



Dignity. Equality and Freedom



Victory for Trans People as WHO Finally Removes Mental Illness Diagnosis

Joint Statement by Gender Dynamix and Iranti

A long and arduous struggle by trans activists and their allies has succeeded in finally ending the classification of trans identities as a mental illness in the world's most widely used diagnostic manual, the International Classification of Diseases (ICD). This will facilitate the removal of one of the major barriers to healthcare access for trans and gender diverse people, and it represents an important advance in affirming trans identities and experiences as healthy expressions of human diversity.

The 11th Revision of the ICD (ICD-11) was released by the World Health Organisation (WHO) on 18 June 2018. The ICD-11 takes a bold step in finally removing the previous mental illness classification for trans people that was contained in the ICD-10 for almost three decades, and prior to this in the ICD-9. Trans identities and experiences used to be classified as a 'Gender Identity Disorder' in the ICD-10, but through the determined advocacy of trans human rights groups and their allies, more accurate and informed research by scholars and healthcare professionals working in the field of trans health, and persistent efforts to educate various stakeholders, trans identities and experiences are no longer misunderstood as a mental illness.

"It's really great news. It's been over a decade of work by trans organisations and networks in different regions of the world to get the diagnosis relating to trans issues depsychopathologised, under the leadership of GATE", says Joshua Sehoole, Iranti's Advocacy Manager. "So it's a huge moment in that sense and a big step forward".

"Major changes to ICD-11 include the creation of a new chapter called 'Conditions related to Sexual Health' and the creation of a new category called 'Gender Incongruence' within this chapter. This new category replaces the ICD-10 'Gender Identity Disorder' diagnoses. So there's an improvement in the framing and categorisation of diagnoses," adds Sehoole, who is currently attending the Trans Advocacy Week at the 38th sitting of the United Nations Human Rights Council where the release of ICD-11 was announced.

"Trans people everywhere suffer severe human rights violations, including, killings, attacks, sexual assault, police violence, arbitrary detention, forced 'conversion' therapy, lack of legal gender recognition, abuses of sexual and reproductive rights, as well as discrimination in the areas of education, access to public facilities and services, employment, travel and access to justice. Importantly, United Nations and regional human rights bodies have linked these violations directly to the continued use of discriminatory diagnostic classifications and other laws and policies that pathologise gender diversity".

The move away from such language by the world's most respected healthcare body is cause for celebration. It marks a shift on a global level that can be leveraged to address ongoing human rights violations, stigmatisation and discrimination against trans and gender diverse people. Gender DynamiX, Iranti and countless transgender advocacy organisations are excited about how this development can be used to advance greater public understanding, social justice and access to general and gender affirming healthcare for trans and gender diverse communities in the Global South.

The ICD-11 is a definite improvement over the mental illness classification and the new sexual health placement means that mental health professionals, who are largely inaccessible to the majority of trans people in the Southern African region, are no longer positioned by an ICD diagnosis as gatekeepers who must determine who may access gender affirming healthcare. Instead, the new sexual health placement brings access to gender affirming healthcare squarely within the practice area of general practitioners and other primary health care providers, which corresponds to the most recent guidelines of the World Professional Association for Transgender Health (WPATH).

Despite the progress made in the ICD-11 reclassification of trans identities, a number of aspects remain highly problematic and damaging to trans and gender diverse people. Firstly, despite consistent calls for the complete removal of a childhood category by trans networks around the world and mental health experts working with gender diverse children, the WHO has persisted in the inclusion of a category called 'Gender Incongruence of Childhood'. This category pathologises healthy exploration of gender diversity in children while having no clinical utility, since trans and gender diverse children require societal acceptance and affirmation, not medical access to hormones and surgeries. Needs in childhood are only psycho-social in nature, so the childhood category continues to reinforce the idea that diversity in gender is a mental illness, and remains a category that can be used for 'conversion' therapy. In the sub-Saharan African regional context, the Cape Town Declaration strongly called on the WHO in 2014 to completely remove the childhood diagnosis, but this has not yet been heeded.

Secondly, in our health systems, access to particular healthcare services are increasingly linked to corresponding ICD codes, which means that an ICD category for adults and adolescents is often needed to facilitate access to gender affirming healthcare such as hormones and surgeries. The new ICD-11 category of 'Gender Incongruence of Adolescence and Adulthood' will be able to serve this purpose in some country contexts. However, despite the new category being a significant improvement over the previous mental illness diagnosis, it still uses othering, normative and pathologising language, and often sounds very negative when translated into other languages, including African languages, and therefore needs to be urgently reviewed and improved. The WHO language and decision-making process of the ICD are also very concentrated in the Global North – other regions, and indigenous knowledge systems and communities have been silenced and invisibilised in the revision process.

Our approach to work in this area cannot be ignorant of the reality of how legal and healthcare systems in our region currently operate. We need to consider different contexts and sectors, and pursue different strategies in our journey toward trans liberation.

“Inasmuch as the increasing shift away from pathology signifies a moment of many possibilities for transgender persons to live fuller and more dignified lives, much work still needs to be done to ensure that all transgender persons are able to access all human rights,” says Liberty Glenton Matthyse, the Director of Gender Dynamix. “As we push for increased human rights protections for all of us, let us be mindful of the lived realities of many transgender persons in contexts where the ICD is not consulted or adhered to, particularly as it relates to providing gender affirming healthcare”.

Though the ICD-11 has been officially released, it will not be adopted until May 2019. This, say UN representatives, is to give member states time to adopt the new framework, which could be slow to have an impact in countries with more entrenched medical systems in place. It also gives advocacy groups the opportunity to call for further revisions and improvements.

We celebrate this groundbreaking victory and will continue to work towards full depathologisation and affirmation of diverse gender identities and expressions, universal access to general and gender affirming healthcare, and full realisation of human rights and social justice for trans and gender diverse communities.

*Gender Dynamix advocates and promotes the rights of transgender persons in South Africa using a human rights framework and is based in Cape Town.
For more information visit www.genderdynamix.org.za/*

*Iranti is a transgender, intersex and lesbian advocacy organisation that promotes awareness through media and storytelling. Iranti is based in Johannesburg.
For more information visit www.iranti-org.co.za*

Useful Resources:

[An Activist Guide to the ICD Reform Process](#)

[ICD Africa Trans Workshop Video \(12:21\)](#)

[WHO ICD-11 Gender Incongruence Video](#)

[Joint Global Statement on ICD-11](#)

[Cape Town Declaration, 2014](#)

[WHO ICD-11 Website](#)