

**11<sup>th</sup> March 2021**

Deputy Neasa Hourigan,  
Dáil Éireann,  
Leinster House,  
Kildare Street,  
Dublin 2.

**PQ 12821/21**

"To ask the Minister for Health his plans to reopen the gender identity adolescent service situated in Crumlin Children's Hospital to new referrals; his plans to improve access to healthcare for young transgender persons; and if he will make a statement on the matter.

Dear Deputy Hourigan,

I refer to your parliamentary question above to which I have been asked to provide a response.

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 this is appropriate for the HSE to respond.

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

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 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.



Children's Health Ireland

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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 multidisciplinary 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. Currently the HSE are working on the establishment of this team 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.

Yours sincerely,

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