

# NHS England's Interim Clinical Policy: Puberty suppressing hormones (PSH) for children and adolescents who have gender incongruence/dysphoria

## Public Consultation - Mermaids' Response

Mermaids is a UK charity helping transgender, non-binary and gender-diverse young people and their families since 1995. Our mission is to create a world where trans young people can be themselves and thrive.

### **Core links and documents**

- NHS England's [consultation page](#)
- Proposed [Interim Clinical Policy](#)
- [Equality and Health Inequalities Impact Assessment](#) (EHIA)

### **Responses to consultation questions**

#### **1. In what capacity are you responding?**

Service provider.

#### **2. Are you responding on behalf of an organisation?**

Yes, Mermaids.

#### **3. Has all the relevant evidence been taken into account?**

The following studies should be included in the evidence review. We note that some of these studies were initially excluded because other interventions (e.g. psychosocial support) were offered concurrently, thereby not testing PSH as a sole variable. We would contend, however, that requiring a study to exclude best practice wrap-around support as a concurrent intervention, or requiring an RCT,<sup>1</sup> is unethical in the context of treating adolescents with gender incongruence or dysphoria.<sup>2</sup>

- 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.

<sup>1</sup> Florence Ashley, Diana M. Tordoff, Johanna Olson-Kennedy & Arjee J. Restar (2023) Randomized-controlled trials are methodologically inappropriate in adolescent transgender healthcare, *International Journal of Transgender Health*, DOI: [10.1080/26895269.2023.2218357](#)

<sup>2</sup> Simona Giordano & Søren Holm, "Is puberty delaying treatment 'experimental treatment'?", *International Journal of Transgender Health*, 21,2, 2020, pp. 113-121, DOI: [10.1080/26895269.2020.1747768](#)

- Achille, C. et al. (2020) "[Longitudinal impact of gender-affirming endocrine intervention on the mental health and well-being of transgender youths: Preliminary results](#)," International Journal of Pediatric Endocrinology, 2020(1). <https://doi.org/10.1186/s13633-020-00078-2>.
- van der Miesen AIR, Steensma TD, de Vries ALC, Bos H, Popma A. [Psychological Functioning in Transgender Adolescents Before and After Gender-Affirmative Care Compared With Cisgender General Population Peers](#). J Adolesc Health. 2020 Jun;66(6):699-704. doi: 10.1016/j.jadohealth.2019.12.018.
- Annelou L.C. de Vries, Jenifer K. McGuire, Thomas D. Steensma, Eva C.F. Wagenaar, Theo A.H. Doreleijers, Peggy T. Cohen-Kettenis; [Young Adult Psychological Outcome After Puberty Suppression and Gender Reassignment](#). *Pediatrics* October 2014; 134 (4): 696–704. 10.1542/peds.2013-2958
- Rosemary Lavender, Selina Shaw, Johanna-Katharina Maninger, Gary Butler, Paul Carruthers, Polly Carmichael, and Una Masic. [Impact of Hormone Treatment on Psychosocial Functioning in Gender-Diverse Young People](#). LGBT Health. Jul 2023. 382-390. <http://doi.org/10.1089/lgbt.2022.0201>

#### 4. Does the equality and health inequalities impact assessment reflect the potential impact that might arise as a result of the proposed changes?

##### On the protected characteristic of gender reassignment

- We strongly believe that these proposals will directly decrease the health and equal access to care for those with the protected characteristic of gender reassignment, and therefore disagree with NHS England's claims that these proposals are not discriminatory.
- We agree with the statement that "NHS England has proceeded on the basis that the majority of individuals who will be impacted by the proposals are likely to have the protected characteristic of gender reassignment." We note the increasing evidence to suggest that puberty blockers are associated with positive outcomes for young people with gender incongruence and that the decision to severely limit or remove access to them thereby reduces or removes access to an important option to improve their health. GnRHa is available in other clinical settings through NHS England (e.g. Central Precocious Puberty) with equivalent quality of evidence,<sup>3</sup> so the unique removal of the option from gender-related care is highly concerning.
- Additionally, our experiences of working with trans and non-binary young people and their families show that many will seek treatments from other sources, often at great expense or risk to themselves. The interim service specification states that where a person who is accessing medical intervention privately is not deemed suitable by the Service (i.e. the NHS hubs), a GP or local health professional should consider what safeguarding protocols may be appropriate. This may lead to families that seek puberty blockers from private providers being unwilling to engage with their GP or local health professionals for all matters, not just gender-related care, which will increase the risk of harm. As such, we would argue that the clinical policy may result in discrimination against those with the protected characteristic gender reassignment.

<sup>3</sup> Mul D, Hughes IA, Eur J. Endocrinol. 2008;159(Suppl 1):S3-8.

### On the protected characteristic of disability

- Many of our disabled service users have reflected fears that the new NHS England gender services will reduce or remove access to care based on their disabilities, especially for those who are neurodivergent. While the eligibility criteria for inclusion in the research study has yet to be defined, we urge the Research Oversight Board *not* to exclude neurodivergent people from such a study.

### 5. Are there any changes or additions you think need to be made to this policy?

Yes, we **strongly recommend** the following changes:

1. Access to puberty blockers be reverted to routine prescribing for those it would benefit, given “the increasing evidence that access to reversible puberty blockers, and later gender-affirming hormone treatment if wished, is associated with positive mental health and social well-being in adolescents with gender incongruence, and that adolescents are satisfied with these treatments and perceive them as essential and life-saving.”<sup>4</sup>
2. Research be conducted on the impact and outcomes of puberty blockers, but this research should be voluntary and applicable to all relevant patients regardless of whether they have ‘early-onset’ or ‘later-onset’ gender dysphoria.
3. The diagnosis framework for this policy must align with the interim service specification, and use the ICD-11 definition of ‘gender incongruence in childhood’ and ‘gender incongruence in adolescence and adulthood’ as best practice and for consistency, rather than ‘gender incongruence/dysphoria’.

Below we provide the rationale for these changes.

#### Evidence supports the option of puberty blocker treatment:

- Puberty blockers have been used to prevent unwanted endogenous puberties for trans youth since the 1990s.<sup>5</sup> Research shows that young people treated with both

<sup>4</sup> WPATH, ASIAPATH, EPATH, PATHA, and USPATH (2022) *Statement regarding the Interim Service Specification for the Specialist Service for Children and Young People with Gender Dysphoria (Phase 1 Providers) by NHS England, WPATH*. Available at: [https://www.wpath.org/media/cms/Documents/Public%20Policies/2022/25.11.22%20AUSPATH%20Statement%20reworked%20for%20WPATH%20Final%20ASIAPATH.EPATH.PATHA.USPATH.pdf?\\_t=1669428978](https://www.wpath.org/media/cms/Documents/Public%20Policies/2022/25.11.22%20AUSPATH%20Statement%20reworked%20for%20WPATH%20Final%20ASIAPATH.EPATH.PATHA.USPATH.pdf?_t=1669428978) (Accessed: 18 October 2023).

<sup>5</sup> Cohen-Kettenis, P., van Goozen, S. Pubertal delay as an aid in diagnosis and treatment of a transsexual adolescent. *European Child & Adolescent Psychiatry* 7, 246–248 (1998). <https://doi.org/10.1007/s007870050073>; Maria A T C van der Loos, Daniel T Klink, Sabine E Hannema, Sjoerdje Bruinsma, Thomas D Steensma, Baudewijntje P C Kreukels, Peggy T Cohen-Kettenis, Annelou L C de Vries, Martin den Heijer, Chantal M Wiepjes, *Children and adolescents in the Amsterdam*

psychotherapy and puberty blockers experienced statistically significant improvement.<sup>6</sup> For example, a 2020 study showed that patients receiving puberty blockers had much lower odds of lifetime suicidal ideation than those who wanted puberty blockers but were denied them.<sup>7</sup> We echo the concerns of the world's leading association of gender specialists that NHS England is "taking inappropriate approaches to evaluating the established body of evidence, and is therefore drawing erroneous conclusions underestimating the effectiveness of puberty suppression."<sup>8</sup>

- There is no credible, peer-reviewed evidence to suggest that puberty blockers adversely affect cognitive development, nor that psychotherapy alone (without medical care) is effective. It has been shown that, while puberty blockers can make bones weaker while taking them, the bones generally get stronger once a patient stops puberty blockers or starts gender-affirming hormones.<sup>9</sup> However, what we do know is that, without puberty blockers, the onset of puberty does have irreversible effects on trans young people which may have immediate or lifelong harmful effects.<sup>10</sup>
- As is the case for any medical treatment, any potential risk of providing treatment must be balanced against the risks of not receiving treatment. The evidence supports the latter being more detrimental, on balance, than the former in this case. Removing puberty blocker access is therefore not a neutral, objective decision, and misinterprets the evidence. NHS England and clinicians in the service are morally

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Cohort of Gender Dysphoria: trends in diagnostic- and treatment trajectories during the first 20 years of the Dutch Protocol, *The Journal of Sexual Medicine*, Volume 20, Issue 3, March 2023, Pages 398–409

<sup>6</sup> Diana M. Tordoff, *Mental Health Outcomes in Transgender and Nonbinary Youths Receiving Gender-Affirming Care*, *Pediatrics* (2022); Costa, R. et al, *Psychological support, puberty suppression, and psychological functioning in adolescents with gender dysphoria*. *The Journal of Sexual Medicine*, 12 (11), 2206-14 (2015).

<sup>7</sup> Jack L. Turban et al., *Pubertal Suppression for Transgender Youth and Risk of Suicidal Ideation*, 145(2) *Pediatrics* e20191725 (2020), <https://pubmed.ncbi.nlm.nih.gov/31974216/>; Luke R. Allen et al. *Well-being and suicidality among transgender youth after gender-affirming hormones*, 7(3) *Clinical Prac. Pediatric Psych.* 302(2019).

<sup>8</sup> WPATH, ASIAPATH, EPATH, PATHA, and USPATH (2022) *Statement regarding the Interim Service Specification for the Specialist Service for Children and Young People with Gender Dysphoria (Phase 1 Providers) by NHS England*, WPATH. Available at: [https://www.wpath.org/media/cms/Documents/Public%20Policies/2022/25.11.22%20AUSPATH%20Statement%20reworked%20for%20WPATH%20Final%20ASIAPATH.EPATH.PATHA.USPATH.pdf?\\_t=1669428978](https://www.wpath.org/media/cms/Documents/Public%20Policies/2022/25.11.22%20AUSPATH%20Statement%20reworked%20for%20WPATH%20Final%20ASIAPATH.EPATH.PATHA.USPATH.pdf?_t=1669428978) (Accessed: 18 October 2023).

<sup>9</sup> Giulia Giacomelli & Maria C. Meriggiola, *Bone health in transgender people: a narrative review*, 13 *Therapeutic Advances in Endocrinology and Metabolism* (2022), <https://doi.org/10.1177/20420188221099346>

<sup>10</sup> Giordano, S., & Holm, S. (2020). *Is puberty delaying treatment 'experimental treatment'?* *International Journal of Transgender Health*, 21(2), 113–121. <https://doi.org/10.1080/26895269.2020.1747768>;

Kreukels, B. P., & Cohen-Kettenis, P. T. (2011). *Puberty suppression in gender identity disorder: the Amsterdam experience*. *Nature Reviews Endocrinology*, 7(8), 466–472. <https://doi.org/10.1038/nrendo.2011.78>.

(and to some extent legally) responsible for the consequences of refusing to treat patients.

#### **Unethical requirement of mandatory research into adulthood:**

- We welcome further research into the impact of puberty blockers on trans youth. However, treatment should be based on clinical need, and coerced participation in research in order to access medically-necessary treatment is unethical.
- The NHS Health Research Authority's own framework for health and social care research requires, as its first principle, that the "safety and well-being of the individual prevail over the interests of science and society."<sup>11</sup> The Declaration of Geneva further requires that the "health and well-being of my patient will be my first consideration".<sup>12</sup> In this sense, the needs of the patients in the present should be placed above future benefits of generating further evidence.
- Requiring research to access puberty blockers violates the Yogyakarta Principle 17, relating to the Right to the Highest Attainable Standard of Health, as it does not "ensure access to the highest attainable standard of gender-affirming healthcare, on the basis of an individual's free, prior and informed consent."<sup>13</sup>

#### **Irrational restriction of research cohort:**

- The EHIA references the intention of the puberty blocker research to be limited to those with 'early-onset gender dysphoria'. This is not an existing diagnosis (as opposed to 'childhood gender dysphoria'), nor has adequate justification been provided for the limitation of the research cohort to those who can demonstrate gender dysphoria prior to puberty. This framing echoes debunked, trans-antagonistic theories of adolescent contagion which have been corrected or removed from credible scientific journals,<sup>14</sup> and disproven.<sup>15</sup>
- The research cohort should be expanded to include all those who could clinically benefit from puberty blockers.

<sup>11</sup> National Health Service Health Research Authority. UK Policy Framework for Health and Social Care Research.

<https://www.hra.nhs.uk/planning-and-improving-research/policies-standards-legislation/uk-policy-framework-health-social-care-research/uk-policy-framework-health-and-social-care-research/#all-research> Accessed 18 October 2023.

<sup>12</sup> World Medical Association (no date) *Declaration of Geneva, The World Medical Association*. Available at: <https://www.wma.net/policies-post/wma-declaration-of-geneva/> (Accessed: 18 October 2023).

<sup>13</sup> International Commission of Jurists (ICJ), *Yogyakarta Principles - Principles on the application of international human rights law in relation to sexual orientation and gender identity*, March 2007, available at: <https://www.refworld.org/docid/48244e602.html> [accessed 18 October 2023]

<sup>14</sup> Diaz, S., Michael Bailey, J. Retraction Note: Rapid Onset Gender Dysphoria: Parent Reports on 1655 Possible Cases. *Arch Sex Behav* (2023). <https://doi.org/10.1007/s10508-023-02635-1>

<sup>15</sup> Greta R. Bauer et al., Do Clinical Data from Transgender Adolescents Support the Phenomenon of "Rapid Onset Gender Dysphoria"? <https://pubmed.ncbi.nlm.nih.gov/34793826/>

