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# Children's transgender clinic hit by 35 resignations in three years as psychologists warn of gender dysphoria 'over-diagnoses'

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A transgender clinic has been hit by 35 resignations in three years, as psychologists warn of “overdiagnoses” of gender dysphoria among children.

The whistleblowers said too many children were being put on puberty-blocking drugs when they should not have been given the diagnosis.

Former staff said they were unable to properly assess patients over fears they will be branded "transphobic".

The concerns were raised by six psychologists who have resigned from London's children's gender-identity service in the past three years.

One psychologist, who wished to remain anonymous, said: "Our fears are that young people are being over-diagnosed and then over-medicalised.

"We are extremely concerned about the consequences for young people... For those of us who previously worked in the service, we fear that we have had front row seats to a medical scandal."

Thirty-five psychologists have resigned from [London's Gender Identity Development Service \(GIDS\) at the Tavistock and Portman NHS Foundation Trust](#) since 2016, the investigation by Sky News reveals.

One psychologist said: "The alarm started ringing for me... I didn't feel able to voice my concerns, or when I did I was often shut down by

other affirmative clinicians. Looking back there are young people who I now wouldn't necessarily put on medication."

Data shows the number of children treated at the Gender Identity Development Service (GIDS) has risen more than thirty-fold in a decade - from 77 to 2,590

The GIDS in Camden, north London, is where children with gender dysphoria are treated on the NHS.

The service had 2,590 young patients referred to them last year, compared with just 77 patients a decade ago.

It sees children under the age of 18 and, in rare cases, some as young as three.

In a statement, the GIDS said it supports every young person on a case-by-case basis, as an individual.

"GIDS takes a considered and thoughtful approach, and supports clinicians to engage openly and supportively with patients and parents.

'We have conducted exit interviews with all departing staff to understand their motivations and identify any areas of concern.

'The work is demanding and the pressures of operating in a busy service facing a high level of unfair criticism are intense, their motivations are as individual as they are.'

People with gender dysphoria experience discomfort or distress because they feel there is mismatch between their biological sex and identity.

Almost half of children treated at the GIDS are prescribed hormone-blockers that halt puberty, which resumes when the patient stops taking the drugs.

This gives children the time to consider whether they truly want to make the transition to the opposite sex.

But the drugs interfere with natural hormone production and can cause mood swings.

The next stage is hormone therapy. It sees youngsters take testosterone, if transitioning to a male, or oestrogen, if switching to female. This is normally not given to people under 16 because it is irreversible and can eventually make patients infertile.

Gender-reassignment surgery, the final step in transitioning from one sex to another, is reserved for patients over 18.

Thomasin, who spent most of her teen years identifying as male, switched back to being a female this year at the age of 19.

She was diagnosed with gender dysphoria by the Tavistock at 17 but was never prescribed medication.

Thomasin de-transitioned this year after realising she was struggling with her sexuality as a lesbian.

She said she was glad she never took irreversible steps to become male.

She said: "Mainly the thing that was fueling me was that I didn't fit in and then I was slowly drip fed this idea that you could change sex."