Facilitating access to
gender-affirming care
for nonbinary people
in Alberta

Katie O’Brien, Rusty Souleymanov
Faculty of Social Work, University of Manitoba
Correspondence: obrienk1@myumanitoba.ca

Critiquing the DSM
• The objective of the DSM is to establish a “common language among clinicians, researchers, health insurance companies, and the pharmaceutical industry.”5 Notably, this list does not include those who are diagnosed using its criteria. It is an “observational tool of doctors and is therefore part of the medical gaze”.5
• The DSM is a revenue-creating vehicle for the American Psychiatric Association,6 intrinsically linking it to the Medical Industrial Complex (MIC). The MIC is defined by activist Mia Mingus as “a system about profit, first and foremost, rather than ‘health’, wellbeing, and care”.9
• The DSM has been highly critiqued for its unnatural science,7,10,11 with Ghaemi going so far as to call this system of diagnosis “the greatest obstacle to scientific progress”12 in the mental health field.
• As Riggs et al. note, “non-normative gender and sexuality have been a focus across all editions in the nearly 70-year history of the DSM”.7
• The diagnosis of Gender Dysphoria (previously Gender Identity Disorder and Transsexualism) is framed by the “wrong body narrative” and entrenched in transnormativity.7,12,13 In many locations, this diagnosis is required in order for transgender patients to access surgical and hormonal care.7,14
• The DSM, as with much of the accepted literature on gender diversity, is predominantly written by white, cisgender, heterosexual men. Riggs et al. posit that the authors of the DSM, in pathologising transness, “displace[re] responsibility for responding to social injustice”.7

Critiquing the Standards of Care (SOC)
• The SOC have also been critiqued for a lack of scientific rigour, with Deutsch, Radix, and Reiner noting that the seventh edition of the SOC “lacks any rating of the quality of the available evidence or strength of the recommendations”.13
• Gruenewald has highlighted that the SOC “centralize[s] harms associated with the existence of trans folks, rather than the harms that come to us during the transition process”.13 One of the most problematic pieces of the SOC for nonbinary individuals is its condescending interest in “preventing trans people from having the kinds of surgery that would result in, for instance, the presence of both a penis and breasts”.13
• The SOC rely heavily on a gatekeeping process called ‘triadic therapy,’ where trans patients must seek out psychotherapy, hormone therapy, “and only then be able to engage in surgical options for transitioning”.13 This curtails the autonomy of trans people seeking care.
• The SOC assumes that transition is a linear process7 and requires transgender individuals to conform to binary conceptualizations of gender and sex.7
• Trans voices were excluded from SOC authorship until the most recent edition,7 and SOC authors have caused significant harm to transgender communities.7,12,15

Existing self-advocacy resources

Inclusion Melbourne created a comprehensive toolkit for autistic LGBTQIA+ people and their support systems with significant input from autistic community members.16 The only Canadian resource we looked at, ACT’S #EmpowerTransFolks project aims to increase service navigation skills in Toronto’s transgender community.17

Looking forward
This project will have significant social impacts and contributions to the health and wellbeing of nonbinary people in Canada. The outcomes of this project will:
1) contribute to the self-determination of nonbinary people in healthcare contexts,
2) inform health and social care service delivery models, and
3) contribute to the creation of healthcare policies for nonbinary people in Alberta.

Background
Nonbinary individuals in Canada often have different healthcare-related needs than binary transgender people and face systemic barriers in accessing gender-affirming information and care.1 The current WPATH Standards of Care for the Health of Transsexual, Transgender, and Gender Non-conforming People (SOC), while problematic, clearly indicate that nonbinary people should have access to care that affirms their gender.2

The aim of this project is to create a resource for nonbinary people to navigate access to gender-affirming care in Alberta. As Clark and colleagues3 note, primary care providers such as family doctors and general practitioners are well-situated to deliver gender-affirming services. As such, our goal is to create a conversation tool for nonbinary individuals to bring to their primary care providers in order to advocate for the gender-affirming care they personally require.

Over the course of this summer, we conducted a preliminary review of the literature critiquing the primacy of both the SOC and the Diagnostic and Statistical Manual of Mental Disorders (DSM) in transgender healthcare, compiled potential questions from existing self-advocacy resources, and sought out community consultations to develop a first draft of a health resource that is relevant to the community’s needs and interests.

References

Note: The references listed above are for illustrative purposes only and do not necessarily reflect the content of this manuscript.