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The Experiences of Transgender and Gender Diverse Individuals Seeking Mental Health

Treatment

By Brice Marks

A Thesis Submitted in Partial
Fulfillment of the Requirements
for the Degree of
Master of Science in Clinical Mental Health Counseling

Advisory Committee

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THESIS/DISSERTATION CERTIFICATE OF APPROVAL

The thesis of Brice Marks is approved:

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Dr. Ilena Salpietro, Committee Chair   Date

_____   _____
Dr. Kassie Terrell   Date

Table of Contents

Introduction

Transgender and Gender Diverse (TGD) individuals are a minority population routinely underserved in communities and underrepresented in research surrounding mental health despite having worse mental health outcomes than their cisgender counterparts (Coleman et al, 2022; Jenkins et al., 2020). TGD individuals are those whose gender identity and/or gender expression does not align with binary societal expectations of gender (American Psychological Association, 2019; Coleman et al., 2022). It is estimated that 1.6% of American adults identify as TGD, however, the number could potentially be larger (Brown, 2022). TGD individuals experience higher rates of mental distress and face significant minority stressors throughout their lifetime. TGD individuals have higher rates of suicide attempts, suicide ideation, substance abuse, and mental health issues than the general population (Testa et al., 2012 & Timmins et al., 2017). Rates of depression, anxiety and suicidal ideation were significantly higher in those TGD individuals who do not have access to gender affirming care (Jarrett et al., 2021). This study aims to elucidate the experiences that TGD individuals have when they seek mental health care. The goal of this study is to build the information the field has about what it is like to seek mental health care as a TGD individual and how as a field we can work towards, increasing access to care and, increasing positive mental health outcomes for TGD individuals.

The gender minority stress model provides a framework to conceptualize the stressors and protective factors that impact TGD individuals (Tan et al., 2020 & Testa et al., 2012). Every TGD individual experiences their gender identity and expression in a unique way, and the intersectionality of a TGD client identity greatly impacts how they experience the stressors that the minority stress model lays out. It is important for mental health clinicians to be aware of the barriers and successes that prohibit or bring TGD clients into receiving ethical and competent

care. The gender minority stress model identifies, gender specific proximal and distal stressors that impact a TGD individual. These are gender-based victimization, gender-based rejection, gender-based discrimination, non-affirmation, negative expectations, and internalized transphobia (Tan et al., 2020). There is limited information on the rates that TGD experience these stressors.

Receiving gender-affirming care is vital for the success of a TGD client in mental health treatment. Gender-affirming care acknowledges the influences of the stressors and systems that TGD experience and promote the client's autonomy and self-determination. Individuals who receive gender-affirming care have more positive outcomes in mental health treatment (Branstrom & Pachankis, 2020). The World Professional Association for Transgender Health (WPATH) sets the international standards of care for working with TGD individuals. They suggest that TGD individuals have regular visits with mental health professionals (WPATH, 2012). However, TGD individuals are disproportionately represented in the population of individuals who do not receive mental health care (Burgess et al., 2008; Henderson et al., 2013; Testa et al., 2012). There is little research that examines the experiences of TGD seeking mental health care. This study aims to capture these experiences of systemic failures and also the successes of TGD seeking mental health care.

Interviews were conducted with TGD adults who have sought out mental health care in the last two years. Participants did not have to be receiving or have received mental health care in order to participate, only sought out care. Participants were asked 10 questions about seeking mental health care and its relation to the participant's gender identity. Interview data was approached using a phenomenological framework to elucidate the meaning of the participants'

lived experiences seeking mental health care. The researcher utilized several strategies to increase trustworthiness of the study results.

Literature Review

Terminology and Prevalence

Gender is a social construct that encompasses psychological, behavioral, social, and cultural aspects associated with masculinity and femininity (American Psychological Association [APA], 2019; Coleman et. al., 2022). Gender, especially in western cultures, is often rigidly described as a binary construct of male and female; however, it is a spectrum of identities (Coleman et al., 2022; Monro, 2019). Gender identity is the self-identification of oneself as male, female, somewhere between, or neither (Adams et al., 2017 APA, 2019; Coleman et al., 2022). Gender identity is an internal sense that is innate, but also shaped by societal structures, cultural expectations, and personal interactions (Adams et al., 2017; APA, 2019; Coleman et al., 2022). Gender identity can differ from one's sex assigned at birth, which is a medical label primarily based on external genitalia (APA, 2019; Coleman et al., 2022). Gender expression is the external presentation of an individual's gender identity (Adams et al., 2017; APA, 2019; Coleman et al., 2022). Gender expression is typically expressed through behaviors, body characteristics, hairstyles, and clothes. Sometimes this expression can conform to societal expectations of the individual's gender identity (e.g., a woman wearing makeup); however, it doesn't have to conform to any subtheme of behaviors or characteristics (e.g., a man wearing a dress; Adams et al., 2017; APA, 2019; Coleman et al., 2022). Lastly, cisgender is when gender identity and the sex assigned at birth align (APA, 2019).

Transgender or Gender Diverse (TGD) is a comprehensive term to describe individuals with gender identities or expressions that do not conform to the gender socially attributed to the assigned sex at birth (Adams et al., 2017; Coleman et al., 2022). The number of individuals who are able to be authentic and identify outside of the binary system of gender openly in society is

increasing (Brown, 2022; Jenkins et al., 2020). However, the number of adults has remained stable over the years according to the Williams Institute population study in 2016 and 2022 regarding demographic information on TGD individuals. In 2022 Pew Research Center reported that the number of 1.6% of American adults identified as transgender or gender non-conforming. Of the American adults under 30 years old 5.1% of them identify as TGD, 1.6% of adults 30-49 years old, and 0.5% of adults over 50 years old identify as TGD (Brown, 2022). However, the number of individuals who identify as TGD may be underreported as there is a fear of discrimination that can prevent an individual's disclosure (Jenkins et al., 2020).

TGD individuals have significantly higher rates of suicide attempts than the general population. One study found that 26% of trans women and 30% of trans men report a previous suicide attempt. In contrast, only 1-6% percent of the general population report a previous suicide attempt (American Foundation for Suicide Prevention, 2020; Testa et al., 2012). There are strong associations between acute transphobic events and depression, psychological distress, social anxiety, suicidal ideation, and attempted suicide (Timmins et al., 2017). TGD individuals face higher rates of sexual and physical violence, along with perceived and actual discrimination in multiple areas of life (James et al., 2016; Testa et al.,2012). A history of sexual and physical violence increases risks for mental health issues, substance abuse, and suicidal behaviors (Testa et al., 2012; Timmins et al., 2017). Overall, TGD individuals face worth mental health outcomes than the general population.

Pathologizing Gender and Minority Stress

TGD individuals' gender identity provides an essential framework for how they conceptualize their reality, thus it is essential for a mental health clinician to understand how each individual experiences their gender identity (Riggle et al., 2010). Research indicates that

72% of TGD individuals feel extremely positive about their identity and 25% feel somewhat positive about their identity (Brown, 2022). Despite these positive associations with their gender identity, the stigma and discrimination that TGD individuals face results in minority stress (Coleman et al., 2022). When reviewing anxiety symptoms and disorders across various cultures, the prevalence of anxiety among TGD individuals could be as high as 68% compared to the general population of 18% (Millet et al., 2017; Tan et al., 2020).

Cisnormativity is the assumption that sex and gender are binary and one's gender identity is to reflect the physical sex assigned at birth (Tan et al., 2020; Worthen, 2016). Cisnormativity inherently classifies TGD individuals as deviant as their gender identity and/or expression differs from the conventional understanding of the social norms of gender. This leads to the pathologization of gender (Worthen, 2016). Pathologizing gender is the practice of attributing a gender identity or expression of gender as symptomology of a mental illness or disorder (Worthen, 2016). The Diagnostic and Statistical Manual of Mental Disorders (DSM) first introduced Gender Identity Disorder in Children and Transsexualism under the subtheme of Gender Identity Disorders in 1980 (American Psychiatric Association, 2013; Castro-Peraza et al., 2019). The fifth edition of the DSM changed the diagnosis to Gender Dysphoria to emphasize the gender identity related distress some TGD individuals experience (American Psychiatric Association, 2013). However, Gender Dysphoria is still considered a mental illness, and it could still be interpreted as conflating gender identity with mental illness (Castro-Peraza et al., 2019). The newest edition of the International Classification of Diseases (ICD) removed transgender identities from the mental health chapter, marking an important progression towards disentangling gender and mental illness reinforced by the helping professions (World Health Organization, 2019). The inherent pathologization of gender identity can present as a barrier to

accessing mental health treatment for those who do not want to receive a mental health diagnosis or be pathologized based on gender identity or expression.

Historically TGD populations are understudied, therefore the current research surrounding the reasons for the psychological distress of TGD individuals is still ongoing. However, the current framework to understand the pervasiveness of TGD individuals' mental health issues is the Minority Stress Model. The minority stress model developed by Meyer (2003) poses that individuals in minority groups experience additional forms of individual and social stressors that dominant groups do not experience. The minority stress theory emphasizes that sexual minorities experience common, distinct, and chronic stressors related to their sexual identity (Quinn et al., 2020; Meyer, 2003; Tan et al., 2020). However, the stressors experienced by TGD individuals and sexual minorities are not the same thus the Gender Minority Stress Model was created to consider the unique stressors that differentiate mental health problems between cisgender individuals and TGD individuals (Tan et al., 2020).

The Gender Minority Stress Model categorizes two stressors: distal stressors, proximal stressors. Distal stressors relate to everyday events experienced by those with minority identities (Tan et al., 2020). They are independent of one's internal identity and are subject to the perception of others (Tan et al., 2020). Distal stressors experienced by TGD individuals are gender-based victimization, gender-based rejection, gender-based discrimination, and non-affirmation. Gender-based victimization includes verbal or physical acts of victimization or violence, an example being the physical assault, sexual assault, or verbal harassment of an individual based on their gender (James, 2016; Tan et al., 2020). Gender-based rejection is the nonacceptance or rejection TGD individuals experience from people, institutions, and communities because of their gender identity or expression. Gender-based discrimination

includes difficulties and barriers accessing housing, employment, medical care, or legal documents. TGD individuals experience non-affirmation when their internal sense of gender identity is not recognized or invalidated by others. Proximal stressors, as identified in Meyer's minority stress model, are the subjective appraisals of the minority individual by the minority individual. Proximal stressors include both negative expectations and internalized transphobia (Tan et al., 2020). Negative expectations describe the stress and anxiety that TGD individuals experience when anticipating distal stressors. This can be based on previous experiences of discrimination toward their identity (Tan et al., 2020). Negative expectations also include nondisclosure, which is the attempts made by TGD individuals to conceal their TGD identity to try and protect themselves or others close to them from directly experiencing distal stressors (Tan et al., 2020). TGD individuals must be constantly vigilant to conceal or refrain from disclosing their identity which result in high levels of pervasive stress (Tan et al., 2020). The second proximal stressor is internalized transphobia which is the internalization of negative societal attitudes about one's own identity or of TGD individuals as a social group (Tan et al., 2020). Internalized transphobia is often the response of pervasive exposure to adverse societal reactions from cisnormativity.

The experiences reported by TGD individuals support the Gender Minority Stress Model. According to the U.S. Transgender Survey conducted in 2016, approximately half of the participants reported at least one form of victimization including verbal harassment and physical or sexual assault (James, 2016; Tan et al., 2020). TGD individuals are significantly more likely than their cisgender counterparts to report physical harm and incidences of bullying (Tan et al., 2020). TGD individuals are also significantly more likely to report experiencing feeling ashamed or having low self-esteem in relation to their identity (Tan et al., 2020). Overall, TGD individuals

face significant amounts of proximal and distal stressors throughout their lifetime that have detrimental impacts on their mental health.

Gender-Affirming Treatment

Gender-affirming care is an overarching inclusive, client-centered framework that prioritizes the client's identity (APA, 2015; Chang et al, 2018; McCullough et al., 2017; WPATH, 2012). It is essential that gender-affirming care is also culturally affirming since a client's needs and gender identity differ based on their cultural intersectionality (APA, 2015; Chang et al, 2018; WPATH, 2012). Interventions and care must also target the situational and developmental factors of the client (APA, 2015; Chang et al, 2018; McCullough et al., 2017; WPATH, 2012). Client autonomy and self-determination are essential to providing gender-affirming mental health services (APA, 2015; Chang et al, 2018; McCullough et al., 2017; WPATH; 2012). It is important that gender-affirming care accounts for the influences of systems of oppression (Chang et al, 2018; McCullough et al.; 2017; WPATH; 2012). When providing gender-affirming care clinicians must acknowledge the complexity of gender identity, gender both influences and is influenced by other significant intersecting identities (APA, 2015; Chang et al, 2018; McCullough et al., 2017; WPATH, 2012). Gender identity and the social experience of gender could be more or less salient to a client depending on situational and contextual factors (APA, 2015; Chang et al, 2018; McCullough et al., 2017; WPATH, 2012). Many TGD clients report that a barrier to accessing health care, specifically mental health care, is a previous non-affirming or discriminatory experience with a clinician (Chang et al, 2018; McCullough et al., 2017; WPATH, 2012). Therefore, a clinician who uses a gender-affirming framework in the therapeutic relationship can provide a healing corrective experience with the client (APA, 2015; Chang et al, 2018; WPATH, 2012).

Gender-affirming interventions can include mental health psychotherapy, supporting the client's desire to change in gender expression, and medical interventions such as hormone therapy and surgical procedures (Chang et al., 2018). TGD individuals who receive gender-affirming care report an increase in personal growth and resilience increased empathy with others, and enhanced personal relationships (Chang et al., 2018). Individuals who sought out and received gender-affirming surgeries were less likely to seek mental health treatment in the future (Branstrom & Pachankis, 2020). However, in order to obtain the majority of gender-affirming surgeries the TGD individual must seek out a referral from a mental health professional (Coleman et al., 2022; Ngaage et al., 2020). The recommended content for a referral letter for any medical referral includes the client's general identifying characteristics, results of a psychosocial assessment, any diagnoses, the duration of the relationship with the client, the type of services provided, an explanation that criteria for the medial intervention has been met, a brief description of the clinical rationale for support, a statement about obtained informed consent, and a statement indicating availability to coordinate care (Coleman et al., 2022). This can potentially pose an issue as the recommendation set by the Standards of Care are not followed by insurance companies (Coleman et al., 2022). Thus, creating more barriers to accessing care. Additionally, it can create a counterproductive dynamic where the client is having to prove to a clinician their identity and teach a clinician what a referral letter is comprised of.

The World Professional Association for Transgender Health (WPATH) is an interdisciplinary professional and educational non-profit focused on transgender health. WPATH works to develop evidence-based high-quality care for TGD individuals. WPATH provides professionals with the Standards of Care and Ethical Guidelines to aid in providing psychiatric, psychological, medical, and surgical management of gender. These standards of care recommend

but do not require that TGD individuals have regular visits with a mental health professional (WAPTH, 2012). One referral letter from a mental health professional is the standard for accessing hormone replacement therapy. However, this is not a requirement if the healthcare professional is competent in the assessment of gender dysphoria (Coleman et al., 2022). The Standards of Care indicate one referral letter is needed for breast/chest surgeries while two independent referral assessments are required for genital surgeries (Coleman et al., 2022). Insurance companies often deviate from these standards, increasing the requirements, including requirements not acknowledged by the WPATH standards including hormone therapy before surgeries and a legal name change (Ngaage et al., 2019; Ngaage et al., 2020).

There are many barriers to accessing reliable healthcare, especially for TGD individuals. Current literature indicates that healthcare is the most common setting where TGD individuals face discrimination (Seelman et al., 2017). There is an overall lack of competent and gender-affirming healthcare providers (Seelman et al., 2017). Fear of discrimination when seeking any form of healthcare results in worse mental health outcomes for TGD individuals (Seelman et al., 2017). Ignoring gender issues or over-conflating them may lead to further stigmatization of receiving mental health care creating a barrier to access (Eisenberg et al., 2020; Mizock & Lundquist, 2016). When TGD adults delay health care due to fear of discrimination they are significantly more likely to be experiencing depression symptomology, suicidal ideation, and have a recent suicide attempt (Seelman et al., 2017; Testa et al., 2012).

Help Seeking-Behaviors and Barriers

A vast majority of all people who struggle with mental illness do not receive mental health treatment (Henderson et al., 2013) and TGD individuals are disproportionately represented in the population of individuals who do not receive mental health treatment (McCullough et al.,

11

2017). This is especially alarming, as they experience far worse mental health outcomes than their cisgender counterparts (Burgess et al., 2008; Testa et al., 2012). Gender roles and gender identity impact help-seeking behaviors and attitudes (Wendt & Shafer, 2016). Current literature indicates some support that traditional binary gender roles impact help-seeking behaviors and attitudes toward mental health treatment but outside of the gender binary, there is little research on the relationship between gender identity and help-seeking (Wendt & Shafer, 2016).

The stigma associated with receiving mental health care and the lack of perceived competencies by mental health providers can result in TGD individuals avoiding seeking out mental health care (McCullough et al., 2017). TGD clients can be subject to overt discrimination by mental health providers, who refuse to acknowledge a client's name or pronouns or a refusal to acknowledge the intersections of the client's identities (McCullough et al., 2017). In comparison to their cisgender counterparts, TGD individuals have lower optimism and self-esteem which are both linked to poorer health-seeking behaviors (Howell & Maguire, 2019). In various qualitative studies, TGD individuals reported that counselors were uninformed, and they had to educate their counselors on gender (McCullough et al., 2017).

Limitations in Current Literature

Overall, there is a lack of research that specifically identifies the experiences of TGD individuals seeking mental health services. TGD individuals frequently utilize mental health services due to higher rates of mental distress and also the need to obtain referrals for transition-related goals (McCullough et al, 2017). Little is known about how TGD individuals seek out and select a mental health provider or other psychosocial support in the context of counseling (McCullough et al., 2017). Compared to other minority groups there are few articles that examine the TGD client's perspective of counseling services (McCullough et al., 2017).

The purpose of this study was to investigate and understand the experiences of TGD individuals seeking mental health services. This study found what TGD individuals are looking for from their providers, why they are seeking care, and where they are seeking it from. When clinicians understand the experiences of TGD individuals they can provide more effective treatment (Grossman et al., 2005). Thus, this study aims to enable mental health clinicians to meet the needs of TGD individuals and incorporate their experiences into building a more competent and inclusive practice.

Methodology

This study used phenomenological approach to understand the lived experiences of individuals experiencing a particular construct (Hayes & Singh, 2012). This study used the queer theory paradigm. This paradigm attends to both understanding the phenomenon and experience through a subjective lens and also aims to create social and political improvements to the lives of participants (Hays & Singh, 2012). Queer theory examines how societal norms affect participants in both positive and negative ways and attends to how oppression is experienced by a participant just through identification with a sexual or gender minority and how that impacts the individual's experience (Hays & Singh, 2012). This approach and paradigm aligned with the goals of the study which was to elucidate and understand the experiences of TGD individuals and frame how TGD individuals experience seeking mental health care.

Participants

Eight adults (*n*=8) identifying as transgender or gender diverse who sought out mental health care services in the last two years participated in the study. Participants did not need to have participated in any mental health treatment but must be able to speak of the experience they had during a recent attempt to seek mental healthcare. Participants ranged in age from 20 to 29. Half (*n*=4) of the participants were currently receiving mental health services. Six of the participants had insurance at the time they were seeking mental health treatment. Participants were identified using pseudonyms and further demographics including, pronouns, gender identity, age, race, status of seeking mental health treatment, if they were currently receiving mental health care, and if they had insurance when seeking mental health care. See Table 1 for participant demographics.

Table 1. Participant demographic data

Pseudonym	Age	Gender Identity	Pronouns	Race	Insurance status at time of seeking	Currently receiving mental health services
Jordan	24	Non-Binary	They/Them	White	No	Yes
Les	25	Trans	They/He	White	Yes	No
Jaiden	23	Gender-Fluid	They/Them	White	No	No
Lil	22	Gender-Fluid	They/Them	White	Yes	Yes
Zien	20	Trans Male	He/They/It	White	Yes	No
Drew	28	Trans Masc	He/They	White	Yes	Yes
Luke	26	Trans Male	He/Him	White	Yes	Yes
Henry	29	Non-Binary Butchfag Prettyboy	They/He	White	Yes	No

Procedure

This study utilized purposive and snowball sampling to recruit participants. Recruitment flyers were distributed in LGBT-friendly community organizations, LGBT resource centers, and on personal social media pages. Participants were able to use a Qualtrics survey to express

interest in participating. The survey included the informed consent document and collected demographic and contact information. Participants were then encouraged to pass along the recruitment information to other TGD adults who were potentially eligible to participate.

Interviews were then scheduled with each eligible participant. Interviews were 15 to 45 minutes long, conducted via the Zoom platform, audiotaped, and then transcribed using Amazon Transcribe. The semi-structured interview approach contained 10 protocol questions that were created based on a review of the current literature (e.g., Branstrom & Pachankis, 2020; Burgess et al., 2008; Eisenberg et al., 2020; Nagata et al., 2020; Ngaage et al., 2020; Seelman et al., 2017) and the experiences of the researcher as a TGD individual who has sought out mental health treatment. Some of the questions included "What attributes do you look for in a mental health provider?" and "Do you feel safe seeking mental health treatment?". A full list of interview questions can be found in Appendix A. Interview questions were piloted with two TGD individuals, both identify as non-binary individuals. Both pilot interviewees thought that the questions were appropriate; therefore, the questions remained unchanged.

Data Analysis

After each interview participants were sent a copy of the interview transcript to ensure that the transcript accurately represented their experience (i.e., memberchecking; Hayes & Singh, 2012). Data was analyzed using Moustakas' (1994) phenomenological framework (Wertz, 2005 & Hayes & Singh, 2012). Each expression related to the experience was listed and preliminarily grouped using the verbatim transcript of the interview. The 229 expressions were then reduced and eliminated to remove overlapping, repetitive, and vague expressions. The remaining expressions were then related and clustered into 21 codes, from these 21 codes emerged six themes and 12 subthemes. To increase trustworthiness of the data, an auditor was used to review

data. The auditor was provided the interview transcripts, codebook, protocol questions, and reflexive journal entries. Suggestions were made about how to collapse themes and label them. Based on the auditor's feedback, the subthemes for barriers were relabeled as personal and situational factors to be more inclusive of data they represented.

Trustworthiness

Including strategies to improve trustworthiness of this study was important as there is only one researcher and the results from this study aim to objectively reflect the participants experiences free from the researchers bias and assumptions. In order to ensure trustworthiness of the research process, I employed the following strategies: using a peer debriefer who examined the coding of transcriptions, reflexive journaling, memberchecking, thick description, and an audit trail. This process satisfied the trustworthiness criteria of creditability, transferability, confirmability, authenticity, coherence, sampling adequacy, ethical validation, substantive validation, and creativity (Hayes & Singh, 2012).

Researcher as Instrument

It is important to acknowledge the influence that the researcher has on the collection and interpretation of the data. I identify as a queer transgender man. I am a second-year graduate student in a Clinical Mental Health Counseling Program. I acknowledge that my transgender identity potentially created a more authentic and safer space for participants to share their experiences. However, I acknowledge that I hold the privilege of passing in society as a white man, and my identity as a mental health clinician could have create a barrier in facilitating discussion with participants who have a distrust for mental health providers. I expected that participants would share mostly negative experiences of discriminatory experiences and incompetent clinicians and agencies that prevented or limited TGD individual's ability to seek

mental health treatment. I expected that participants would express significant barriers to accessing care. As the researcher, I engaged in reflexive journaling throughout the data collection and analysis process to address any potential biases and increase ethical validation. An auditor was used to review the reflexive journal entries, transcripts, and codebooks ensure that any potential biases that came up were addressed to not influence the data. Based off feedback, I expanded my barrier subthemes to incorporate more of the participants experiences.

Findings

There are six themes that describe the experiences of TGD individuals seeking mental health care and twelve subthemes, noted in parentheses. They are the *facilitation of seeking behaviors* (accessibility and support)*, barriers* (personal factors, situational factors, discrimination, insurance)*, type of care* (non-gender related care, gender-related care), *characteristics of providers* (competence, respectfulness, understanding of gender nuance, and safety)*, identity disclosure,* and *burden of advocacy and education.*

Facilitation of Seeking Behaviors

The first theme of the experiences of particapnts seeking mental health care are the *facilitation of seeking behaviors. Facilitation of seeking behaviors* are experiences of participants (*N*=8) that increased their desire to seek mental health services. Participants described factors and experiences that helped them look for and receive services. Within this theme, there are two subthemes, accessibility, and support.

Accessibility

All eight participants (*N*=8) described situations and/or ways that mental health services were made to be accessible, and it helped them seek out mental health services. Participants endorsed ways that mental health care was made more accessible. This accessibility allowed for participants to feel confident in finding a provider that was able to provide care and made participants more likely to seek out services and use services. These ways included telehealth services, community mental health agencies, primary care doctors, third-party services, and communication as ways. Having access to telehealth and a third-party service to facilitate receiving care provided Les with a sense of comfort and safety that they would be able to find an appointment with a provider that they wanted to access care from:

19

I had health insurance and was pursuing virtual telehealth therapy. I used the platform

Growth Therapy and that worked out best for me just because it's easy to see their

providers and to go ahead and book an appointment within that platform. As opposed to

psychology today where you look for the providers and then have to go to their website

and then see if they have appointments.

Jordan described how having a counseling center on campus at their university made it easier for them to feel safe and comfortable accessing care:

I tried to seek [mental health care] out in high school and realized that it was not going to

go well in the small town. It ended up being pretty abusive, so I started going to therapy

my freshman year at [university], and I have been with the same therapist since.

Lil described how Telehealth services provided accessibility to services they did not feel that they could seek in person:

It definitely gave me a better access and I think it gives a lot more people better access

because it's less expensive with gas and just general expenses… I can do it at different

times, and I am able to have a more flexible schedule when it comes to it because you can

just park in a parking lot that you feel comfortable in and do therapy and have a good

time.

Supports

All eight participants (*N*=8) also described ways in which external *supports* facilitated their experience of seeking mental health treatment. Supports are the external situations, people, or groups of people that provide emotional, physical, or other assistance to the individual that they find to be beneficial. Supports that the participants described as beneficial to them were,

friends, parents, partners, administrative staff, therapists, and paperwork. Lil shared about the support they received from administrative staff through the third-party platform they use:

> I've called over three times now. I've called three times now and every single time was a different person. Every single time they were super supportive, they didn't give me any like judgment of any kind and very open to helping me find what I needed… And every person I talked to on the phone were helpful and basically sounded proud that you were calling and proud of you as the person for wanting help. And they were always helpful in finding a therapist that would be a right match and they were also very transparent of if you don't like your therapist, get a new one and they would help you find a new one.

Henry describes their experience of having friends make referral suggestions and how it helped them find an agency to seek care from.

> Then also not with this most recent therapist that I had, but the one before that, a lot of people had been to the same one, which was good, and they had really good things to say about the center that I was going to.

Participants also elaborated on the importance of parental and partner support. Jordan shared "I think whether or not you have your parents support or guardian support is probably going to influence whether or not you seek out therapy." Jaiden shared that "my significant other made me feel supported quite a bit because he has also gone through mental health situations." Intake paperwork was also seen by participants as a support in the facilitation of seeking mental health care. When paperwork was seen as inclusive and supportive of disclosing the participants' identity it was an external factor that facilitated seeking and receiving mental health care. This was reflected by Zien, when they described that by filling out paperwork they were able to

reflect their identity and not have to continue advocating for their identity to be reflected in the medical record system:

> I said that in all of the paperwork and, and intake like, hey, I am a man, do not reference me by my legal name, that kind of stuff then… they already had all of my information in their system.

Barriers

The second theme that participants endorsed were *barriers*. *Barriers* reduce or restrict participants *(N=8)* from seeking mental health care. There are more reported barriers to seeking and receiving mental health care than there are experiences that facilitate seeking mental health care, this is reflected in Les describing the barriers faced to seeking out mental health care as "I wish the process were easier for everybody involved because it seems like patients and therapists are not, are not having a good time." Henry also describes the overwhelming nature of navigating the barriers of seeking mental health care as hard to access especially when it is needed the most:

> Mental health is a lot more inaccessible than it should be in the first place. It's really not set up for the people who need it most, which is super unfortunate. It's a lot of waiting. My mental health kind of cycles, and I don't seek it out until I'm at a super high point, and then by the time I get there, I'm like, 'you know what? Life's not actually that bad. I don't even need this. I'm okay.' So, it's hard to get it when you need it, I feel, which sucks. And then the gender on top of that. I don't know. It's rough.

Personal factors

Personal factors (*n=5*) are internal thoughts or feelings that they have about themselves that limit the individual from seeking mental health care. Personal factors were described by

participants as internalized transphobia, pathologization of gender, self-expectations, and not being able to trust oneself. Jaiden describes how they doubted their ability to navigate finding and receiving care while also struggling with mental health issues:

> It was my first time in mental health so I didn't know how to it would come across anyways…I didn't know what was wrong with me I was researching so much on my own about mental health that I could not trust myself.

Jordan describes how they viewed themselves based off of how they were treated, this led to the self-pathologizing of their gender from a very early age. This limited the care that Jordan sought out and altered their motivation behind seeking care, not seeking out gender related care until much later in life,

> I knew something was wrong with me from, like, a very young age, just by the way adults treated me. Couldn't figure out what it was. It was the LGBT stuff, but I knew that something was wrong.

Situational Factors

Situational factors (*n=6)* are based on the environment, situation, and/or things the individual is not in control of that limit the ability for the individual to seek or receive mental health care. The situational factors that participants described were gender pathologization by providers, benefits of talk therapy not being explained, the overgeneralization of specialization by a provider, and setting limitations. Henry described having to seek out a provider again after their initial provider could only provide so many sessions within their setting:

> They only do so many sessions and then it kind of times out. And I also was at a point, my therapist and I were both like, yeah, we're pretty good. You don't really need to get this is only as far as we can go here.

Drew describes their experience utilizing a third-party site to locate providers and finding that providers tend to advertise an overgeneralized specialty to attract more clients based off of filtered searches:

> So, I generally use Psychology Today, which I have some qualms about because lot of times when I search by their specialty and specifically include gender identity and transgender and all of that, it's just people who have clicked every single button, so they can't at all specialize in all of that. There is no way.

Jaiden reports that due to the pathologization of gender there is a barrier to seeking mental health care. Jaiden described not wanting their gender identity to be seen as the presenting problem or underlying cause of their mental distress, "being somebody that's gender fluid and non-binary I feel like they would have associated that with my mental health and like as a mental illness."

Discrimination

Discrimination is the fear of, or actual discrimination experiences, related to seeking out mental health care. Participants (*N*=8) described, micro aggressions, identity invalidation, fear of being discriminated against, feelings of impending doom, being misgendered, repressing their own identity to seek care, being turned away, and minimization. Jordan described their experience seeking mental health as both fearing discrimination and experiencing discrimination that led them to avoid seeking care for many years:

> He told me, 'well, that doesn't exist. You're either a butch lesbian or a man, so what is it?' I completely just stopped going to therapy altogether and repressed that idea and did not bring it up until I was 21.

Participants described experiencing discrimination via emails while corresponding with a provider before beginning services, when inquiring more information about services from the

provider, Les describes being misgendered in emails that the owner of the practice thought they were sending to only the provider but went to the participant:

> But then the owner of the practice replied to the email thinking that I was the therapist who had asked this question and was like, oh, she needs to blah, blah, blah, blah, blah. So, I was like, hey, owner of practice, I use these pronouns also, you're not responding to this [therapist]. I am the potential patient. Yeah. So, I had to do that education even though throughout the whole email thread. One my name is at the email thread. So, you can see who this came from. Also, my pronouns are within my email signature.

Experiencing discrimination from a provider can result in the withdrawal from not only services but also the withdrawing from self-expression and authenticity. Jaiden describes fearing discrimination to the point of misgendering and repressing their own identity:

> If I knew that they weren't LGBT associated I would just cosplay as a girl. Honestly to just save the conversation… I sorta just was as girl as I could be.

Whether an individual experiences discrimination or not there is still fear of experiencing discrimination, especially when disclosing gender identity, that impacts the individual from seeking services. Lil describes this fear of discrimination when disclosing their identity,

> It's really scary because a lot of nervousness because I have a fear that they will either say something extremely homophobic of some type or they will just be like, all right, I'm not gonna, I can't help you. You're unhelp-able and I'll just be like, oh. It's a lot of fear of rejection based on who I am as a person.

When fearing and experiencing discrimination from mental health care providers, the result can be a distrust of the intentions and abilities of providers. Zien describes skepticism of care received based off of fear of discrimination, "so they sent it through, I got, you know, admitted,

they're like, hey, you know, we're here to help you and I'm like, I highly doubt that, but, ok."

With current societal views and political pressure there is more than ever a growing fear for the

TGD community as a whole when it comes to receiving mental health care. All participants

(*N*=8) were from Florida, a state that has and continues to pass discriminatory legislation

targeting TGD individuals. Drew described how he experienced discrimination from a provider

and his fears for himself and his community:

> I was like, can you please use this name? And can you please use he/him pronouns? And
>
> [the provider] was like, 'take her to the hospital right now'. And he never fucking
>
> listened to me… At first [seeking mental health treatment and disclosure of gender
>
> identity] it was very nerve wracking. It's starting to get nerve wracking again. Not going
>
> to lie. I know there are safe options…[but] I don't know how much longer that's going to
>
> last.

Discrimination also includes being inappropriately denied from receiving services from a

provider. Drew describes being turned away from services for being TGD and being

misgendered:

> I actually ended up trying out 5 or 6 different providers at different institutes or
>
> companies. It was difficult finding either the right fit or even someone who was willing to
>
> take me on as a patient being trans… the third [barrier] being either providers completely
>
> not understanding my gender identity and misgendering me or probing me too much or
>
> dead naming me. As well as not being willing to treat a trans person since it felt like it
>
> was outside of their wheelhouse, I would say… in the moments where I am misgendered
>
> or dead named it doesn't feel good. It's very short term in the way that it makes me feel,

so overall, I wouldn't say that it's a big issue with safety, but I don't feel good in those moments for sure.

Insurance

Participants (n=5) describe barriers due to lack of insurance, insurance not being accepted by a provider, changing in insurance, and lack of information about coverage. Participants reflected that both having insurance and not having insurance creates barriers to accessing care. The cost with insurance and without insurance was also endorsed as a barrier. Drew describes how his insurance limited his care:

> [There are issues with] Psychology Today profiles, because the ones that I've seen that don't list all of those things, but they list transgender and LGBT. Then I look further into, and it's usually someone that's not covered by my insurance or someone that I know through personal connections…I've probably seen like four or five different therapists. What I've told most of my therapists in the past year or so is that I tend to seek someone out have a great relationship with them, but I get what I need and then I get a different insurance so I can't go back to them.

Participants describe how the increase of accessibility with third-party sites comes with the barrier of insurance not being accepted. Zien shared:

> No, I actually haven't had any other [barriers] than, you know, monetary wise. [Better Help Online] is a good bit of money in order to be able to talk to people because it they don't take my insurance.

Without insurance options for care are limited and expensive, Jaiden reports their experiences without insurance as a barrier to receiving care,

Just money mainly, just money. I had the means to you know go to cause I have a car

and stuff like that when I went to [a community mental health agency]. But it was mainly

just cause I didn't have insurance and the meds they were trying to put me on are like

really, really, really expensive.

Type of Care

The third theme is relates to the type of care participants sought out. Participants (*N*=8)

sought out mental health care for both non-gender and gender related care. Participants shared

experiences that at different points in their transition related journeys the type of care they sought

from providers either was focused on gender or was not. TGD individuals more often were

seeking care that was not related to their gender identity. This goes against the assumptions that

providers make or the pathologization of TGD identities as the source of mental distress.

Non-Gender Related Care

Participants (=6) sought mental health care for a variety of reasons like obtaining a

mental health diagnosis unrelated to gender dysphoria, confronting symptoms of another mental

health diagnosis, healing from past traumas, and navigating interpersonal relationships.

TGD individuals have a wide variety of intersectionality and while their gender can

provide context to a situation, it is not always at the root of issues that TGD individuals bring to

the counseling room. A TGD identity cannot be ignored or minimized in a client as their life

experiences will be influenced by their identity, but care they seek is not always focused on

gender transition or gender identity exploration. Les reported they sought out mental health care

for, "Interpersonal relationship stuff that I did not feel like I had the skills and knowledge to

navigate and was needing some professional advice or help navigating those." Participants also

reflected that they sought out mental health care to focus on symptomology of mental health diagnoses and to build up self-esteem and confidence, Lil elaborated more on this:

> A lot of it was of my depression. I've had depression since I was about 13 or 14. So I've always gone to a therapist on and off. But lately I've just wanted to get better because I'm tired of constantly derailing every time there's a problem and wanting to be able to be strong enough to have a voice and be comfortable voicing my opinions and shutting people down if they are just being completely stupid.

Just like cisgender heteronormative individuals seeking mental health care, TGD individuals sought out mental health care to navigate life. Luke reflected that they sought out treatment for that reason, "just to make life easier and to continue to navigate sorta past traumas and just current difficulties." Participants shared that they were seeking out an explanation for their symptomology via a mental health diagnosis and medication management, Jaiden describes this, "I was looking for honestly validation more than anything, if I got a diagnosis and I needed meds I was open to it." TGD individuals have a higher likelihood of having an experience that is traumatic, thus TGD individuals seek out care for healing from trauma that is not necessarily focused on gender related care. Jordan sought out help specifically for trauma not related to their gender stating, "I personally looked for experience with PTSD and sexual assault survivors because that was the main reason why I was going."

Gender Related Care

Participants (*n*=3) also sought mental health treatment to specifically focus on *gender related care* that included support for their transition, needing WPATH letters to receive medical services, and to join TGD-focused counseling groups. Participants also describe that their need for gender related mental health care changed as they transitioned. At some points in the

participants' journey they sought out non-gender related care and other times they focused on their gender. Drew describes this experience:

> Each time I've gone to therapy, because I've taken large breaks in between, I have had a specific purpose in mind. Now I want to specifically discuss my gender, figure out what I want to be called, what I want to do. I want to transition. And then I was like, 'okay, I'm done with that. I am good for now. I'm still on my antidepressants, I'm still on my regular medications. I'm doing good. I'm going to go back to just living life a little bit.' And then a couple of years later, I was like, 'well, I should probably talk about my childhood, bring that up a little bit and go deeper into that.' I was trying to figure out a more proper diagnosis. So, I'm going to go do diagnostic treatment too.

An overidentification of gender identity issues related to an individual's need for mental health care, can result in unbeneficial care provided to a TGD individual. Les reflected that being put in a TGD focused group rather than individual services was not what they were looking for:

> I was one of the older people that was a student patient there and was … not the most young trans person…I felt I ended up taking on a lot more of a facilitator type role giving care instead of receiving care.

Focusing on individual services, Henry reported their motivation for seeking out mental treatment as navigating life changes after beginning to medically transition:

> Yeah, so the last time I sought out mental health treatment was about a year ago. I was about to go on testosterone, and I just wanted to have something to I don't know. I knew my life was about to change a lot, and I knew that I wasn't sure if I would be able to handle everything by myself. And I had friendships and stuff. It's fine. But I was seeking specifically mental health support for that reason.

Additionally, participants sought out mental health care in order to obtain WPATH letters, Drew also reported that finding a provider who was willing and could write a WPATH letter was something that they sought out:

Especially because I am trans and have been out, and one of the things that I seek in a mental health provider is the ability to write WPATH letters to cover surgeries, hormones, whatever, the things that I need.

It was also endorsed that finding a provider that can help not only write WPATH letters but navigate confusing requirements for various procedures was extremely important to participants. Drew describes the process of being required to have two different providers write WPATH letters for a procedure, "[The process was] such a pain in the ass. I got another letter from someone who specializes in that and actually wrote my first letter for hormones ten years ago."

Characteristics of Providers

The fourth theme is *characteristics of providers. Characteristics of providers* are attributes that participants (N=8) look for when seeking out mental health providers, this is usually based off of their previous experiences with providers. Within this theme there are four subthemes, competence, respectfulness, safety, and understanding of the nuances of gender. Some of the characteristics of providers that participants look for in providers were based off of characteristics that previous providers lacked.

Competence

Participants (n=7) considered competence to be when providers are able to offer ethical, informed, and appropriate services. Participants endorsed that they search for a provider who is competent in providing care for them. How participants are able to identify if a provider is competent can be specific to the individual, Luke described what they look for in a provider as:

Specifically, I look for someone who is open to listening to me and provides some insight without necessarily really going deep into their own lives and their own experiences.

Participants also reflected that they want a provider who is able to provide ethical care, acknowledge limitations, and provide appropriate referrals, Drew endorsed this experience stating, "[There is] nothing I hate more than someone who thinks they can do it all and can't recognize that, hey, I have some limitations. I actually can't help you with this." Additionally, participants reported that they had to seek out multiple providers because there was a lack of providers competent in addressing specific non-gender related issues and who was also respectful and competent to address gender-related issues. Zien described this experience "I went to two different therapists. One was a DBT therapist for my borderline and my other therapist was a gender therapist." Participants thought that if they had competent care early on in the mental health treatment, they could have authentically been themselves earlier. Lil shared, "I think if I talked to somebody who understood what I, what about the queer community… I would have been able to figure out [my gender identity] sooner." Jaiden describes being surprised and confused about the lack of competent care:

> It's very weird to see that there are certain people who are supposed to be helping [TGD] people not know what is going on in [TGD individual's] worlds. Very strange. It's also kinda surprising because anyone in the trans community your suicide rate jumps all the way up, ya know? You should be like more inclined to learn [about gender identities] if you're a mental health [professional]. It just doesn't make any sense that they didn't know.

Furthermore, Les described a competent provider as one who understands power and privilege dynamics and does not overgeneralize their experience as a TGD individual:

Folks [are] not acknowledging those different power structures or just the different

systems of oppression, even within a patient therapist connection… [Sometimes

providers] just talk about all of their like trans patients that they see. And like cool, but

also, because you have familiarity with some patients doesn't mean that you know

everything about my experience.

Additionally, Les reflected how they seek out mutual identities but even sharing a queer identity

with a provider does not always mean the provider is competent in providing care to a TGD

individual.

Folks that either have experience with gender nonconforming folks or are within the

queer community themselves don't always work out but, you know, hopefully [sharing

queer identities] helps [providers provide competent care].

Overall, Jaiden describes that they sought out a competent provider though finding one that

exhibited, "compassion. and care. and I kinda wanted someone to be LGBTQ centered."

Respectfulness

Participants (*n*=7) describe that they desire providers to have respect for their name,

identity, and their experience. Participants reflected that using inclusive language indicates that

providers are respectful, Les described that they seek out providers who have intake paperwork

that has a place for their preferred name,

A very basic thing is when the intake paperwork has the option for preferred name.

Having that be on the documentation versus like legal name even though sometimes

when the appointment invite goes out, it does have legal name stuff on it, which is

annoying, and I wish that would be changed.

Additionally, Jaiden describes how depersonalized their intake experience was and how it made them feel judged:

> It was a very strange experience. Just in general it was a weird experience. It was not very personal. It was very similar to okay what's wrong with you, okay cool here's this get out… Also, I felt kinda judged by the people that were asking me what was wrong with me a bit. It was just very strange.

When individuals feel respected it results in increased positive outcomes, Zien describes a positive experience with a provider when they felt like their identity was respected:

> I prefer someone who is of LGBT or has dealt with them. and the lady that responded to me, she's like, hey, I'm not personally LGBT and I don't know much about it, but I'm always willing to be a good person to support you even though we are different in values. And that made me so happy that somebody actually was willing even though, you know, they are a cis het person, they were willing to be, hey, I'm willing to listen to you and that made me happy.

Plainly, Luke describes the respect they seek in a provider as, "I am looking for um someone who at the very least respects my gender identity and sexuality as a baseline." This is emphasized by Drew reflecting on how their ability to find a mental health care provider is reduced by the lack of respect from providers, "I was going to say, I think probably the biggest barrier is finding someone that respects me, which is sad."

Safety

Participants (*N*=8) desired providers who make them feel safe. Most participants reported seeking out a specific focus or identity characteristic of a provider that they either looked for when searching for mental health care or avoided. Lil reported that they avoided therapists with

certain religions affiliations. Jordan describes when they sought out a therapist, "I also made sure that it said LGBT friendly next to her name." Les describes their process in searching for a gay therapist using a third-party site:

> you, you get to sift through the providers. Um And so, like, they have the different, um, like some basic check box stuff of like, or like, uh things that the providers would be familiar with and then also uh ways to filter out like identities that the provider has or like marks off like having um and so was looking for like a gay therapist uh was able to like, see a couple of them.

Additionally, Les also describes wanting to have a provider who made them feel safe by being able to disclose enough personal information that it feels like the provider will be able to understand their social positioning,

> I love it if providers are able to share some of where they're coming from, like socially or like this is my background, all these [identities, attributes, and trainings] so that [we] can hopefully have some common ground or just like understanding.

Participants shared they were more comfortable with providers who identified as women and were LGBT friendly, Zein shared that they feel safe when a provider has these characteristics:

> I also have a preference of them being very LGBT friendly because that's a big thing. I hope that I always get those qualifications but if I don't, I don't really want to go forward with it because I have a hard time expressing towards men.

Participants wanted to be able to search for LGBT providers and other characteristics they wanted in a provider, but there is a lack of accurate information. Luke shared:

> I think that when searching for a provider a huge hurdle or thing to consider is you don't know [a provider's history]. There are a number of providers that have worked with

LGBTQ+ individuals but it's not shown anywhere and so it's really hard to find a provider that is actively sharing that information and so if you are looking for that definitively to feel safe or safer in that way that really limits your pool.

Understanding of the Nuances of Gender

Participants (*n*=5) reported wanting a provider who understands the systems of power and privilege that affect the TGD experience and how it affects the individual's experiences in the world. Henry described that they desire to have a provider who they feel their gender is understood by without having to educate the provider,

> I think a lot of people just don't even consider that trans masculine people exist. And also, [the therapist] laughed so hard the first time [I explained] I'm not trying to be like, a capital M man. And he was like, well, what does that mean? You're not trying to be a man? I get it, but what do you mean? So, trying to explain gender nuance sometimes is hard for people to kind of comprehend of being like, yeah, I'm like a boy but not a man. Or like, I don't know, definitely explaining the nuances. People don't understand the nuance.

Additionally, Drew described how sexuality-affirming providers are more accessible than gender-affirming providers,

> When I was at my old job, he was getting in touch because he was trying to figure out how to recruit interns and get people from the LGBTQ community to work in his practice. And he said something about LGBT affirming providers. there's not really that many. And the ones that we do have are mostly LGB affirming providers.

Despite being a queer identifying therapists there can still be a gap in understanding TGD experiences, Luke reflected this:

I had a lot of struggles even when I did find someone who had [LGBT] in their search

terms. I mean there are as we know there are so many letters so many identities and so

many experiences within it that like I have not had great experiences with someone who

identifies as queer. Even that doesn't necessarily help so I think that identify through

these target terms that's important to consider.

Identity Disclosure

When and how participants (n=5) inform a mental health provider about their gender

identity depends on if the individual feels safe with a provider, self-perceptions of their gender

identity, and the availability to disclose. Participants report that they disclose to be able to see if

the provider is safe to start services with or they wait until they feel safe with a provider to

disclose their gender identity, if they are able to repress that part of their identity, in the initial

phases of seeking. Timing of self-disclosure is critical and specific to an individual, it is

contingent on when an individual is able to assess for safety, Henry described that they disclose

their gender identity as early as possible to providers

Yes, with my second one, like I said, it was, like, right when I started testosterone, and so

it was kind of like a weird like, they had me in the system one-way, and I was like, oh,

actually, this is why I'm here, and this is what's going on. So, yeah, I had to do it in the

first session with my most recent provider.

Much like Henry, Lil described timing their disclosure until they felt the provider was

safe:

I usually wait one appointment and then on the second appointment, I let them know. Just

because I wanna make sure their vibe is good.

In addition, Les, expressed that if they are able to disclose their gender identity before the

first appointment, they feel safer, "That will help me feel more comfortable going into at least

the first appointment like we don't have to have this big old conversation already." Additionally,

Jaiden described barriers to disclosing their identity revolved around the fear that their gender

identity would be pathologized, "I didn't want to have anybody associated my gender identity

with a diagnosis cause I don't think that's valid personally."

Additionally, Lil also went on to describe the fear associated with disclosing their gender

identity,

> It's really scary because a lot of nervousness because I have a fear that they will either say
>
> something extremely homophobic of some type or they will just be like, all right, I'm not
>
> gonna, I can't help you. You're unhelp-able and I'll just be like, oh. It's a lot of fear of
>
> rejection based on who I am as a person.

 Much like Les, Lil also described how being able to identify yourself before the intake session

with a therapist would help with comfortability and safety:

> And also I think it would help with the whole anxiety of knowing whether or not your
>
> therapist would be ok with you because if they see your pronouns and then still take you
>
> as a client or patient clearly, they're ok with it or hopefully they're ok with it.

Furthermore, Henry endorsed that intake paperwork that allows for identity disclosure would

ease them into more comfortability and safety seeing a provider.

> Having to come out the first session and [explain] yeah, I had to fill it out this way. This
>
> is my legal name, but this is what I go by, and these are my pronouns. And having to sort

of navigate everything, just that there's not even space to kind of explain things right off the bat or anything like that.

Burden of Advocacy and Education

Participants (*n*=7) described intentional and unintentional expectations and situations that asked or forced them to educate or advocate for their identity to a mental health provider. Participants reported feeling like they had to advocate to be seen and respected as TGD individuals, that their identity was not represented in the transgender narrative, and a strong desire to have providers educate themselves rather than relying on the client. Lil reported:

It's just, most of them are just uneducated is a lot of it is they don't take time out to educate themselves on the more relevant LGBTQ like, I guess research and just norms and terms and who everybody is and what it means.

Furthermore, Zien described their experience having to repeatedly advocate for themselves and respect:

So please don't make it a huge deal. And so, I have to let people [know], it's not even like I have to educate them on being trans. I just have to educate them on ignoring I am female in the [medical] setting but ignoring [sex assigned at birth].

Additionally, Zien reflected on how the burden of having to advocate for their identity exhausted their energy resulting in a continuation of disrespect.

Most of the time when they do say she, I just ignore it because I've gotten so like, upsettingly used to it. I like, I don't want to be used to being called, you know, girl and ma'am and stuff like that. But when I'm just, you know, too exhausted to have to deal

39

with it or, you know, I don't want to correct people. I just suffer and it sucks but it is what it is.

Drew described the burden of having to educate his provider to the point that he was asked outside of session to provide information about his gender identity.

I was the first trans patient he ever had, and it showed, but not in an ignorant way. He was genuinely like how can I do this better? But to a point where he emailed me and asked me advice on something, which was kind of weird. But yeah, I basically held his hand and wrote this letter for him and just had him sign it so that I could go get something covered by insurance, because you have to have like two or three, depending on your insurance, all from different people.

Drew also reports withdrawing from services when providers did not educate themselves and would not remove the burden of education off of the client, "Some of them I've stopped seeing because they just didn't get anything, and they didn't seem willing to read up on anything." Henry described not feeling represented in the narrative and that they had to advocate for their identity to be seen,

I guess I knew that he was friendly with everything, but I wasn't sure how familiar he would be with transition and everything, especially because I feel like when people think of a trans person initially, they think of a trans femme person for the most part, in my experience. And they kind of don't even consider the fact that people are going in the other direction.

Discussion & Implications

The purpose of this study was to examine the experiences that TGD individuals have when seeking mental health care. This study found that participants, experience certain factors that facilitate their ability to seek out mental health care, they report significant barriers, they seek out care with either a gender or non-gender related focus, they look for specific characteristics in a provider, they prioritize when and how they disclose their gender identity, and they are burdened with educating providers and advocating for their identity.

Facilitation of Seeking Behaviors

Overall, participants described having a more positive experience seeking mental health care, and better outcomes, when mental health care is accessible, and they have some external support during the process. Similar to the literature surrounding the minority stress model (Myer, 2003; Tan et al, 2020), this study found that social supports increased positive outcomes and increased the seeking behaviors of TGD individuals. Support led to more success finding and receiving care. This research showed beneficial external supports included family, friends, TGD peers, and administrative or office staff at mental health agencies. Similar to previous research participants described that if there are positive interactions between client and those coordinating care there is higher success with accessing mental health care (Falconer et al., 2022). These findings highlight the importance of the training that administrative staff have in interacting with TGD individuals. In this study participants described how the office staff made them feel more comfortable seeking services, however, being able to disclose their gender identity allowed for a greater facilitation of services. If administrative staff are able to be identified as safe to disclose TGD identities to TGD individuals they will feel more comfortable and safer seeking mental health services.

Current research shows that there is a significant gap in the preparation that counselors have in working with TGD clients (O'Hara et al., 2013). Research indicates that there is no difference in competency of a counselor in training and an advanced counselor, and the one key factor of having competence with working with TGD individuals is knowing someone who is TGD (O'Hara et al., 2013). There is little existing research and training that explores how to set up an inclusive practice when working with TGD individuals. Research indicates that only one in five mental health providers in the survey had attended a conference presentation or workshop on topics related to TGD people and only 5% of the providers had received TGD-specific training (Puckett et al., 2023).

When mental health care is gender-affirming and is made more accessible to TGD individual they have a positive experience seeking out mental health care. Participants reported desiring more accessibility to services for not only themselves but for their community regardless of if their previous experiences were positive or negative. Current research indicates that Telehealth services increases the availability that clients have to accessing services (McBain et al., 2023). This study found that Telehealth services made care more accessible for TGD individuals through expanding access that TGD participants had to providers that they found to be safe, respectful, and competent.

This study highlights the importance of gender-affirming care. Access to gender-affirming care results in better mental health outcomes for TGD individuals (APA, 2015; Chang et al, 2018; McCullough et al., 2017; WPATH, 2012). There is a lack of knowledge that addresses how providers can identify themselves as competent in providing gender affirming care, participants in this study reflected on the importance of being able to find this information out before ever reaching out to the provider. Having the ability to identify a provider as gender-

affirming was critical in accessing care. Third-party sites that facilitate potential client and

provider interactions are great at including TGD identities as a clinical focus of a provider,

however there are some concerns with providers overusing these checkboxes, rather than being

intentional with their selections. This creates a gap between what a provider lists on a profile and

their true competencies. Participants in this study and in previous research, (Mizock &

Lundquist, 2016), would rather know before interacting with a provider if the provider will be

respectful of their identity and competent to work with them.

Barriers

Barriers to mental health care that the participants endorsed were personal factors,

situational factors, discrimination, and insurance. Whether a participant had insurance or did not

have insurance when they were seeking mental health care, it posed a barrier. According to the

literature TGD individuals are uninsured at higher rates than their cisgender counterparts

(Learmonth et al., 2018), this means that this barrier disproportionately affects TGD individuals.

This study indicated that participants without insurance utilized community mental health

agencies, highlighting the importance of having providers at these agencies who are trained to be

respectful of TGD identities and competent to provide TGD individual's care. Care through

community agencies for the uninsured is often limited to funding that the agency receives, thus

care is normally limited to a certain number of sessions (Harper et al., 2015). This creates

barriers to TGD individuals who need longer term services, emphasizing the importance of case

management services in community agencies that facilitates connections between appropriate

resources and TGD individuals.

Based off of this study and previous research (Worthen, 2016), the pathologization of

gender creates both personal and situational factors that creates barriers to mental health care for

TGD individuals. This study aligns with previous research that indicates that TGD individuals want to be viewed as a whole person and did not want their gender identity to be seen as a mental illness or a source of their mental distress. Aligning with the gender minority stress model (Tan et al., 2020), participants in this study disclosed internalized transphobia because of the pathologization of TGD identities. A personal and situational barrier that this study identified was that individuals do not know what to expect from mental health care. Not having appropriate expectations of the process of seeking and receiving mental health care can result in negative perceptions of oneself and negative interactions with the environment as evidenced by this study. One participant described how having third-party care coordination helped them seek out mental health care that they felt comfortable and safe with. This care coordination allowed for the participant to set expectations about receiving care. This study emphasizes that mental health care coordination via administrative staff for agencies can help with personal and situational barriers that are faced by TGD individuals. However, this staff must be trained in assisting the unique barriers that TGD individuals face.

Participants all described situations in which they fear for or experienced actual discrimination. This aligns with research that indicates that the most common setting that TGD individuals face discrimination is in health care (Seelman et al., 2017). This poses a large barrier for TGD individuals seeking mental health care (McCullough et al, 2017). Some participants repressed their identity or refused to seek services until their functioning had been significantly impacted by their mental health due to the discrimination they experienced or feared happened. These findings emphasize the importance of having providers receive training to be respectful and competent of TGD identities, but also trained in providing a therapeutic experience that is able to address these fears and discriminatory experiences.

Type of Care

TGD individuals seek out mental health care for more than just their gender identity (Meier & Labuski, 2013; Shipherd et al., 2010). Similar to existing research (Puckett et al., 2023), TGD clients have a range of experiences they seek mental health care for. This study found more participants endorsed their motivation behind seeking mental health care as non-gender related than gender related. It is important for the provider to not assume that the presenting problem is related to a TGD identity. This finding is similar to the finding that providers inflate the impact of gender on an individual's life. (Mizock & Lundquist, 2016).

Participants also endorsed that their needs surrounding their gender identity changed overtime, and that it is more important for them to be viewed as a person first rather than a TGD person (Mizock & Lundquist, 2016). Ultimately, a TGD individual's needs change throughout their life and it is important that the client is at the center of the care that they are receiving and taking the lead on exploring how their gender impacts them (Mizock & Lundquist, 2016). In this study, participants reflected that they sought out more gender-related care early in their identity development and transition. Participants who were further along in their gender identity development and transition, reported seeking out care that did not focus on their gender. However, participants still looked for the same attributes in providers, competence, respect, safety, and understanding of gender nuances, despite the type of care they sought out.

Additionally, listening to what the client is looking for in treatment is vital before making a referral (Nakash et al., 2018). TGD clients can have specific wants and needs from a provider, like being able to write WPATH letters, it is important that before referring an TGD individual this is addressed. Providers and the TGD individual also can have a different perception on the presenting problem (Nakash et al., 2018). This was explored in this study when a participant was

referred to group services when they were seeking out individual services. While limited

research identifies that affirmative group therapy for TGD individuals can provide validation, a

space for practicing disclosure and promote strength and resilience, participants did not reflect

this experience or describe being able to access gender affirming groups specific to their gender

identity (Chen et al., 2020) This study shows that group therapy for TGD individuals need to be

at similar stages of identity development for all participants to find it beneficial.

Characteristics of Providers

This study adds to previous research, (Benson, 2012), finding that TGD individuals

desire to feel safe, respected, and understood when seeking out mental health care. Participants

disclosed experiences of not feeling, safe, respected, or understood when they were seeking or

working with a mental health care provider. Providers who were able to advertise their

competencies were received well by the participants (Puckett et al., 2023). While some

participants endorsed wanting a provider who specialized in providing gender-affirming care to

TGD individuals, all participants at the minimum wanted competency. Providers who specialize

in working with TGD individuals are those who are educated, continue to educate themselves,

understand power and privilege dynamics, understand the nuances of gender, who are willing to

put the client first, who are able to write WPATH letters, who are able to advocate and educate on

behalf of the client rather than burden the client. This study also found that participants desired

providers who recognize their limits and provide appropriate care or referrals. Similar to existing

research TGD individuals seek out providers who are competent in writing letters based of

WPATH requirements for receiving other medical services (Mizock & Lundquist, 2016).

According to the literature, (Coleman et al., 2022), WPATH requirements can be confusing for an

individual to understand so having a provider who is willing to advocate for a TGD individual is

a valuable experience. Participants also reported being averse to certain characteristics of providers, specifically, cisgender male providers and those with religious affiliations.Awareness of this adversity creates a valuable opportunity for providers to intentionally strive for restorative therapeutic relationships for TGD individuals who seek out mental health care from them. If a provider is able to broach this potential adversity the resulting experience could be empowering and enhance counseling outcomes for the potential client (Day-Vines et al., 2011). Findings from this study indicate that TGD individuals find a provider's self-disclosure to be valuable in their ability to assess if the provider is safe and respectful of their identity. It is also important to note that participants in this study all sought out a LGBT friendly or LGBT identifying therapist, however, it was found that this did not always indicate competency of the provider to provide care. However, to participants it was the biggest indicator their identity would be respected, and they would be safe to attempt to seek services from the provider.

Identity Disclosure

There is limited literature discussing gender identity disclosure to a provider. This study aligns with research that indicates disclosing a diverse gender identity to a provider can be a scary anxiety-riddled experience (Bjarnadottir et al., 2016). Similar to existing research, (Mizock & Lundquist, 2016), participants reported that inclusive paperwork that allowed for disclosure before the first face-to-face interaction was beneficial to making them feel comfortable seeking services. Participants endorsed that paperwork that allowed for the individual to write in their gender identity rather than subject their identity to the closest checkbox was also very important in making them feel safe, seen, and respected. Participants described wanting to disclose their gender identity to their provider for their safety in working with the provider. Participants who felt they could hide their gender identity, and were seeking non-gender related care, waited to

disclose their gender identity to a provider until they felt the provider was safe. All other participants reported disclosing as soon as possible to a provider in order to determine if the provider was willing, competent, and respectful of working with them. Participants did not want to engage in services with a provider, disclose their identity, and then the provider be discriminatory or feel that they were not competent to provide services.

Burden of Advocacy and Education

Participants described that they are often put in situations that require them to advocate and educate for competent, ethical, and safe care from providers. Similar to existing literature this study found that providers over-rely on obtaining information about the TGD identity from the individual rather than educating themselves (Mizock & Lundquist, 2016). Participants desire exploring their gender identity with a provider and how it impacts their worldview but this should be done based off what the participant wants and their treatment goals rather than the providers lack of knowledge on TGD identities (Mizock & Lundquist, 2016). Providers should be advocating for training surrounding TGD identities in counselor education programs and continuing education, so that there is more accessibility to gender-affirming providers. The burden of education falls on the TGD individual and it creates a barrier to seeking out mental health services (Grant et al., 2011; Poteat et al., 2013; Mizock & Lundquist, 2016). As shown in previous research there must be a balance between a provider educating themselves on TGD identities and their life experiences and a provider exploring how a TGD identity individually impacts a client (Mizock & Lewis, 2008; Mizock & Labuski, 2013, Mizock & Lundquist, 2016). Exploring a client's TGD identity should not be for the benefit of educating a provider but done as a part of treatment related services.

Limitations & Future Research

Despite efforts to obtain a diverse set of identities, ages, and races, a significant limitation within this study is the lack of representation of this population. All eight participants were 20 to 29 years old and white. While there was some diversity of gender identity no trans feminine voices were represented Additionally, all participants reside in Florida, due to the social and political climate in the state, their experiences could be different than those of a TGD individual residing in a different state. Florida's persistent attacks on the TGD population can result in increased minority stress on the them, potentially resulting in increased negative experiences seeking care. Further research should be done to expand the geographical location of participants.. Additionally, mental health care was broadly interpreted to include therapeutic and psychiatric care. This study highlights the importance of expanding on the available educational material for working with TGD clients. This begins in counselor education programs, there is a lack of information provided to counselors in training about working with TGD clients. These programs need to examine their existing curriculum and determine how to provide information on not only the population, but how to educate oneself while working with a client when they still need to expand their education. Counselors need to learn how to advocate for TGD clients and remove some of the burden that is placed on TGD individuals within mental health care, health care, and society. The findings of this study can be applied by counselors learning from the experiences that participants shared and create action plans for themselves to grow more competent, for agencies to expand training and practices, and for organizations to offer continuing education on how to serve this population most effectively.

There are multiple recommendations for future research based on the findings and limitations of this study. Expanding research to include a more diverse demographic is vital as this study was not representative of the entire TGD community. More research should also be

done to examine the experiences of uninsured TGD individuals. Examining the discrimination that TGD individuals experiencing and how mental health care can provide a corrective experience would be beneficial. Additionally, examining how paperwork and intake assessments are structured when serving TGD individuals is vital to providing competent care that is beneficial to the TGD client. Finally, working on expanding the competence that providers have working with TGD individuals is vital to the positive mental health outcomes of this population. The development of trainings that providers can take on providing respectful, competent gender affirming care is a necessity to better serve this population.

Appendix A

Interview Questions

1. When was the last time you sought out mental health treatment? What was that experience like?

2. What was your motivation behind seeking mental health treatment?

3. How do you seek out providers? What platforms or resources did you use?

4. What are you looking for when you seek mental health care?

    a. What attributes do you look for in a mental health provider?

    b. What settings are you seeking mental health care?

5. Did you experience any barriers to seeking treatment?

6. Was there anything that made you feel supported in the process?

    a. Do you feel safe seeking mental health treatment?

7. Have you ever been turned away by a provider?

    a. Tell me about that experience.

8. Did you disclose your TGD identity to a mental health provider?

     a. How did you feel to disclose?

     b. What prevented you from disclosing?

9. Is there anything you think I should have asked you that I did not?

10. Is there anything else you would like to add?

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