Open Doors
YOUTH SERVICE INC.

OPEN DOORS YOUTH SERVICE INC.

SUBMISSION TO THE INDEPENDENT REVIEW OF STAGE 1 AND STAGE 2 HORMONE THERAPIES IN QUEENSLAND'S PUBLIC PAEDATRICS GENDER SERVICES

EXECUTIVE SUMMARY

Open Doors Youth Service (ODYS) welcomes the opportunity to contribute to the Independent Review into Stage 1 and Stage 2 gender-affirming hormone treatments for transgender and gender diverse children and adolescents in Queensland's public health system.

ODYS is Queensland's only youth service exclusively supporting LGBTIQASB+ young people aged 12–24, including those seeking or accessing gender-affirming healthcare. For 25 years, we have walked alongside young people and their families, providing frontline mental health, psychosocial, and peer-based supports. Our submission draws on this deep practice expertise, supported by direct lived experience and the voices of young people in our care.

We write this submission in the midst of a devastating and unnecessary crisis. Since the pause on gender-affirming care was introduced in January 2025, ODYS has witnessed a staggering 250% increase in referrals for under-18s, and a 64% increase in presentations of very high psychological distress at intake. These figures are not theoretical — they represent real young people in acute distress, being harmed by the sudden denial of life-affirming, evidence-based care.

Through our Share Your Story campaign, trans and gender-diverse young people have told us in their own words what this pause has cost them: hope, connection, and in many cases, the will to keep going.

One young person shared: ***"I was one appointment away from starting hormones when the pause came. I haven't left my house in weeks. I cry every day. I don't know how long I can wait."*** Another told us: ***"When I found out about the halt, I sobbed for 3 hours, it genuinely felt like my reason and motivation for living had been taken away from me. "***

Gender-affirming healthcare is not controversial. It is globally recognised, clinically endorsed, and grounded in decades of medical evidence. Treatments such as puberty blockers and gender-affirming hormones are administered with careful assessment, informed consent, and multidisciplinary oversight. While all medical treatments carry risks, the risk of denying care — particularly to a group with documented high rates of suicidality — is far greater.

Our submission addresses each review question through a strengths-based lens, foregrounding mental health impacts and the lived experiences of trans and gender-diverse young people in Queensland. We draw on Australian research, including the Trans Pathways study, which documents the alarmingly high rates of self-harm and suicidality in this population — and the critical protective role of timely access to gender-affirming care.

We do not deny that all healthcare carries risk. But for trans young people, the risk of inaction — of delaying or denying care — is too often fatal. Every day that this pause continues, young lives are being placed in harm's way. This is not a neutral position. It is an active, ideologically driven denial of healthcare and dignity.

ODYS urges the Review panel to listen to the voices of young people. To prioritise evidence over fear. And to act swiftly to restore and protect access to gender-affirming care as a fundamental human right and a matter of urgent public health. Anything less is a failure of duty to the young people of Queensland.

What range of hormone treatments do you understand are available for gender dysphoria in children and adolescents?

Stage 1 – Puberty Blockers (GnRHa)
Puberty suppression is achieved through Gonadotropin-Releasing Hormone analogues (GnRHa), such as Lucrin. These medications temporarily pause the development of secondary sex characteristics like breast growth or voice deepening. This pause creates a critical window for trans and gender-diverse adolescents to explore their gender identity without the compounding psychological distress of going through an unwanted puberty. These treatments are entirely reversible: when they are ceased, puberty resumes. They have been used safely for decades in both trans and cisgender youth (e.g., for precocious puberty), and evidence shows they significantly reduce distress and suicidal ideation.

Stage 2 – Gender-Affirming Hormones
Stage 2 treatments include testosterone for masculinisation and estrogen (sometimes with progesterone or anti-androgens) for feminisation. Delivery methods include daily gels, oral tablets, patches, and intramuscular injections. These hormones induce physical changes aligned with a young person's gender identity, such as facial hair, muscle growth, or breast development. Treatment is highly individualised and introduced only after extensive clinical assessment and informed consent

Alternative options are sometimes used before puberty blockers or hormones, such as:
- Norethisterone (to manage menstruation in transmasculine or non-binary youth)
- Anti-androgens (to reduce testosterone effects in transfeminine youth)

Safety and Reversibility
While the pause created by GnRHa is not reversible (in that the time spent out of puberty cannot be regained), the physical effects are reversible. Bone density is monitored throughout, with Australian Standards of Care recommending adjustments when necessary. Studies show that adverse effects are rare and manageable. For Stage 2 hormones, ongoing care ensures dosage and delivery are aligned with physical and mental health needs.

Real-World Impacts
ODYS has seen a 250% increase in referrals for under-18s and a 64% rise in presentations of very high psychological distress since the pause on access to these treatments began. Young people in our Share Your Story campaign reported overwhelming fear, anxiety, and despair at being denied care. Some described hormones as "life-saving," with several noting that access to testosterone or estrogen reduced suicidality, improved social functioning, and restored a sense of hope and authenticity in their lives.

Conclusion
The available hormone treatments for gender dysphoria in adolescents are grounded in decades of evidence-based practice and are widely endorsed by major medical organisations in Australia and abroad. They are not entered into lightly, but when appropriately assessed and administered, they profoundly enhance the quality of life and mental wellbeing of trans and gender-diverse young people. The alternative, forced delay or denial, has already demonstrated severe psychological consequences and should not be framed as a neutral option. Access to timely, individualised, and affirming hormone treatment is not only ethical but necessary.

What range of hormone treatments do you understand are available for gender dysphoria in children and adolescents?

Stage 1 – Puberty Blockers (GnRHa)
Puberty suppression is achieved through Gonadotropin-Releasing Hormone analogues (GnRHa), such as Lucrin. These medications temporarily pause the development of secondary sex characteristics like breast growth or voice deepening. This pause creates a critical window for trans and gender-diverse adolescents to explore their gender identity without the compounding psychological distress of going through an unwanted puberty. These treatments are entirely reversible: when they are ceased, puberty resumes. They have been used safely for decades in both trans and cisgender youth (e.g., for precocious puberty), and evidence shows they significantly reduce distress and suicidal ideation.

Stage 2 – Gender-Affirming Hormones
Stage 2 treatments include testosterone for masculinisation and estrogen (sometimes with progesterone or anti-androgens) for feminisation. Delivery methods include daily gels, oral tablets, patches, and intramuscular injections. These hormones induce physical changes aligned with a young person's gender identity, such as facial hair, muscle growth, or breast development. Treatment is highly individualised and introduced only after extensive clinical assessment and informed consent

Alternative options are sometimes used before puberty blockers or hormones, such as:
- Norethisterone (to manage menstruation in transmasculine or non-binary youth)
- Anti-androgens (to reduce testosterone effects in transfeminine youth)

Safety and Reversibility
While the pause created by GnRHa is not reversible (in that the time spent out of puberty cannot be regained), the physical effects are reversible. Bone density is monitored throughout, with Australian Standards of Care recommending adjustments when necessary. Studies show that adverse effects are rare and manageable. For Stage 2 hormones, ongoing care ensures dosage and delivery are aligned with physical and mental health needs.

Real-World Impacts
ODYS has seen a 250% increase in referrals for under-18s and a 64% rise in presentations of very high psychological distress since the pause on access to these treatments began. Young people in our Share Your Story campaign reported overwhelming fear, anxiety, and despair at being denied care. Some described hormones as "life-saving," with several noting that access to testosterone or estrogen reduced suicidality, improved social functioning, and restored a sense of hope and authenticity in their lives.

Conclusion
The available hormone treatments for gender dysphoria in adolescents are grounded in decades of evidence-based practice and are widely endorsed by major medical organisations in Australia and abroad. They are not entered into lightly, but when appropriately assessed and administered, they profoundly enhance the quality of life and mental wellbeing of trans and gender-diverse young people. The alternative, forced delay or denial, has already demonstrated severe psychological consequences and should not be framed as a neutral option. Access to timely, individualised, and affirming hormone treatment is not only ethical but necessary.

As well as the views and preferences of children and adolescents and their families, what other factors do you think a practitioner should consider when deciding whether to prescribe the following:

Factors for no medication or hormone treatments?
When deciding whether to prescribe puberty blockers or gender-affirming hormones, a practitioner must take into account a holistic picture of a young person's life one that affirms their identity, prioritises their mental health, and respects their autonomy. While the views and preferences of children, adolescents, and their families are central, there are additional factors that practitioners should consider. Importantly, a decision not to offer hormone treatment should never be framed as "neutral" because doing nothing in the face of gender dysphoria can be harmful.

A strength-based, affirming approach requires practitioners to recognise the risks of inaction. When gender-affirming care is withheld from a young person who needs it, it can contribute to worsening mental health outcomes, social withdrawal, heightened dysphoria, and in many cases, suicidality. In contrast, access to gender-affirming care has been shown to decrease depression, anxiety, and suicidal ideation. The lives of young people are not theoretical, every delay carries real emotional weight and cumulative harm.

Practitioners should consider the protective factors that are often strengthened by affirming care, such as improved school engagement, family connection, self-confidence, and identity development. They should ask: Is this young person currently able to engage in school and social environments without distress? Is their dysphoria causing them to withdraw from life? Do they have access to affirming support systems? If not, how could timely care change that?

There are certainly situations where hormone treatment may not be immediately appropriate, for example, where a young person is still exploring their gender identity or experiencing significant distress that requires stabilisation through mental health support. However, even in these cases, it is critical that practitioners recognise that denying or delaying treatment without a plan to support the young person can compound that distress. Mental health challenges such as anxiety, depression, or trauma are not reasons to withhold gender-affirming care, rather, they often exist because of unaddressed dysphoria. A strength-based practitioner recognises this and supports young people by validating their experiences and co-creating a path to safety.

Practitioners must also be aware of the structural barriers that can delay or complicate care. These include geographical isolation, lack of specialist services in rural areas, cost barriers, and the ongoing impact of discriminatory laws and public discourse. These are not "clinical" issues per se, but they are deeply relevant to the lived experience of young trans people. A practitioner working in a best-practice model will actively work to reduce these barriers, not contribute to them.

Finally, a practitioner must consider the timing of care. Puberty is not something that pauses while the system catches up. The physical changes that occur during adolescence can have lifelong consequences for a young person's sense of self, comfort in their body, and safety in the world. Decisions must be made with urgency, empathy, and a commitment to harm reduction.

Choosing not to offer gender-affirming treatment should never be a default or "safe" option. It is a serious decision that must be grounded in evidence, ethics, and above all, compassion for the young person in front of you. Their life and wellbeing deserve nothing less.

Factors for Stage 1 hormone treatment?
When considering Stage 1 hormone treatment (puberty blockers), the decision must remain firmly where it belongs: between the young person, their family, and their trusted medical team. This is not a decision for governments or ideologues, it is a deeply personal healthcare choice, guided by clinical expertise and compassion.

Beyond the views of the child or adolescent and their family, practitioners should consider the young person's readiness and capacity to engage in care, their stage of pubertal development, and their overall wellbeing. Puberty blockers offer a pause, a compassionate, reversible intervention that creates breathing space for young people to explore who they are without the distress of irreversible physical changes. Importantly, mental health challenges should not be viewed as barriers, but as further justification for access. These treatments reduce distress, strengthen resilience, and often restore a young person's hope and sense of self.

This is a collaborative, informed process built on trust. The best outcomes happen when young people are believed, families are supported, and healthcare professionals are empowered to do their job: to care, to listen, and to save lives.

Factors for Stage 2 hormone treatment?
When considering Stage 2 hormone treatment, gender-affirming hormones like testosterone or oestrogen, the decision must remain grounded in a collaborative, person-centred approach. It is not a decision for governments or public opinion. It is a decision for the young person, their family, and their qualified medical team, made with care, respect, and deep understanding of the young person's needs and goals.

Stage 2 treatment is not a first step, it comes after years of reflection, clinical engagement, and often, the stabilising support of Stage 1 treatment. Practitioners should consider the young person's sustained experience of gender dysphoria, their mental health and wellbeing, their capacity to provide informed consent, and their resilience. But most importantly, they must consider the protective power of gender affirmation.

These treatments are not rushed. They are deliberate, carefully assessed, and monitored. When offered in the right time and context, gender-affirming hormones dramatically improve quality of life. They reduce distress, elevate self-worth, and allow young people to be seen as they truly are.
Practitioners must remember: delaying or denying care can cause irreversible harm. Young people thrive when they are affirmed, supported, and trusted. This is healthcare. This is dignity.

Concerns have been raised about reversibility or irreversibility of hormone treatment. Do you have concerns about this for: Concerns for Stage 1 hormone treatment?

No, we do not have concerns about the reversibility of Stage 1 hormone treatment (puberty blockers) for transgender and gender-diverse adolescents. Rather, we have significant concerns about the consequences of withholding this evidence-based, safe, and reversible medical care.

Stage 1 treatment involves the use of GnRH analogues to pause the onset of puberty. This buys critical time for young people to explore their identity without the irreversible changes of natal puberty, such as breast development, voice deepening, or facial hair, which can cause intense distress for many transgender youth. These treatments are not new or experimental. They have been safely used for over 50 years in paediatric endocrinology to treat precocious puberty in cisgender children and they are just as safe when used for trans youth.

The concern that puberty blockers are irreversible is not supported by evidence. As noted by leading clinicians and consistent with decades of medical literature, puberty resumes once the blockers are ceased. Bone density may decline temporarily while on treatment, but it typically returns to age-appropriate levels once treatment stops or when gender-affirming hormones are commenced. Regular monitoring by clinicians is standard protocol, mitigating any potential risks. In fact, even the UK's Cass Review, often cited in political discourse, ultimately mirrored many existing Australian practices, including comprehensive assessments and multidisciplinary oversight.

It is crucial to understand what is actually irreversible: puberty itself. Without access to puberty blockers, young trans people are forced to experience unwanted and distressing physical changes that they cannot undo. This leads to preventable psychological harm. At ODYS, we have witnessed a devastating impact since the pause on gender affirming care was announced. Referrals for under-18s have surged by 250%. Even more concerning, we've seen a 64% increase in presentations with very high psychological distress at intake. These are not abstract numbers, these are real young people, in our care, in crisis.

The irreversible consequence we fear most is not a paused puberty, it's a life lost too soon. Through our Share Your Story campaign, we have heard from countless trans young people whose access to Stage 1 treatment was life-saving. One young person shared:
"Before blockers, I couldn't bear to go to school or look in the mirror. I was terrified of what my body was doing. Being able to pause it gave me space to breathe — to stay alive long enough to find hope."

Another wrote:
"I started hormone blockers just in time. If I hadn't, I would not be here to write this. The decision to start blockers wasn't rushed or taken lightly, it was deliberate, supported, and life-affirming."

These stories are not rare. They reflect the urgent, immediate need for access to Stage 1 care for trans adolescents in Queensland. Every delay risks harm. Every restriction sends a dangerous message that our young people are not worthy of dignity, autonomy, or hope.

Informed, consent-based, and collaborative care between young people, their families, and clinicians is the gold standard. This is not a government's decision to make. It is a deeply personal health decision that belongs in the hands of families, guided by trained medical professionals not politics.

Puberty blockers are safe. They are reversible. And for many young people, they are life-saving. We must not let fear, misinformation, or ideology stand in the way of compassionate, evidence-based care.

Concerns have been raised about reversibility or irreversibility of hormone treatment. Do you have concerns about this for: Concerns for Stage 2 hormone treatment?

No, I do not have concerns about the reversibility or irreversibility of Stage 2 hormone treatment when it is delivered within a best-practice, multidisciplinary model of care, as it is in Queensland's public paediatric gender services. Instead, my concerns lie in the harm caused when timely access to this care is denied. Stage 2 hormone treatment involves the administration of gender-affirming hormones (oestrogen or testosterone) to induce puberty aligned with a young person's gender identity. These treatments bring about physical changes that are, in some cases, partially or wholly irreversible, such as voice deepening, breast growth, or changes in body hair. This is true of all puberty. And yet, while irreversible, these changes are not inherently harmful. In fact, for most trans young people, they are not only deeply desired but essential to living an authentic and mentally well life.

When administered through Queensland's public gender services, Stage 2 hormone treatment is not rushed. It follows rigorous assessments, informed consent processes, and family-inclusive care. The young person has been engaged with clinical supports, often for years and decisions are made alongside endocrinologists, psychologists, general practitioners, and their caregivers. The process is robust, thorough, and designed to empower young people with all the information they need. No child is making these decisions alone or uninformed.

For those who do access Stage 2 treatment, the outcomes can be transformative. In our "Share Your Story" campaign, one young person told us:
"Before starting testosterone, I had made over a dozen suicide attempts. Since beginning hormones, I've been clean for five years. I go to school without panic attacks. I can finally begin to live."

Another shared:
"I started hormones at 15. Every day since has given me a will to live and be who I am. If I hadn't started then, I wouldn't be here now."

This is not unique. It is consistent with research, including the Trans Pathways study 2017, which found that access to gender-affirming care significantly reduces rates of suicidality, self-harm, and psychological distress in trans young people.

While no medical intervention is without risk, gender-affirming hormone treatment is backed by decades of evidence, endorsed by all major medical bodies, and monitored carefully by treating teams. The real risk is not in providing care; it is in withholding it.

Treating teams should provide young people and their families with clear, age-appropriate, and evidence-based information about the short, medium, and long-term risks and benefits of both Stage 1 (puberty blockers) and Stage 2 (gender-affirming hormones) before commencing treatment. This should not differ in depth or quality from the information provided for any other complex health intervention such as cancer treatment, mental health medication, or fertility care.

How much information about the short, medium and/or long-term risks and/or benefits of Stage 1 and Stage 2 hormone treatment do you think a treating team should provide to a child or adolescent (and/or their parent or carer) before commencing treatment?

In practice, this means ensuring the young person and their carers understand what each treatment does and doesn't do, the physical changes that may occur, and the psychological and social outcomes including the benefits such as reduced dysphoria, improved mental health, and increased quality of life. It should also include the potential risks, like impacts on bone density or fertility, and what ongoing monitoring will be in place to manage those risks.

At ODYS, our experience shows that young people and families are thoughtful, informed, and engaged when supported through this process. We have witnessed trans young people who can articulate their needs, explain the risks in their own words, and actively participate in shared decision-making with their clinicians. It is vital that care teams also give space for questions, provide written materials, and involve multidisciplinary supports (including peer support, psychology, and social work) to ensure clarity and emotional safety throughout.

Respectful, honest, and collaborative conversations build trust. They allow families to make decisions based on facts, not fear, and ensure young people feel respected, not pathologised. Trans young people, like any others, deserve access to information, autonomy, and healthcare that centres their dignity. Knowledge is empowerment and access to it should never be used as a barrier to life-saving care.
How would a treating team know that a child or adolescent (and/or their parent or carer) has understood the information given to them about those risks and/or benefits?

A treating team can assess a child or adolescent's understanding of the risks and benefits of Stage 1 and Stage 2 hormone treatments through open, ongoing, and developmentally appropriate conversations. This includes asking the young person to explain in their own words what they understand about the treatment, what changes they expect, and how they feel about them. It also involves exploring their motivations, concerns, and goals, as well as checking for consistent, informed decision-making over time. This process aligns with the well-established concept of Gillick competence, which is used in many areas of paediatric care including mental health, contraception, and surgery to determine a young person's ability to make medical decisions.

At ODYS, we've seen that when clinicians create a safe, affirming space, young people and families engage meaningfully, demonstrate deep understanding, and take an active role in care planning.

In your view, are there areas of current practice relating to Stage 1 and/or Stage 2 hormone treatment for children and adolescents that lack sufficient evidence? If so, what is the impact of the evidence gap on clinical care?
In our view, gender-affirming care for children and adolescents — including Stage 1 (puberty blockers) and Stage 2 (gender-affirming hormones) is grounded in a strong and growing body of clinical evidence. The safety and efficacy of these treatments are well-established and supported by decades of international use, particularly when delivered through comprehensive, multidisciplinary, consent-based models of care such as those used in Queensland's public health system.

Like all areas of paediatric medicine, there are naturally evolving areas of inquiry and a need for ongoing research — especially to better understand long-term outcomes in increasingly diverse populations. But an "evidence gap" does not equate to lack of evidence, nor should it be used as justification to pause or deny care. In fact, very few paediatric treatments — from mental health medications to off-label uses of chemotherapy drugs — are based on perfect or complete long-term studies. What makes gender-affirming care uniquely scrutinised is not its medical profile, but political interference and stigma.

At ODYS, we have deep concerns about how the so-called "evidence gap" is being weaponised to delay or withhold life-saving care. The current pause on access has already created a crisis. Since January 2025, we have experienced a 250% increase in referrals for young people under 18, and a 64% increase in those presenting with very high psychological distress at intake. These are not abstract figures. These are trans and gender-diverse young people in immediate distress because their care has been politicised and paused not because the evidence is lacking.

The real impact of this so-called "gap" is felt in lives placed on hold, mental health declining, and families left without answers. One young person from our Share Your Story campaign shared:

"I was one appointment away from starting hormones when the pause came. I haven't left my house in weeks. I cry every day. I don't know how long I can wait."

Another wrote:

"The gender clinic was the first place I ever felt safe. Now they've taken that away, and I feel like I've lost all hope."

Rather than identifying a lack of evidence as the problem, we should be asking: what is the cost of denying care despite the available evidence? The answer is clear, increased suicidality, worsened mental health, and profound harm to already vulnerable young people.

Instead of halting care under the guise of uncertainty, we should be investing in rigorous, inclusive, and participatory research alongside continued access to treatment. Fortunately, this is already happening: a national research collaborative funded by the NHMRC is underway and will produce Australia's most comprehensive study of public gender services. Yet ironically, Queensland's care pause makes it harder to recruit participants and collect the very data critics demand.

If the goal is safe, evidence-based, and ethical care, as it should be, then we must centre young people's lives, not public fear. Clinical care cannot wait for a mythical perfect dataset. Trans young people deserve the same standard of care as everyone else: timely, compassionate, and rooted in both science and humanity.

What questions do you think further research should address?
Further research should focus on the long-term mental health, wellbeing, and social outcomes for trans and gender-diverse young people who access Stage 1 and Stage 2 hormone treatments — including the protective impacts against suicidality, self-harm, and depression. We also need studies that centre lived experience and evaluate quality of life, gender euphoria, school engagement, and social connectedness over time.

Equally important is research that investigates the consequences of delayed or denied access to care. While much focus is placed on the risks of treatment, the risks of not providing care such as increased distress, social withdrawal, and deteriorating mental health are vastly under-researched and should be explored in parallel.

It's also vital to explore inequity in service access including the experiences of young people in regional and remote areas, First Nations youth, and those from culturally and linguistically diverse or unsupportive family backgrounds. Research should aim to inform the development of more inclusive, culturally safe, and trauma-informed models of care.

Finally, any future research must involve trans young people as active contributors not just as subjects. Ethical research must reflect the voices, agency, and lived realities of the communities it aims to support.

Do you think this area of care has appropriate clinical, governance and regulatory oversight?
Yes, gender-affirming care for children and adolescents in Queensland has appropriate clinical, governance, and regulatory oversight when delivered through public health settings. These services are not ad hoc or experimental; they operate within multidisciplinary teams that include endocrinologists, psychiatrists, psychologists, general practitioners, and allied health professionals. Treatment decisions are collaborative, evidence-based, and made with great care, often after extended periods of psychosocial support and family engagement.

Clinically, young people are assessed over time, supported to understand their options, and guided through informed consent processes tailored to their age and capacity. Decisions to commence puberty blockers or gender-affirming hormones are never rushed — and in fact, many young people and families report the process is slow, sometimes to the point of creating unnecessary distress.

Governance is built into the structure of these services, which are aligned with national and international best practice standards including the Australian Standards of Care and Treatment Guidelines. These frameworks offer clinical safeguards, ethical guidance, and clarity around decision-making responsibilities. Regulatory oversight also exists through medical boards, ethics committees, and professional colleges. Every clinician involved in this care is accountable to their professional standards and licensing obligations.

Ironically, what is not appropriate is the removal of access to this care under the guise of oversight. The current pause has disrupted a system that already had appropriate checks and balances in place. Rather than questioning the safety of gender-affirming care, we should be questioning the safety of withdrawing it, particularly when that decision is driven by politics, not evidence.

Trans and gender-diverse young people deserve care that is not only safe and ethical but also consistent and uninterrupted. The existing clinical, governance, and regulatory frameworks already support that. What they now need is for care to be reinstated, not restricted.

Conclusion
At ODYS, we are witnessing a heartbreaking and dangerous surge. Since the Queensland Government paused access to gender affirming care for trans and gender diverse young people, we've experienced a staggering 250% increase in intakes, and a 64% increase in young people presenting with very high levels of psychological distress. Behind every one of these statistics is a young person whose identity, wellbeing, and future are being threatened, not by who they are, but by the systemic removal of life-saving care.

Gender affirming healthcare is not cosmetic. It is not optional. It is evidence-based, medically endorsed, and in many cases, it is the very thing standing between a young person and the decision to end their life. This crisis is not hypothetical, it is unfolding in real time.

Through the Share Your Story campaign, young trans and gender diverse people and their families have told us what this pause really means. ***"I've tried to kill myself multiple times because of being transgender,"*** *writes a 16-year-old.* ***"I don't believe I can stay alive to see 18 to finally get anything done."*** *Another shares,* ***"Before starting HRT, I had made over a dozen suicide attempts between the ages of 14 and 16. Since starting testosterone, I'm clean for the first time in five years — I actually want a future."***

This is what gender affirming healthcare does; it allows young people to imagine and choose a future. For many, it is the first time they feel they can truly live. The Queensland Government's pause on new referrals has taken away that choice. It has taken away hope.

Families are also paying the price. One mother describes the change in her son after years of support and treatment: ***"His beautiful body is covered in deep scars from cutting, because without treatment, the dysphoria destroyed his self-esteem and safety. Now, he is cared for, seen, and safe — but this decision has devastated him again. I check on him through the night to make sure he is still alive. The fear is very real."***

The young people we support at ODYS are not statistics. They are artists, musicians, siblings, students, dreamers and increasingly, survivors of trauma that is entirely preventable. When gender affirming healthcare is denied, young people don't just wait. They suffer. They spiral. Some do not survive.

Dysphoria is not just discomfort. It is, as one young person described, ***"like gasping for air or never fully catching your breath."*** The ability to align one's body with their identity through hormone treatment, blockers, or surgery can relieve a psychological burden so intense it has driven some to the brink of suicide. When this care is accessible, the impact is transformative. ***"Since starting testosterone,"*** shared one 17-year-old, ***"I finally feel like I want to live."***

These experiences are not isolated. Research supports what our community is telling us: gender affirming healthcare drastically reduces rates of depression, anxiety, and suicidality. The Trevor Project's national survey in the United States found that trans and non-binary youth who received gender affirming hormone therapy reported significantly lower rates of suicide attempts compared to those who wanted it but could not access it. The Australian context is no different, except that we are now watching this support be stripped away.

The decision to pause gender affirming care appears to have been made without fully considering the lived experiences of trans and gender diverse young people or the existing evidence base. Multiple independent reviews including one commissioned by the Queensland Government have found that gender affirming care is safe, effective, and supports positive mental health outcomes. Halting access to this care places vulnerable young people at further risk, particularly when the evidence strongly supports its benefits. As one young person shared, ***"It feels like they would rather kids be dead than be trans and that's the most terrifying part of all this."*** This is not just a healthcare issue. This is a human rights issue. The right to access healthcare, to feel safe, seen, and supported, should not be a privilege reserved for cisgender people. It is a right that belongs to all young people, regardless of gender identity.

At ODYS, we see this devastation every day. We support young people who have self-harmed, attempted suicide, or withdrawn from school and family life as a direct result of the government's decision. They are not confused. They are not coerced. They are young people who have educated themselves, endured years of waiting, and made clear and informed decisions about what they need to survive.

We believe gender affirming healthcare is life-saving because we have seen it save lives.

We call on the Government to reverse this harmful pause immediately. Not in six months, not after another review, not once more lives have been lost. Young people cannot wait. They deserve the right to live, thrive, and be free.


open Doors
YOUTH SERVICE INC.