



Written by [Michael Tennant](#) on July 24, 2024

Not Prescribing Puberty Blockers Does Not Cause Suicides: U.K. Report

Restricting the prescription of puberty blockers did not lead to an “explosion” of transgender-youth suicides as trans activists claim, an official U.K. investigation has found.

Review of Data

Wes Streeting, the U.K.’s newly appointed secretary of state for Health and Social Care, commissioned a [review](#) of the National Health Service’s (NHS) suicide data in response to claims by the Good Law Project, an activist organization that “is challenging the decision by the previous health secretary to end the prescription of puberty-blocking drugs by private clinics to children and young people with gender dysphoria,” reported the [BBC](#).



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In an X post, the Good Law Project claimed that there has been a “surge” or “explosion” in suicides among current and former patients of the Gender Identity Development Service (GIDS) at the Tavistock and Portman NHS Foundation Trust since the trust began cutting back on puberty-blocker prescriptions in response to a 2020 High Court decision. This claim, allegedly based on unpublished data supplied by two Tavistock “whistleblowers” that include patients on the trust’s waiting list, is used to suggest that the nationwide ban on puberty blockers will cause a rash of youth suicides.

University of Manchester psychiatry professor Louis Appleby, an expert on suicide, reviewed the NHS data, which came from a Tavistock internal audit of current and former GIDS patients who died between 2018 and 2024. Appleby found:

In this period of 6 years the data show a total of 12 suicides: 6 in the under 18s, 6 in those 18 and above. In the 3 years leading up to 2020-21, there were 5 suicides, compared to 7 in the 3 years after. This is essentially no difference, taking account of expected fluctuations in small numbers, and would not reach statistical significance. In the under 18s specifically, there were 3 suicides before and 3 after 2020-21.

Alongside the figures, there is a summary of the problems faced by the young people who died. These include mental illness, traumatic experiences, family disruption and being in care or under children’s services.

These figures clearly do not support the main claim that suicides have risen steeply since the High Court judgment. They do not support the claim of one waiting list death before and 16 after the judgment. The information confirms the multiple factors that contribute to suicide risk in this group.

**Other Psychiatric Issues**

Appleby is no heartless bean counter. His report overflows with sympathy for both youth suffering from gender dysphoria and, especially, those who take their own lives. Meanwhile, he condemns activists, journalists, and social-media users who treat their suicides as “a slogan or a means to winning an argument.”

For instance, Appleby notes that while “the evidence on suicide risk in children and young people with gender dysphoria is generally poor ... there are good reasons to believe that their risk is high compared to other young people.” The way they are treated by others, along with their other mental-health conditions and “high rates of autism,” are “known risk factors — suicide in any group is usually the result of multiple risks acting in combination.”

Likewise, “services offering non-judgmental support may contribute to lower risk,” but “the evidence for ‘gender-affirming care’ in the form of puberty-blocking drugs is unreliable.” In addition, he writes, “It is unfortunate that puberty-blocking drugs have come to be seen as the touchstone issue, the difference between acceptance and non-acceptance. We need to move away from this perception among patients, staff and the public.”

Objective Discussion Needed

He also calls for “measured public discourse” on the subject. “The way that this issue has been discussed on social media has been insensitive, distressing and dangerous, and goes against guidance on safe reporting of suicide.” It runs the risk of terrifying kids and their parents with the belief that suicide is “inevitable without puberty blockers” and may lead gender-confused adolescents to kill themselves.

“This is a group of young people who need compassion and security, skilled clinical assessment, early treatment for mental illnesses such as depression, support within their families and schools and online, and an expectation of recovery and a fulfilling future,” Appleby contends. “It is vital that these are the assurances the NHS and its partner agencies are able to convey.”

Not surprisingly, the Good Law Project disputes Appleby’s findings. Its executive director, Jo Maugham, told the BBC that “freedom of information requests for official figures had been ‘rebuffed,’ and that Tavistock and NHS England had declined to comment on his findings when approached.”

Maugham’s protests, however, are falling on deaf ears in a country that, thanks largely to the [Cass review](#), has rejected trans ideology across the political spectrum. The health secretary who instituted the puberty-blocker ban is a Conservative. Streeting is a member of the Labor Party, and his Department of Health and Social Care (DHSC) is standing by that policy.

According to the BBC:

A DHSC spokesperson said decisions on children’s healthcare must follow the evidence at all times.

“Dr. Cass’ review found there was insufficient evidence to show puberty blockers were safe for under 18s which is why the NHS has already stopped their routine prescription for children with gender dysphoria.

“We are committed to ensuring children questioning their gender receive the best possible multidisciplinary care, led by expert clinical guidance. That is why we are reforming gender



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identity services.

“It is vital that the public discussion around this issue is handled sensitively and responsibly.”

Good luck convincing the trans cult of that.



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