



Ending the psychiatrization of transgender people in ICD-11

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WHO proposal

- Renaming transsexualism as « gender incongruence » GI
- Moving gender incongruence from mental disorders section,
- Placing disorders in a new category: sexual health

An international study was constructed to test the WHO proposal at first, in Mexico, then in South Africa, Brazil, India, Lebanon and France.

Current situation in France

Social and Medical situation

High stigmatisation
Social rejection
Necessity of an official diagnosis to obtain a medical treatment

Official diagnosis = A psychiatric diagnosis
ICD : transsexualism (mental disorder section)

Two necessary characteristics:

1. Psychological distress
2. Dysfunction

French Study

Askevis-Leherpeux, F., de la Chenelière, M., Baleige, A., Chouchane, S., Martin, M.-J., Robles-García, R., . . . Roelandt, J.-L. (April 2019). Why and how to support depsychiatrisation of adult transidentity in ICD-11: A French study. *European Psychiatry*, 59, 8–14. doi:10.1016/j.eurpsy.2019.03.005

From the study to the WHO decision

Psychological distress and Dysfunction are not necessary and not sufficient. They will not be reported by every trans person and may result from social rejection and violence.
Results support the proposition to remove gender incongruence from the chapter of mental disorders. The results were consistent with the main study and the replicates. The WHO validate proposal (May 2019)

Field Study

The MDS is a medical house in Lille, France. MDS supports transgender people in their hormone therapy, without the need for a psychiatric diagnosis. The people who come to request hormone therapy are considered like any other who submit a request for care.

Gender incongruence diagnosis outside of the chapter of psychiatry in ICD 11
+ Feasibility to get hormonal therapy without psychiatric diagnosis

~~Exit the psychiatrist as gatekeeper of transition~~

What's next for the patient and the doctor ?

The patients who come under the gender incongruence diagnosis are citizens with their full decision-making powers.

The front line doctor must become the interface with all other medical specialists like for the others patients.

Gender incongruent patients and frontline doctors can build together the health project of transition