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SEX AND GENDER ISSUES IN BEHAVIORAL HEALTH (L HANTSOO AND S NAGLE-YANG, SECTION EDITORS)

The Often-Circuitous Path to Affirming Mental Health Care for Transgender and Gender-Diverse Adults

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Abstract

Purpose of Review We describe recent research regarding access to affirming mental health services for transgender and gender-diverse (TGD) adults and explore new resources available for therapists to inform evidence-based practice with TGD clients.

Recent Findings Barriers and facilitators at all socioecological levels impact TGD adults' mental health help-seeking. TGD adults often interface with mental health providers while accessing gender-affirming medical care, though new standards of care are likely to alter this typically common path to mental health services. Efforts to improve therapist education, such as therapy manuals, are increasingly available and a necessary step to increase the number of competent, affirming therapists.

Summary More work—both advocacy and research—is needed to fully expand accessible, affirming mental health services for TGD adults. Better understanding factors impacting different steps of the mental health help-seeking process and conducting randomized controlled trials of affirming mental health services are important next steps.

Keywords Barriers to care · Facilitators to care · Therapists · Gender minority

Introduction

The need, desire, and expectation for transgender and gender-diverse (TGD) adults to seek mental health care is well-established. Mental health disparities due to stigma and discrimination, requirements or recommendations for mental health services prior to gender-affirming medical care, support for gender exploration, or any mental health concern or life stressor can lead TGD adults to mental health care. However, the path to accessing appropriate and affirming care can be difficult. Not only can it be challenging to negotiate the path to care, but also services may not be affirming or culturally appropriate. This paper will describe barriers and facilitators to mental health care for TGD adults, followed by a review of resources for clinicians and notes about future research.

Reviews of Barriers and Facilitators to Mental Health Care

Recent integrative and systematic reviews of barriers and facilitators to mental health care offer a comprehensive picture of mental health access for TGD adults. Recently published reviews include articles with a sole focus on TGD individuals' experiences with accessing mental health care and articles that group TGD individuals with larger LGBTQ + communities or broadly examine health care experiences [1•, 2–4]. These reviews identify common themes of barriers and facilitators that impact the mental health help-seeking process for TGD adults. Factors affecting this process easily map onto a socio-ecological framework [5], demonstrating how TGD individuals manage individual, interpersonal, community, and societal levels of influence when seeking mental health care.

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Individual factors that affect if and how TGD adults access mental health care can include motivational factors, previous experiences, and demographics. A commonly identified barrier was fear of being pathologized or stereotyped by providers [1•, 3, 4]. Previous negative experiences with mental health care can greatly shape these personal beliefs and may diminish the likelihood that a TGD person seeks mental health care in the future [1•]. TGD people's perceptions of mental health care broadly, such as perception of specific psychological treatments, will also impact motivation for help-seeking. The diversity within TGD communities and intersectional identities can also dramatically shape a mental health help-seeking process. TGD people of color experience more TGD-related discrimination in mental health care than White TGD people in the USA, and it can be more difficult to find an appropriate provider [2]. Similarly, TGD people with disabilities are more likely to face discrimination when seeking social services compared to TGD people without disabilities [4]. Even at this individual level, the influence of societal oppression is at play. Conversely, perceived social support and inclusion or resilience can be protective factors against the psychological impact of stigma and oppression and facilitate linkage to mental health care [1•].

Interactions with mental health care providers were among the most cited factor impacting affirming mental health care for TGD adults in recent systematic reviews . Even when initial barriers to approaching care are overcome, TGD individuals can be confronted with non-affirming providers [4]. Facing providers who lack knowledge of TGD issues can make clients less willing to engage in mental health care [1•, 2], whereas accepting providers who advocate for their TGD clients can aid disclosure and openness in therapy [2]. Enacted stigma and discriminatory experiences when seeking mental health care are not unique, including extremes such as denial of care and threats of violence from other patients in residential treatment settings [1•, 2]. For example, one review described how difficulties at check-in when a TGD individual's identification documents or medical records do not match their affirmed identity could delay or halt care [4]. These difficulties may place TGD individuals in the burdensome and inappropriate role of educating their providers, a potential ethical concern as they are consumers paying for healthcare services from the providers [1•]. Importantly, these interpersonal factors are not limited to interactions between the TGD client and provider, but also how the TGD client interacts with the entire healthcare system.

At a community or facility level, designing inclusive environments, such as forms and documents and signage affirming of diverse gender identities, can facilitate access to mental health care [2]. Similarly, the systematic reviews highlighted the importance of intentional decisions about gender-based housing or rooming and programming in residential treatments [2, 4]. Markers that a facility specializes in gender-affirming care or having services easily identifiable is a key facilitator for TGD adults seeking mental health care [3]. When these practices are not implemented, the perceived safety of attending or traveling to appointments in a non-affirming environment, particularly for transgender women of color, can lead to health care avoidance [4]. Existing barriers at a community level, such as a general dearth of providers in rural areas, can be exacerbated by TGD-related oppression or stigma, placing TGD individuals at further disadvantages as they seek competent, affirming providers [3].

Finally, TGD individuals' efforts to obtain mental health care are impacted by societal and policy-level factors, particularly related to cost and insurance concerns. Financial concerns may be due to poverty that disproportionally impacts TGD communities compared to cisgender counterparts, lack of insurance coverage, or being unaware that insurance will cover mental health treatment [1•, 3, 4]. However, inclusive policies can also be leveraged to increase access to care such as bans on conversion therapy and bans on insurance exclusion of gender-affirming care [3].

Limitations of these recent reviews reflect broader limitations of the literature on TGD adults' experiences with mental health care. Most of the reviews are based on qualitative studies with TGD adults, which is a vital methodology for understanding lived experiences of marginalized communities but can also limit generalizability. Additionally, combining the experiences of TGD adults with sexual minorities or lumping physical and mental health care experiences together may obscure important nuances. It is important to note that these reviews draw from literature ranging from 2008 to 2018. However, the studies on TGD experiences with healthcare or provider knowledge published more recently continue to find similar barriers including mistrust in systems, structural barriers, difficulty finding competent providers, and the importance of gender-affirming environments [6–9]. More empirical research is needed on the specific steps of mental health help-seeking for TGD adults as well as increased attention to barriers and facilitators for a variety of mental health treatment models, such as inpatient settings, and experiences of underserved TGD communities. Research and guidance for mental health care providers that draws from all aspects of evidence-based practice—research evidence, patient characteristics, and clinical judgment—are needed to adequately overcome the substantial barriers to affirming mental health care that TGD adults encounter [10].

Pathways to Accessing Mental Health Care

When TGD adults do engage in mental health care, they may take several paths. Historically, a primary route to engaging in care has been the necessity for a referral letter

from a mental health care provider as part of accessing gender-affirming medical care due to insurance requirements and recommendations from the World Professional Association for Transgender Health Standards of Care (WPATH SOC) [11, 12••]. Few studies have explored TGD individuals' experience of obtaining these referral letters. Through qualitative interviews, Brown and colleagues identified two primary themes of the referral letter: "BS" ("bullsh*t") or a "blessing" [13•]. The letter was perceived as "BS" and burdensome as the process caused unnecessary barriers and threatened the therapeutic alliance or potential benefits of therapy. Alternatively, the letter process could be a "blessing" (e.g., having positive byproducts or outcomes) when it facilitated connecting to an affirming therapist and was a validation of their gender identity. Regardless of the potential benefits or barriers, this key path to accessing mental health care necessitates providers to be cognizant and artfully navigate the increased power differential between provider and client [14••]. Importantly, the newest version of the WPATH SOC released in late 2022 reduces the recommendation for referral letters from mental health providers, particularly for hormone therapy, and states "If written documentation or a letter is required to recommend gender affirming medical and surgical treatment (GAMST), only one letter of assessment from a health care professional who has competencies in the assessment of transgender and gender-diverse people is needed" (p. S256) [13•]. This both expands the pool of health care providers that can provide a letter and diminishes the likelihood that a TGD individual will need to interface with a mental health care provider while seeking gender-affirming medical care. This will likely alter a common path to mental health care for TGD adults, but time needed for dissemination and uptake of WPATH SOC Version 8 and insurance requirements means the changes will not occur overnight.

Identifying a competent and affirming health care provider is a frequent barrier to care for TGD adults [15]. The small literature exploring the multiple steps to selecting a provider highlights the importance of community recommendations and seeking information online. Connecting with local TGD communities is a valuable source both for recommending vetted providers and an opportunity for informal emotional support if reputable providers are limited [16–19]. Community connection can occur in-person or online. Online health information seeking is particularly important for TGD communities given barriers to appropriate health care and health information [19]. When TGD people seek information about mental health care providers online, they are likely to find provider websites and intake forms that serve as an initial point of contact. Providers who advertise as working with TGD individuals or are gender specialists do not consistently follow recommendations for gender-affirming and inclusive materials, such as creating space for diverse gender identities on intake forms [20, 21]. Clearly demonstrating gender-affirming practices on provider websites correlates with TGD individuals' ratings of provider knowledge [22]. Even further, a recent user-experience study found that when TGD participants viewed mental health care provider websites with affirming practices (e.g., displaying the provider's personal pronouns), participants were more likely to want to see that provider for therapy compared to providers without inclusive websites [23]. The inclusive websites also did not have a negative impact on cisgender participants' perceptions of the provider. Future research should further expand understanding of the multiple steps TGD encounter in mental health help-seeking, but research described above identifies the importance of TGD community connectedness and visible markers of gender-affirming practices to facilitating access to mental health care.

Sociopolitical Context

Societal factors also create uneven access to care, as the sociopolitical context often creates barriers to mental health care. As Price and colleagues demonstrate through their analysis of the daily diaries of 181 TGD persons during the 2016 presidential election cycle, sociopolitical context at the national level can have significant effects on mental health and health-seeking behaviors [24]. Analyses showed a rise in marginalization stress traced to campaign rhetoric in participants' diaries that had an impact on health and safety for the population. However, beyond national factors, local sociopolitical context vary and coupled with environmental factors, such as access to affirming providers, can create even high barriers to entry for some subsets of the TGD populations. Puckett and colleagues conducted a year-long study with 158 TGD participants in 2019–2020 from four different states (Oregon, Michigan, Nebraska, and Tennessee) with various levels of TGD-marginalizing sociopolitical contexts as measured by state laws [25]. They found that participants' view of the sociopolitical context within their state matched what would be expected based on the state laws, with participants from Oregon having the most positive view of their state, and participants from Tennessee have the least. These outlooks translated to "heightened expectations of rejection" which translated to "fear of being rejected."

Koch and colleagues conducted a comparative analysis of the sociopolitical context across four countries (Canada, Japan, South Africa, and the USA) to better understand the state of care for TGD persons and the access [26]. They found that regional differences across all four countries made care coverage and access uneven and that, with the

exception of Japan, the cost of care was uneven and a major factor driving mental health issues within the TGD populations. As Koch and colleagues conclude, it is vital that mental health care providers act as navigators to their clients, as the available services vary across geographic regions in the USA. Furthermore, building off their observations from international contexts, they implore providers to offer "low-cost or pro-bono services to their trans and gender-diverse clients, particularly for those who have low income or are in areas of the country where services are sparse" (p. 114) [26]. Beyond finances, Koch's group concluded with a call for provider education, stating the following:

> "…mental health providers need more training at the university/professional level related to trans and gender diverse persons' health. Mental health providers need to be aware that policies and laws are created in the context of social acceptance, regardless of geographic location." (115).

The lack of education is an exacerbating factor in health care for TGD persons that plays a significant role in the sociopolitical context of any geographic location. As Obasi and colleagues' study of 142 mental health care providers' educational preparedness to work with TGD clients demonstrates, specific TGD education is linked to higher levels of comfort and competence with TGD clients [7]. The study sample, providers who advertised online as working with TGD clients, reported a variety of sources for their specific TGD education, including LGBT community organizations, their graduate training, professional organizations, or by working with TGD clients, the latter of which constitutes unnecessary educational burdening for TGD clients. Coupled with Powell and Cochran's findings that show that implicit transphobia in providers correlates with lower TGD knowledge, and with differential treatment decisions for TGD clients versus cisgender clients [8], this research demonstrates that education needs to be targeted to providers to raise acceptance and therefore improve access to care for TGD person.

While getting a referral letter, as noted above, can be an entry point for many TGD persons to access to affirming behavioral health care, it has its limitations. Specifically, there is no guarantee that TGD persons will find an affirming provider when trying to get a letter for gender-affirming medical care. This can create further barriers to care, as noted above, that includes greater marginalization stress impacts. Furthermore, access to providers offering the letter is uneven with many in rural locales unable to find a provider willing to offer this service. Finally, as the political realm from the American right continues to focus on transphobic and discriminatory rhetoric and laws, the sociopolitical context in which many TGD persons are seeking care is getting worse, making finding an affirming letter writer that much more difficult.

Resources for Therapists

Once TGD clients find a therapist, the best therapists are interested in providing affirmative, evidence-based care. Traditionally, the definition of evidence-based interventions has been empirically supported treatments, meaning randomized controlled clinical trials demonstrating the efficacy of an intervention in a particular population, often based on diagnosis. Recent years have seen a few such clinical trials focused on marginalization stress and/or anxiety, depression, and substance abuse among individuals who identify as TGD. Budge et al. conducted a small clinical trial of two types of transgender affirmative psychotherapy and found both resulted in improved overall distress and reduced minority stress [27]. Pachankis and colleagues tested the efficacy of a transdiagnostic cognitive-behavioral intervention with sexual and gender minority women with heavy alcohol use [28]. TGD women were well-represented in the racially and ethnically diverse young adult sample. Results indicated improvements in anxiety, depression, and minority stress processes. In contrast, African-American transgender women living with HIV/AIDS received less benefit from a brief mindfulness intervention than the cisgender comparison group, possibly attributable to more significant trauma histories [29]. Although there are only a few small studies, this literature suggests that interventions developed for presumably cisgender people to reduce anxiety, depression, and substance use are efficacious for TGD people. The Hunter-Jones et al. study highlighted the importance of interventions that address the complex needs of TGD adults, especially with multiple intersecting identities [29].

There are growing resources for therapists interested in providing affirming care, including practice guidelines from professional associations, treatment protocols, clinically oriented books, and published guidelines and models. Some of these are based on the clinical trials described above, but most are based on the burgeoning empirical literature on TGD mental health and empirically based approaches to therapy filtered through the experience of clinicians, many of whom bring their own lived experience to bear. Guidelines for TGD-affirming services published by professional organizations such as the American Psychological Association and American Counseling Association [30–32] are important to stake out broad principles defining affirming services. This is especially important to raise consciousness about the needs of TGD clients in contrast to problematic treatment as usual. However, such broad guidelines offer few specific details for clinicians in the daily routine of practice.

Another aspect of the literature for therapists is whether sources offer guidance for TGD-specific services such as personal, social, legal, and medical gender affirmation or

more general services for TGD people as a population (e.g., treatment of depression for TGD adults). Of course, such a distinction is typically blurred as individuals seeking gender affirmation care may experience anxiety, depression, or other distress, often due to non-affirmation of their gender identity or marginalization stress in their families, communities, or larger society. When individuals in TGD communities seek mental health care for a concern other than their gender identity, it is still important that services be culturally sensitive, similar to best practices for racial and ethnic minorities; however, care should be taken to not overemphasize gender identity [14••]. Most resources for therapists emphasize gender affirmation services, sometimes including aspects for more general practice.

Two recent books guide therapists who are working with clients through gender affirmation. *A Clinician's Guide to Gender Actualization: An Approach to Gender Affirming Therapy* describes best practices for assisting clients who are affirming their identity including writing letters of referral for medical gender affirmation [32]. Chapters on working with couples and families around this process offer additional help not found in most other sources. *Affirmative Counseling for Transgender and Gender Diverse Clients* also emphasizes gender affirmation work but includes extensive psychoeducation for therapists about TGD communities and their experiences, including coverage of more specialized topics such as autism and harmful interventions [33]. Although both books address gender-diverse clients outside of the gender binary, therapists working with these clients may benefit from two clinical articles that emphasize care for non-binary clients as much of the clinical and research literature has followed society's lead and emphasized binary gender identities [34, 35].

In contrast, Pachankis and colleagues' workbook and therapist guide entitled *Transdiagnostic LGBTQ-Affirmative Cognitive-Behavioral Therapy* [36•, 37], based on the clinical trial discussed above [28], is a manualized treatment for anxiety, depression, and marginalization stress, emphasizing emotion regulation skills. Although not exclusively for TGD clients, the underlying clinical trials included TGD participants, and many TGD clients also identify as non-heterosexual. This resource is for more general services rather than gender affirmation.

Another approach to more general services is the Trans Collaborations Practice Adaptations for Psychological Services which address 12 aspects of clinical practice (e.g., case conceptualizations, referrals) [14••]. Although similar to the professional guidelines, the adaptations offer greater specificity and are designed to bridge the guidelines to key aspects of practice. The adaptations were developed empirically in collaboration with TGD communities with particular emphasis on more underserved areas but are broadly applicable. Although emphasizing the importance of evidence-based practice, the adaptations are not associated with a particular theoretical orientation to allow clinicians to adapt their own approach to be TGD affirming to serve the clients in their practice. The adaptations offer some information about gender affirmation care but are more intended for general services so that a therapist with expertise in a particular clinical problem can be prepared to serve TGD clients in an affirmative manner.

Conclusion and Future Directions

As seen in the review above, the clinical and research literature on mental health services for TGD people has grown in quantity and sophistication in recent years. More empirical data are available to inform clinical services and initial clinical trials support of the efficacy of affirming adaptations of standard interventions. At the same time, numerous barriers to appropriate care continue to exist and, to some extent, may be exacerbated in certain sociopolitical contexts. On the other hand, the global COVID-19 pandemic caused a paradigm shift in mental health services to make tele-mental health more widely available and accepted. This opens the possibility that high-quality affirming psychological services could be more available, especially in underserved areas, if additional providers can be trained. Additional research is needed to investigate the viability of this technological solution.

TGD communities are complex with community members having widely varying lived experiences. The best research and clinical services recognize that diversity, including racial and ethnic identities, sexual orientation, immigrant status, age, socioeconomic status, rural/urban residence, and the cultural and legal context in which the person resides. For example, as noted above, a brief mindfulness intervention was better received by European-American compared to African-American transgender women, despite many similarities including HIV status and income [29]. Even within a community with substantial shared experience, such as TGD Veterans, higher previous discrimination predicted less engagement in health care [38]. Some of the highest barriers were previous discriminatory experiences with a mental health care provider and being unable to find an affirming provider. These findings point to the importance of considering the heterogeneity of TGD communities in research and intersectional identities of clients who present for services.

Another important area for future research is further investigation of the entire help-seeking process, not just overall barriers. There are likely barriers and facilitators at every step of the process including finding and contacting a provider, attending a first session, and staying engaged through a complete course of therapy. The help-seeking landscape likely will change with the new WPATH SOC and reduced requirements for referral letters, previously a

common pathway into services [12••]. Although we know that medical gender affirmation improves mental health [39], less is known about the extent to which behavioral health contact is necessary for good medical outcomes.

The employment of community-based research participatory models (CBPR) has transformed research with minoritized communities, including TGD communities [40]. Given the history of stigmatization of TGD communities by medical and mental health researchers, it is especially important to partner with communities to guide the research agenda. One advantage of CBPR is the focus on resilience and strengths rather than the pathology focus of much prior research [41]. CBPR also creates opportunities for researchers to partner with TGD communities around advocacy to help reduce barriers to care and mental health disparities [42].

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Declarations

Ethics Approval This review article does not involve human participants or animal research.

Conflict of Interest The authors declare no competing interests.

Disclaimer The contents do not represent the views of the U.S. Department of Veterans Affairs or the United States Government

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- •• Of major importance

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