Mental Health Foundation OF NEW ZEALAND
mauri tū, mauri ora

Submission: Consultation on safety measures for the use of puberty blockers in young people with gender-related health needs

By the Mental Health Foundation of New Zealand

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Ministry of Health | Manatū Hauora

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Tuia te rangi e tū nei
Tuia te papa e takoto nei
Tuia i te here tangata
Tihei mauri ora.

He hōnore, he korōria ki te atua ki te runga rawa
He whakaaro maha ki a rātou kua haere ki te wāhi ngaro
Rau rangatira mā, ānei ngā whakaaro me ngā kōrero nā Te Hauora Hinengaro.

Introduction

Thank you for the opportunity to comment on the Ministry of Health's (the Ministry) public consultation on safety measures for the use of puberty blockers in young people with gender-related health needs.

The Mental Health Foundation of New Zealand (MHF) is a charity working towards creating a society free from discrimination, where all people enjoy positive mental health and wellbeing. Given our remit and expertise, our submission will predominantly focus on the impact on mental health and wellbeing outcomes for transgender and gender-diverse young people.

We are concerned the Ministry's decision to open a public consultation on the potential regulation of medication has increased undue scrutiny and politicisation of gender-affirming healthcare and has caused significant distress within the transgender community. To our knowledge, this is the first time a consultation of this nature has been conducted. We recommend that future processes regarding this issue avoid relying on broad public opinion, and instead prioritise input from individuals and whānau with lived experience, as well as relevant experts, directly affected by the issue.

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The MHF supports the Ministry's commitment to the strategic investment of local research on the long-term clinical, mental health and wellbeing impacts of puberty blockers, and Health New Zealand's work to update clinical guidelines, provided these are co-designed with transgender and gender-diverse people, their whānau and support networks, and transgender healthcare experts.

We also support the commitment to ensuring young people experiencing gender incongruence or gender dysphoria have access to care which meets their physical and mental health needs and upholds their rights as young people. Additionally, we support the statement (p.5) that young people "should have timely access to therapeutic supports which meet their mental health needs." However, these supports must be provided alongside, rather than in place of, medical interventions such as puberty blockers and other gender-affirming treatments, ensuring a comprehensive approach to their care.

In line with the views of both local and international transgender experts and advocates, **we do not support imposing additional restrictions on the prescribing of puberty blockers for transgender young people.** We are concerned this could have significant negative impacts on their mental health and wellbeing and the inconclusive evidence-base documenting harm (or benefits) does not justify a policy change. **We support preserving the current prescribing framework, while actively working toward enhancing access and care for transgender and gender-diverse young people.** We understand that the use of puberty blockers remains the most widely accepted clinical approach to supporting transgender young people both internationally and locally and is regarded as best practice amongst specialist clinicians.[1]

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[1] The use of puberty blockers is endorsed by the two main international guidelines in the area of healthcare for transgender and gender-diverse people (Coleman et al., 2022; Hembree et al., 2017), as well as by the guidelines of several comparable countries, including Canada (Canadian Pediatric Society, 2023) and Australia (Telfer et al., 2020), and is reflected in New Zealand's local guidelines (Oliphant et al., 2018).

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Tightening access to puberty blockers for transgender youth is not a neutral act and may contribute to negative mental health outcomes.

Transgender and gender-diverse youth in Aotearoa New Zealand experience some of the poorest mental health and wellbeing outcomes compared to other populations,[2] and these young people already face significant challenges in accessing quality gender-affirming care. We are concerned that introducing additional restrictions on access to puberty blockers could exacerbate these difficulties, leading to worse mental health and wellbeing outcomes, including increased distress and suicidality.

The positive impact of treatment with puberty blockers on the mental health and wellbeing outcomes of transgender youth needs to be considered with more nuance. While the findings of the studies included in the evidence brief present with certain limitations, they still reflect real-world benefits that improve the lives of transgender young people. Furthermore, the brief does not highlight any study that suggests significant negative effects of puberty blocker treatment on mental health and wellbeing outcomes for gender-dysphoric young people. This suggests further research is required to improve quality and lower the risk of bias of the evidence, to garner a more comprehensive understanding of the short- and long-term effects of puberty blocker treatment on mental health and wellbeing. This should be prioritised before considering any policy changes, as per good policy practice.

We are also concerned that consideration of restrictions on prescribing puberty blockers would be limited to the context of gender-affirming care, without extending to other medical uses for puberty blockers. It is our understanding that the scope of potential further restrictions is not being applied to prescribing these medications to treat issues such as early-onset puberty in cisgender young people. If the safety and reversibility of puberty blockers cannot be accurately determined at present, it follows that such concerns should apply equally to all individuals seeking the medication – whether transgender or not. We are concerned that consideration of restrictions is only being given to a small group of young people seeking gender-

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[2] Fenaughty et al. (2021) reported that more than half (57%) of transgender and diverse gender students in Aotearoa reported significant depressive symptoms and an equal proportion (57%) reported they had self-harmed in the past year. One in five (26%) transgender and diverse gender students reported they had attempted suicide over the same period.

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affirming care, suggesting that this process is driven by ideology rather than by evidence.

The consultation process and consideration of regulations could infringe upon the basic human rights of children.

We note that the Ministry's position statement includes the following key information:

> *" Young people have rights under the UN Convention on the Rights of the Child (CRC) to both identity (Article 8) and to health (physical, mental), including equitable access to health care (Article 24). These rights sit among children's wider range of holistic rights under the CRC, which also includes the right and general principle that all decisions made about/or in relation to a child must be made in their best interests (Article 3), and the right and general principle to non-discrimination (Article 2) and to life, survival, and development (Article 6)."*

It appears that the intention to restrict prescribing of puberty blockers would contravene this agreement, which Aotearoa has ratified, as well as the rights guaranteed under local legislation such as the Human Rights Act, the Bill of Rights, or the Code of Health and Disability Services Consumers' Rights Regulations.

While interdisciplinary care teams are a favourable approach, they should not be a precondition for provision of essential care.

The MHF agrees that transgender and gender-diverse young people experiencing gender dysphoria should *ideally* receive quality, gender-affirming care and wraparound physical and mental health support from interdisciplinary care teams. While we wish to see increased support and investment in this area of and approach to practice, we recognise the realities and constraints of our health system.

We understand that such teams currently do not exist in the majority of regions across the country, let alone in more isolated areas. Requiring gender-affirming healthcare to be provided by largely non-existent interprofessional teams experienced in this type of care is unreasonable, and this would create insurmountable barriers for transgender youth to obtaining necessary, and

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potentially lifesaving, healthcare. We believe that lack of access to this model of care should not be treated as a barrier to receiving gender-affirming treatment.

We also understand that experts in this area maintain that interprofessional teams should not necessarily be considered the gold standard of care. For example, when cisgender young people are seeking treatment for physiological symptoms of early onset puberty, they are not required to be supported by such a team. Enforcing a higher standard of healthcare regulation for transgender young people without a legitimate reason for doing so may constitute sex-based discrimination.

Conclusion

The MHF supports accessible, inclusive, and responsive healthcare for transgender and gender-diverse youth. We are concerned that imposing restrictions on puberty blockers in the absence of clear evidence for doing so, and in a targeted manner (i.e., not also restricting access for cisgender youth), would likely further exacerbate the already profound discrimination and mental health challenges faced by these young people. We urge the Ministry to approach this issue with compassion, care, and respect for the diverse voices of the transgender community, and recommend the Ministry prioritise the views of trans youth, their whānau and support networks, and clinicians with the appropriate expertise as it shapes equitable health policy and research.

Mauri tū, mauri ora,

Shaun Robinson
Chief Executive

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