

POSITION STATEMENT

Supporting the mental health and wellbeing of transgender and gender diverse people

April 2026



Acknowledgements

The APS would like to acknowledge and sincerely thank the members of the APS Panel on assessment, support and therapeutic approaches for transgender and gender diverse people who so kindly contributed their time, knowledge, experience and evidence-based research to the development of this position statement.

We also acknowledge and thank APS members who provided feedback on the draft position statement and the APS Psychology of Diverse Bodies, Genders, and Sexualities Interest Group for their consultation and review.

Disclaimer and copyright

This publication was produced by The Australian Psychological Society Ltd (APS). The information provided is general in nature and does not replace individual professional clinical assessment, judgement and decision making. Although every reasonable effort has been made to ensure the accuracy of the information, no guarantee can be given that the information is free from error or omission. The APS, its officers, employees, and agents will accept no liability for any act or omission occurring from reliance on the information provided, or for the consequences of any such act or omission. The APS does not accept any liability for any injury, loss, or damage incurred by use of or reliance on information in this document. Such damages include, without limitation, damages that might be regarded as direct, indirect, special, incidental, or consequential. Any reproduction of this material must acknowledge the APS as the source of selected passage(s), extract(s), or other information or material reproduced. For reproduction or publication beyond that permitted by the Copyright Act 1968 (Cth), permission should be sought in writing.

Table of contents

Preamble.....	4
1. Introduction.....	5
2. Purpose.....	5
3. Terminology.....	5
4. Background.....	7
5. Supporting gender diversity	8
6. Role of psychologists	8
7. The APS Position.....	10
8. Conclusion.....	10
9. References.....	11
10. Further reading	14

Preamble

The position statement *Supporting the mental health and wellbeing of transgender and gender diverse people* is a high-level principles-based document developed by the APS Panel on assessment, support and therapeutic approaches for transgender and gender diverse people. Panel membership included lived experience, psychologists with research and practice experience, an independent chair, a general practitioner, and a psychiatrist.

The position statement is not intended to be a practice guide or systematic review and more detailed guidance, for example, regarding applications to particular settings, will be provided in subsequent resources. The APS acknowledges the diversity of member perspective on this issue and emphasises the importance of respectful, evidence-based, and person-centred practice.

The APS acknowledges that this field of research and evidence-based practice is evolving rapidly. Like the American Psychological Association, we are aware that misinformation and disinformation are unfortunately common in this field and urge psychologists to use reputable, evidence-based sources whenever possible.¹ We welcome the National Health and Medical Research Council's (NHMRC) comprehensive review of the Australian Standards of Care and Treatment Guidelines for Trans and Gender Diverse Children and Adolescents in Australia and developing new national guidelines.² Further evidence of the changing landscape in this field is the pause on initiating hormone therapies for minors with gender dysphoria in Queensland.^{3,4} Due to the rapidly evolving research in this area, and to account for outcomes from the NHMRC review, the position statement will be regularly reviewed and updated to reflect the latest evidence.

1. Introduction

- 1.1 The APS supports all individuals' rights to define and express their gender.⁵ The APS affirms the dignity, safety, and equal rights of transgender and gender diverse people.
- 1.2 Health care, including psychological care, should be ethical, evidence-based, discrimination-free, respectful, and person-centred.
- 1.3 Gender diversity represents a natural variation in human experience and is not pathological. Conversion practices attempting to change, alter, or suppress a person's gender diversity may risk causing significant physical and mental harm, and are illegal in some jurisdictions. However, in other jurisdictions, some relevant health services undertaken by a registered health practitioner, are legal.
- 1.4 Every person experiences gender and transition differently, with different goals, needs, and barriers to affirming their gender. Psychologists can have an important role supporting transgender and gender diverse people when they are considering undertaking different forms of transition, such as social (e.g., name, pronouns, appearance), legal (e.g., updating identity documentation), and medical (e.g., gender-affirming hormones or surgeries).
- 1.5 Psychologists can play an important role in addressing the mental health and wellbeing needs of transgender and gender diverse people. Psychologists promote wellbeing and take active steps to minimise harm, including harms associated with stigma, rejection, bullying, and social exclusion. Psychologists provide care tailored to the individual's circumstances, needs, values, culture, and stage of life.
- 1.6 At all times, psychologists must work within their professional competence which may necessitate undergoing training, supervision, case consultation, and referral. They must be aware of current scientific knowledge and guidelines and demonstrate competence to work with clients from diverse backgrounds, including transgender and gender diverse people.
- 1.7 Scientific literature, professional guidelines, and professional bodies including the APS, support the use of affirming practices that enable transgender and gender diverse people to thrive.

2. Purpose

- 2.1 The purpose of this position statement is to outline the APS' position regarding psychologists who seek to respond to the mental health and wellbeing needs of transgender and gender diverse people.
- 2.2 The position statement is not intended to be a practice guide or systematic review.

3. Terminology

The correct use of language and terminology is important when working with transgender and gender diverse people as this can communicate respect and understanding. The APS acknowledges that terminology and definitions in gender diverse communities are evolving, and the provided definitions may not necessarily reflect all individuals' understanding of these terms. Because terminology is constantly changing and may be used differently, it is important to discuss and clarify terminology use and meaning with individual clients. The terminology list provided below serves as a general guide only. Research findings are reported according to the authors' terminology which may not necessarily correspond with the definitions listed below.

- 3.1 **Sex:** the anatomical, chromosomal, gonadal characteristics of a person documented and recorded at birth.⁶⁻⁸
- 3.2 **Gender expression:** an individual's public, sociocultural lived role or expression of gender.⁹
- 3.3 **Gender diversity:** the variety of ways that gender can be expressed or experienced.⁶
- 3.4 **Gender identity:** sometimes referred to as experienced gender or gender¹; a person's inner concept of their gender which may or may not be congruent with their sex documented and recorded at birth. This is distinct from an individual's sexual orientation and other identities.¹⁰ Importantly, gender may change course throughout the lifespan.¹¹ It is noted that some members of the transgender and gender diverse communities may find the terms gender identity or experienced gender stigmatising.
- 3.5 **Gender:** the behaviours, roles, expectations, and norms attributed to the social and cultural ideas of 'masculine' and 'feminine' genders.⁶ While gender refers to the external constructs associated with gender, the term gender can also be used to indicate the terms one uses to define their gender identity (e.g., man, woman, nonbinary, agender, etc.).
- 3.6 **Gender Dysphoria:** a term referring to the distress, discomfort, or impairment that arises in relation to the incongruence between a person's gender and their sex assigned at birth. In addition, this term refers to a diagnosis indicating marked incongruence between experienced/expressed gender and sex documented and recorded at birth which is associated with clinically significant distress and/or impairment. This is a diagnostic chapter and set of diagnoses in the *American Psychiatric Association's (2022) Diagnostic and Statistical Manual of Mental Disorders (5th ed., text rev.; DSM-5-TR)*.⁹ Similar to terms such as anxiety or depression, gender dysphoria commonly reflects an experience or emotion related to, but not dependent on, a diagnosis using the same or similar terminology.
- 3.7 **Gender Incongruence:** marked and persistent incongruence between experienced gender and sex documented and recorded at birth. This is a diagnostic code listed in Chapter 17: Conditions related to sexual health in the World Health Organization's (2022) *International Classification of Diseases Eleventh Revision (ICD-11)*.^{12,13}
- 3.8 **Nonbinary:** gender that does not fit squarely within a dichotomous 'male/female' distinction. This may include being gender fluid (i.e. gender expression that changes over time), identifying as both male and female (bigender) and having no gender (agender).¹⁰
- 3.9 **Cisgender (cis):** a term sometimes used to describe the congruence of a person's gender with their sex documented and recorded at birth.¹⁰
- 3.10 **Transition:** processes an individual undertakes to affirm their gender (the terminology of affirm is commonly used in place of transition, e.g., social affirmation). This may or may not include social transition (use of different pronouns, name, behaviour, clothes to reflect a different gender), legal transition (completing legal processes to reflect a different gender from sex documented and recorded at birth, for example legally changing their name and personal documents) and/or medical transition (medical procedures which may include hormone treatment, surgeries and others to alter a person's physical characteristics to more closely align with their gender). Importantly, transition means something different to each individual.⁶
- 3.11 **Transgender (trans):** an umbrella term referring to the diversity in gender.^{10,14} There are other culturally specific terms which may be preferred by First Nations peoples, such as Brotherboy and Sistergirl for example.¹⁵

- 3.12 **Detransition:** ceasing a transition process or beginning a new process, typically to return to a previous gender expression.¹⁶⁻¹⁸ This should not be conflated with concepts such as ‘discontinuing’, where transgender and gender diverse people may cease a transition process (e.g., hormones) as they are satisfied with the associated effects or choose to do so for other external reasons that do not reflect a change in their gender.
- 3.13 **Retransition:** a transition process after a detransition which may (or may not) result in an individual returning to a previous gender. Importantly, for many, gender and gender expression are not static and may change courses many times throughout the lifespan.¹¹
- 3.14 **LGBTIQA+:** is an accepted umbrella term to reflect diversity in groups by referring to individuals that identify as lesbian (L), gay (G), bisexual (B), transgender (T), intersex (I), queer and/or questioning (Q), asexual (A) and others not specifically mentioned (+).^{8,10} These communities, while distinct, share common forms of marginalisation due to their gender, sexuality, or sex minority status, and are therefore commonly referred to together using this acronym (and others as terminology continues to change and evolve over time).
- 3.15 **Intersectionality:** the notion that an individual or collective experience may be shaped by interlocking and overlapping systems of discrimination and marginalisation, for example, being a member of both a sexual minority and cultural minority group.^{19,20}

4. Background

- 4.1 Gender diversity exists and has been part of many societies and cultures for thousands of years.^{21,22}
- 4.2 Transgender and gender diverse people vary in their experiences and needs. They may experience their gender as stable over time or evolving, seek different forms of transition and support (e.g., social, legal, medical, psychological, spiritual, or none), and present to services at different points across the lifespan with different developmental, family, cultural, and systemic contexts.
- 4.3 It is well established that people who identify as gender diverse or transgender report lower quality of life,²³ greater levels of psychological distress, are more likely to have a diagnosed mental disorder and are far more likely to experience suicidal thoughts or to have attempted suicide.^{8, 24-30}
- 4.4 Critically, gender diversity does not cause poor mental health. Some transgender and gender diverse people experience gender dysphoria, the distress associated with an incongruence between their gender and sex assigned at birth, which may impact their wellbeing. Transgender and gender diverse people experience substantial stigma, vulnerability to institutionalised and interpersonal marginalisation and discrimination,^{26,28-30} and lack of acceptance from family, friends, and broader society,^{18,26} commonly referred to as minority stress, which can have significant impacts on mental health.
- 4.5 Psychologists should not assume that clients’ needs in supporting their mental health and wellbeing are related to their gender and should instead work in collaboration with clients to meet their individualised therapeutic needs.
- 4.6 It is important to be cognisant of the particular challenges of intersectionality for transgender and gender diverse people who may also identify as coming from another minority group such as being culturally diverse, neurodivergent, diversity of sexual orientation, and having a disability.¹⁹

5. Supporting gender diversity

- 5.1 At all times, psychologists should demonstrate respect and compassion when working with all clients.
- 5.2 Psychologists should use respectful, client-led language in all interactions and documentation. This includes asking for and the correct use of a person's name, pronouns and terms for their gender and body, as they prefer, and recognising that some people will use culturally specific terms for their gender (e.g., Aboriginal and Torres Strait Islander communities). Psychologists should avoid assumptions about gender, relationships, sexuality, family roles, and goals. This is considered central to inclusive practice.³¹
- 5.3 Gender diversity is not a pathology and does not require intervention from psychologists. However, all people have the right to seek support regarding gender if they wish. In contrast, those experiencing gender dysphoria may benefit from seeking support from a psychologist to affirm or support their transition to aid in alleviating their gender dysphoria.
- 5.4 Consistent with the *APS Position Statement on the use of psychological practices that attempt to change or suppress sexual orientation or gender*,³² the APS does not support unlawful 'conversion practice' therapies that attempt to change, suppress, or alter the gender of an individual. Practices that attempt to force changes to an individual's gender are unethical, risk causing significant harm to the individual's mental health, and may contribute to the broader prejudice and discrimination faced by transgender and gender diverse people.³²⁻³⁴
- 5.5 All psychologists need to be aware of their own beliefs and biases in relation to gender which may impact on clients.
- 5.6 People experience gender differently and approach transitioning in individual ways. There are many modes of transitioning, including medical, surgical, social, legal, and spiritual. These may be approached independently or together. Psychologists are well placed to play a supporting role for transgender and gender diverse people considering and undertaking different modes of transitioning, including for processes associated with medical transition.¹⁴
- 5.7 Psychologists must be aware of the legal and legislative frameworks in which they operate, particularly for those working with children and adolescents.¹⁴
- 5.8 There are widely used consensus, evidence-informed, and/or practice-driven guidelines developed by relevant professional groups which guide the provision of gender-affirming medical care for transgender and gender diverse people.^{14,18,35-42}

6. Role of psychologists

- 6.1 Psychologists can play an important role in promoting the wellbeing of and providing care to transgender and gender diverse people who are experiencing psychological distress. Examples of this support include addressing minority stress and its mental health impacts, supporting families and important relationships, providing psychological therapy for presenting concerns, addressing barriers to accessing care and engaging in valued activities.
- 6.2 Transgender and gender diverse people access psychological support for different reasons, which may or may not relate to their gender. Psychologists are well placed to support transgender and gender diverse people by being respectful, affirming, and client-led in exploring and addressing their concerns.

- 6.3 The APS recommends an individualised approach to psychological care which is fundamentally person-centred. The approach to treatment should be formulated on a 'case-by-case' basis in close collaboration with the client. In all cases, care should be respectful and evidence-informed with particular attention to being culturally sensitive and considerate of the intersectionality of multiple minority identities.
- 6.4 Psychologists work within broader systems of care. When appropriate and relevant to care, psychologists should engage in collaborative, multidisciplinary practice, support continuity of care, and facilitate timely access to appropriate services.¹⁴
- 6.5 At all times, psychologists must work within their professional competence. Maintaining professional competence may include undergoing training, supervision, and case consultation with other experienced psychologists and other health professionals in the field and remaining abreast of current scientific knowledge and guidelines.^{18,43,44} When there are limitations to the available evidence, this should be openly acknowledged to the client and/or referral may be necessary. Psychologists working with transgender and gender diverse people also need to understand local services and systems.
- 6.6 As part of their professional competency regulatory requirements, psychologists must demonstrate competence to work with clients from diverse backgrounds, including transgender and gender diverse people.^{43,44}
- 6.7 Psychologists must be aware of and work within ethical guidelines and the varying legislative frameworks across jurisdictions in Australia including, but not limited to, conversion therapy legislations.¹⁸
- 6.8 As with all clients, a thorough psychological assessment and case formulation is recommended to gain a comprehensive understanding of acuteness of distress, socio-cultural background, as well as risk and protective factors and differential diagnoses.¹⁸ Treatment approaches to address psychological distress should be discussed clearly and openly with the client.
- 6.9 One role of psychologists may be to discuss an individual's understanding and meaning of gender in the context of client self-discovery. If this work is to be conducted, it is integral to ensure that this is client initiated and led, due care and consideration is taken, and outcomes are driven by the needs and wishes of the client and not others (e.g., the psychologist, a parent or partner). Psychologists must ensure that these processes do not constitute conversion therapy practices (i.e., efforts to alter, suppress, or change a person's gender), such as by not promoting a particular gender or gender expression as 'correct' or 'proper'.^{18,45}
- 6.10 Depending on the client, psychological support may also include a role in preparing for and undergoing social and/or medical transition, detransition, or retransition. In regard to medical transition, informed consent models and Gillick competence (in children) require that clients understand the range of benefits and risks associated with medical transition. Psychologists can play an important role in exploring such benefits and risks with clients and supporting the client through any difficulties that may arise.^{14,18}
- 6.11 Some transgender and gender diverse people may access a psychologist to support a request for gender-related medical treatment. This may be to document a diagnosis of gender dysphoria, gender incongruence, or an assessment of an ability to provide medical informed consent.^{10,14,18} The role, tasks, and responsibilities of psychologists vary across Australian jurisdictions. Providing medical advice is outside the scope of practice of a psychologist. The scope of the psychologist's role should be clearly communicated to clients.

7. The APS Position

The APS:

- 7.1 Strongly endorses respect and acknowledges the experiences of all individuals and their right to a gender and its expression.
- 7.2 Strongly advocates that all health care, including psychological care, should be provided free of discrimination.
- 7.3 Strongly advocates that anyone seeking to transition and/or needing support with their gender should be able to access sufficient, timely, individualised, and high-quality psychological care.
- 7.4 Strongly rejects bans that inhibit or prohibit transgender and gender diverse people from accessing gender-affirming care and support. All people should have access to evidence-based healthcare that is tailored to their needs.
- 7.5 Recognises the importance of transgender and gender diverse people's voices. The APS will actively consult with and promote the work of transgender and gender diverse people, as well as with psychologists and relevant Australian health organisations and peak bodies with expertise in this area.
- 7.6 Will work to ensure that psychologists at all levels, including students, can access high quality academic training, ongoing professional development and supervision that develops knowledge, competency and skills in responding to the needs of transgender and gender diverse people.
- 7.7 Advocates for more research, including the best approaches to working with transgender and gender diverse people.
- 7.8 Will inform members of relevant advancements in the field.
- 7.9 Will endeavour to support members to develop psychological practice in emerging areas related to transgender and gender diverse people's lives.
- 7.10 Supports community and government efforts to increase the healthcare and support of transgender and gender diverse people and initiatives that minimise harm and stigmatisation.

8. Conclusion

The APS expects members to implement evidence-informed, respectful, ethical, person-centred, and compassionate approaches in their work with all clients, including those who are transgender and gender diverse. This includes keeping up to date with the latest knowledge and guidelines, and seeking supervision and professional advice as required. Gender and gender diversity is relevant to the practice of all psychologists to varying levels. Psychologists should be aware of what inclusive practice means for all aspects of their own and their agency's work with potential and actual clients.

9. References

1. American Psychological Association. (2024). *APA policy statement on affirming evidence-based inclusive care for transgender, gender diverse, and nonbinary individuals, addressing misinformation, and the role of psychological practice and science*. <https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care>
2. Australian Government Department of Health and Aged Care. (2025, January 31). *Health care for trans and gender diverse Australian children and adolescents* [Press Release]. <https://www.health.gov.au/ministers/the-hon-mark-butler-mp/media/health-care-for-trans-and-gender-diverse-australian-children-and-adolescents>
3. Vine, R., Brophy, L., Kotze, B., Milligan, E., O'Brien, K., Robinson, B., & Smith, M. (2025). *Independent review advice report: Advice and evidence base regarding policy options for the use of puberty suppression (Stage 1) and gender affirming (Stage 2) hormones for children and adolescents with gender dysphoria in Queensland's public hospital system*. <https://www.health.qld.gov.au/research-reports/reports/review-investigation/hormone-therapies-review>
4. Minister for Health and Ambulance Services. (2025). *Independent review into puberty blockers released* [Press Release]. The Queensland Cabinet and Ministerial Directory. <https://statements.qld.gov.au/statements/104227>
5. International Commission of Jurists (ICJ). (2017). *The Yogyakarta principles plus 10*. <http://yogyakartaprinciples.org/principles-en/yp10/>
6. American Psychological Association. (2015). *Key terms and concepts in understanding gender diversity and sexual orientation among students*. <https://www.apa.org/pi/lgbt/programs/safe-supportive/lgbt/key-terms.pdf>
7. Australian Government. (2013). *Australian Government guidelines on the recognition of sex and gender*. <https://www.ag.gov.au/rights-and-protections/human-rights-and-anti-discrimination/australian-government-guidelines-recognition-sex-and-gender>
8. Strauss, P., Cook, A., Winter, S., Watson, V., Wright Toussaint, D., & Lin, A. (2017). *Trans pathways: The mental health experiences and care pathways of trans young people*. Telethon Kids Institute. <https://www.thekids.org.au/globalassets/media/documents/brain--behaviour/trans-pathways-report.pdf>
9. American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). <https://doi.org/10.1176/appi.books.9780890425787>
10. ACT Government. (2021). *Guidance to support gender affirming care for mental health*. https://www.act.gov.au/_data/assets/pdf_file/0019/2382130/Guidance-to-support-gender-affirming-care-for-mental-health.pdf
11. Rider, G. N., Vencill, J. A., Berg, D. R., Becker-Warner, R., Candelario-Pérez, L., & Spencer, K. G. (2019). The gender affirmative lifespan approach (GALA): A framework for competent clinical care with nonbinary clients. *International Journal of Transgenderism*, 20(2–3), 275–288. <https://doi.org/10.1080/15532739.2018.1485069>
12. World Health Organization. (2023). *Gender incongruence and transgender health in the ICD*. <https://www.who.int/standards/classifications/frequently-asked-questions/gender-incongruence-and-transgender-health-in-the-icd>

13. World Health Organization. (2023). *ICD-11 for mortality and morbidity statistics*. <https://icd.who.int/browse11/l-m/en#/http://id.who.int/icd/entity/90875286>
14. Telfer, M., Tollit, M., Pace, C., & Pang, K. (2020). *Australian standards of care and treatment guidelines for trans and gender diverse children and adolescents*. The Royal Children's Hospital Melbourne. <https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf>
15. Aboriginal Health & Medical Research Council of NSW & Macquarie University. (2020). *LGBTQ2IA+ inclusion guide*. <https://transhub.org.au/s/LGBTQ2IA-Inclusion-Guide-2020.pdf>
16. Expósito-Campos, P. (2021). A typology of gender detransition and its implications for healthcare providers. *Journal of Sex & Marital Therapy*, 47(3), 270–280. <https://doi.org/10.1080/0092623X.2020.1869126>
17. Lane, B. (2023). *Gender questioning children and family law: An evolving landscape*. <https://ourduty.group/wp-content/uploads/2023/07/Paper-for-the-Family-Law-Profession-Gender-Identity-in-children-and-adolescents-May-2023.pdf>
18. Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., ... Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, Version 8. *International Journal of Transgender Health*, 23(supl), S1-5259. <https://doi.org/10.1080/26895269.2022.2100644>
19. American Psychological Association, APA Task Force on Psychological Practice with Sexual Minority Persons. (2021). *Guidelines for psychological practice with sexual minority persons*. <https://www.apa.org/about/policy/psychological-sexual-minority-persons.pdf>
20. Victorian Government. (2021). *Understanding intersectionality*. <http://www.vic.gov.au/understanding-intersectionality>
21. TransHub. (2020). *Trans mob*. <https://www.transhub.org.au/trans-mob>
22. Eames, R. (2023, March 21). Trans people aren't new, and neither is their oppression: A history of gender crossing in 19th-century Australia. *The Conversation*. <http://theconversation.com/trans-people-arent-new-and-neither-is-their-oppression-a-history-of-gender-crossing-in-19th-century-australia-201663>
23. Engel, L., Majmudar, I., Mihalopoulos, C., Tollit, M. A., & Pang, K. C. (2023). Assessment of quality of life of transgender and gender-diverse children and adolescents in Melbourne, Australia, 2017-2020. *JAMA Network Open*, 6(2), e2254292. <https://doi.org/10.1001/jamanetworkopen.2022.54292>
24. Bretherton, I., Thrower, E., Zwickl, S., Wong, A., Chetcuti, D., Grossmann, M., Zajac, J. D., & Cheung, A. S. (2021). The health and well-being of transgender Australians: A national community survey. *LGBT Health*, 8(1), 42-49. <https://doi.org/10.1089/lgbt.2020.0178>
25. Hill, A. O., Bourne, A., McNair, R., Carman, M., & Lyons, A. (2020). *Private lives 3: The health and wellbeing of LGBTIQ people in Australia*. La Trobe University. <https://www.latrobe.edu.au/arcschs/documents/arcschs-research-publications/Private-Lives-3.pdf>

26. Hill, A., Lyons, A., Jones, J., McGowan, I., Carman, M., Parsons, M., Power, J., & Bourne, A. (2021). *Writing themselves in 4: The health and wellbeing of LGBTQA+ young people in Australia*. National report. La Trobe University. <https://doi.org/10.26181/6010FAD9B244B>
27. Wiepjes, C. M., Nota, N. M., de Blok, C. J. M., Klaver, M., de Vries, A. L. C., Wensing-Kruger, S. A., de Jongh, R. T., Bouman, M.-B., Steensma, T. D., Cohen-Kettenis, P., Gooren, L. J. G., Kreukels, B. P. C., & den Heijer, M. (2018). The Amsterdam cohort of gender dysphoria study (1972-2015): Trends in prevalence, treatment, and regrets. *The Journal of Sexual Medicine*, *15*(4), 582-590. <https://doi.org/10.1016/j.jsxm.2018.01.016>
28. Orygen. (2022). *Mental health and suicide risk in trans and gender-diverse young people*. <https://www.orygen.org.au/About/News-And-Events/2022/Mental-health-and-suicide-risk-in-trans-and-gender>
29. Royal Australian and New Zealand College of Psychiatrists. (2021). *Recognising and addressing the mental health needs of the LGBTIQ+ population*. <https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/recognising-and-addressing-the-mental-health-needs-of-the-lgbtqi-population>
30. Matsuno, E., & Budge, S. L. (2017). Non-binary/genderqueer identities: A critical review of the literature. *Current Sexual Health Reports*, *9*(3), 116-120. <https://doi.org/10.1007/s11930-017-0111-8>
31. Ashley, F. (2023). Interrogating gender-exploratory therapy. *Perspectives on Psychological Science*, *18*(2), 472-481. <https://doi.org/10.1177/17456916221102325>
32. Australian Psychological Society. (2021). *Use of psychological practices that attempt to change or suppress sexual orientation or gender*. <https://psychology.org.au/about-us/position-statements/psychological-practices-conversion-practices>
33. American Psychological Association. (2021). APA resolution on gender identity change efforts. <https://www.apa.org/about/policy/resolution-gender-identity-change-efforts.pdf>
34. Jones, T., Power, J., Hill, A. O., Despott, N., Carman, M., Jones, T. W., Anderson, J., & Bourne, A. (2022). Religious conversion practices and LGBTQA+ youth. *Sexuality Research and Social Policy*, *19*(3), 1155-1164. <https://doi.org/10.1007/s13178-021-00615-5>
35. American Psychological Association. (2015). Guidelines for psychological practice with transgender and gender nonconforming people. *American Psychologist*, *70*(9), 832-864. <https://doi.org/10.1037/a0039906>
36. Strang, J. F., Meagher, H., Kenworthy, L., de Vries, A. L. C., Menvielle, E., Leibowitz, S., Janssen, A., Cohen-Kettenis, P., Shumer, D. E., Edwards-Leeper, L., Pleak, R. R., Spack, N., Karasic, D. H., Schreier, H., Balleur, A., Tishelman, A., Ehrensaft, D., Rodnan, L., Kushner, E. S., ... Anthony, L. G. (2018). Initial clinical guidelines for co-occurring autism spectrum disorder and gender dysphoria or incongruence in adolescents. *Journal of Clinical Child and Adolescent Psychology*, *47*(1), 105-115. <https://doi.org/10.1080/15374416.2016.1228462>
37. Cheung, A. S., Wynne, K., Erasmus, J., Murray, S., & Zajac, J. D. (2019). Position statement on the hormonal management of adult transgender and gender diverse individuals. *The Medical Journal of Australia*, *211*(3), 127-133. <https://doi.org/10.5694/mja2.50259>

38. AusPATH. (2022). *Australian informed consent standards of care for gender affirming hormone therapy*. Australian Professional Association for Trans Health. https://auspath.org.au/wp-content/uploads/2022/05/AusPATH_Informed-Consent-Guidelines_DIGITAL.pdf
39. LGBTIQ+ Health Australia. (2014). *Working therapeutically with LGBTI clients: A practice wisdom resource*. https://www.lgbtiqhealth.org.au/working_therapeutically_lgbti_clients
40. Hope, D. A., Holt, N. R., Woodruff, N., Mocarski, R., Meyer, H. M., Puckett, J. A., Eyer, J., Craig, S., Feldman, J., Irwin, J., Pachankis, J., Rawson, K. J., Sevelius, J., & Butler, S. (2022). Bridging the gap between practice guidelines and the therapy room: Community-derived practice adaptations for psychological services with transgender and gender diverse adults in the central United States. *Professional Psychology: Research and Practice*, 53(4), 351–361. <https://doi.org/10.1037/pro0000448>
41. Royal Australian and New Zealand College of Psychiatrists. (2023). *The role of psychiatrists in working with Trans and Gender Diverse people*. <https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/role-of-psychiatrists-working-with-trans-gender-diverse-people>
42. AusPATH (2025). *Australian standards of care for informed consent gender-affirming hormone therapy*. <https://auspath.org.au/wp-content/uploads/2025/12/Standards-of-Care-Digital-NOV-17.pdf>
43. Psychology Board of Australia. (2024). *Professional competencies for psychologists* (effective 1 December 2025). <https://www.psychologyboard.gov.au/Standards-and-Guidelines/Professional-practice-standards/Professional-competencies-for-psychology.aspx#>
44. Psychology Board of Australia (2025). *Code of conduct for psychologists* (effective 1 December 2025). <https://www.psychologyboard.gov.au/Standards-and-Guidelines/Professional-practice-standards/Code-of-conduct.aspx#>
45. Queensland Government. (2022). *Prohibition of conversion practices: Guidance for health service providers*. https://www.health.qld.gov.au/__data/assets/pdf_file/0018/1161018/prohibition-conversion-practices-guide.pdf

10. Further reading

The APS acknowledges that the guidelines and evidence base underpinning transgender and gender diverse care are constantly evolving. At the time of writing, the following documents are important resources to help understand the field.

- 10.1 Psychology Board of Australia. (2024). *Professional competencies for psychologists* (effective 1 December 2025). <https://www.psychologyboard.gov.au/Standards-and-Guidelines/Professional-practice-standards/Professional-competencies-for-psychology.aspx>
- 10.2 Psychology Board of Australia. (2025). *Code of conduct for psychologists* (effective 1 December 2025). <https://www.psychologyboard.gov.au/Standards-and-Guidelines/Professional-practice-standards/Code-of-conduct.aspx>
- 10.3 Australian Psychological Society. (2021). *Use of psychological practices that attempt to change or suppress sexual orientation or gender*. <https://psychology.org.au/about-us/position-statements/psychological-practices-conversion-practices>

- 10.4 American Psychological Association. (2024). *APA policy statement on affirming evidence-based inclusive care for transgender, gender diverse, and nonbinary individuals, addressing misinformation, and the role of psychological practice and science*. <https://www.apa.org/about/policy/transgender-nonbinary-inclusive-care>
- 10.5 American Psychological Association. (2026). *Sexual orientation and gender diversity*. <https://www.apa.org/pi/lgbt>
- 10.6 American Psychological Association Task Force on Psychological Practice with Sexual Minority Persons. (2021). *APA guidelines for psychological practice with sexual minority persons*. <https://www.apa.org/about/policy/psychological-sexual-minority-persons.pdf>
- 10.7 Royal Australian and New Zealand College of Psychologists. (2023). *The role of psychiatrists in working with Trans and Gender Diverse people*. <https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/role-of-psychiatrists-working-with-trans-gender-diverse-people>
- 10.8 Royal Australian and New Zealand College of Psychiatrists. (2021). *Recognising and addressing the mental health needs of the LGBTIQ+ population*. <https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/recognising-and-addressing-the-mental-health-needs-of-the-lgbtq-population>
- 10.9 Royal Australian and New Zealand College of Psychiatrists. (2019). *Sexual orientation change efforts*. <https://www.ranzcp.org/clinical-guidelines-publications/clinical-guidelines-publications-library/sexual-orientation-change-efforts>
- 10.10 *LGBTIQ+ Health Australia* - National peak organisation in Australia for organisations and individuals that provide health-related programs, services and research focused on lesbian, gay, bisexual, transgender, intersex and queer people and other sexuality, gender and bodily diverse (LGBTIQ+) people and communities. See LGBTIQ+ Health's [Working Therapeutically with LGBTI Clients: A Practice Wisdom Resource](#)
- 10.11 [Australian Professional Association for Trans Health \(AusPATH\)](#) is the national peak body representing, supporting, and connecting those working to strengthen the health, rights and wellbeing of all trans people - binary and non-binary.
- 10.12 [World Professional Association for Transgender Health \(WPATH\)](#) a non-profit, interdisciplinary professional and educational organization devoted to transgender health. WPATH are the authors of Standards of care for the health of transgender and gender diverse people, Version 8
- 10.13 Telfer, M. M., Tollit, M. A., Pace, C. C., & Pang, K. C. (2020). *Australian standards of care and treatment guidelines for trans and gender diverse children and adolescents: Version 1.3*. The Royal Children's Hospital Melbourne. <https://www.rch.org.au/uploadedFiles/Main/Content/adolescent-medicine/australian-standards-of-care-and-treatment-guidelines-for-trans-and-gender-diverse-children-and-adolescents.pdf>
- 10.14 Strauss, P., Hill, N. T. M., Marion, L., Gilbey, D., Waters, Z., Moore, J. K., Costanza, M., Lamblin, M., Robinson, J., Lin, A., Perry, Y. (2022). *Suicide prevention in LGBTQA+ young people: Best practice guidelines for clinical and community service providers*. The Kids Research Institute Australia. <https://www.thekids.org.au/projects/suicide-prevention-guidelines-lgbtqa-young-people/>

The Australian Psychological Society Limited
[psychology.org.au](https://www.psychology.org.au)



PO Box 38, Flinders Lane, VIC 8009
contactus@psychology.org.au
Toll free 1800 333 497
(03) 8662 3300

ABN 23 000 543 788

© The Australian Psychological Society Limited

