



POLICY BRIEF

Supporting the Mental Health Needs of
Transgender and Gender Non-Binary
Individuals:

Best Practices for Programs and Providers

JULY 2023

AUTHORS:

Philippa-Sophie Connolly, PhD
Lily Cohen, BS
Jacob Ham, PhD



Icahn
School of
Medicine at
Mount
Sinai

*Center for Child Trauma
and Resilience*

INTRODUCTION: MENTAL HEALTH INEQUITY FOR PEOPLE WHO ARE TRANSGENDER AND GENDER NON-BINARY

Today in the U.S., 1.6 million people identify as transgender and 1.2 million as gender non-binary (TGNB). The mental health struggles of TGNB individuals are perpetuated and exacerbated by a variety of social, economic, and cultural factors including exposure to disproportionate levels of trauma and violence (e.g., physical assault, hate crimes), higher rates of housing instability, poverty, unemployment, and involvement in the justice system (Barboza et al., 2016; James et al., 2016; Kronk et al., 2021, Meyer et al., 2021; Mizock & Lews, 2008). Approximately 60% of TGNB individuals report poor mental health (i.e., symptoms of traumatic stress, depression, anxiety etc.), with TGNB individuals of color faring most poorly due to the cumulative impact of discrimination (Feldman et al., 2020; Millar & Brooks, 2021; Robertson et al., 2021). Despite the unique set of challenges faced by TGNB individuals, access to quality, gender-affirming, and culturally competent mental healthcare remains limited for this population.

Mental health services oriented around the provision of gender-affirming and trauma-informed care are rare and few programs offer services tailored to the unique needs, experiences, and concerns of TGNB people. In addition, this group faces a host of barriers to accessing quality care, including stigmatizing, invalidating, or discriminatory treatment by healthcare providers and a general lack of understanding and awareness of TGNB issues and experiences in healthcare practices (Lyons et al., 2015; White & Fontenot, 2019). This lack of cultural competency and responsiveness in the healthcare system has led to a mistrust of clinicians and a reticence to seek mental healthcare (Barnes et al., 2019; White & Fontenot, 2019).

Driven by the goal of further understanding and addressing these issues, the Manhattan District Attorney's Office's Criminal Justice Investment Initiative (CJII) funded a novel, trauma-specific, pilot mental health program for Transgender Survivors of Violence at the Mount Sinai Center for Transgender Medicine and Surgery (CTMS). The Trauma Healing and Resilience Initiative for Transgender Survivors of Violence (THRIV) was designed to increase access to trauma-focused, gender-affirming therapy for TGNB survivors of interpersonal violence and trauma.

The Icahn School of Medicine at Mount Sinai conducted an independent process evaluation of the THRIV program^[1] that centered around understanding service-recipient experiences. Participants expressed over-

[1] Connolly, P., Rader, S. & Ham, J. (2023). Final evaluation report: The Transgender Healing and Resilience Initiative for Survivors of Violence. Icahn School of Medicine at Mount Sinai. Retrieved from <https://cjii.org/wp-content/uploads/THRIV-Final-Report.pdf>.

whelmingly positive feedback regarding the services, quality of care, and observed impacts of the program. Specifically, they cited their appreciation for having a safe space to connect with a diverse community of trans people, experiencing healthy and supportive relationships with staff and peers, feeling respected in a medical setting for the first time, and having an opportunity to heal from trauma. Based on these findings, **the following recommendations outline best practices for mental health programs and providers** to more effectively meet the psychosocial needs of TGNB survivors of interpersonal violence and trauma.

BEST PRACTICE RECOMMENDATIONS FOR MENTAL HEALTH PROVIDERS SERVING TRANSGENDER AND GENDER NON-BINARY PEOPLE

1 Engage in appropriate training and continuing professional development to increase knowledge and competency relating to transgender care.

Having overwhelmingly negative experiences in healthcare environments is not uncommon for people who identify as TGNB. Therefore, clinical competence and the facilitation of effective clinical interventions is key to addressing the complex needs of participants. It is important for clinicians to be open-minded and expand their knowledge of trans healthcare to deepen their therapeutic practice, and their relationships with TGNB clients. Clinicians working with TGNB populations are encouraged not only to attend trainings on working with TGNB patients, but to conduct trainings as well, to share their expertise and help other healthcare providers gain knowledge on the topic of trans healthcare.

2 Endeavor to provide a supportive and affirming therapeutic relationship and healthcare experience for clients.

Many TGNB individuals have histories of negative experiences within the healthcare system—in part because many providers are not adequately trained to care for trans clients, but also due to discriminatory practices. Providers should actively seek to provide a positive health system and therapeutic relationship experience in order for participants to navigate the healthcare landscape with more confidence and competence going forward, and to enhance their ability to self-advocate in care settings.

3 Provide responsive clinical interventions to address participants' needs based on feedback and collaboration from participants.

Acknowledging participant feedback and adjusting programming to honor their suggestions and lived experiences is crucial for the effectiveness of trauma-informed mental health programs. For example, modifying group curricula, expanding modalities used, and introducing non-clinical components such as speaker events and creative expression groups provide a more tailored and responsive experience for participants.

4 Take a nuanced and comprehensive approach to healing, recognizing that (1) the trauma and marginalization of being trans can permeate all facets of life, but also that (2) trans people are more than just their gender identity.

Many TGNB individuals have experienced marginalization and discrimination, particularly those with intersecting marginalized identities (e.g., gender and race/ethnicity/religion etc.). The cumulative impacts of these stigmatizing experiences permeate the lives of such individuals. As a result, it is important for mental health providers to focus not only on addressing current symptomology, but also provide a space to process the pervasive oppression that TGNB people have, and sadly, will continue to encounter. In addition to providing people with a space to process the trauma and discrimination they experience moving through the world as trans, clinicians should also provide a space for TGNB individuals to process and discuss aspects of their lives and selves that do not relate to their gender identity, in recognition that they are more than just their gender identity.

5 Help trans individuals not only to heal their trauma, but also (1) increase visibility for the trans community and (2) educate family members of trans individuals – and society at large – on the reality of the trans experience.

There are certain aspects of TGNB individuals' daily lives, such as their interpersonal interactions with friends, family, and even strangers that are difficult due to the deep-rooted transphobia that pervades much of society. Publicizing resources geared towards helping TGNB people more heavily (e.g., on social media) can help to increase the visibility of trans people and combat this prejudice. Additionally, it is important to create and provide spaces and resources to help educate the families and friends of TGNB people so that they may aid in the healing journeys of their loved ones, rather than hindering them. Engaging in system-wide advocacy to deconstruct harmful systemic practices is crucial to promoting healing for trans people.

BEST PRACTICE RECOMMENDATIONS FOR MENTAL HEALTH PROGRAMS SERVING TRANSGENDER AND GENDER NON-BINARY PEOPLE

1 Create sustainable, trans-focused, gender-affirming, trauma-informed treatment programs to meet the demands of TGNB individuals and increase access to care.

There is a scarcity of mental health programs that are gender affirming, trauma-focused, trauma-informed, and designed specifically to meet the needs of trans individuals, resulting in an unmet need for high-quality, tailored care. At best, this means there are long waitlists for appropriate services for trans individuals. At worst, this means that trans individuals are forced to receive care from people who lack adequate understanding and knowledge of the unique experiences and challenges of trans people. To minimize lapses in care and to reduce negative and prejudicial experiences in the healthcare system, more long-term, sustainable programs that provide gender-affirming, trauma-focused care are vital.

2 Hire the right staff, particularly those who reflect participant identities.

Staff who are experienced, organized, knowledgeable, compassionate, and respectful, create a seamless and streamlined experience for participants allowing them to feel respected and able to open up. Hiring staff who reflect participant identities further cultivates a layer of security and a judgment-free space where participants can receive not only psychological support, but also can exchange and receive information regarding their physical health and the biological process of transitioning from staff with lived experience.

3 Create a participant-to-staff pipeline specifically to address the lack of representation of TGNB individuals working in healthcare and to ensure staff reflect participant identities.

There are significant barriers to education and employment on the basis of gender identity, making it difficult for TGNB-identifying individuals to receive the education, training and professional experience required to find clinical and non-clinical work in healthcare. It is vital for programs serving TGNB individuals to create participant-to-staff pipelines that will provide opportunities for participants to develop professional skills and avail themselves of training and work experience opportunities to increase the pool of qualified TGNB individuals in the healthcare field.



4 Provide staff with the support and resources to receive trainings. Once staff gain more expertise, provide them with the opportunity to spread that knowledge by conducting trainings themselves.

Staff should be encouraged and supported to engage in continuous professional development focused on trauma-informed care, transgender mental health, the impacts of racial and gender-based oppression on complex trauma and providing adequate care to transgender patients across the health system, in order to enhance the experience of program participants. Furthermore, once they gain expertise from attending trainings and working with trans individuals, consider having staff conduct trainings for other health system employees to educate other staff in healthcare settings, both broadening the positive impact of the program and improving morale among program staff, significantly contributing to their satisfaction with the program and their professional development more broadly.

5 Make programming flexible and individualized, meeting the specific clinical and logistical needs of each participant.

Programs should avoid a “one size fits all” approach and instead tailor the program to meet their participants’ individual needs. They should demonstrate flexibility including how services are provided (e.g., in-person, remote), what types of services are offered (e.g., group, individual), when services are provided (e.g., daytime, evening), and the content of services based on participant feedback and outcomes.

6 Provide group services with opportunities for peer connection and community.

Many TGNB individuals report feelings of isolation and aloneness in their experiences. Group services provide an opportunity for connection with other trans people at various stages of their transitioning processes where they can learn from one another’s past experiences, expanded one another’s minds and perceptions, and feel reassured regarding next steps in their respective journeys. Additionally, group services allow participants to witness healthy supportive relationships in a therapeutic context, and to be open and vulnerable about their shared struggles with supportive, judgment-free peers.

References

- Barboza, G.E., Dominguez, S., & Chace, E. (2016) Physical victimization, gender identity and suicide risk among transgender men and women. *Preventive Medicine Reports*. 4, 385-390. ISSN 2211-3355. [Doi.org/10.1016/j.pmedr.2016.08.003](https://doi.org/10.1016/j.pmedr.2016.08.003).
- Barnes, H., Morris, E., & Austin, J. (2019) Trans-inclusive genetic counseling services: Recommendations from members of the transgender and non-binary community. *Journal of Genetic Counseling*. 29(3). <https://doi.org/10.1002/jgc4.1187>
- Denney, J. T., Gorman, B. K., & Barrera, C. B. (2013). Families, Resources, and Adult Health: Where Do Sexual Minorities Fit? *Journal of Health and Social Behavior*. 54(1), 46–63. <https://doi.org/10.1177/0022146512469629>
- Feldman, J. L., Luhur, W. E., Herman, J. L., Poteat, T., & Meyer, I. H. (2021) Health and health care access in the US transgender population health (TransPop) survey. *Andrology*. 9(6), 1707–1718. <https://doi.org/10.1111/andr.13052>
- James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality. Retrieved from <https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf>
- Kronk, C. A., Everhart, A. R., Ashley, F., Thompson, H. M., Schall, T. E., Goetz, T. G., Hiatt, L., Derrick, Z., Queen, R., Ram, A., Guthman, E. M., Danforth, O. M., Lett, E., Potter, E., Sun, S. E. D., Marshall, Z., & Karnoski, R. (2022). Transgender data collection in the electronic health record: Current concepts and issues. *Journal of the American Medical Informatics Association: JAMIA*. 29(2), 271–284. <https://doi.org/10.1093/jamia/ocab136>
- Lyons, T., Shannon, K., Pierre, L., Small, W., Krüsi, A., & Kerr, T. (2015). A qualitative study of transgender individuals' experiences in residential addiction treatment settings: stigma and inclusivity. *Substance Abuse Treatment, Prevention, and Policy*. 10(17). <https://doi.org/10.1186/s13011-015-0015-4>
- Meyer I.H., Russell S.T., Hammack P. L., Frost D. M., & Wilson B.D.M. (2021) Minority stress, distress, and suicide attempts in three cohorts of sexual minority adults: A U.S. probability sample. *PLOS ONE*. 16(3): e0246827. <https://doi.org/10.1371/journal.pone.0246827>
- Meyer, I.H. (2021) TransPop United States, 2016-2018. *Inter-university Consortium for Political and Social Research*. 2021-06-23. <https://doi.org/10.3886/ICPSR37938.v1>
- Mizock, L., & Lewis, T. K. (2008). Trauma in transgender populations: Risk, resilience, and clinical care. *Journal of Emotional Abuse*. 8(3), 335–354. <https://doi.org/10.1080/10926790802262523>
- Reisner, S. L., Poteat, T., Keatley, J., Cabral, M., Mothopeng, T., Dunham, E., Holland, C. E., Max, R., & Baral, S. D. (2016). Global health burden and needs of transgender populations: a review. *Lancet*. 388(10042), 412–436. [https://doi.org/10.1016/S0140-6736\(16\)00684-X](https://doi.org/10.1016/S0140-6736(16)00684-X)
- Robertson L, Akre ER, Gonzales G. (2021) Mental Health Disparities at the Intersections of Gender Identity, Race, and Ethnicity. *LGBT Health*. 8(8):526-535. <https://doi:10.1089/lgbt.2020.0429>.
- White, B. P., & Fontenot, H. B. (2019). Transgender and non-conforming persons' mental healthcare experiences: An integrative review. *Archives of Psychiatric Nursing*. 33(2), 203–210. <https://doi.org/10.1016/j.apnu.2019.01.005>