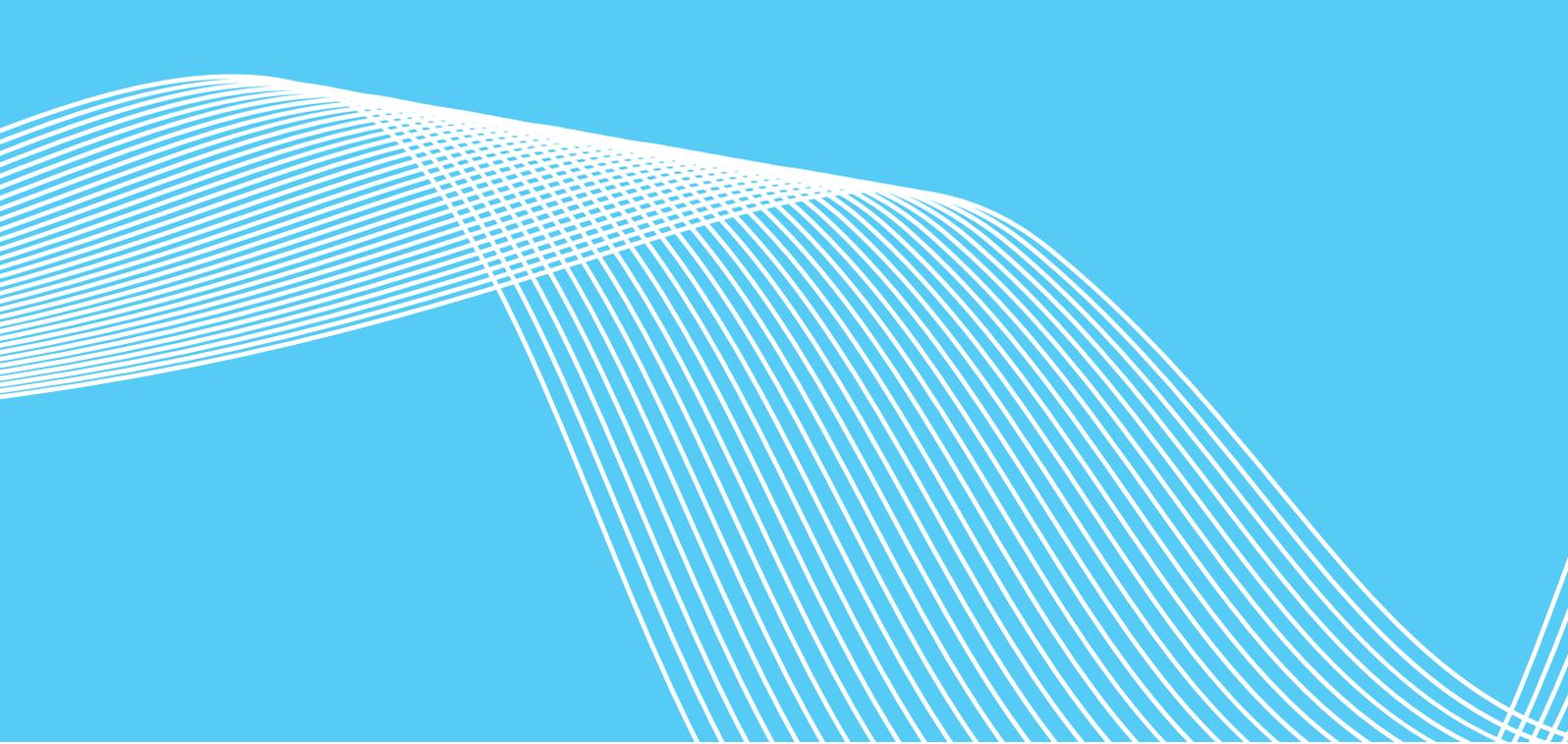
Every person also has **sex characteristics**. These are the physical features relating to sex, including genitalia, and other sexual and reproductive anatomy, chromosomes, hormones, and secondary physical features that typically emerge from puberty.¹⁰

Intersex is an umbrella term for people who are born with physical sex characteristics that do not fit medical and social norms for a female body or a male body. Intersex people are born with innate bodily diversity, even if this diversity may not be apparent till later in life, perhaps at puberty.

Most transgender (and cisgender) people are not intersex. People who are not born with diverse sex characteristics are referred to as endosex. Trans people seek to be recognised socially and legally based on their gender, not based on the sex they were assigned at birth. For many trans people this involves seeking gender-affirming medical care, based on informed consent, to change their body to match their gender.

Intersex people seek similar autonomy over their own body, based on informed consent, but with a focus on respect for their diverse sex characteristics. This includes wanting the deferral of all medical interventions that alter the sex characteristics of infants and children when a child is too young to personally give informed consent.

"Trans" and "transgender" are often used as all-encompassing terms for anyone who does not identify with their sex assigned at birth, but there are many culturally specific identities that cannot be simplified to the term "transgender". Many of these terms have a long and culturally specific history and context, such as *third gender*. When you talk to someone in a clinical setting or ask them to fill out a form, it is important that they have the option of using terms that are important to them.



PROVIDING COMPREHENSIVE HEALTHCARE SERVICES FOR TRANS PEOPLE

Trans people often experience significant exclusion, stigma and discrimination in healthcare settings. While it may not be possible to provide all elements of comprehensive care for your trans patients, one of the most important things you can do for a trans person is to provide an inclusive and non-judgmental environment where clients will feel safe talking about their health needs.

Two fundamental principles that providers and other healthcare staff should adhere to when caring for trans people are:

1. Honour the person's gender identity and use the name, title, pronoun and terminology that the patient prefers.
2. Understand that a person's gender identity and anatomy may not be congruent. Provide medical care that affirms the patient's gender identity including when you are addressing medical issues or providing treatments typically for someone of another gender.

Increasing your knowledge on trans people's health care needs will make you more comfortable in supporting your trans patients' general and gender-affirming medical, surgical or psychosocial needs and promote positive health outcomes for trans people. This section provides a brief overview of some of the health needs trans people may require when accessing health care.

HOW TO CREATE A WELCOMING AND SAFE CLINIC

As a healthcare provider, there are steps you can take to make your service facility safe and inclusive for trans people. Some basic steps in creating a welcoming and safe space for your transgender patients are provided, while a more comprehensive guide can be accessed at APTN's *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific* (page 72-73).

Educate Yourself and Your Staff

First and foremost, educate yourself and your staff on providing trans-competent health care to your trans patients. Often this can be done by working closely with a local trans-led community based organisation. Listen closely to your clients to increase your knowledge, skills and experiences in working across and understanding the diverse needs of transgender people. It is often frustrating for trans people to have to explain themselves to health care providers who do not have an understanding of transgender health needs. Limited provider knowledge and disrespectful treatment may also keep trans people from accessing health care which may lead to negative health outcomes.

As a starting point, think about holding a SOGIESC sensitisation training for all your staff (health and non-health staff), and/or attending trainings on trans-sensitive care conducted by local trans-led organisations, or global organisations like World Professional Association for Transgender Health

(WPATH).¹¹ This can help your staff members gain skills in providing trans-inclusive health services. Many trans-led organisations have educators that can provide both non-medical and medical training for your staff. This is also a good way to learn more about the trans community in the area you are providing your services. There are a number of resources available outlining standards and guidelines of health care for trans people, you can find them at the end of this document.

11 See, for example, WPATH's Global Education Initiative (GEI) Certified Training Course: Best Practices in Transgender Medical and Mental Health Care (<https://www.wpath.org/about-gei>).

Respect and Humility

Non-judgmental, non-stigmatising and respectful communication with your trans patients will enable both the patient and you to get the most positive outcomes out of the consultation. Often, trans people do not disclose their gender identity for fear of rejection, ridicule or denial of service. It is important to actively listen to your patient's needs. If you do not yet have the solution to their medical needs, you can say you do not know, refer them to a healthcare provider with the relevant health skills and experience, seek additional advice, and/or educate yourself further to provide your patient with the best medical care possible, while also building a collaborative, trusted and safe relationship with your trans patient. A sensitive and inclusive approach will enable more effective care for trans patients. Some tips on respectful communication include:

- Acknowledging that not all trans people are the same, like non-trans people they need different things from health care.
- Acknowledging that a trans person will seek health care for issues that are related to their gender identity and sometimes not.

- Understanding that it is NOT appropriate to ask questions about a trans person's transitioning process, their genitals or any other surgery they may or may not have had UNLESS they willingly provide this information or if it is related to their current health concerns.
- NOT making assumptions about their sexual history or behaviour because of their gender identity.
- Provide an environment where your patient can bring in a support friend, a family member, or a partner.
- Use simple language and encourage your patients to ask questions or seek further clarification.
- Provide information so that your patient understands the risks and benefits of treatment, discuss these with the patient and let the patient make an informed consent before treatment.
- Apply a Trauma-Informed Care approach where it seeks to understand and considers the pervasive nature of trauma and promotes safe environments of healing and recovery rather than practices, treatments and services that may inadvertently re-traumatise your patient. In short, ask permission, and offer space where your patient can take control and find support.

Privacy and Confidentiality

Trans people often do not disclose their gender identity due to fear of rejection and denial of services, ridicule and fear of stigma. As a healthcare provider, you are already required to adhere to strict privacy and confidentiality protocols. It is important that you take extra care in ensuring that a trans patient's gender history and status remains confidential. Privacy and confidentiality must be maintained throughout your entire service and you should have an enforceable confidentiality protocol that outlines the measures your clinic or health service takes to ensure privacy is maintained. You must not disclose a trans person's identity status to anyone who does not explicitly need the information for care

purposes. Additionally, a patient's confidentiality and privacy must be maintained across the entire service. For example, if a trans person attends your clinic whether they choose to disclose their identity or not, all clinic staff including admin person or receptionist, security guard and/or cleaner must not disclose their attendance at the clinic to others, including other patients, public or staff members. It is essential that all staff have regular training to ensure that confidentiality and privacy of your patients, especially trans people, is adhered to at all times.

Informed Consent Model

The Informed Consent Model¹² is an empowering approach to gender-affirmative care for trans people, as it allows for them, rather than healthcare providers, to make the decisions on if and when they are ready to start gender-affirming medical treatments. This model is different from the Standards of Care model which has been recommended by the World Professional Association for Transgender Health's Standards of Care (version 7), and emphasises the importance of healthcare professionals in diagnosing and affirming gender dysphoria and in assessing the patients appropriateness and readiness for gender-affirming medical treatments. On the other hand, the Informed Consent Model counteracts pathologisation and places trans people as being at the center of their own lives. It reaffirms trans people's self-determination and knowledge of their own needs and identities. Under the Informed Consent Model, the healthcare provider facilitates informed decision making by supporting patient's access to information on options and available interventions and includes benefits and risks including side effects and harmful health effects from medical interventions. Informed consent enables health providers to work alongside trans people in a flexible, patient-centered and responsive way while respecting the individual's autonomy.

Medical Intake and Sign-in Forms

Often, but not always, trans people may decide to take on a name that affirms their gender, other than the name on their national identity documents. Being called by their legal name can cause transgender people distress as it is often associated with a gender identity they do not identify with. Adapt your Medical Intake forms to allow your trans patients to use their chosen names and gender marker. Sometimes, for legal or insurance purposes, you may have to include the name and gender listed on their national identity documents. This information should be treated as confidential, with restricted access. However, including an additional section for preferred/used name and gender can make trans people feel safe and dignified when accessing your services.

Names, Pronouns and Salutations

Unless your trans patient tells you directly, the only way for you and your staff to know the name, pronoun, title and greeting a trans person wants to use is to ask them politely. This also conveys that trans people are not restricted to using the details on their legal identification documents. These patient details should be written on the patient intake form and used in all discussions or referrals related to the patient, unless the trans person indicates otherwise. It may be helpful to ask the trans person discretely if there are any instances where it is not appropriate or safe for you to use their chosen name and title, especially if it discloses their trans status. A person's sex assigned at birth should be treated as confidential clinical information and not be available for administrative staff to access.

It can sometimes feel awkward to ask these questions but if you are discrete and convey that you are trying to be respectful, it is usually appreciated. For example, you can ask "How would you like to be addressed", or "What name would you like to be called". It is a good practice to ask everyone these questions, not just trans patients, including by having a preferred name option

on your forms. Sometimes, mistakes can happen. If you use the wrong name, pronoun or greeting, correct yourself, and apologise if this can be done discretely.

Bathrooms/Restrooms

Accessing bathrooms that are either Male or Female can be a challenge for trans people who may not feel comfortable or welcomed in those spaces. Ensure that trans people know that they can use whichever bathroom makes them most comfortable. If possible, have a unisex or gender-neutral bathroom so that your trans staff and patients feel comfortable and safe. Also, make sure that your bathrooms are disability friendly, for example are accessible for someone using a wheelchair.

Make Your Clinic Accessible

In some countries around the world, there are laws that criminalise same sex acts and trans identities. This can make it difficult for trans people to attain fundamental rights and basic services without discrimination including education, employment and health care. If it is safe for your clinic based on the context in your country, adding a small discrete rainbow or a trans flag in a visible place inside and outside your clinic can let trans people know that your clinic is a place where they can access competent and non-judgmental healthcare services. You can also put some posters that are visually appealing and inclusive of trans and LGBTQI people and put relevant reading materials and pamphlets for trans people in local languages in your clinic. Some other easy ways to make your clinic more accessible include:

- Ensuring that waiting rooms and public areas of the facility are safe for trans patients.
- If requested by a trans patient, offer a separate and private space to wait for services.
- Provide access to safer sex commodities such as condoms (both male and female) and lubricants.
- Making all facilities accessible for people with disabilities.

PRIMARY AND PREVENTIVE HEALTH CARE

13 Health Policy Project, Asia Pacific Transgender Network, United Nations Development Programme. *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities*. Washington, DC: Futures Group Health Policy Project, 2015.

All people have primary and preventive health care needs. However, often primary and preventive health care is not adequately addressed for trans people, this is largely due to a reluctance to access health care as a result of experiences of stigma and discrimination or refusal of care by health care providers. In fact, trans people may require additional support in these areas given their experiences of minority stress which can lead to increased tobacco, alcohol and substance use.¹³ This can increase their risk of a range of primary care issues including mental health, cardiovascular disease and cancer. It is important for trans people to undergo check-ups and screening on a regular basis.

SEXUAL HEALTH

Health providers should follow relevant national or WHO guidelines for sexually transmitted infections (STIs), HIV, and hepatitis screening / prevention and management. In particular, they should recognise that trans people, particularly trans women, may be at great risk, especially if there are ongoing risk behaviours for sexual or blood-borne transmission.

APTN's Key Population Research and Advocacy research has also identified significant gaps in trans men's sexual health knowledge which raises concerns about risk factors linked to sharing needles for testosterone injections or related to sex with cisgender men.¹⁴

It is important to discuss and inform your trans patients about safer sex including providing information on safer sex, STIs, HIV and other blood borne virus such as Hepatitis C. In some countries, due to a lack of employment opportunities, trans women, most especially, may engage in sex work. Promoting regular and confidential STI and HIV counselling and testing as well as offering Post-exposure Prophylaxis (PEP) when required, and Pre-exposure Prophylaxis (PrEP) where available can promote positive sexual health and well-being. Not all trans people have the same health needs, letting trans people express their needs is important as part of understanding their medical history before providing treatment. However, it is important not to make assumptions about trans people's sexual behaviour just because they are trans. For example, if a trans man indicates that he has a female partner, do not assume he has never had a male partner, children or has ever been pregnant. It is important to make your trans patients feel comfortable to speak about their sexual history to ensure their sexual health needs are adequately met.

14 Fisk, Kylie, and Jack Byrne. *The Cost of Stigma: Understanding and Addressing Health Implications of Transphobia and Discrimination on Transgender and Gender Diverse People. Evidence from a Trans-Led Research in Indonesia, Nepal, Thailand, and Vietnam.* Bangkok: Asia Pacific Transgender Network (APTN), 2020.

CANCER SCREENINGS

If cancer screening programmes are available, trans people who are not using gender-affirming hormones or have not had relevant gender-affirming surgeries should be screened based on their sex assigned at birth. It is important this is done in ways that respect the patient's gender. This includes checking the terms that the trans person uses to describe their body. For example, many trans men use the term "chest" to describe their upper body.

Where trans women have past or current hormone use, some experts recommend that national breast-screening practices are applied to trans women. Mammograms are not required for trans men who have had chest reconstruction surgery but should be considered if only a reduction was performed.

A digital rectal examination to assess prostate health is recommended for trans women. If a trans woman has had genital reconstruction surgery, the prostate can be palpated in the anterior wall of the neo-vagina. A visual examination, not a pap smear, is required to assess neo-vaginal health

Screening for cervical cancer, based on national standards, is recommended for any trans man with a cervix. There are no recommended ovarian cancer screening tests for trans men. With regards to uterine cancer, evaluate spontaneous unexplained bleeding for trans men using gender-affirming hormones as you would for post-menopausal cisgender women.

REPRODUCTIVE HEALTH

Some trans people may decide that they want to start a family. There are many different ways of starting a family: adoption, fostering, surrogacy and giving birth. Everyone should have the right and choice to start a family. For some trans people, starting a family may not be their priority before they start medically transitioning, but it is an important factor to discuss before starting gender-affirming hormones as these may reduce fertility and this may be permanent even if hormones are stopped. Discussing these issues with your trans patients as well as the locally available options will enable them to make the best decision in choosing to grow their family.

GENDER-AFFIRMING CARE INCLUDING HORMONES AND SURGERY

Some of your trans patients may be thinking about or have started medically transitioning. Medical transitioning includes taking gender-affirming hormones (estrogen, anti-androgens or testosterone) and/or undergoing surgical interventions to align their body with their gender identity. This could include, for example, “top” (e.g., chest reconstruction surgery) and “bottom” (e.g., vaginoplasty, phalloplasty, metoidioplasty, etc.) surgeries.

For a number of reasons including cost, access, and lack of competent medical providers, many trans people may purchase unregulated and self-administered hormones from pharmacies, peers and online. Some trans people may also undergo surgical and cosmetic interventions from unregulated sources. This can have negative health impacts for trans people in both the short and long term. As a medical professional, it is important to speak with your trans patients about their transitioning journey as it will have an effect on their health outcomes. Providing information on safe dosage, administration and monitoring of hormones, harm reduction, interactions between hormones and other drugs as well as the importance of screening and testing for cancer (i.e. prostate, breast, cervical), cardiovascular, liver and kidney related illnesses and disease will enable your trans clients to transition. A comprehensive guide for the provision of gender-affirming care can be found in APTN’s *Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific* (pg 132-137).

MENTAL HEALTH

Mental health support is a critical component of primary healthcare and positive physical health outcomes. Like non-trans people, trans people may experience generalised anxiety, depression, mood disorders and addiction issues. However, transgender people often experience higher rates of depression, anxiety, self-harm, suicidal ideation and suicidal attempts due to minority stress caused by social stigma, pervasive discrimination, rejection and abuse.

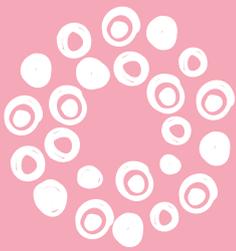
Some people may be seeking mental health support around concerns related to their gender identity, including support to discuss how to tell their family, friends or partner they are trans. Others may require an assessment by a mental health professional in order to be eligible for gender-affirming surgical steps. If your trans patients come to you with mental health concerns, it is important to avoid making assumptions and to treat them with respect and dignity. If possible and available, refer trans patients to trans-competent and trans-affirming mental healthcare providers for holistic and comprehensive care.

Self-assessment of Health Care Facilities

Real change starts with a commitment for improvement and takes time. These guidelines provide you with an outline to start developing a realistic plan to establish a trans-inclusive and trans-competent clinic. You can start by conducting an assessment of what you are already doing and what gaps remain, so you can continue to take steps in creating a welcoming and inclusive environment. The Asia Pacific Transgender Network (APTN) is implementing a TransCOMP Provider Checklist and Action Plan to self-assess the trans-competency of health care facilities and services. If you wish to access the checklist, please reach out to us at hello@weareaptn.org.

ADDITIONAL RESOURCES

- 1. Guidelines for the Primary and Gender-Affirming Care of Transgender and Gender Non-binary People by *The Center of Excellence for Transgender Health*.** These guidelines aim to address disparities for transgender people in accessing primary health care by equipping primary care providers and health systems with the tools and knowledge to meet the healthcare needs of their transgender and gender non-conforming patients.
- 2. Blueprint for the Provision of Comprehensive Care for Trans People and Trans Communities in Asia and the Pacific by *The Asia Pacific Transgender Network (APTN), UNDP, Health Policy Project*.** The Blueprint offers comprehensive guidelines for improving health and human rights for trans people and trans communities. It is an accessible trans health reference document for trans community advocates, health professionals, policymakers, and those who design or deliver services to trans people.
- 3. Standards of Care (SOC) for the Health of Transsexual, Transgender, and Gender Nonconforming People, Version 7 by *World Professional Association for Transgender Health (WPATH)*.** The WPATH Standards of Care provides clinical guidance for health professionals to assist transgender and gender non-conforming people with safe and effective pathways to achieving lasting personal comfort, in order to maximise their overall health, psychological well-being and self-fulfillment. An updated version 8 is due to be published in 2021.
- 4. Standards of Care by *the Australian Professional Association for Transgender Health (AusPATH)*.** The AusPATH Standards of Care offers clinical guidelines and tips for health professionals to ensure provisions of trans-competent and sensitive health care to trans persons. While developed for the Australian context, the guidelines offer some useful information for healthcare providers operating in other geographical contexts in the Asia and the Pacific region.



aptn

Asia Pacific Transgender Network (APTN)

A Square Bangkok
120/1, 2nd Floor, Soi Sukhumvit 26, Khlong Tan
Khlong Toei, Bangkok 10110, Thailand.

Website: www.weareaptn.org

Email: hello@weareaptn.org

Facebook: <https://www.facebook.com/WeAreAPTN/>

Twitter: <https://twitter.com/WeAreAPTN>

Instagram: <https://www.instagram.com/weareaptn/>

LinkedIn: <https://www.linkedin.com/company/weareaptn>

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