



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Public Interest Directorate

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Dr. T. Bedirhan Ustun
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Dear Dr. T. Bedirhan Ustun,

On behalf of the American Psychological Association (APA), I write to share with you recommendations by the organization for two important revisions to the International Classification of Diseases (ICD)-11. The APA is the largest scientific and professional organization representing psychology in the United States and is the world's largest association of psychologists. APA's membership includes almost 130,000 researchers, educators, clinicians, consultants and students. Through its divisions in 54 subfields of psychology and affiliations with 60 state, territorial and Canadian provincial associations, APA works to advance psychology as a science, as a profession and as a means of promoting health, education and human welfare.

The APA recommendations pertain to the F64.0 and F66.0-F66.9 diagnoses in the ICD-10. The rationale for these recommendations is so the ICD-11 will 1) better reflect current scientific knowledge, 2) better reflect current practice, and 3) reflect changes in the social understanding or view of diseases or disorders.^{1,2} The APA recommendations are as follows:

F64.0: Transsexualism:

The American Psychological Association recommends that the International Classification of Diseases-10 diagnosis *F64.0 transsexualism* be renamed *gender incongruence* in the International Classification of Diseases-11 and moved from the mental and behavioural disorders chapter into an alternative placement that will reflect the complexity of treatment for gender incongruence, which may include mental and behavioral health treatments, but also includes non-psychiatric medical treatments, as well. Although APA deplores the stigma that persons with mental illness now suffer and works to

¹ American Psychological Association. (2012). *Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients* Washington, DC: American Psychological Association. May be accessed at: <http://www.apa.org/pi/lgbt/resources/guidelines.aspx>

² Coleman, E., Bockting, W., Botzer, M., Cohen-Kettenis, P., DeCuypere, G., Feldman, J., ... Zucker, K. (2011). Standards of care for the health of transsexual, transgender, and gender nonconforming people, 7th version. *International Journal of Transgenderism*, 13, 165-232. doi:10.1080/15532739.2011.700873

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reduce that stigma, the Association also acknowledges that the placement of the gender incongruence diagnosis in an alternative chapter from the mental and behavioral disorders chapter may have the added benefit of reducing the stigma experienced by persons with gender incongruence.

The APA recommends that the statement "Gender variant behavior and preferences alone are not sufficient for making the diagnosis of Gender Incongruence of Childhood," which appears in the proposed diagnostic guidelines for the diagnosis *gender incongruence of childhood*, also be included in the diagnostic guidelines for the diagnosis *gender incongruence of adolescence and adulthood*. The Association believes this strong, clear statement is equally important guidance for the diagnosis of adolescents and adults, as for the diagnosis of children.

F66.0-F66.9: Psychological and behavioural disorders associated with sexual development and orientation:

The American Psychological Association recommends that the F66 diagnoses be removed in their entirety. To the extent that an individual may be experiencing difficulties in adjustment relating to the concepts addressed in these diagnoses, alternative diagnoses currently exist that appropriately and accurately define these difficulties (e.g., Adjustment Disorders).

Since ICD-10, positive changes have occurred in the perceptions and legal status of homosexuality in many societies worldwide. Nevertheless, persons with non-heterosexual sexual orientation identities and/or behavior are still subject to societal stigma and discrimination at both the individual and structural levels that harm their health. F66 diagnoses are historically rooted in and support continuing unscientific stigmatization of homosexuality by health professions. Because stigmatization continues, F66 is likely to be used to diagnose homosexuality despite its accompanying caution. Further, use of F66 codes may impede appropriate treatment of underlying disorders (e.g., Major Depression).

No scientifically accepted treatment method has been shown to effectively treat F66 diagnoses. A recent systematic review of the research literature found insufficient evidence to support sexual orientation change efforts (SOCE) in adults, no evidence that SOCE in children and adolescents affected adult sexual orientation, harm from SOCE, and the benefits that some reported from SOCE were related to non-SOCE aspects of treatment.³

Health professionals in nations where the American Psychiatric Association Diagnostic and Statistical Manual is used have operated without ICD F66-like diagnoses for about 25 years without difficulties emerging. In doing so, they have appropriately used diagnostic codes that reflected the nature of complaints from the standpoint of distressing symptoms.

³ American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation. (2009). *Report of the Task force on Appropriate Therapeutic Responses to Sexual Orientation*. Washington, DC: American Psychological Association. May be accessed at <http://www.apa.org/pi/lgbt/resources/sexual-orientation.aspx>

Thank you very much for your consideration of these recommendations. It is the hope of the APA that they will improve the ICD-11 by better reflecting current knowledge and practice, while also helping remove the harmful social stigma often faced by the lesbian, gay, bisexual, and transgender populations affected by the F64.0 and F66.0-9 classifications.

Sincerely,



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