



Children's Health Ireland

Sláinte Leanaí Éireann (SLÉ), Herberton, Siúlán San Séamas, Rialto, D08 HP97, Éire
Children's Health Ireland (CHI), Herberton, St James's Walk, Rialto, D08 HP97, Ireland

24th February 2021

Deputy Mick Barry,
Dáil Eireann,
Leinster House,
Kildare Street,
Dublin 2.

PQ 9558/21

"To ask the Minister for Health the measures he is taking to ensure that young transgender persons receive the healthcare that they need in view of the fact that the gender-identity service that was situated in Children's Health Ireland, Crumlin is no longer receiving further referrals; his plans to ensure a rapid implementation of a multi-disciplinary team to support the provision of care for young trans persons; and if he will make a statement on the matter".

Dear Deputy Barry,

I refer to your parliamentary question above to which I have been asked to provide a response on behalf of Children's Health Ireland (CHI).

CHI currently has no active patients under the primary care of Tavistock Gender Identity Development Service (GIDS).

The UK service, operated by the Tavistock and Portman Clinics under the HSE Treatment abroad scheme, was suspended by Tavistock, and so referrals are no longer continuing to the UK via this service. This impacts on patients who have historically had access to the Tavistock and Portman Service through the HSE Treatment Abroad Scheme.

Therefore, if there are any such patients then it is appropriate for the HSE to respond.

The HSE is working on the establishment of a team and service in Ireland. CHI at Crumlin has advertised for a replacement Consultant Paediatric Endocrinologist who will be part of the Team and interviews are occurring in early March 2021.

Gender incongruence is not uncommon in early childhood. Where gender incongruence persists, some young people can become more distressed with the onset of puberty (known as gender dysphoria) and may seek out medical interventions to change their natal gender. The diagnosis of gender dysphoria is dependent on strict criteria as assessed by mental health professionals. Only approx. 40% of young people with gender dysphoria will be eligible for consideration for medical intervention. There is a high proportion of young

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CRA Registered Charity Number (RCN): 20202295 Revenue Charitable Status CHY: 22235

Board Members: Prof James Browne (Chairman), Prof Niamh Brennan, Mr Con Cronin, Ms Mary Cryan, Mr Liam Dowdall, Prof Martin Elliott, Ms Catherine Guy, Dr Anne Kilgallen, Dr Gavin Lavery, Ms Brigid McManus, Mr Turlough O'Sullivan, Mr Sean Sheehan



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people with co-existing mental health or developmental disorders (e.g. autistic spectrum disorder) which can impact on the presentation and management of gender dysphoria.

A robust and agreed care pathway for young people with gender dysphoria needs to be developed for Irish patients in Ireland, in line with international best practice. It is equally important that the care pathway applied to children and adolescents is compatible with the adult service to which they are likely to transition, in order to provide a comprehensive, sensitive and safe service for these young people. Local and international experience increasingly suggests that this multidisciplinary approach should be led by a child psychiatrist with a particular interest in childhood and adolescent gender identity.

The existing pathway in Ireland for pre-pubertal children generally begins with an approach by the child and family to their General Practitioner who may then refer to the local Child and Adolescent Mental Health Service (CAMHS). At this stage, a social transition may be advised with careful management between the family, GP, CAMHS team and school services. Assessment and management of any co existing mental health or developmental disorders need to be prioritised.

For young people under the age of 16 years, once the assessment has been made and if referral for medical intervention is being considered, this can only be done as part of a cohesive specialised team multi-disciplinary team (MDT) so that any medical intervention can be done in a safe manner, in line with best international practice and with the capacity for audit and evaluation of outcomes. The MDT team will be led by a Paediatric Psychiatrist(s) with a particular interest in Gender Identity.

Yours sincerely,

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