

Gender-focused mental health services in Singapore: A brief history and future directions

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Dear Editor,

Singapore has had recent gradual shifts towards more inclusive policies and practices in gender-focused healthcare. Despite these advancements, challenges such as societal stigma and coordination between healthcare providers for existing services can frustrate transgender individuals seeking such services. This impacts a growing number of people, where a recent retrospective analysis in Singapore found that the incidence of gender dysphoria among children and adolescents has more than doubled in recent years.¹ This letter explores the history of mental health services for gender care in Singapore, examines the current services available, and highlights future directions, including challenges and opportunities.

Singapore's first formal service for subsidised gender-specific mental healthcare was the Gender Identity Clinic (GIC), established in Kangkar Kerbau Hospital following the first gender-affirming surgery in Singapore in 1971, before moving to the National University Hospital in 1985.² The GIC closed in 2008,³ though the authors were unable to find specific reasons behind its closure despite reaching out to experts in Singapore. Nearly a decade later, the Gender Care Clinic at the Institute of Mental Health (IMH) was established in 2017, which provided gender-affirming mental healthcare with multidisciplinary support.² Based on information available to the authors, this clinic, however, is no longer being run. Based on correspondence, at least 2 restructured hospitals in Singapore now offer formal multidisciplinary gender-focused mental healthcare services, with access to these services via referrals from primary, secondary and tertiary care providers. These services have also created coordinated care pathways with relevant subspecialties such as endocrinology and surgical disciplines. Efforts have also been made in community outreach initiatives, to improve the knowledge of gender care among community partners, primary and secondary care providers.

However, a proportion of referrals still remain unmet, as access to these services is limited by specified

criteria, including service boundaries. Differences in multidisciplinary team structures and institutional workflows can lead to uneven care pathways, contributing to delays and uncertainty for both clinicians and patients. Although there are ongoing efforts among some institutions to streamline and align processes, such collaboration has yet to occur at a national level. Transgender individuals may also turn to a limited number of private care providers with an interest in gender-focused mental healthcare. However, costs may be higher with limited access; most, if not all, private insurers in Singapore do not cover gender dysphoria or transition-related costs,⁴ which leads to increased individual costs.

Quality transgender mental healthcare should include specialists and allied health professionals (e.g. psychotherapists, social workers, peer navigators) trained to address gender-specific issues in an environment that is gender-inclusive.⁵ Currently, no formal fellowship training programmes in gender-focused mental healthcare are available in Singapore for interested medical professionals. However, there is informal sensitivity training provided by community organisations such as Oogachaga.⁶

A recent Singapore study highlighted significant gaps in LGBTQI+-related knowledge and preparedness among clinical-year medical students, suggesting that insufficient training may play a role in the stigma observed in healthcare.⁷ To better serve the transgender community, specific education modules on gender care and sensitivity can be integrated into existing medical school curriculums to ensure that all healthcare professionals are equipped to handle the general healthcare needs of transgender individuals. Regular continuing medical education (CME) activities on gender-focused mental healthcare can aid in improving the capabilities of healthcare providers to deliver value-based healthcare. Formal training in Singapore via postgraduate diplomas or certification in specific areas of such care for medical or allied health professionals may also aid the confidence of both healthcare providers and patients for such services. This area

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of care would also benefit from interprofessional education initiatives given the multidisciplinary nature of care and the need for synchronised, coordinated care between all professionals involved. This could involve the inclusion of peer support specialists who have rich lived experiences.

With these training and education efforts, primary and secondary care providers should become more comfortable managing the healthcare needs of transgender individuals. More complex cases requiring a second opinion or trained multidisciplinary support could then be referred to specialised gender care services which provide not only coordinated care, but also aid the transition of patients back to primary or secondary care. These specialised services should provide streamlined, multidisciplinary diagnostic services—including psychological assessments to certify fitness for medical transitioning (i.e. diagnostic aspect) and support the coordination of medical, psychiatric and psychosocial care for patients and their families (i.e. treatment aspect). Although gender-focused mental health services are already embedded within the public healthcare framework, opportunities remain to further develop their integration and to improve coordinated care pathways on a national level, with key surgical and endocrinological services. This may also aid the existing public healthcare system to more closely collaborate with the network of community partners that serve transgender individuals. Collaboration across public healthcare institutions would likewise promote research development, helping to advance evidence-based practices and elevate the quality of care.

Given that the mental health aspects of gender care are closely linked with the stress of social and medical transitioning,² it is essential to address these issues in a sensitive manner. Given the cultural context in Singapore, social transitioning can carry significant risks, including potential rejection, discrimination and alienation from family and community.⁸ While gender-affirming hormone therapy is comparatively accessible in Singapore, most providers seem more comfortable with a prior psychiatric assessment, following a mental health assessment model rather than an informed consent approach. This process can often be time-consuming. It has been reported that there are individuals who obtain hormones from sources outside the formal healthcare system, particularly among those who lack support and are keen to begin the process.⁴ Addressing these issues, along with other social determinants of health, requires a concerted effort by all stakeholders involved.

By prioritising the mental health and well-being of transgender individuals with a nuanced but systemic

approach, Singapore can further accelerate inclusivity efforts and ensure a sustainable ecosystem encompassing both healthcare systems and social support networks that respect and affirm diverse gender identities.

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Ethics statement

No patient data was used in the development of this manuscript.

Declaration

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