Skylight Trust
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Submission to the Ministry of Health on

Safety measures for the use of puberty blockers in young people with gender-related health needs

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Who is Skylight Trust?

Skylight Trust provides leadership and services for tamariki (children), rangatahi (young people) and their whānau (families), who have experienced loss, grief, trauma and tough times.

Our unique offering is a full spectrum of care for tamariki and rangatahi aged 5-18 with mild to moderate mental health concerns.

We provide counselling, programmes and resources. Our work is evidence-based and trauma-informed.

Our main interest in the topic

We are a specialist mental health organisation focused on the mild to moderate mental heath needs of tamariki and rangatahi.

Our main interest in the topic is to ensure that all tamariki and rangatahi have equity of access to health care and – in particular – that the mental health of all tamariki and rangatahi is enhanced and not diminished by the operation of public policy and legislation.

We are Aotearoa / New Zealand based

As an Aotearoa New Zealand-based Tangata-Tiriti organisation, our services, programmes and advocacy are tailored to the unique cultural needs of our population and grounded in Te Whare Tapa Whā and Mana Taiohi.

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How should puberty blockers be prescribed for gender-affirming care in New Zealand?

There should be **no restrictions** on access to puberty blockers for the trans/ gender diverse/non-binary young people who need them.

More restrictive regulation for access to puberty blockers for non cisgender indiviudals is discriminatory. Access should be guided by medical practitioners, informed consent and guidelines, as it is now.

We do not support the 'Restricted by Regulations' option. It ignores that puberty blockers are already subject to restrictions to ensure they are prescribed appropriately. Further restrictions would only target and discriminate against trans/gender diverse/non-binary young people.

Who should prescribe?

We support those currently able to prescribe, continuing to be able to prescribe. Any clinicians in a child's care team should be able to prescribe. It would make sense that anyone able to prescribe other hormone treatments, should be able to prescribe puberty blockers.

Which young people should be able to receive treatment with puberty blockers for gender dysphoria?

Anyone who needs them

Anyone who needs treatment with puberty blockers for gender dysphoria should have access. As we understand it, the purpose of puberty blockers for gender dysphoria is to prevent irreversible unwanted physical changes from puberty which would result in a worsening of dysphoria.

Young people have a right to them – denying access is not a neutral act

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). The proposal to increase restriction does nothing to '*address inequalities of mental health outcomes for Māori, Pasifika and lesbian, gay, bisexual, transgender and intersex children'.* This is something that the Committee on the Rights of the Child has continued to stress that Aotearoa New Zealand needs to do more on. In fact, denying access to puberty blockers

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may have significant negative impacts on the mental health and overall well-being of transgender, gender diverse and non-binary youth. It is therefore not a neutral act.[1]

> *More than half (57%) of trans students reported significant depressive symptoms, and an equal proportion (57%) reported they had self-harmed in the past year. Over half (52%) had serious thoughts about suicide in the past year, four in ten (40%) reported they had made a suicide plan, and one in four (26%) reported they had attempted suicide in the past year.*[2]

Studies[3] have shown that access to gender-affirming care, including puberty blockers, can reduce rates of depression, anxiety, and suicidal ideation among transgender and non-binary youth.

The use of puberty blockers is associated with long-term mental health benefits and a reduction in suicidality.[4] The American Psychiatric Association (who publish the DMS-5, a manual for the diagnoses of 'mental disorders'), acknowledge in their official guidelines that *"Trans-affirming treatment, such as the use of puberty suppression, is associated with the relief of emotional distress, and notable gains in psychosocial and emotional development, in trans and gender diverse youth."*[5] This is reaffirmed in their February 2024 policy.

There is enough evidence about the physical effects

We note that the same medications are used for other health issues, including precocious puberty, menstrual disorders and prostate cancer. Rather than a lack of information, this has given health professionals decades of experience in using these medications. The 'decades of the use' of puberty suppression for cis-

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[1] Allowing puberty to progress in transgender young people who experience gender dysphoria is not a neutral act and may have lifelong harmful effects (de Vries et al 2021), cited in 6232d2_16e4eccdc2064caa884f13b18b2f25b9.pdf

[2] Youth 19 survey, Youth19+Gender+Identity+and+young+peoples+wellbeing.pdf

[3] Many of which are referenced in Discrimination Against Gender Non-Conforming Individuals: Academic Sources And Debates - CCLA; Patterson C, Sepúlveda MJ, White J, eds; National Academies of Sciences, Engineering, and Medicine. *Understanding the Well-Being of LGBTQI+ Populations*. National Academies Press; 2021.

[4] Turban JL, King D, Carswell JM, Keuroghlian AS. Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation. Pediatrics. 2020 Feb;145(2): e20191725. doi: 10.1542/peds.2019-1725. Erratum in: Pediatrics. 2021 Apr;147(4): e2020049767. doi: 10.1542/peds.2020-049767. Erratum in: Pediatrics. 2024 Jul 1;154(1): e2024067026. doi: 10.1542/peds.2024-067026. PMID: 31974216; PMCID: PMC7073269.

[5] APA Official Actions Position Statement on Treatment of Transgender (Trans) and Gender Diverse Youth Approved by the Board of Trustees, July 2020

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gendered children, emphasises that the restrictions are not evidence based and are discriminatory to trans tamariki and rangatahi.

As there are low concerns around the reversibility or safety of these medications when they are used in these other situations, we question the validity of assertions about the concerns associated in prescribing these medications to transgender, gender diverse, and or non-binary youth.

The Ministry of Health's own evidence brief found a low risk of physical harm from using puberty blockers. Importantly, it did not consider the harm of not using puberty blockers, lack of evidence for any alternative treatments, or the lack of harm when using these medications in other medical contexts. We think this was a grave omission.

More research is okay but not a pre-requisite

More research should occur.

The absence of randomised controlled trials should not be a barrier to access. We are not experts in randomised controlled trials – however we question the practicality and ethical implications[6] of these for a small, marginalised population.

Longitudinal observational cohort studies could be conducted and would add value to available information. However, this should not be at the expense of denying others access to this potentially lifesaving health care.

Therefore, we oppose restricting the access to puberty blockers to those in clinical trials but note that further research is to be encouraged.

Barriers need to decrease not increase

While it might be ideal for multi-disciplinary teams to wrap around the individuals wanting access to puberty blockers, we suspect the Government will not be able to adeqately fund this equitably across the country. As such, a multi-disciplinary team cannot be a pre-requisite to access. We note that it is not a requirement for cisgender young people accessing puberty blockers.

[6] Roles of Randomized Controlled Trials in Establishing Evidence-Based Gender-Affirming Care and Advancing Health Equity | Journal of Ethics | American Medical Association

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As a medical issue that involves them, tamariki and rangatahi need to be heard

Finally, we believe that access to puberty blockers is a medical issue. It is between those seeking access to them, their whānau, and their medical professionals, guided by scientific and clinical concerns. The physical and mental health of all tamariki and rangatahi, particularly the most marginalised and vulnerable, must come first.

The current consultation is unique – this is the first time that the Ministry has consulted publicly on the regulation of a medication. We therefore urge the Ministry to ensure it directly engages with those tamariki, rangatahi and their whānau (and their medical advisors) currently using puberty blockers and waiting/wanting to use puberty blockers, before implementing any changes to the current regime. Their voices need to be heard.

Children and young people have the right to 'consideration of their best interests as the primary concern of all involved in his or her care,' 'participate in decision-making and, as appropriate to their capabilities, to make decisions about their care' and 'Be kept safe from all forms of harm.'[7]

We note 'The child's or young person's own assessment of what would be in their best interests ought to carry great weight, in line with their capacity.'[8] Te Tiriti o Waitangi also supports this right to self-determination for Māori tamariki and rangatahi. Such a conversation needs careful planning and resourcing if it is to be safe and successful.

We also urge the Ministry to ensure that experts in trans healthcare are also meaningfully involved and recommend the Ministry fulfil its own position (statement) and ensure 'young people experiencing gender incongruence or gender dysphoria have access to care which meets their physical and mental health needs and upholds their holistic range of rights as young people.'[9]

Conclusion

Skylight Trust's interest in the consultation is to ensure that the mental health of tamariki and rangatahi is enhanced and equitable outcomes are achieved.

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[7] Charter on The Rights of Tamariki Children & Rangatahi Young People in Healthcare Services in Aotearoa New Zealand, 0575d9dc-charter-on-the-rights-of-children-new-zealand.pdf
[8] Ibid.
[9] Ministry of Health 2024 Position_Statement_on_the_Use_of_Puberty_Blockers.docx

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Denying or increasing the barriers for tamariki and rangatahi to access puberty blockers is likely to have significant negative impacts on the mental health and overall wellbeing of transgender, gender diverse and non-binary youth.

Puberty blockers are a matter for those individuals that need them, their whānau and their clinician – and their voices need to be heard.

Based on the evidence we have seen and our experience we think there should be **no restrictions** on access to puberty blockers for the trans/gender diverse/non-binary young people who need them, and no limiting of the group of people that can prescribe.

There is no demonstrable need for further regulation, 'safety measures' or for further barriers to access puberty blockers for tamariki and rangatahi with gender-related health needs. There are however strong equity and mental health reasons for continuing access for trans, non-binary and gender diverse young people.