The Groote Schuur Hospital Multidisciplinary Transgender Clinic at the University of Cape Town, South Africa

Adele Marais, John Torline, Don Wilson

Department of Psychiatry and Mental Health, University of Cape Town & Groote Schuur Hospital

Aim & Design

- To determine the composition of the clinic, referral pathways and clinical protocols employed by this indigenised service
- A **retrospective, descriptive, cross-sectional review** conducted of all patients referred from January 2009 until December 2017

Groote Schuur Hospital - Background

- Officially opened in 1938, Groote Schuur Hospital (GSH) is a large, **government-funded academic referral hospital in Cape Town**
- Provides secondary, tertiary and quaternary care for patients of the Western Cape and other parts of the country
- **Principal teaching hospital for the University of Cape Town's (UCT) Faculty of Health Sciences**

The GSH Transgender (TG) Clinic

- Coordinated by the **Department of Psychiatry and Mental Health at UCT**
- One of the only multidisciplinary and integrated services of Transgender health care in South Africa and the African region
- Service offered since **2009**

The TG Clinic Setting

- **Free/Low-cost** care
- Providers & clinic settings aware of & willing to **meet the unique medical needs** of transgender patients
- Team - willing to adopt **trans-affirming guidelines**
- **Inclusion of patient preferences & involvement** in planning intervention
- **Gender-affirming admin & clinical staff** (preferred name and pronouns used)

Role of TG Clinic

- Offer a **comprehensive package of care (mental health, endocrine & surgery)**
- Facilitate follow up support in local community
- Offer **support to providers** of psychological and endocrine services at distant sites
- Advocate for **equal access to healthcare**, including gender affirming surgery
- Advocate for the **acceptance & integration** of the transgender person in the community, workplace and school

The Multidisciplinary Model

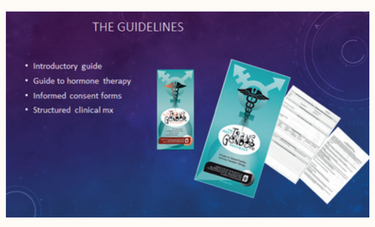
- Combined multidisciplinary meetings – every 2 months
- TG healthcare – an **interdisciplinary** field
- Ongoing clinical **dialogue & peer consultation**
- Open & consistent **communication** – facilitates referral & management
- **Shared definitions & terminology**
- Allows for **peer review**
- **Individualised** case management
- **Continuity** of care
- **Collaborative, co-ordinated** service provision
- **Sharing ethical, legal & advocacy** responsibilities

Role of Mental Health Practitioner

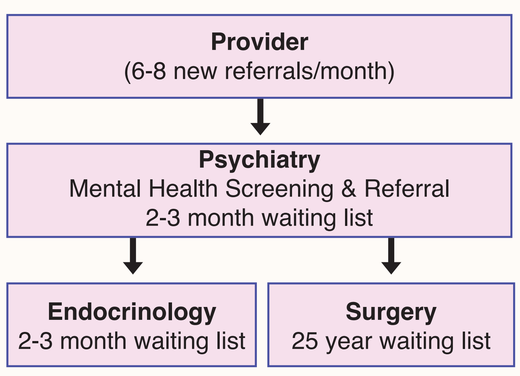
- **Evaluation**
  - **Supportive**
  - Component of **integrated, holistic health care** (Depathologisation framework)
  - Narrative, **inclusive approach**
- Assess, identify & discuss treatment options for any mental health concerns
- Address psychosocial difficulties
- **Support and facilitate access & referral**
- **Address concerns** regarding waiting lists
- Ongoing **liaison & consultation** with colleagues
- Chair & facilitate multidisciplinary clinic meetings

Clinical Guidelines

- WPATH SOC 7
- 'GP Toolkit' – locally developed gender affirming hormone therapy guidelines



Referral Pathways



Barriers & Challenges

- **Limited resources**
  - Few trained providers in primary healthcare, general medical or community-based settings
  - Perception that specialist mental health care is required
  - Due to limited availability - referrals accepted from all levels & provinces
- **Extremely limited surgical resources**
  - Limited theatre time
  - Limit of 2 - 3 completed gender affirmation surgeries per year
  - Surgery waiting time of up to 25 years
  - Source of great **distress, despair & despondency**
- **Logistical barriers**
  - Distance, financial expenses, waiting lists, coding on electronic medical forms
- **Rural clients**
  - Severely disadvantaged by logistical considerations; high levels of stigma, discrimination, violence & persecution

Study Sample

- 233 patients were captured in the clinic's database
- Patients seen prior to 2009 (n=52), and those seen after 2009 with missing data (n=22) were excluded
- Remaining sample: **159 persons** from January 2009 until December 2017

Demographic Data of Sample (n=159)

	Mean	STD Deviation	Minimum	Maximum	Range	Median
Age	29	8.6	16	58	42	27
		Male	Female	Intersex	Unknown	
Sex Assigned at Birth		110 (69.1%)	45 (28.3%)	1 (0.6%)	3 (1.8%)	
		Male	Female	Non-binary	Unknown	
Experienced Gender		44 (27.6%)	108 (67.9%)	4 (2.4%)	3 (1.8%)	
	Single	Dating	Unknown	Engaged	Married	Divorced
Relationship Status	90 (56.6%)	36 (22.6%)	18 (11.3%)	6 (3.7%)	6 (3.7%)	3 (1.8%)
	Employed	Unemployed	Student	Unknown	Scholar	Part-time
Employment	88 (55.3%)	55 (34.5%)	7 (4.4%)	7 (4.4%)	1 (0.6%)	1 (0.6%)

Mental Health History

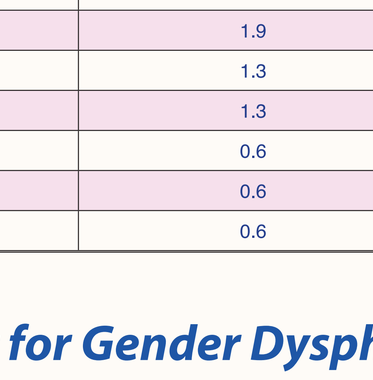
	n	%
No previous psychiatric history	55	34.6
Depressive disorder	29	18.2
Unknown	27	17.0
Bipolar disorder	12	7.5
Family relational issues	12	7.5
Suicidality	12	7.5
Substance use disorder	8	5.8
Anxiety disorder	6	3.8
Personality disorder	4	2.5
Self-mutilation	3	1.9
Sexual abuse	3	1.9
Eating disorder	2	1.3
Psychotic disorder	2	1.3
Tic disorder	1	0.6
Gambling disorder	1	0.6
Autism spectrum disorder	1	0.6

Previous Mental Health Contact for Gender Dysphoria

- Psychotherapy - 54.0% (n=86)
- Triangle Project - 15.7% (n=28)
  - non-profit human rights organisation offering professional services LGBTQI persons, their partners and families
- Gender DynamiX - 1.2% (n=2)
  - public benefit organisation focused solely on the transgender and broader gender diverse community

Gender Incongruence

Psychiatric diagnoses in persons with Gender Incongruence (n=50; 38.2%)



Reproductive Issues

- Few patients had children (8.1%; n=13)
- Desire to have children:
  - 38.3% (n=61) did not want to have children in the future (and 38.3 % were unknown)
  - 12.5% (n=20) wanted to have biological children
  - 9.4% (n=15) wanted to adopt children
  - 1.3% (n=2) were uncertain

Conclusions

- Depression at assessment - higher than general SA population estimate (18.3% vs. 4.9%)
- Self-reported HIV-positive - lower than SA general population (7.5% vs. 12,57%, and lower than Western Cape 11,5%)
- 12.5% desire to have biological children – need to include a fertility specialist on the TG team
- Other disciplines to include: Speech therapy, Occupational therapy & Gynaecology
- Clear need for accessible transgender healthcare in South Africa
- Mental healthcare and psychosocial support is integral to this package of care
- GSH TG team is reflective and flexible, and actively involved in interpreting and implementing the WPATH SOC in the local context
- Poor access to care and inadequate resources continue to pose challenges to the provision of transgender healthcare in South Africa

Acknowledgements - The GSH-TG Team

Dr A Marais – Clinical Psychologist (Chair of TG Clinic)
Dr D Wilson and Dr J Torline – Specialist Adult Psychiatrists
Dr S Pickstone-Taylor – Child & Adolescent Psychiatrist
Mr R Addinall – Sexologist & Clinical Social Worker
Mz B Toker – Social Worker
Prof I Ross – Endocrinologist; Dr A Spitaels – Paediatric Endocrinologist
Dr K Adams – Plastic Surgeon
Dr E de Vries – Family Physician
Mz C Musikanth – Counselling Psychologist
Mz L Chamane – Gender DynamiX advocacy officer