



Child Mental Health CoP Session 6: Gender Diversity

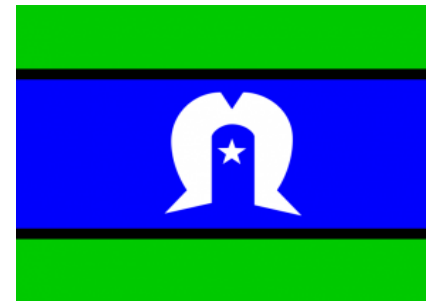
Tuesday 17 September 2024

The content in this session is valid at date of presentation

Acknowledgement of Country

North Western Melbourne Primary Health Network would like to acknowledge the Traditional Custodians of the land on which our work takes place, The Wurundjeri Woi Wurrung People, The Boon Wurrung People and The Wathaurong People.

We pay respects to Elders past, present and emerging as well as pay respects to any Aboriginal and Torres Strait Islander people in the session with us today.



CoP guidelines

We agree to...



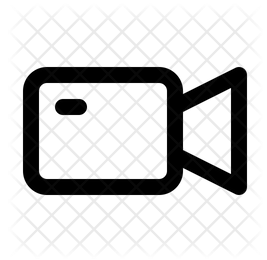
Stay on **mute**
unless speaking



Raise your **hand**
to speak



Keep conversations
confidential



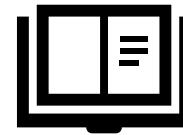
If possible, keep
camera on



Introduce yourself
and your role
when speaking



Share **ideas** &
promote
everyone's
participation



Acknowledge that
we have **varied**
learning needs &
interests



Ask **questions**
No question is silly

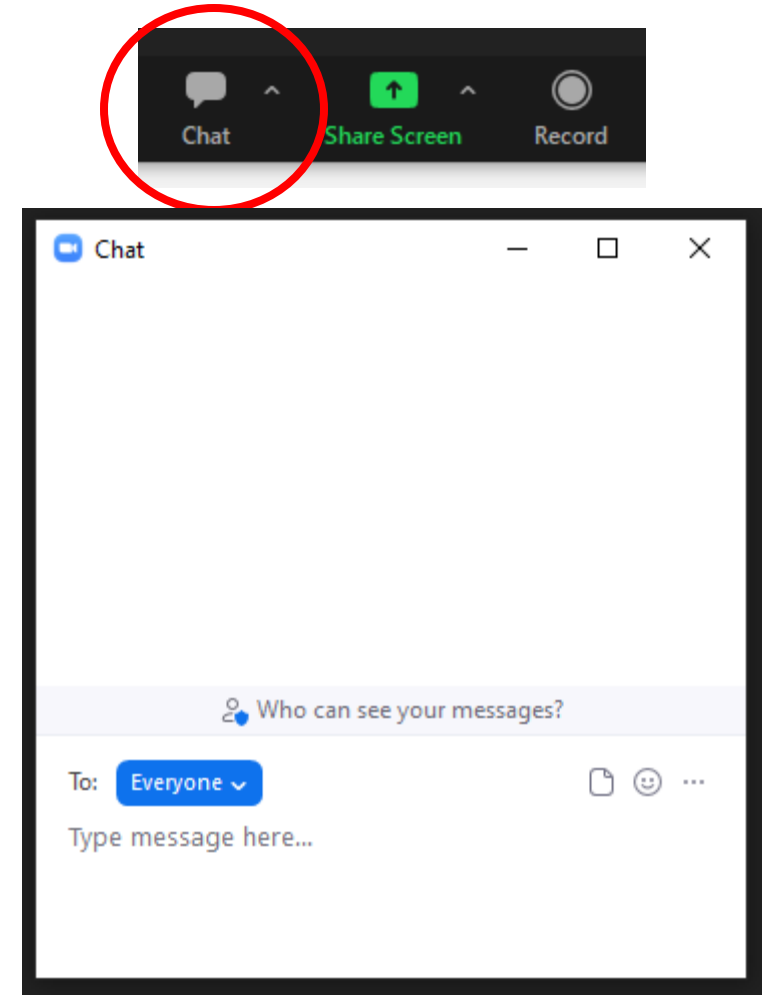
Housekeeping – Zoom Meeting

During the education component, please ask questions via the Chat box

This session is being recorded

Please ensure you join the session using the name you registered with so we can mark your attendance

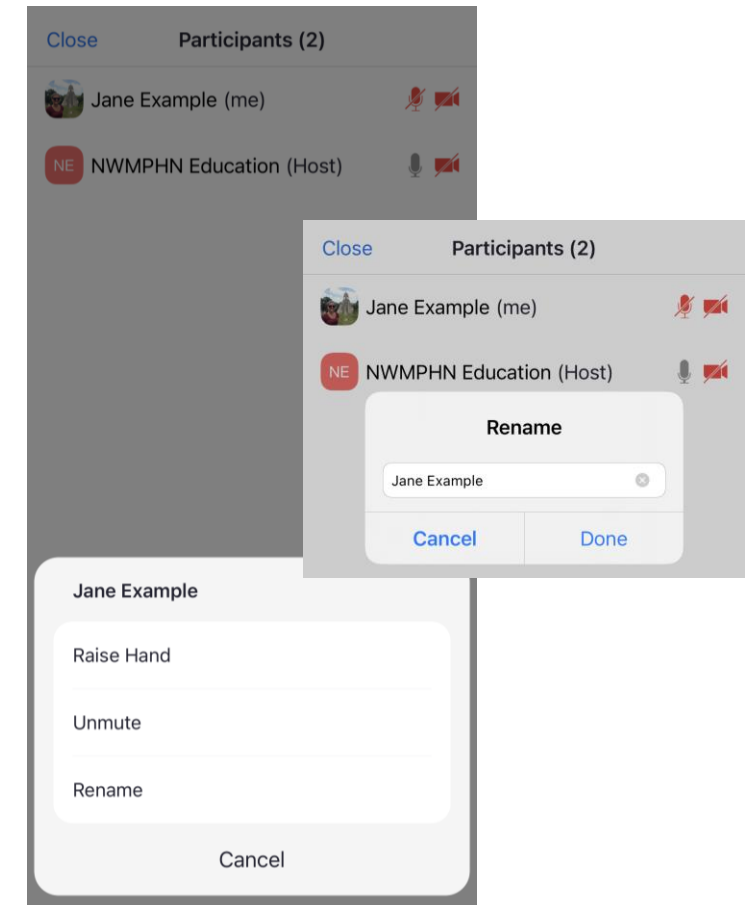
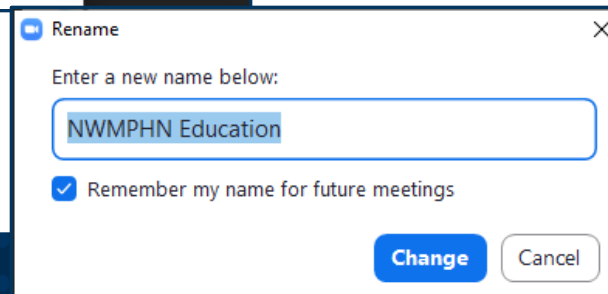
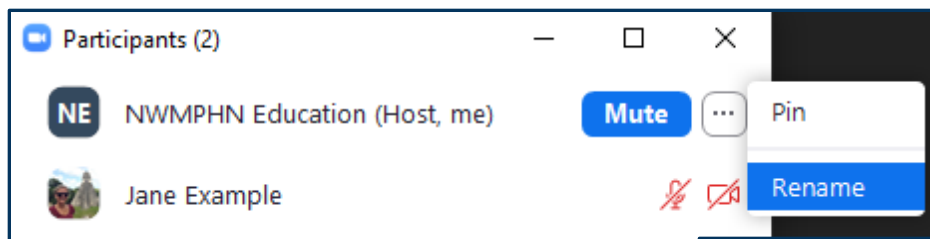
Certificates and CPD will not be issued if we cannot confirm your attendance



Please ensure you join the session using the same name you registered with and add your role next to your name

How to change your name in Zoom Meeting

1. Click on **Participants**
2. **App:** click on your name
Desktop: hover over your name and click the 3 dots
Mac: hover over your name and click *More*
3. Click on **Rename**
4. Enter the name you registered with and click
Done / Change / Rename



Psychiatrist – Dr Chidambaram Prakash

- Dr Chidambaram Prakash is a senior consultant child and adolescent psychiatrist at the RCH with over 20 years' experience.
- Prakash has worked in, and managed, general and specialist clinics within child psychiatry in metropolitan and regional public mental health services.
- Prakash has worked with children and adolescents from 4 to 18 years of age assessing and managing a variety of mental health issues.

GP Facilitator - Dr Sahar Iqbal

- Practicing as a GP at Goonawarra Medical Centre for the past 10 years
- Sahar's areas of interest are child and adolescent mental health and chronic disease management

Guest Speaker – Dr Tram Nguyen

- Dr Tram Nguyen is a psychiatrist and mental health lead at the RCH Gender Service. Tram has had a breadth of experience working with young people and their families.
- She is a strong advocate for those who are vulnerable and marginalised.
- She is excited and privileged by the opportunity to work with young gender diverse people and their families through their journey at the Gender Service.

Agenda

| | |
|---|------------|
| Introduction and housekeeping | 5 minutes |
| Education component and Q&A <i>Dr Tram Nguyen</i> | 35 minutes |
| Health Pathways | 5 minutes |
| Case discussion Part 1 – Breakout room | 12 minutes |
| Breakout room discussion | 9 minutes |
| Case discussion Part 2 – Breakout room | 12 minutes |
| Breakout room discussion | 9 minutes |
| Conclusion | 2 minutes |



1

Education component: Gender Diversity

DR TRAM NGUYEN



Gender Diversity

Dr Tram Nguyen, Psychiatrist & co-Director

The RCH Gender Service

Acknowledgement of Country

We would like to acknowledge that this workshop is being held on the lands of the Wurundjeri people, and acknowledge their strength, resilience and capacity. We pay respects to their elders, past and present.

We would also like to specifically acknowledge impact of colonisation on Aboriginal and Torres Strait Islander Sistergirls, Brotherboys, and people of traditional diverse genders of the First Nations of Australia.

*Dylan Mooney,
Growing Together, 2021*





ACKNOWLEDGEMENT OF PRIVILEGE

"Nothing about us without us"

"It takes conscious effort to disrupt the habit of seeing others through our own assumptions"

-Finn Gratton

2.3 - 3.7% of Australian young people identify as trans or gender diverse



A national, cross-sectional survey of
6,327 secondary school students in
Years 10-12

2.3% reported being trans or gender
diverse

MISSION
AUSTRALIA

2021 YOUTH SURVEY OVERVIEW

KEY FINDINGS



20,207
RESPONSES

53.2% female

41.8% male

3.7% gender diverse

1.3% preferred not to say their gender

4.8% identified as Aboriginal and/or Torres Strait Islander

41.2% stated one or both of their parents were born overseas

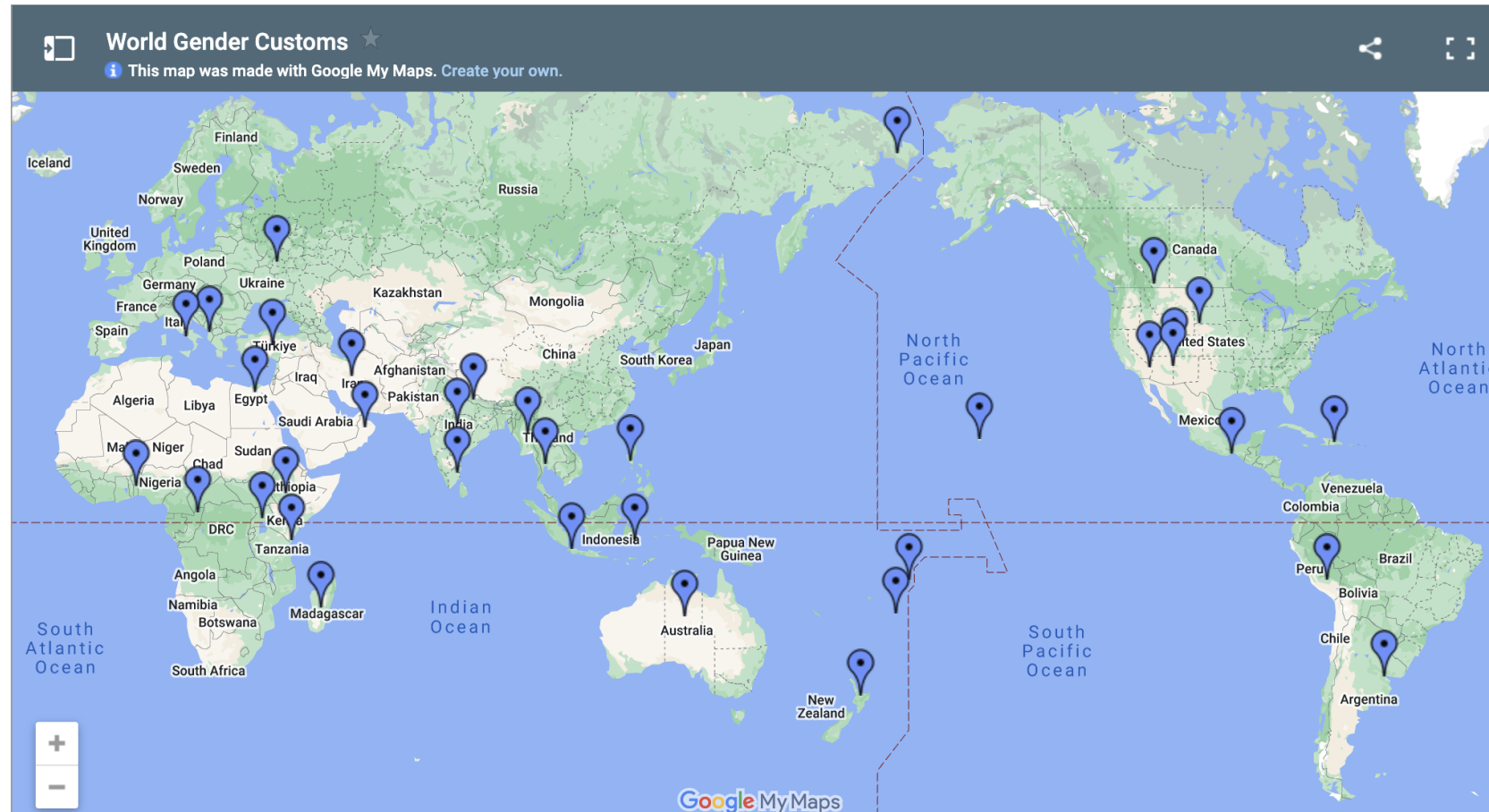
9.0% identified as living with disability

In 2021, a notable proportion of young people identified as gender diverse. As a result, for the first time, the responses from gender diverse young people are included in gender breakdowns in the Youth Survey 2021 Report.

Christopher M Fisher, Andrea Walling, Lucille Kerr,
Rosalind Bellamy, Paulina Ezer, Gosia Mikolajczak,
Graham Brown, Marina Carman and Jayne Lucke



Trans, non-binary and gender diverse identities are a wonderful part of human existence





Terminology: Sex, Gender and Sexuality

Sex: biological characteristics, including physical features and genetics; sex is assigned at birth; usually seen as binary (XX = female, XY = male) but it is not – some assigned males have XX chromosomes, some assigned females have Y chromosomes, and some people are intersex. 1 in 100 people are intersex.

Sexuality:

physical, sexual and/or emotional feelings, thoughts, attractions and behaviours towards other people – **sexuality is mostly interpersonal**

Gender:

an individual's concept of themselves (**gender identity**) that is internally felt as male, female, non-binary or along the gender spectrum– **gender identity is mostly personal**

The challenge of conflation:

We use the terms 'male' and 'female' to describe both sex and gender.

Definitions and terminology



Assigned/ assumed male at birth (AMAB): A person who was thought to be male when born.

Assigned/ assumed female at birth (AFAB): A person who was thought to be female when born.

Cisgender: A person, whose gender identity aligns with their sex assigned at birth.

Trans or transgender: A person, whose gender identity is not congruent with their sex assigned at birth.

Non-binary: A term to describe someone who doesn't identify exclusively as male or female.

Gender fluid: A person whose gender identity varies over time.

Definitions and terminology – in practice



Ask the young person what terms they use (or don't use)...check when they want you to use them, then do this consistently.

“It’s good if they already know... but it’s polite to ask and you can tell them from your perspective”
9 year old, non-binary

Definitions and terminology



**Gender non-conforming/
Gender expansive**

A term to describe people who do not conform to their society or culture's binary expectations for males and females.

Gender identity:

A person's innermost concept of self as male, female, a blend of both or neither. One's gender identity can be the same or different from their sex assigned at birth.

Gender expression:

The external presentation of one's gender, as expressed through one's name, clothing, behaviour, hairstyle or voice, and which may or may not conform to socially defined behaviours and characteristics typically associated with being masculine or feminine.

RCH Gender Slider

RCH GENDER SLIDER

Right now, how male I feel...

Not at all Completely



- ☐ I'm not sure how male I feel
- ☐ I don't understand the question
- ☐ I prefer not to answer

Right now, how female I feel...

Not at all Completely



- ☐ I'm not sure how female I feel
- ☐ I don't understand the question
- ☐ I prefer not to answer

Right now, how non-binary/gender neutral/agender/genderless I feel...

Not at all Completely



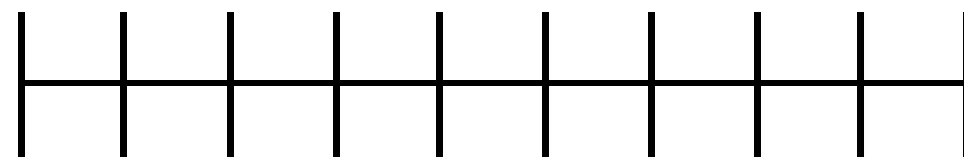
- ☐ I'm not sure how _____ I feel
- ☐ I don't understand the question
- ☐ I prefer not to answer

Gender Slider



Female

Not at all

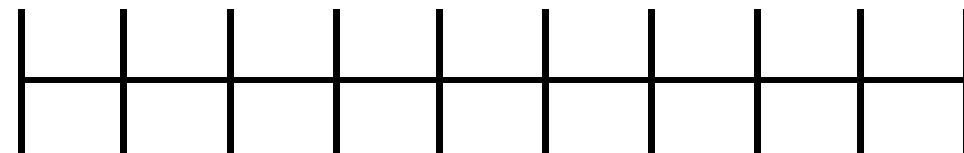


Completely

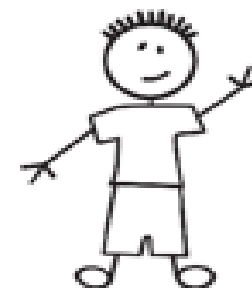


Male

Not at all



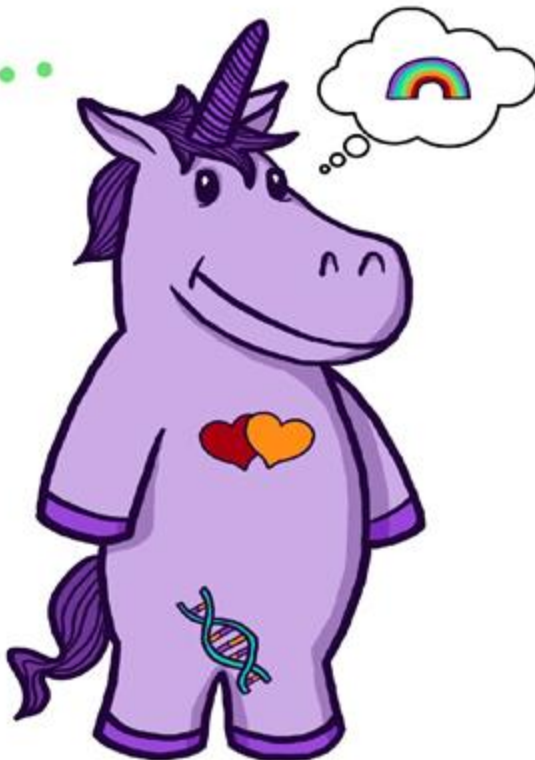
Completely






The Gender Unicorn

Graphic by:
TSER
Trans Student Educational Resources



 Gender Identity

Female/Woman/Girl
Male/Man/Boy
Other Gender(s)

 Gender Expression

Feminine
Masculine
Other

 Sex Assigned at Birth

Female Male Other/Intersex

 Physically Attracted to

Women
Men
Other Gender(s)

 Emotionally Attracted to

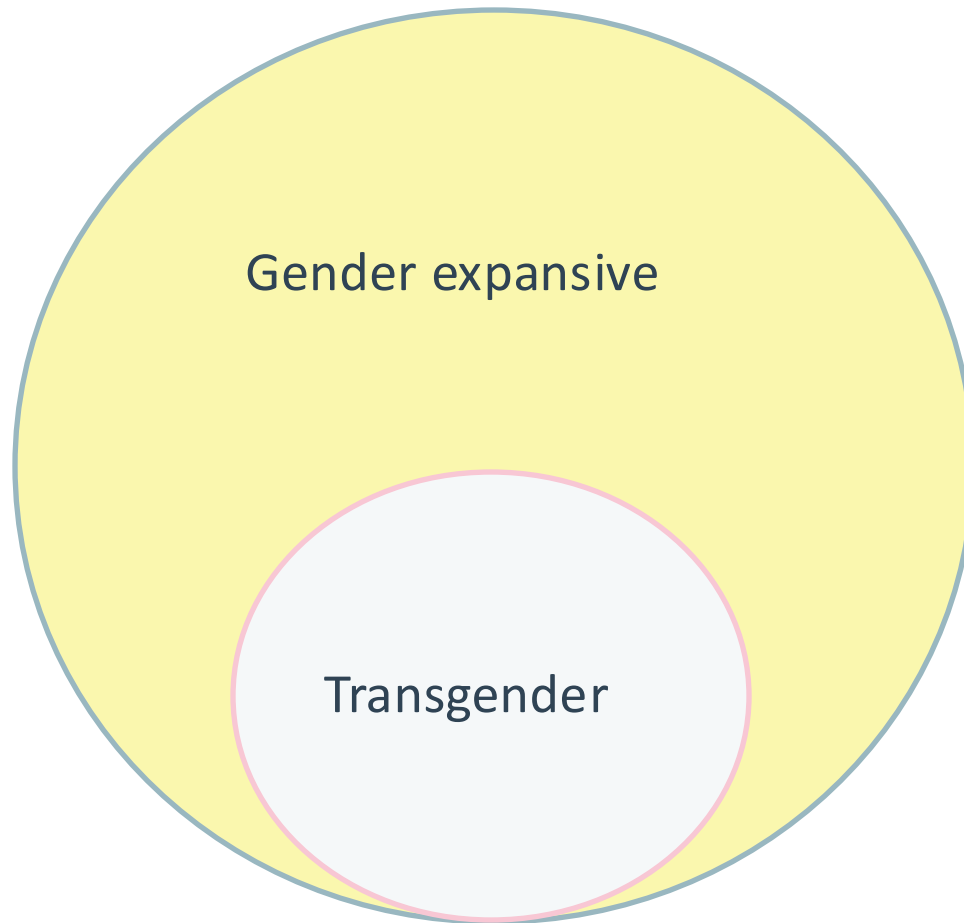
Women
Men
Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore



Terminology



Gender expansive (gender creative)

– people who either **identify** or **express** themselves in ways that broaden the socially and culturally defined behaviours or beliefs associated with a particular sex
- older terms: gender variant or gender non-conforming

“Stars who proudly challenge gender norms”



Harry Styles and Billy Porter. Jordan Strauss/AP/Shutterstock; David Fisher/Shutterstock

DSM-5TR Gender Dysphoria in children



Marked incongruence between one's experienced/expressed gender and assigned gender, lasting at **least 6 months**, as manifested by **at least six of the following** (one of which must be the first criterion):

- A strong desire to **be of the other gender** or an insistence that one is the other gender (or some alternative gender different from one's assigned gender)
 - In boys (assigned gender), a strong preference for **cross-dressing** or simulating female attire; or in girls (assigned gender), a strong preference for wearing only typical masculine clothing and a strong resistance to the wearing of typical feminine clothing
 - A strong preference for **cross-gender roles** in make-believe play or fantasy play
 - A strong preference for the **toys, games or activities** stereotypically of the other gender
 - A strong **preference for playmates** of the other gender
 - In boys (assigned gender), a **strong rejection of typically masculine toys, games, and activities** and a strong avoidance of **rough-and-tumble play**; or in girls (assigned gender), a strong rejection of typically feminine toys, games, and activities
 - A strong dislike of one's sexual anatomy
 - A strong desire for the physical sex characteristics that match one's experienced gender
- Condition must be associated with clinically significant distress or impairment in social, occupational, or other important areas of functioning.



ICD-11 Gender Incongruence in childhood

Gender incongruence of childhood is characterised by a marked **incongruence** between an individual's experienced/expressed gender and the assigned sex in pre-pubertal children.

It includes:

- a strong desire to be a different gender than the assigned sex;
- a strong dislike on the child's part of his or her sexual anatomy or anticipated secondary sex characteristics and/or a strong desire for the primary and/or anticipated secondary sex characteristics that match the experienced gender
- and make-believe or fantasy play, toys, games, or activities and playmates that are typical of the experienced gender rather than the assigned sex.

The incongruence must have persisted for about 2 years.

Gender variant behaviour and preferences alone are not a basis for assigning the diagnosis.

Reflection: when were you first aware of your gender identity?

Reflection: how do you currently
embody and express your gender?

Reflection: imagine what it is like
when people do not perceive your
gender identity as you experience
it?

Gender identity and understanding of gender: a developmental process



Stages of development

- Age 2 years: children become aware of the physical differences between boys and girls
- Before 3rd birthday: most children will be able to label their own gender and that of others
- By age 4: most children have a stable experience of their gender identity

Across these ages, it is typical ('normal') to exhibit behaviours (e.g. dress, activities, friends) that are not stereotypical for the gender that the child is (or assumed to be).

Children who have a gender-diverse identity know their own gender as clearly and consistently as their (developmentally matched) peers

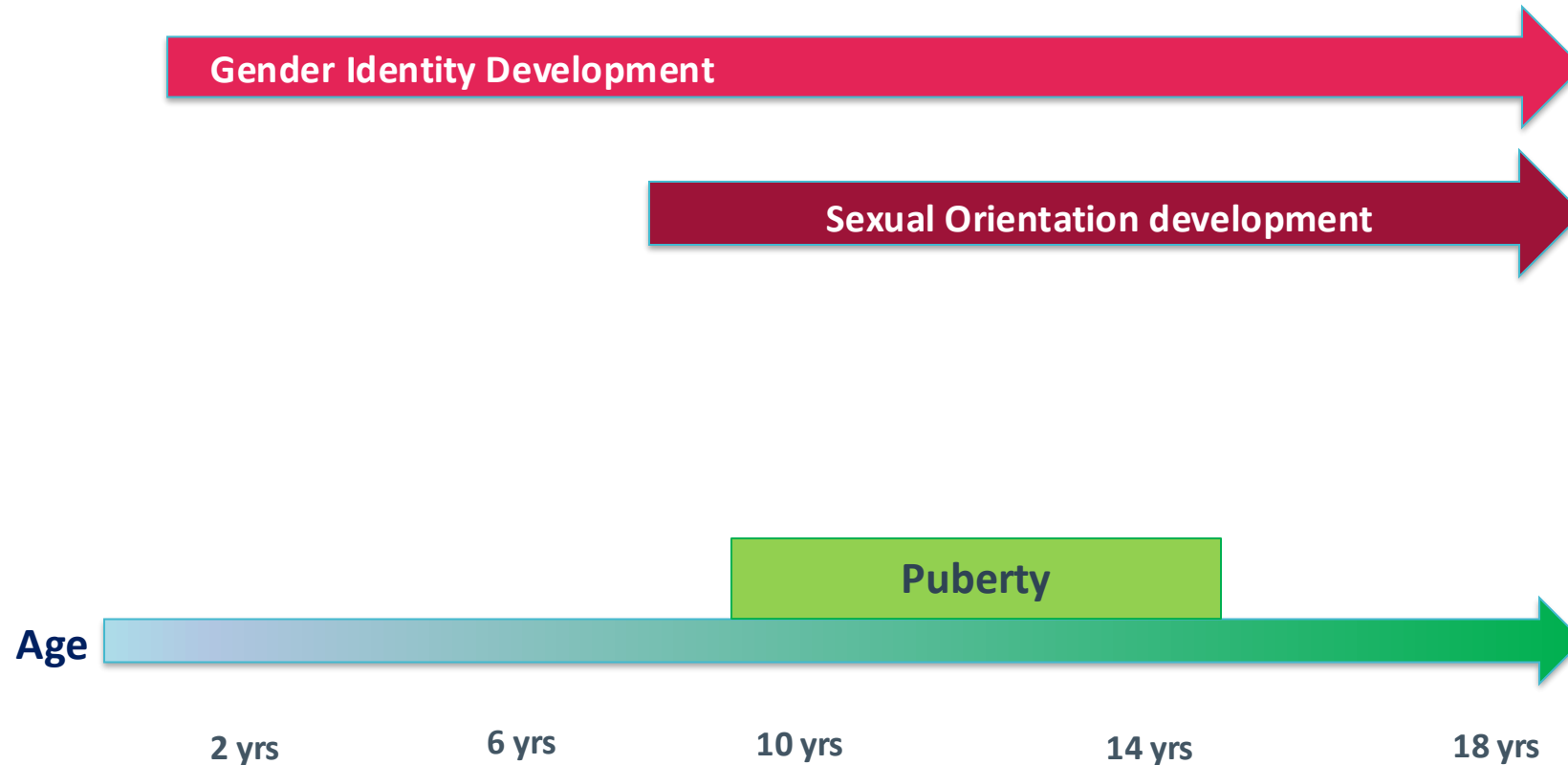


Gender norms are continuously reinforced

| | | | | | | |
|------------|--|-----------|------|------|----------|--------|
| Logical | | | Weak | | | Strong |
| Emotional | | Sweet | | | Rational | Soft |
| Inflexible | | Ambitious | | Wild | Pretty | |



Gender Identity & Sexual Orientation Development



Gender is acquired early and continuously drafted



Gender Diversity is not a mental health disorder

Trans and gender diverse identities are a part of the human existence.

There is no treatment that is indicated or warranted for people with transgender identities.

Mental health issues may arise for trans and gender diverse people due to a lack of support, rejection, misunderstanding and discrimination, which can lead to bullying, exclusion, marginalization, institutional barriers, negative attitudes, and denial of their existence, or the validity of their experience.

Gender Dysphoria is a health condition that may benefit from support & medical intervention.

TRANS PATHWAYS

THE MENTAL
HEALTH
EXPERIENCES
AND CARE
PATHWAYS
OF TRANS
YOUNG
PEOPLE



TELETHON
KIDS
INSTITUTE
Discover. Prevent. Cure.



Transgender adolescents suffer high rates of social exclusion, discrimination and abuse



Depression
74.6%

Anxiety Disorder
72.2%

Eating Disorder
22.7%

Self harm
80%

Attempt suicide
48%

Strauss et. al. Trans Pathways (2017)

Trans youth living in Australia aged 14-25 years. 859 trans young people and 194 parents/guardians of trans youth



Transgender youth suffer high rates of harassment, and discomfort in educational settings

Verbal harassment

70-84%

Physical harassment

20-33%

Sexual harassment

31-55%

**Unsafe/
uncomfortable -
education**

66-74%

Misgendering

52%

Being 'outed'

54%

(Hill et. al. 2021)

How do we provide gender affirming care to improve mental health outcomes?



Listen

Listen

Empathise

Be non-judgemental

Listen

Be self aware

Put the young person at the
centre of decision making

Respond

to the child or young person's
needs

Preferred name

Correct pronouns

Social presentation

Identity documents

Pubertal suppression

Menstrual suppression

Hormone treatment

Family Support

Gender affirmation



Refers to an interpersonal, interactive process whereby a person receives social recognition and support for their gender identity and expression.

Social affirmation

- Living life as one's authentic gender and expressing it.
- Expressing gender in the ways that feel true to them (name, pronouns, clothing, hair, interests, activities, etc.)
- Legal name and gender marker changes
- Adolescents and adults: Binders, tuckers, padded bras, padded underwear
- Ability to choose how to interact with gendered spaces – toilets, camp, change rooms



Georgie Stone







Medical affirmation:

- Puberty blockers (GnRHa): result in a pause in physical pubertal changes.

Mechanism: blocking the release of the pituitary hormones (LH/FSH), so that the gonads are not stimulated to produce oestrogen or testosterone

- Androgen 'blockers': suppress the effects of androgen hormones
- Menstrual suppression
- Oestrogen/testosterone





Puberty suppression

Gonadotropin-releasing hormone analogues

Aims to:

- Reversible halt to puberty (puberty suppression is reversible, puberty is not)
- Decrease anxiety, distress, depression related to pubertal progression
- Allow time for exploration of gender
- Allow time for cognitive and emotional development
- Allow time for decision making
- Improve later congruence between gender and physical appearance (in a cis-normative way)

Main medical concern is effects on bone mineralisation, which is monitored with bone scans

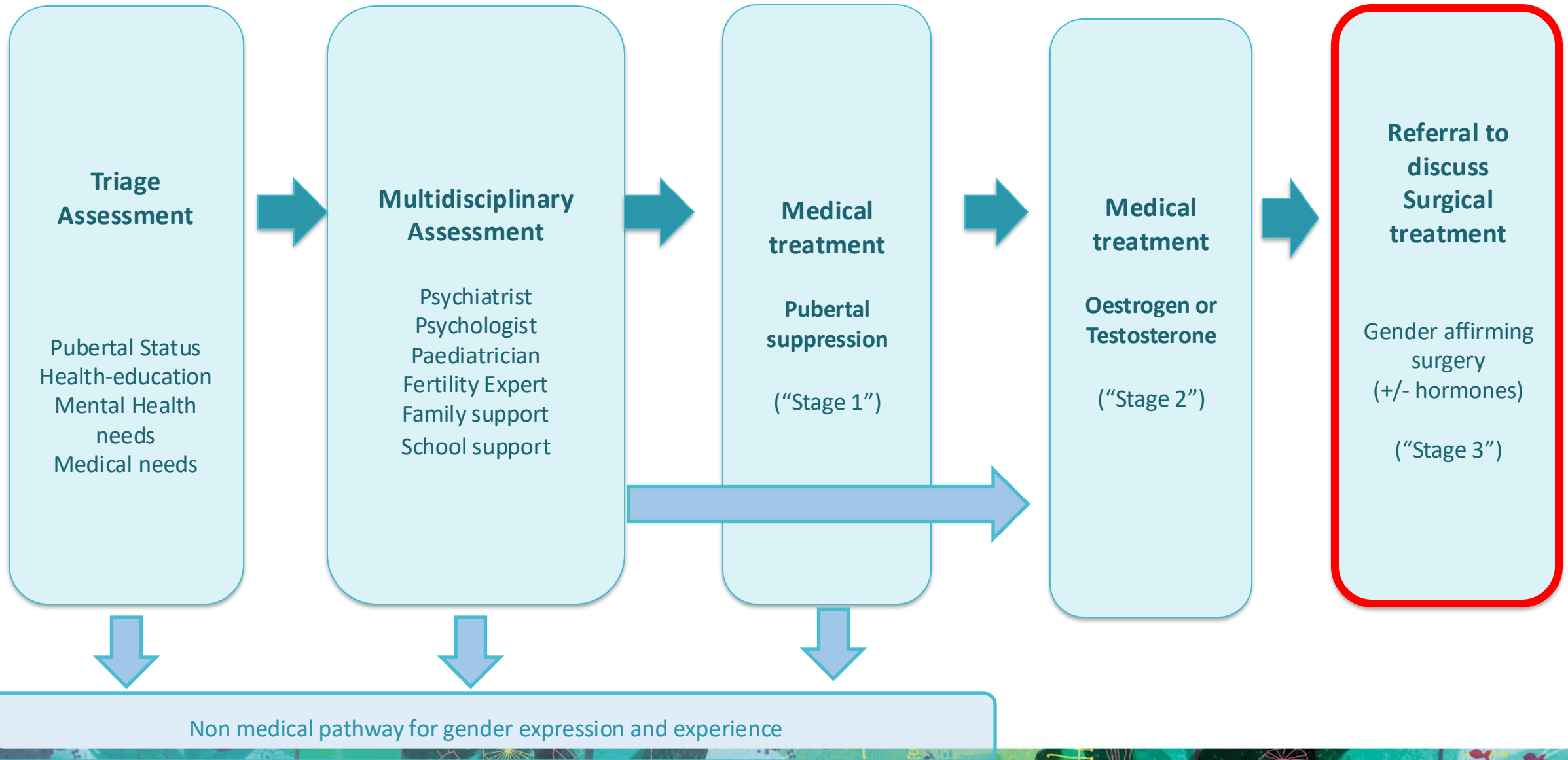


Surgical affirmation (for adults):

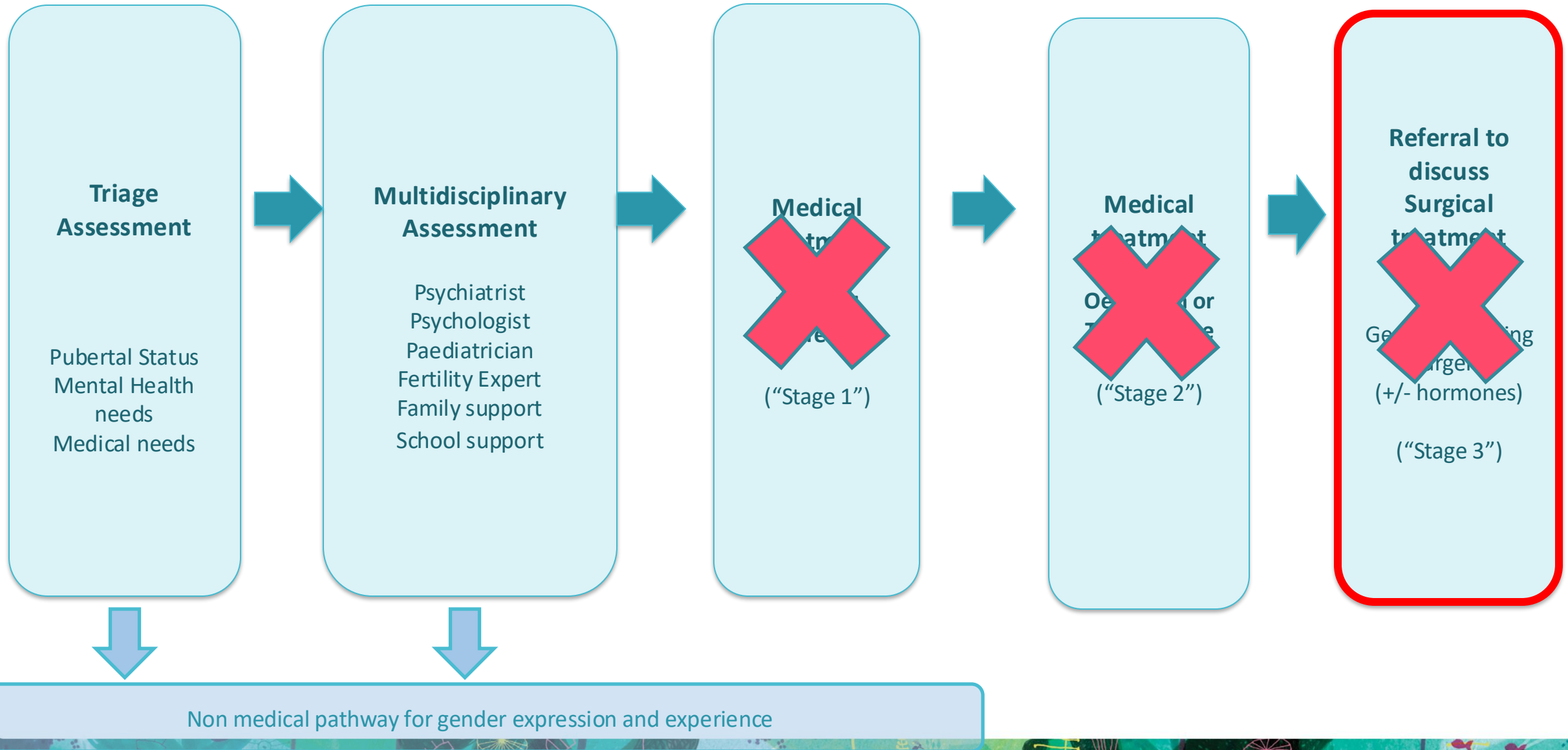
- Top surgery: chest masculinising; breast augmentation
- Bottom surgery: labiaplasty, vaginoplasty, testicular implants, scrotoplasty; metoidioplasty; orchiectomy; hysterectomy
- Other: Chondrolaryngoplasty (aka tracheal shave), facial feminisation surgery



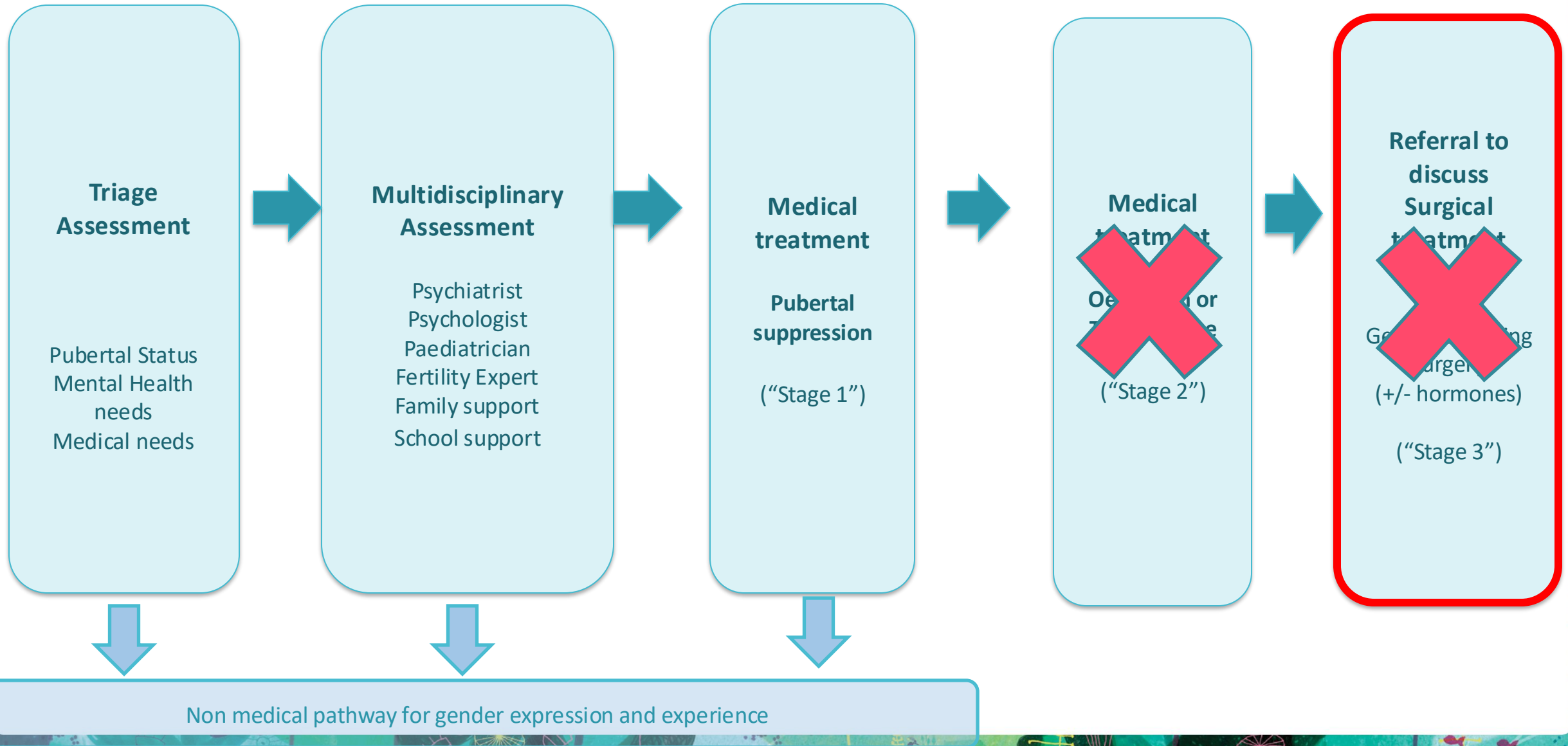
RCH Gender Service



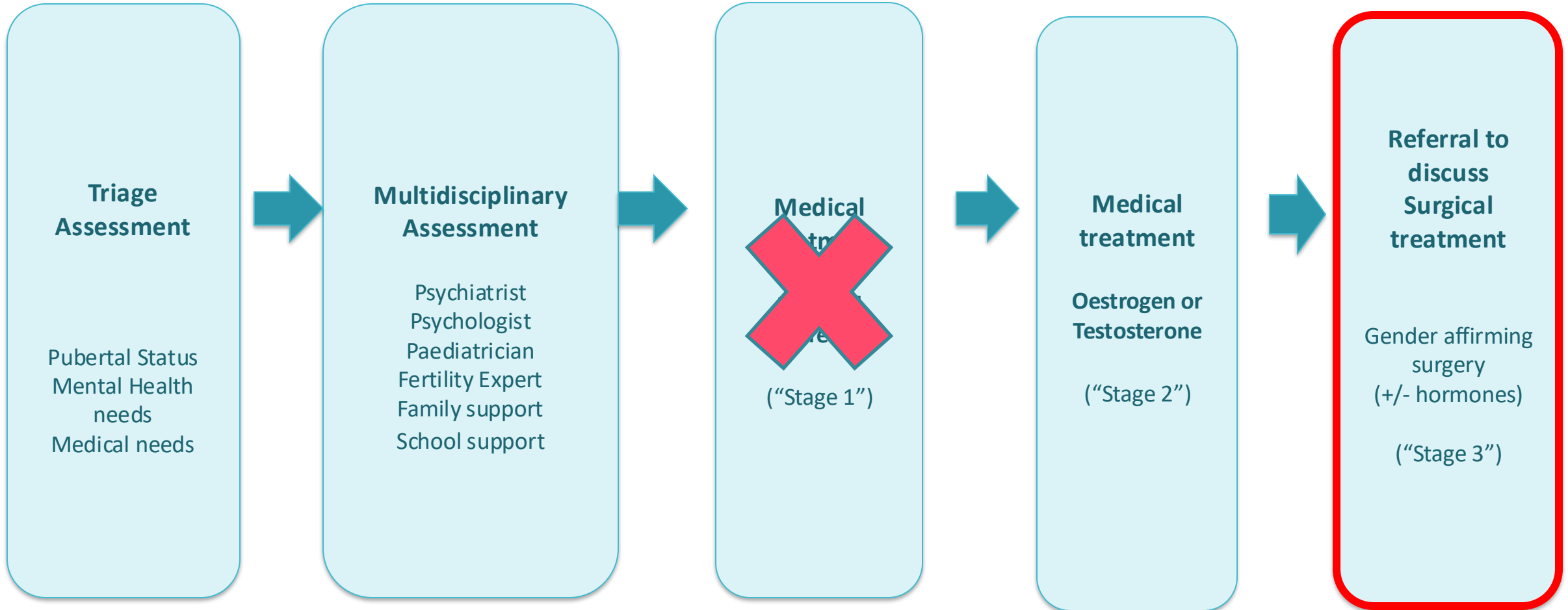
Possible pathways



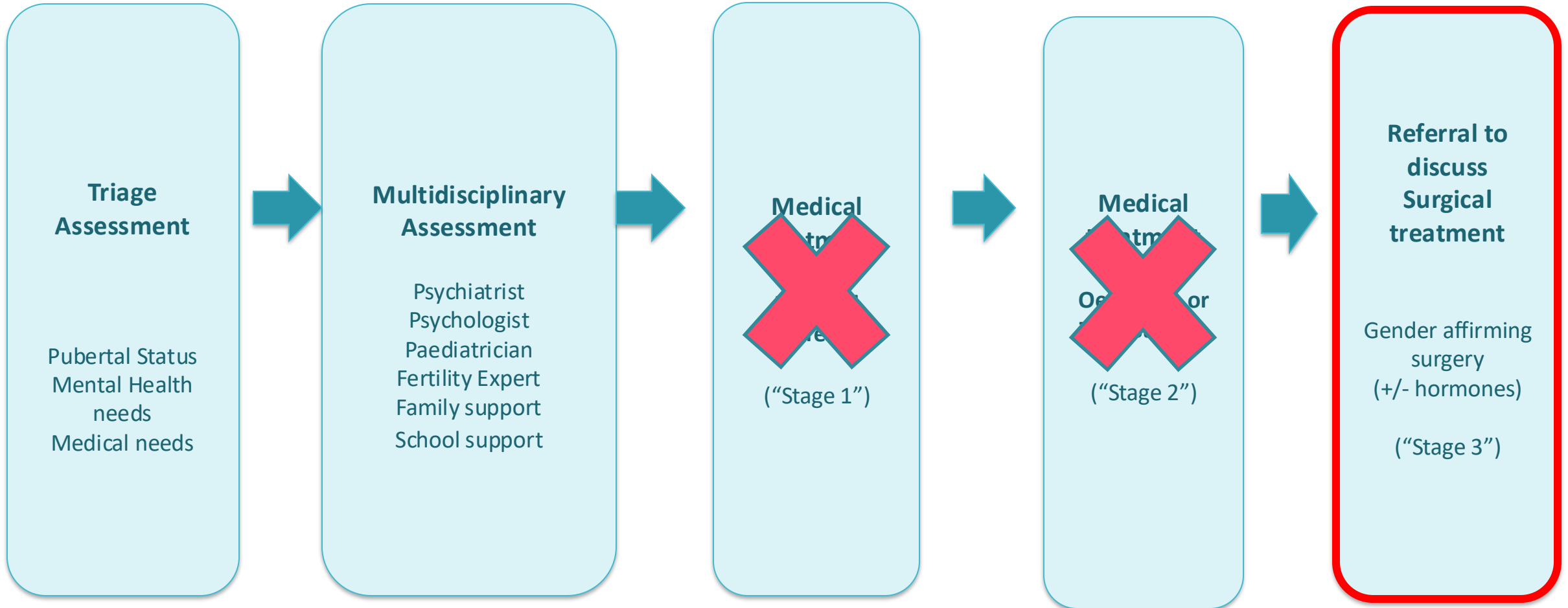
Possible pathways



Possible pathways



Possible pathways





Persistence of trans identities in young children

- **Olsen et al. (Pediatrics 2022)**
 - Longitudinal study involving 317 initially trans children aged 3-12 years who had made a “complete binary social transition” at commencement of study.
 - Focus of the study was retransition of gender identity.
 - Overall, 7% of trans youth had retransitioned at least once
 - 5 years follow up showed the following:
 - 94% were still living as binary trans child/young person
 - 3.5% were living as non-binary child/young person
 - 2.5% were living as cis-gender



Regret versus re-transition versus changing one's mind or
stopping treatment.

(the need to de-stigmatise re-transitioning)

Rates of regret following medical and surgical intervention



The Amsterdam Cohort of Gender Dysphoria Survey (1972-2015)

- Medical files of all people who attended from 1972 to 2015 reviewed
- 6,793 people in total
- 0.6% of transwomen and 0.3% transmen experienced regret
- Nearly half of those with regret reported this being due to “social regret” including rejection by family, loss of employment etc.

Ten Things Transgender & Gender Diverse Youth Want Their Doctors to Know

Turban et al (2017)



Gender and sexuality are totally different things

Talking to strangers about this is uncomfortable

Non-binary people exist

Names, pronouns, and gender markers are important

Don't ask me about my genitals unless medically necessary

Physical exams are uncomfortable for everyone, but especially for me

Gender-affirming hormonal interventions can save my life

Please train your staff as well. Many of us have had visits starting with the wrong tone, starting with check-in. This can make me shut down

If I am depressed or anxious, it's likely not because I have issues with my gender identity, but because everyone else does

Let me know that you are on my team



Supporting parents and families

Why is it so important?

Gender diverse young people who are supported/ affirmed in their gender identity have rates of mental illness **comparable** to their cis-gendered peers

The single most important factor in higher rates of good mental health outcomes in trans and gender diverse young people is **strong parental** support

Supporting parents and carers



| | |
|---|--|
| Was it our parenting? (guilt) | Gender diversity is a part of human existence throughout time and across cultures. Having a trans or non-binary child is not related to poor parent, divorce, neglect, abuse, being too restrictive or too permissive, allowing exploration with toys etc |
| Will my child be harmed? (fear) | This requires validation, and acknowledgement that there are parts of the world that are not safe for gender diverse people. This is why supporting the young person is crucial to reducing the risk. It is the world that needs to be changed, not the young person's identity. |
| Will my child find someone to love them? (fear) | The world is filled with transgender and non-binary adults who have partners who love them, and have families (have children). |



The challenge of this journey is the unknown. What will happen? How will she face difficult moments? Will she survive emotionally, psychologically, physically? You want to protect your child. You want reassurance that the world won't swallow them up whole, strip them down of their spirit, and spit them out. But this reassurance isn't possible. I think that the anxiety is always there, right below the surface, and requires that you are in a constant state of anticipation, initiative, planning, researching, deciding, questioning, thinking etc. Even if your child never sees this side of you as a parent, it's always there. The vigilance is exhausting.

—MOTHER OF A 7-YEAR-OLD TRANSGENDER DAUGHTER

Supporting parents and carers



| | |
|---|--|
| What does it mean for me? (self-appraisal) | How has life changed? How has parenting changed? How do parents negotiate their own families/ parents? How much do parents now take on the advocacy role? Be open to hearing the hard emotions – shame and embarrassment, resentment and anger, grief and loss |
| What will other's think? (fear) | Fears of losing family and social relationships, or having to make that choice. For some parents, having a gender diverse child has helped them to stop caring so much about what other people think. Parents from collectivist cultures or religious/ faith-based communities may find this particularly challenging. |
| Is this still my child? (grief) | It can take an adjustment, but your child is still your child. |



SUNRISE

SYDNEY

PRESCHOOL GENDER TRANSITION
Four year old attempting sex change before first day of kindy

Send us your Instagram pics @sun7

CAN 17°

5.36



Linking to Community Supports

- Family peer support
 - Transcend
 - Parents of gender diverse children (facebook)
 - Rainbow families
- Family groups
 - The Village at Queerspace Drummond St
 - Trans Wellbeing (private organization)
- Couples/ family counselling – Bouverie
- Individual counselling, psychology

What can clinicians do therapeutically?



- Supportive and affirming counselling
- Support exploration of gender and identity
- Treatment of co-existing mental health difficulties – anxiety, eating disorders, depression
- Facilitating peer support connections for young people and their parents
- Advocating for affirmative action at school and in the community
- Family therapy and/or parent work
- Support through social affirmation
- Use established therapeutic models (such as CBT and ACT) to provide interventions e.g. for social anxiety.



Australian Standards of Care and treatment guidelines

For trans and gender diverse
children and adolescents

First published online in September 2017

A/Prof. Michelle Telfer, Dr Michelle Tollit

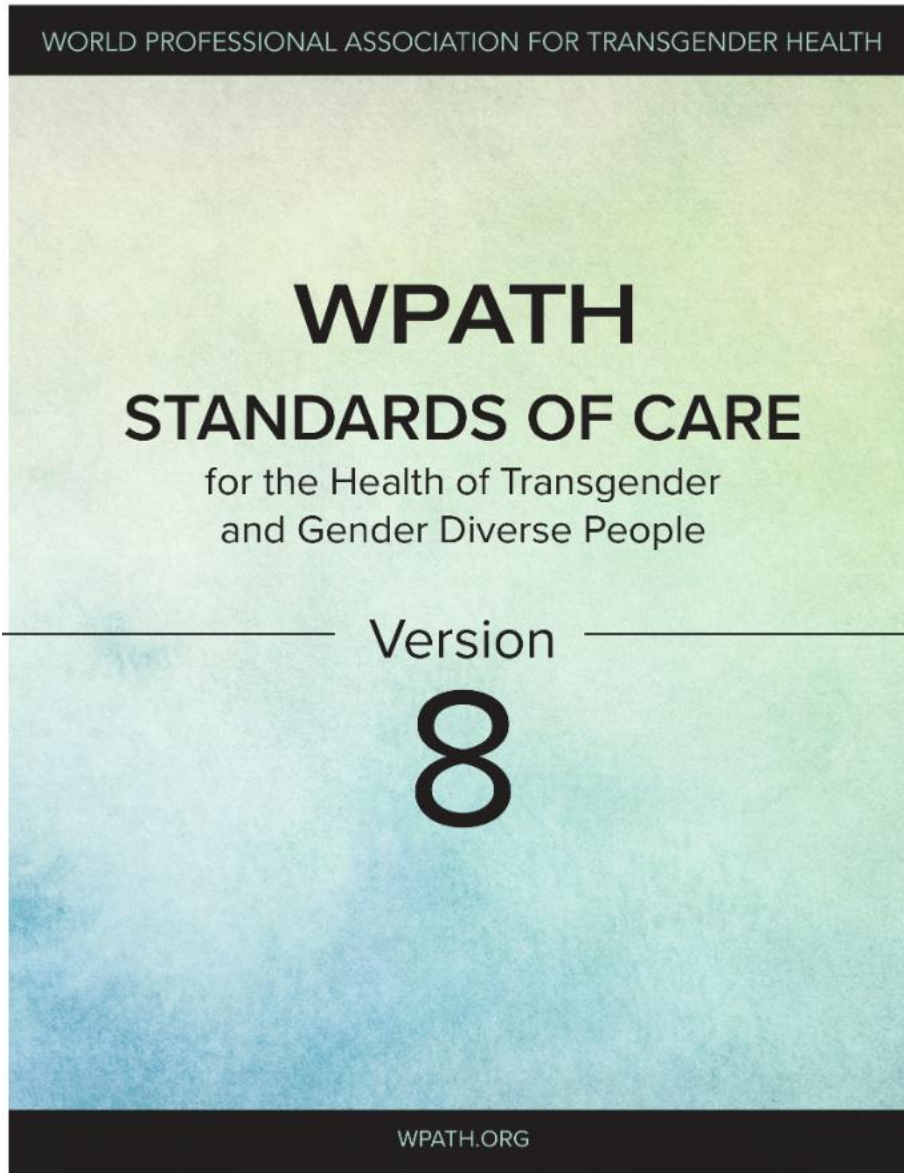
Dr Carmen Pace, Dr Ken Pang.

- Version 1.3, 2020

- **Endorsed by the Australian Professional Association for Trans Health**
- **Published in MJA on 18 June 2018**
- **Subject of an editorial in The Lancet on 30 June 2018**

Find it at <https://www.rch.org.au/adolescent-medicine/gender-service/#resources>





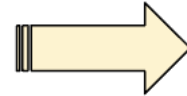
World Professional Association for Transgender Health Standards of Care

- Version 8
- Published 2022

Referral pathways for gender affirming medical care



<12 years



- RCH

12 to < 16
years



- RCH (referral date before 16th birthday)
- Orygen TGD (trans & gender diversity team) and affiliated headspaces (Sunshine, Craigieburn, Glenroy, Werribee and Melton).
- Other headspaces (e.g. Frankston)
- Private GP clinics

16 + years



- Monash Gender Clinic
- Orygen TGD (trans & gender diversity team) and affiliated headspaces
- Other headspaces (e.g. Frankston)
- Private GP clinics: Northside, Equinox, Turn the corner, Prahran Market Clinic, Eleanor Clinic.
- Your community health (Ballarat, Preston)

RCH Gender Service GP/ Medical Phone Advice Line

9345 9545

Monday to Friday 9am to 5pm

(not for patients/ family/ public)



Pathways are written by GP clinical editors with support from local GPs, hospital-based specialists and other subject matter experts




- 
- **clear and concise, evidence-based medical advice**
 - **Reduce variation in care**
 - **how to refer to the most appropriate hospital, community health service or allied health provider.**
 - **what services are available to my patients**

child and youth mental health



Melbourne HEALTHPATHWAYS

Health Alert

From 1 July 2024, Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-payment Program  has been expanded to include to include all PBS medicines dispensed by community pharmacies, approved medical practitioners, and private hospitals.

Latest News

14 August

 Health.vic

[Health alerts and advisories](#)

1 August

Azithromycin and rare risk of cardiovascular death

An updated warning about the risk of sudden cardiovascular death has been added to the Product Information and Consumer Medicine Information documents for azithromycin. [Read more...](#)

Pathway Updates

Updated – 16 August

Acute Infectious Diseases Referral (Same-day)

NEW – 31 July

HealthPathways Melbourne Clinical Governance

Updated – 31 July

Legionnaires' Disease

Updated – 29 July

Statewide Referral Criteria for Specialist Clinics

Updated – 25 July

Approach to Patients Seeking Drugs of Dependence

[VIEW MORE UPDATES...](#)

i ABOUT HEALTHPATHWAYS

 BETTER HEALTH RACGP RED BOO

 USEFUL WEBSITES

 PBS

Click 'Send Feedback' to add comments and questions about this pathway.

 SEND FEEDBACK

Navigating HealthPathways – Child Mental Health



Gender Diversity

X



Melbourne

Medical

Mental Health

Older Adult's Health

Medicines Information and Resources

Public Health

Specific Populations

LGBTIQ+ Health

Refugee Health

Veteran Health

Clinician Health – Self-care

Clinician Health – Caring for Medical Professionals

LGBTIQ+ Overview

Transgender Health and Gender Diversity

Gender-affirming Therapy

LGBTIQ+ Sexual Health

LGBTIQ+ Fertility, Parenting, and Children

LGBTIQ+ Alcohol and Other Drugs

LGBTIQ+ Mental Health

LGBTIQ+ Referral

LGBTIQ+ Friendly Clinics

LGBTIQ+ Resources

Transgender Health and Gender Diversity Referral



Melbourne HEALTHPATHWAYS

Latest News

19 October

 [health.vic](#)

[Health alerts and advisories](#)

18 October

Individual HealthPathways Logins

HealthPathways users are invited to complete a quick survey (4 min) to gather information about moving to individual user logins. This functionality is currently in development so your input is vital. The survey is open until Tuesday 24th Oct, 2023.

12 October

Buruli ulcer is spreading

Buruli ulcer is spreading across Victoria, and possums and mosquitos bites are playing a role in transmission. See Buruli ulcer information and resources for clinicians. Cases must be notified to the Department of Health. [Read more...](#)

26 September

New measles case in Victoria

Pathway Updates

NEW – 24 October

Insomnia in Adults

Updated – 20 October

Anti-seizure Medications (ASMs)

Updated – 18 October

Screen for Swallowing

Updated – 17 October

Epilepsy in Adults

Updated – 17 October

First Seizure in Adults

[VIEW MORE UPDATES...](#)

 ABOUT HEALTHPATHWAYS

 BETTER HEALTH CHANNEL

 RACGP RED BOOK

 USEFUL WEBSITES & RESOURCES

 MBS ONLINE

 NPS MEDICINEWISE

 PBS

 NHSD

 SEND FEEDBACK

Relevant and related pathways

Gender Diversity

[LGBTIQA+ Overview](#)

[Transgender Health and Gender Diversity](#)

[Gender-affirming Therapy](#)

[LGBTIQA+ Sexual Health](#)

[LGBTIQA+ Alcohol and Other Drugs](#)

[LGBTIQA+ Mental Health](#)

LGBTIQA+ Referral

[LGBTIQA+ Friendly Clinics](#)

[LGBTIQA+ Resources](#)

[Transgender Health and Gender Diversity Referral](#)

[CPD Hours for HealthPathways Use](#)



Related and relevant Child and Youth Mental Health pages

[ADHD in Children and Youth](#)

[Anxiety in Children and Adolescents](#)

[Autism Spectrum Disorder in Children and Adolescents](#)

[Borderline Personality Disorder \(BPD\)](#)

[Child Mental Health and Wellbeing Aged 2 to 12 Years](#)

[Depression in Children and Adolescents](#)

[Self-harm](#)

[Psychological Trauma in Children](#)

[Tips and Resources in Adolescent Health](#)

Child and Youth Mental Health Referrals

[Acute Child and Adolescent Psychiatry Referral or Admission \(Same-day\)](#)

[Non-acute Child and Adolescent Psychiatry Referral \(> 24 hours\)](#)

[Paediatric Psychology and Counselling Referral](#)

[Child and Youth Online Mental Health Therapy](#)

[Child and Youth Mental Health Support Services](#)

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The background is a dark blue field filled with various geometric patterns, including concentric circles, parallel lines, and halftone dots. In the top-left corner, there is a graphic consisting of two overlapping circles. The smaller circle on top is divided into four quadrants of different colors: orange (top-right), green (top-left), teal (bottom-left), and a light blue/cyan (bottom-right). The larger circle below it is a solid purple color.

2

Case studies

Breakout 1 – Case study “Riley”

11-year-old Riley comes to see you with his mother. Riley is a birth-assigned male, who is in year 5 at school but has been reluctant to go to school over the last 2 terms. He says he is not sure he wants to be a boy, feels different to the other kids, and has been on social media and You Tube and thinks he might want to be a girl. He says he feels more comfortable in girl's clothes.

How would you approach the session?

What other information might you want to know?



Take a photo

Breakout 2 – Case study “Riley”

You speak with the school about how things are going for Riley with respect to his school engagement, learning, and friendships. They confirm he has been absent for many days this term but is doing okay academically despite this. However, he has been subjected to some bullying, particularly by (other) boys. Riley and his mother come back to see you 2 weeks later and Riley says he wants to transition now. You know the waiting list for the RCH Gender Service is very long and the family cannot afford to go privately.

What actions/support could you provide Riley for him to feel safe at school?

What can you do now whilst Riley is on the RCH gender Service waiting list?



Take a photo

Session Conclusion

Next session on PTSD and complex PTSD

– Tuesday 29th October (same time)

You will receive a post session email within a week which will include slides and resources discussed during this session.

Attendance certificate will be received within 4-6 weeks.

RACGP CPD hours will be uploaded within 30 days.

To attend further education sessions, visit,

<https://nwmpnhn.org.au/resources-events/events/>

This session was recorded, and you will be able to view the recording at this link within the next week.

<https://nwmpnhn.org.au/resources-events/resources/>

We value your feedback, let us know your thoughts.

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