

Limits on Gender-Affirming Care

NAMI Public Policy Position



Where We Stand:

NAMI believes that no one should be subject to practices that can cause or worsen mental health symptoms. NAMI opposes public policies and laws that ban, limit or criminalize access to clinically appropriate gender-affirming care.

Why We Care:

NAMI represents the interests of all people with, or at risk of developing, mental health conditions, regardless of age, gender, gender identity, race or ethnicity, national origin, religion, disability, language, socio-economic status or sexual orientation. Transgender, nonbinary and gender diverse individuals may face discrimination, denial of civil and human rights, harassment and family rejection that can increase rates of mental health conditions and suicide risk. These challenges can be even more difficult for people with intersecting racial, ethnic, social or socioeconomic identities.

Transgender individuals are nearly four times as likely as cisgender individuals (people whose gender identity aligns with their sex assigned at birth) to experience a mental health condition. Transgender and nonbinary youth are twice as likely to attempt suicide compared to their cisgender LGBTQ peers. They are also more likely to seriously consider suicide and experience depressive symptoms. In 2022, more than half of transgender and nonbinary youth seriously considered suicide and nearly 1 in 5 attempted suicide. Given these significant inequities, it is critical that public policies and clinical practices support transgender and nonbinary individuals' mental health.

Access to gender-affirming care is crucial to overall health and well-being for transgender people of all ages. Gender-affirming care includes a range of social, psychological, behavioral and medical services that support a person's gender identity when it does not align with their sex assigned at birth. Studies have shown that access to gender-affirming care, such as gender-affirming surgeries and gender-affirming hormone therapy, can improve mental health outcomes, including when initiated in adolescence. Similarly, denying gender-affirming care can worsen mental health symptoms and increase suicide risk.

One study found that transgender and nonbinary youth receiving gender-affirming care, including puberty blockers and gender-affirming hormones, improved symptoms of depression and suicidality over a one-year period. Youth who did not receive gender-affirming care experienced an increase in mental health symptoms. For minors, gender-affirming care consists of an array of services provided by a multidisciplinary team, including medical professionals and mental health professionals. Affirming care begins with social interventions (e.g., changing name, clothing, pronouns, etc.) before additional measures like puberty blockers and hormone therapy are considered. Gender-affirming surgery is not typically used until adulthood, although may be added in rare, case-by-case circumstances.

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All major medical associations, including the American Medical Association, the American Academy of Pediatrics, the American Psychological Association and the American Psychiatric Association, support gender-affirming care. However, many state legislatures have recently sought to limit or ban gender-affirming care by criminalizing providers and facilities offering such care or prohibiting insurance coverage of gender-affirming care. It is critical that public policies and laws focus on practices that improve mental health outcomes for transgender and nonbinary individuals, rather than restricting access to care.

To learn more about NAMI's work on this issue, visit www.nami.org/Advocacy/Policy-Priorities