



Public Service Association
Te Pūkenga Here Tikanga Mahi

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

About us

The New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (the PSA) is the largest trade union in New Zealand with over 96,000 members. We are a democratic and bicultural organisation representing people working in the public sector including the Public Service, Crown agents, Crown entities, state owned enterprises, local government, tertiary education institutions, the public health sector, and non-governmental organisations working in the health, social services and community sectors.

This submission is being made jointly by democratically elected committees representing three branches of the PSA – Out@PSA, PSA Youth and the Te Whatu Ora Health Sector – all of which have an interest in advocating for access of young transgender and gender diverse people accessing appropriate healthcare:



Out@PSA is the PSA's network representing over 3100 rainbow | āniwaniwa members across the PSA's membership. It represents the interests of rainbow | āniwaniwa workers and aims to support, promote, and empower them to ensure a safe and inclusive working environment where they can be their authentic selves.



PSA Youth (PSAY) is the PSA's network representing 27,000 young workers aged under 35. PSAY advocates for the rights, interests, and welfare of young workers, ensuring that their voices are heard in the workplace and in wider societal issues. As Aotearoa's largest youth union network, it is committed to fostering equity and inclusivity, ensuring the voices of young people are heard and their future is built on fairness and opportunity.



The PSA's Te Whatu Ora Health Sector is made up of over 25,000 PSA members working in the public health sector, including as mental health nurses and assistants; public health nurses; allied health, scientific and technical professionals and assistants; and administrative and clerical staff in DHBs; physiotherapists; occupational therapists; anaesthetic technicians; sterile supply technicians; social workers; Māori health workers; dental therapists, and more.

General comments

The PSA stands in solidarity with transgender and gender diverse¹ people and supports their rights to have equitable access to gender-affirming care.

We are deeply troubled by this consultation, as it appears to be politicising young people's healthcare in a way that is designed to manufacture public support for discriminating against transgender and gender diverse people. We're concerned that:

- This consultation appears to have been driven by the responsible Minister(s) rather than medical professionals
- It appears that the Minister(s) may have directly intervened in the details of the consultation material, to the extent of requiring Manatū Hauora the Ministry of Health to put forward proposals that are widely considered to be a breach of people's human rights²
- The development of the consultation material and the evidence brief accompanying it does not seem to have involved any organisations that can provide expertise in gender affirming care, or of the lived experience of transgender and gender diverse people
- The consultation has specifically focused on puberty blockers for gender dysphoria and gender incongruence, and not for any other reasons. This does not make sense from a risk-reduction perspective and means that it's proposing to discriminate based on a protected grounds under the Human Rights Act.

People's access to medical care shouldn't be up for debate, especially when it's asking the wider population to weigh in on the medical care of members of a small, marginalised minority group who are routinely the subject of disinformation and hate. Clinical decisions about people's medical care should be made by those people and medical professionals, not politicised. There is existing guidance that's been written based on the best available expertise, which this consultation seems to be ignoring and is directly contradicting.

We also want to take this opportunity to voice our support for more public investment in the provision of gender affirming care within the public health system.

We would be happy to engage with officials to discuss any of the points raised in our submission.

Responses to specific consultation questions

Question 1. What is your main interest in the consultation topic?

As the union for public and community service workers, we have a responsibility to advocate for the rights of transgender and gender diverse people in the delivery of public services, including to advocate for public policy that upholds the human rights of transgender and gender minority people in relation to gender affirming care within our health system. This commitment was confirmed by our Executive Board in 2024 when it formalised the PSA's policy position on inclusion for transgender people and gender minorities.

¹ We've used 'transgender and gender diverse' in our submission, with the intention that it's read as widely inclusive term covering a range of identities including takatāpui and irawhiti, MVPFAFF+, intersex, and other minority gender identities that may not fall within any of these categories.

² Jennifer Shields's article '[Gender-affirming care affects a small minority – so why the public consultation?](#)' ([The Spinoff, December 2024](#)) noted that the Ministry of Health's chief medical officer confirmed that "the ministry felt that clinical trials for puberty blockers were inappropriate" but that "they were asked to include it" as an option in the consultation.

This consultation is particularly concerning as it focuses on access to healthcare for young New Zealanders. Such care is rare but vital for those who need it. If safety is the issue, guidelines should apply equally to everyone accessing the medication, rather than targeting this specific group. Questioning the provision of treatment based on identity rather than need creates unnecessary barriers, further marginalising an already vulnerable group.

Question 5. In your view, how should puberty blockers be prescribed for gender-affirming care in New Zealand?

Our view is that the prescription of puberty blockers in New Zealand should be continued as it is now: up to the prescriber's clinical judgement.

There is already an existing set of guidelines through PATHA³ which supports medical professionals to give high quality care around puberty blockers, which has been developed by a range of expert technical groups.

Current practice in New Zealand usually entails multiple appointments with a young person over an extended period of time prior to starting blockers. During this process a comprehensive history and psychosocial assessment is conducted, usually without the need for a mental health professional. Where restrictions – or additional requirements – have been adopted elsewhere in the world these have been invariably around requiring greater input – or compulsory assessment – from Mental Health Practitioners. There is a large body of evidence showing that Mental Health assessment by default does not meaningfully change outcomes and/or whether or not a young person proceeds onto Puberty Blockers. There is also evidence that compulsory mental health assessments do significant harm through causing bottle necks, unnecessarily delaying care, and through contributing to stigma through pathologisation of gender diversity.

The burden of this is likely to fall on CAMHS services. Transgender youth in New Zealand likely represent over 0.7% of the population (based on recent census). Whilst not all of these will seek medical treatment, this likely represents a significant number of unnecessary additional referrals to CAMHS services at a time wherein these teams are already struggling to meet demand. There is no evidenced alternative treatment to Puberty Blockers available, and so we ultimately have nothing to offer these young people. Paediatric services are likewise struggling with waiting lists and demand in some regions.

We strongly object to regulation that would restrict the availability of treatment. Transgender and gender diverse rangatahi already report that they have difficulty accessing puberty blockers, and have difficulty accessing healthcare in general.⁴ We don't support the Government making it more difficult for them to access treatment to appease the political views of people who don't need access to such care.

Question 6. Who do you think should be able to start patients on treatment with puberty blockers?

Our view is that those currently able to prescribe puberty blockers should continue to be able to do so.

³ [PATHA- Professional Association for Transgender Health Aotearoa- Guidelines for gender affirming care](#)

⁴ [Submission guide for puberty blocker restrictions- InsideOUT](#) notes that 13% of trans and gender diverse rangatahi in the Identify survey say that they want but cannot access puberty blockers, and that Youth19 found that over half (55%) of transgender and gender diverse students had been unable to access healthcare in general when they needed it in the past year.

Limiting treatment to “practitioners who are experienced and working in a team that provides gender-affirming care” would create a postcode lottery in which people in smaller centres and rural communities would have significantly less access to treatment than those in larger cities.

We support greater availability of training, education and upskilling for healthcare professionals about how to effectively provide gender affirming care, to ensure a wider range of healthcare professionals have high-quality expertise on how to provide the best possible services. Currently, specific training for specialists in this area is typically sought additional to their own professional qualification, sought from providers who work with and/or are from transgender specific organisations. We support greater public investment in this area. However, we don't support restricting the ability to prescribe puberty blockers to certain parts of the healthcare system.

Question 7. Which young people should be able to receive treatment with puberty blockers for gender dysphoria?

Stopping puberty blockers against the wishes of the young person has been shown to cause significant mental distress and harm to young people. Irreversible and unwanted physical changes associated with puberty can affect transgender and gender diverse people's lives into adulthood, and this can lead to people seeking surgeries in adulthood which would have otherwise been unnecessary (e.g. mastectomy, facial feminisation, vocal therapy).

There is also no proven alternative treatment to these at present. This means we are withdrawing a treatment with evidence of being helpful without then having another treatment to offer. This is fundamentally unethical.

Access to puberty blockers for gender dysphoria should be available to anyone who is assessed by medical professionals as needing them. Treatment shouldn't be limited to particular groups and shouldn't depend on whether or not they are already receiving treatment.

We note that the online consultation form is missing the option of ‘any transgender young person who needs treatment’ which is the most appropriate response. We are concerned that this oversight could skew the responses the Ministry receives through the consultation and make it seem like more people are in favour of restricting availability.

We think it would be completely inappropriate to limit treatment to participants in clinical trials. This would effectively constitute state-sanctioned coercion to participate in clinical trials, which is completely unethical. It also undermines the validity of any research conducted on this basis. We are concerned that this option has even been included in the consultation, particularly in the absence of a proven alternative. Practically, this also poses a clinical issue as it may create barrier to open communication between the young person and the provider. This is well documented (see for example: Understanding Trans Health, Pearce, 2018). In this context there is potential for harm as young people need to have ongoing discussions with the prescriber and feel empowered, permitted and able to choose to stop treatment if they so wish. The latter is crucially important to good gender-affirming care.

Anyone to whom they are clinically indicated (i.e. has significant gender related distress and persistent cross gender identity) should have the option to access these.

Question 8. If prescribing of puberty blockers is restricted by regulation, how might this affect you and/or the people that you represent?

Restricting access to puberty blockers has the potential be devastating for the transgender and gender diverse tamariki and rangatahi who would benefit from them. Puberty blockers save lives and lack of access to them will cause harm. To Note: A recent study published in Nature showed significant increases in suicidal behaviour amongst transgender youth in places where similar laws had been

enacted, and in anticipation of legislation of this nature. Legislation on this will cause significant harm, and we have a duty to speak out strongly against this.⁵

In terms of the members we specifically represent:

- We represent members with transgender and gender diverse tamariki and rangatahi in their families. Restricting access to puberty blockers would leave these families unable to access the medical care the young people in their care need.
- We represent people working within the public health system. Restricting access to puberty blockers would undermine their ability to provide care to people for which they have a duty of care.
- We represent transgender and gender-diverse young people in Aotearoa who face disproportionately high rates of depression and anxiety, largely driven by societal stigma and discrimination. For example, the Youth'12 survey reported that 40% of transgender students experience significant depressive symptoms, with one in five attempting suicide in that year. Access to gender-affirming healthcare, such as puberty blockers, is proven to reduce these risks and significantly improve mental health outcomes.
- We represent the whānau and communities who support these young people. Restricting access to puberty blockers exacerbates stigma, creates unnecessary barriers, and undermines their efforts to help young people thrive and contribute meaningfully to society.

For the young public service workers PSAY represents, these issues are deeply personal. They affect not only their own experiences but also those of their whānau and the young people we work with. Healthier individuals are more likely to succeed in their life journeys and contribute meaningfully to society. Putting unnecessary barriers on an already stigmatised practice diminishes the quality of life for young Kiwis, impacting their future potential as key contributors to Aotearoa.

Question 9. Do you have any further views on how any regulation should be designed?

We don't support regulation that would restrict access to gender affirming care. The regime for the use of puberty blockers should be just like the regime for any other form of medical treatment. It should be based on informed consent, between the whānau, medical professional, and the young person.

Conclusion

We appreciate the opportunity to participate in this consultation, notwithstanding the concerns outlined in our submission about the consultation process itself. We would be happy to engage with officials to provide more information or discuss any of the points raised in our submission.

For further information about this submission, please contact:

Andrew McCauley
Senior Advisor, Policy and Strategy
Phone: 027 2712642
Email: andrew.mccauley@psa.org.nz

⁵ See: Lee, W.Y., Hobbs, J.N., Hobaica, S. et al. State-level anti-transgender laws increase past-year suicide attempts among transgender and non-binary young people in the USA. *Nat Hum Behav* 8, 2096–2106 (2024). <https://doi.org/10.1038/s41562-024-01979-5>