NGS National Gender Service
IRELAND

St Columcille's Hospital
Loughlinstown, Co Dublin, D18 E365
www.nationalgenderserviceireland.com

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To Whom It May Concern,

I was asked to comment on a Parliamentary Question directed to the Minister for Health on the experience of neurodivergence in practice at the National Gender Service.

Autism is very common in our service. Over 30% of people currently presenting to the NGS are neurodiverse or autistic. Many autistic people go on to start hormone therapy and/or have gender affirming surgery with us. Being autistic does not mean that someone cannot start hormone therapy or have gender affirming surgery.

The increased prevalence of autism and neurodiversity in the transgender population is well documented, and has been shown in a number of research studies globally. The importance of identifying autism is that unsupported autism can increase the risk of a decline in mental health, social health, and occupational function in the context of clinical interventions such as medical transition. In addition, autistic people may have need for communication support in certain environments, including in clinical encounters.

Provision of any clinical intervention (including gender affirming hormone therapy and surgical intervention) is based on a fundamental clinical principle that to recommend any clinical intervention the apparent benefits should exceed any apparent risks.

The approved model of care in practice at the National Gender Service (NGS) is based on a multidisciplinary assessment that takes into account all aspects of a person's health and wellbeing over their lifetime, rather than focusing only on gender and gender dysphoria. This assessment results in a formulation of risk and benefit that informs a recommendation on clinical intervention. An outline of the assessment process is on our website www.nationalgenderserviceireland.com

While gender is one important aspect of the risk/benefit assessment, we usually spend a lot more time on non-gender aspects like social health and occupational function. This is because the most common complications of medical transition are a decline in social function, a decline in general wellbeing, and a deterioration in mental health. To reduce the risk of these complications, we must understand a person as a whole person in a social context.

One aspect of development that needs particular consideration prior to proceeding to sex steroid therapy (such as testosterone and oestrogen) is the effect of these therapies on sexual function. In clinical practice it is very common for neurodiverse people to report ongoing development of their sexuality throughout their adult life, with the emergence of sexual interest first becoming apparent to the person a decade or more after the onset of puberty.

For autistic people, we ensure that when there is evidence of unsupported autism during assessment, we address the individual's needs at the assessment stage, including the development

of sexuality, sexual function, and fertility, and offer any available supports to optimise health and understanding of these issues. This is often in addition to support with social and occupational function. These supports can be offered via referrals within our own multidisciplinary team, referral to peer support organisations such as As I Am, referral to local services such as Gheel, or referral to other community based clinical supports.

I trust the above is useful in answering this query.

Yours Sincerely,

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