

Transgender and non-conforming persons' mental healthcare experiences: An integrative review

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ABSTRACT

Introduction: Transgender and gender non-conforming (TGNC) people in the United States face disproportionate rates of mental health disorders, including suicidality, depression, anxiety, and substance use disorders than the general population. Patients' experiences utilizing mental healthcare is a determinant in their care-seeking behaviors and treatment success.

Aim/question: The purpose of this integrative review is to better understand the firsthand mental healthcare experiences of TGNC persons.

Method: The authors sought to locate recent English-language articles that described the mental healthcare experiences of TGNC persons. To do so, only articles that conducted data collection with a TGNC sample were considered for review.

Results: Seven articles met criteria for review. Four themes emerged that depicted experiences of health promotion (*welcoming environments, staff knowledge and response*) and health prevention (*enacted stigma, racial disparities and intersectional insensitivity*).

Discussion: Themes indicated that TGNC persons have mixed experiences (excellent to harmful/damaging) when receiving mental healthcare. There is room for healthcare provider growth in skills to increase TGNC cultural competency.

Implications for practice: Mental healthcare providers and nurses would benefit from interventions to promote TGNC culturally competent care, including in-service training or continuing education for the current work force as well as incorporating TGNC content into pre-licensure educational curricula.

Introduction/background

Transgender and gender non-conforming (TGNC) people in the United States (U.S.) are at disproportional risk for several negative health outcomes as compared to the general population (Carabez, Eliason, & Martinson, 2016; Institute of Medicine, 2011; Poteat, German, & Kerrigan, 2013). Most TGNC people have experienced discrimination in political, social, religious, familial, and/or healthcare contexts (Institute of Medicine, 2011; Poteat et al., 2013; Stroumsa, 2014). TGNC people face unequal healthcare access and health disparities including high rates of depression, substance use disorders, HIV/AIDS, suicide, and sexually transmitted infections (Institute of Medicine, 2011; Su et al., 2016).

Transgender individuals have been described to experience a “systematic oppression and devaluation as a result of social stigma attached to their gender nonconformity” (Bockting, Miner, Swinburne Romine, Hamilton, & Coleman, 2013, p. 943). Despite the documented presence

of such disparities within the healthcare system, research suggests that nurses and other healthcare providers (HCPs) have limited formal or informal training in the specific healthcare needs of gender minorities (Austin, 2015), and HCPs report feeling underprepared to serve TGNC people. TGNC persons' experiences of stigma and discrimination within health systems is associated with HCP behaviors and institutional policies/practices, including gender insensitivity, displays of provider discomfort, denial of services, substandard care, and verbal abuse from HCPs (Carabez et al., 2016; Daniel & Butkus, 2015; Kosenko, Rintamaki, Raney, & Maness, 2013; Roller, Sedlak, & Draucker, 2015).

Mental health disparities facing the TGNC community are also well documented (Su et al., 2016). Related to the impact of minority stress and discrimination, and secondary to disproportionate rates of hospitalization-warranting conditions (e.g. suicidality and substance use disorder), TGNC individuals have a greater need for mental health services as compared to the general population (Perry, Chaplo, & Baucom, 2017; Walton & Baker, 2017). Therefore, in order to develop

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and implement culturally competent, TGNC-affirming nursing interventions, it is imperative to understand the experiences of TGNC persons' with obtained mental healthcare in the U.S. This integrative review examines recent multidisciplinary research to gain a comprehensive understanding of this experience. Results will identify gaps in knowledge and opportunities for advancing nurses' preparedness for providing comprehensive and gender-affirming mental health care for this marginalized population.

Method

We sought to uncover and review existing research specifically examining TGNC persons' mental healthcare experiences. Databases searched were CINAHL, Scopus, PubMed, and PsychINFO. Original research articles were systematically sought by using set search criteria for each database. Terms included “transgender” AND “mental health care or psychiatric care or psychiatry or mental health counseling” AND “experiences or perceptions or attitudes or views or feelings.” Only articles published between 2010 and 2018 were included due to the rapidly evolving public awareness of transgender persons and experiences. Additionally, in 2011, *Healthy People 2020* added health goals for lesbian, gay, bisexual, and transgender (LGBT) populations. This national prioritization of health for sexual and gender minorities is likely to shift or signal a shift in subsequent science and practice initiatives.

Other inclusion criteria were as follows: 1) any report that presented mental health experience data collected from TGNC persons, 2) reports published in English, and 3) data collected in the U.S. or Canada. Exclusion criteria included articles solely presenting mental healthcare providers' (MHCP) experiences, and articles broadly describing LGBT persons' experiences without a clear explication of the experiences of TGNC persons.

Article titles and abstracts produced in searches were reviewed for relevance based on goals of the review and inclusion criteria. A total of 571 articles were screened for inclusion and 96 were fully assessed for inclusion. The article selection process is presented in the Preferred Reporting Items of Systematic reviews and Meta-Analyses (PRISMA) flow diagram (Fig. 1). Using a pre-determined process, data and key information were extracted for relevance evaluation. Aims, objectives, methods, and key findings sections were screened according to inclusion and exclusion criteria. The overall analysis was enhanced by the supervision of two experienced researchers, one with sexual and gender minority (SGM) health clinical and research expertise. An academic reference librarian was consulted to ensure the rigor of the literature search.

Findings

The results of this integrated review represent the key insights, findings, and themes from the selected articles, as detailed in Table 1. Seven articles met the inclusion criteria; three quantitative studies, and four qualitative studies. Lastly, the levels of evidence were critiqued and found to have acceptable quality for inclusion (Dang & Dearholt, 2018). The articles selected primarily assessed quality of outpatient mental health counseling or therapy. One article assessed services at a residential substance use disorder treatment facility (Lyons et al., 2015); another article assessed services at drug treatment programs, rape crisis centers, domestic violence shelters, and mental health centers (Kattari, Walls, Whitfield, & Langenderfer Magruder, 2017). Four themes emerged; two were facilitators of health (*welcoming environments* and *HCP knowledge and response*) and two were barriers to health (*enacted stigma* and *racial disparities and intersectional insensitivity*).

Welcoming environments

Participants from each of the studies reported TGNC-affirming aspects of their treatment experiences. Competent HCPs and staff were

seen as “positive, helpful, healing, and transaffirmative” (Elder, 2016, p. 181). It was important to TGNC persons that “their staff was knowledgeable around trans people, (including) the terminology” (Lyons et al., 2015, p. 12).

Among three qualitative samples of TGNC persons seeking counseling services, a significant theme of trans-affirmative care was identified (Benson, 2013; Elder, 2016; McCullough et al., 2017). Participants reported their mental HCPs were “accepting, advocating, and educating others about TGNC concerns,” were “validating or affirming,” and, importantly, did not “pathologize” their gender identity (McCullough et al., 2017, p. 428). After experiencing this level of acceptance with a mental HCP, participants reported they felt increased interpersonal comfort, were more forthcoming, and shared more openly during counseling sessions. Participants felt most affirmed when “they could talk freely about gender-diverse experiences” (Elder, 2016, p. 182). Some participants felt best served by mental HCPs who identify as LGBT, although some participants reported this was less important than an overall openness to and knowledge of TGNC care. Additionally, provider advocacy emerged as an important component of a welcoming environment. Participants felt welcomed when mental HCPs took the time to educate themselves, utilized a social justice approach in counseling, and helped educate others in the practice setting (McCullough et al., 2017).

In a qualitative study of TGNC persons receiving residential substance use services, participants reported feeling their gender identity was acknowledged and welcomed. These participants perceived this support through respectful interactions and assignments according to their identified gender in treatment groups and housing (Lyons et al., 2015). Indicators of welcoming environments described in two studies were an understanding of the gender affirmation process, correct use of preferred names and pronouns, gender-sensitive rooming and cohorting decisions, and comfort and proficiency in openly discussing gender and gender non-conformity (Lyons et al., 2015; McCullough et al., 2017).

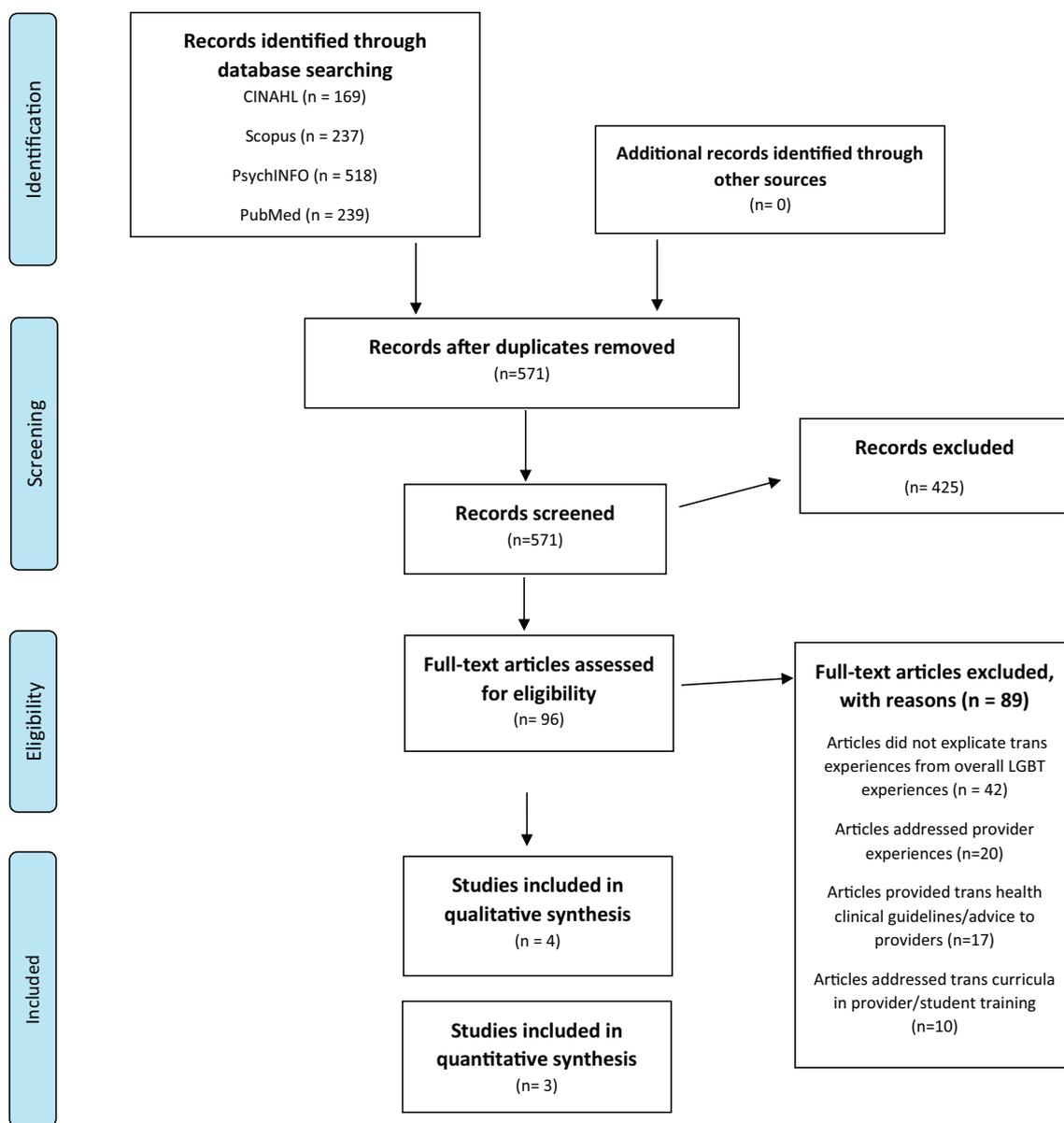
In their quantitative study of TGNC persons seeking gender affirmation care, Austin and Goodman (2018) found that 98% of respondents felt safe engaging in care with their mental HCP and 84% of respondents felt their mental HCP was knowledgeable about TGNC-specific issues. All respondents agreed or strongly agreed that their mental HCP was someone with whom they can share their gender identity concerns (Austin & Goodman, 2018, p. 23).

Participants in all studies reported that HCP knowledge and sensitivity was an important factor in their overall treatment experience. For many, it was the deciding factor in whether to seek or continue mental healthcare. Thus, this is a critical thematic finding that should inform the development of more inclusive mental healthcare environments and services.

HCP and staff knowledge and response

Several articles noted that there is an important role for HCP and staff intervention in matters related to enacted stigma (Austin & Goodman, 2018; Lyons et al., 2015). For some study participants, the presence or absence of appropriate response in conflict between patients was the deciding factor in whether to remain engaged in care. More commonly, participants encountered suboptimal HCP and staff response when the individual discussed challenging topics such as gender identity and past traumatic experiences.

Some participants reported feeling unsafe in the substance treatment setting due to threats of sexual and physical violence by other residents. Respondents in one study reported feeling generally supported by staff, but they felt staff were underprepared to sensitively address residents' gender identity and “they didn't know how to deal with it.” (Lyons et al., 2015, p. 7). One participant reported that “there was a guy that threatened me in there and told me he was gonna kill me ... it was brought to staff ... so the staff and me and the guy all sat down and they still kept the guy on the unit. I left because I felt unsafe there”



Preferred Reporting Items of Systematic reviews and Meta-Analyses, 2009

Fig. 1. PRISMA flow diagram.

(Lyons et al., 2015, p. 9).

Regarding outpatient mental HCPs, several studies' participants shared experiences that demonstrated an apparent lack of knowledge of TGNC issues and invalidations of TGNC persons' experiences. Participants told stories of providers that seemed “unaware that TGNC individuals frequently lack protection against hate crimes in many states, are prevented from using public restrooms, or fear going to the doctor because of the possibility of dehumanizing treatment by doctors and staff ... Feeling angered by an interaction with a counselor, Taye said ‘Do you even know what trans means? Do you understand the history? Do you understand the basic stuff?’” (McCullough et al., 2017, p. 429). One participant seeking mental health services stated, “Most of them don't have any idea what to do ... most counselors that I am familiar with end up trying to fit a person into a profile rather than develop the profile around who the unique person is ... that's why I'm a little leery of being put in somebody else's box” (Benson, 2013, p. 30).

For study participants, these types of experienced stigma and inadequate provider training led to “feeling disrespected,” “mistrustful,”

and “less willing to reach out to other mental health providers again” (McCullough et al., 2017, p. 429). Thus, HCP and staff awareness of TGNC patients' experiences of stigma and discrimination, and resulting interventions as needed, may be important factors in the treatment success of the TGNC individual.

Enacted stigma

All the articles report that TGNC participants have had healthcare experiences that can be characterized as enacted stigma, defined in this review as incidents of discrimination that include experiences of rejection or insensitivity, denial of services, and/or violence. Many of the studies' participants have experienced enacted stigma in mental healthcare contexts.

In residential substance treatment settings, participants reported experiences of name-calling, social rejection, and harassment from other residents. One participant described being “targeted” in the treatment setting, resulting in the respondent engaging in isolative

Table 1
Results summary.

Author, date, and discipline	Evidence type, level, and quality	Sample, setting	Results	Findings that help answer the EBP question	Limitations
Kattari et al., 2017 Social work	Quantitative Level of evidence: III Quality rating: A	<ul style="list-style-type: none"> • TGNC persons aged 18–98 • Random convenience sample using various electronic engagement strategies • n = 6451 • Self-report as TGNC • National sample • TGNC persons aged 22–79 attending a transgender conference • n = 130 • Self-report as TGNC and consumers of mental health services 	<ul style="list-style-type: none"> • Key racial and ethnic differences in experiences of discrimination in mental health care contexts • Five results themes identified: <ul style="list-style-type: none"> • Cost • Bad experiences • Fear or dislike of treatment aspects • Stigma concerns • Time limitations • Themes identified: <ul style="list-style-type: none"> • Supportive • Knowledgeable • Trustworthy • Safety in care • Four results themes identified: <ul style="list-style-type: none"> • Purposes for seeking mental health services • Problems in practice • Therapist reputation • Transgender affirmative therapy • Four results themes identified: <ul style="list-style-type: none"> • Mental health provider identity • Transaffirmative approach • Transnegative approach • Support system beyond counseling 	<ul style="list-style-type: none"> • Differences in treatment in: <ul style="list-style-type: none"> • Mental health centers • Drug treatment programs • Domestic violence shelters • Rape crisis centers • Privacy concerns • Being seen as weak or broken • Prior bad experiences with MH services • Fear of hospitalization • Don't like talking about personal life • Importance of safe space • High level of trust in providers • Difficulty in accessing a trans-friendly provider • Lack of provider training • Experiences of being stereotyped • Financial concerns • Importance of allies • Importance of affirmation and celebration of identity • Mental health provider demographic identity • Transaffirmative care • Therapeutic alignment • Advocacy • Lack of knowledge • Experiential invalidations • Insensitivity • Experiences in therapy • Life experiences • Recommendations for providers 	<ul style="list-style-type: none"> • Single-measure items for complex concepts • Secondary analysis • Complex survey language noted by authors • Self-reporting measures in survey • No comparison sample • Sampling bias (attending conference) • Findings do not represent the diversity of experiences of all TGNC people • Low ethnic and educational diversity • Author reports using vague gender terms in study materials, thus limiting analysis by specific gender identity • Author reports using incorrect gender terms in study materials • Low ethnic, educational, and socioeconomic diversity • Findings do not represent the diversity of experiences of all TGNC people • Disproportionately male-identifying sample • Low educational diversity • Self-selected sample • Findings do not represent the diversity of experiences of all older TGNC people • Data not generalizable to younger TGNC people • Not a random sample • Participants live in a resource-rich health care region • Primary researcher conducted all coding of transcripts
Shipherd et al., 2010 Clinical psychology	Quantitative Level of evidence: III Quality rating: B	<ul style="list-style-type: none"> • TGNC persons over age 18 attending a transgender conference • n = 65 • Self-report as TGNC and consumers of mental health services 	<ul style="list-style-type: none"> • Ten results themes identified. Those addressing EBP question are: <ul style="list-style-type: none"> • Transaffirmative and healing experiences in therapy • Negative or transphobic experiences in therapy • Positive changes in the way therapy is conducted • Discrimination, harassment, and abuse • Recommendations to TGNC individuals seeking therapy • Recommendations to providers 	<ul style="list-style-type: none"> • Findings do not represent the diversity of experiences of all older TGNC people • Data not generalizable to younger TGNC people • Not a random sample • Participants live in a resource-rich health care region • Primary researcher conducted all coding of transcripts 	
Austin & Goodman, 2018 Social work	Quantitative Level of evidence: III Quality rating: B	<ul style="list-style-type: none"> • TGNC persons over age 18 attending a transgender conference • n = 65 • Self-report as TGNC and consumers of mental health services 	<ul style="list-style-type: none"> • Ten results themes identified. Those addressing EBP question are: <ul style="list-style-type: none"> • Transaffirmative and healing experiences in therapy • Negative or transphobic experiences in therapy • Positive changes in the way therapy is conducted • Discrimination, harassment, and abuse • Recommendations to TGNC individuals seeking therapy • Recommendations to providers 	<ul style="list-style-type: none"> • Findings do not represent the diversity of experiences of all TGNC people • Low ethnic and educational diversity • Author reports using vague gender terms in study materials, thus limiting analysis by specific gender identity • Author reports using incorrect gender terms in study materials • Low ethnic, educational, and socioeconomic diversity • Findings do not represent the diversity of experiences of all TGNC people • Disproportionately male-identifying sample • Low educational diversity • Self-selected sample • Findings do not represent the diversity of experiences of all older TGNC people • Data not generalizable to younger TGNC people • Not a random sample • Participants live in a resource-rich health care region • Primary researcher conducted all coding of transcripts 	
Benson, 2013 Human development and family science	Qualitative Level of evidence: III Quality rating: B	<ul style="list-style-type: none"> • TGNC persons aged 24–57 attending a transgender conference • Semi-structured interview • n = 7 • Self-report as TGNC and consumers of mental health services 	<ul style="list-style-type: none"> • Ten results themes identified. Those addressing EBP question are: <ul style="list-style-type: none"> • Transaffirmative and healing experiences in therapy • Negative or transphobic experiences in therapy • Positive changes in the way therapy is conducted • Discrimination, harassment, and abuse • Recommendations to TGNC individuals seeking therapy • Recommendations to providers 	<ul style="list-style-type: none"> • Findings do not represent the diversity of experiences of all TGNC people • Disproportionately male-identifying sample • Low educational diversity • Self-selected sample • Findings do not represent the diversity of experiences of all older TGNC people • Data not generalizable to younger TGNC people • Not a random sample • Participants live in a resource-rich health care region • Primary researcher conducted all coding of transcripts 	
McCullough et al., 2017 Mental health counseling	Qualitative Level of evidence: III Quality rating: B	<ul style="list-style-type: none"> • TGNC persons aged 21–54 • Random convenience sample using various electronic engagement strategies • Semi-structured interview • n = 13 • Self-report as TGNC and consumers of mental health services 	<ul style="list-style-type: none"> • Ten results themes identified. Those addressing EBP question are: <ul style="list-style-type: none"> • Transaffirmative and healing experiences in therapy • Negative or transphobic experiences in therapy • Positive changes in the way therapy is conducted • Discrimination, harassment, and abuse • Recommendations to TGNC individuals seeking therapy • Recommendations to providers 	<ul style="list-style-type: none"> • Findings do not represent the diversity of experiences of all TGNC people • Disproportionately male-identifying sample • Low educational diversity • Self-selected sample • Findings do not represent the diversity of experiences of all older TGNC people • Data not generalizable to younger TGNC people • Not a random sample • Participants live in a resource-rich health care region • Primary researcher conducted all coding of transcripts 	
Elder, 2016 Clinical psychology	Qualitative Level of evidence: III Quality rating: B	<ul style="list-style-type: none"> • TGNC persons aged 60–83 • n = 10 • Semi-structured interview • Participants recruited online have received “at least one significant psychotherapeutic experience” • Self-report as TGNC and consumers of mental health services 	<ul style="list-style-type: none"> • Ten results themes identified. Those addressing EBP question are: <ul style="list-style-type: none"> • Transaffirmative and healing experiences in therapy • Negative or transphobic experiences in therapy • Positive changes in the way therapy is conducted • Discrimination, harassment, and abuse • Recommendations to TGNC individuals seeking therapy • Recommendations to providers 	<ul style="list-style-type: none"> • Findings do not represent the diversity of experiences of all older TGNC people • Data not generalizable to younger TGNC people • Not a random sample • Participants live in a resource-rich health care region • Primary researcher conducted all coding of transcripts 	

(continued on next page)

Table 1 (continued)

Author, date, and discipline	Evidence type, level, and quality	Sample, setting	Results	Findings that help answer the EBP question	Limitations
Lyons et al., 2015 Substance abuse counseling	Qualitative Level of evidence: III Quality rating: B	<ul style="list-style-type: none"> ● TGNC persons aged 24–47 n = 34 ● Semi-structured interview ● Participants recruited from three open prospective cohorts of drug users and one open prospective cohort of sex workers ● Self-report as TGNC and having exchanged sex for money or having used illicit drugs 	<p>Themes identified:</p> <ul style="list-style-type: none"> ● Social rejection, harassment, and violence as enacted stigma ● Transphobia and felt stigma ● Trans friendly and inclusive treatment experiences 	<ul style="list-style-type: none"> ● Experiences with other patients ● Discrimination in treatment facilities ● Sexual violence ● Feeling of being “a disturbance” ● Feeling unsafe in residential treatment settings ● Experiences of respect and acceptance from staff 	<ul style="list-style-type: none"> ● Findings do not represent the diversity of experiences of all TGNC people ● Low ethnic diversity ● No member checking ● Applicable only to substance use treatment facilities

behavior and ultimately terminating care early (Lyons et al., 2015, p. 7). No other articles in this review evaluated the experiences of inpatient mental healthcare. However, this finding highlights a potential problem for inpatient and residential settings, where patients interact with each other in the therapeutic milieu. This may create a higher likelihood of experienced stigma from other patients than in outpatient settings, where patients only interact with their providers.

When receiving outpatient mental health services, participants reported experiences of enacted stigma from their provider. Some participants experienced “experiential invalidations” from their providers, wherein the provider demonstrated “avoidance, interpersonal bias, discouragement, refusal to take clients seriously, and refusal to use correct gender pronouns” (McCullough et al., 2017, p. 429).

In a qualitative study of TGNC persons over the age of 60, all participants described their first experience in therapy as negative (Elder, 2016). Provider behavior was described by participants as “unhelpful or hurtful” and “homophobic and transphobic” (p. 182). Eight participants told stories of transphobic experiences in counseling. Two participants reported that their selected therapist refused treatment and was reluctant to write a letter for gender-affirming medical/surgical care.

When identifying barriers to mental health care among TGNC persons, one of the most significant barriers to care was concerns related to stigma (Benson, 2013). Additionally, among TGNC persons a prior bad experience with mental health services or knowing a peer who had a bad experience decreased the likelihood of seeking care; respondents identified these factors as a primary reason they did not seek care at a time when they needed it (Shipherd, Green, & Abramovitz, 2010).

Racial disparities and intersectional insensitivity

Results indicated that TGNC persons who identify as racial or ethnic minorities experience more TGNC-related discrimination and insensitivity than their white peers (Kattari et al., 2017; McCullough et al., 2017).

Among TGNC persons seeking counseling, a significant qualitative theme of intersectional insensitivity emerged from one study (McCullough et al., 2017). The participants reported feeling “uncomfortable discussing the intersections of their racial and TGNC identities” among providers who “did not recognize the importance of the clients holding multiple marginalized identities,” sometimes resulting in the client deciding not to talk about either identity with the provider (p. 429). Participants were distressed by their inability to locate a provider who could comprehend their experiences as TGNC persons of color. Black male respondents in particular “conveyed frustration about being unable to discuss their anxieties about their social transition from African American female to African American male, and the cultural biases and violence they now faced as Black men” (p. 429). Resultingly, participants felt the need to “compartmentalize and omit parts of themselves” (p. 430).

Another study quantitatively supports this finding, as statistically significant higher rates of discrimination were reported by TGNC people of color who engaged in services at mental health centers, drug treatment programs, domestic violence shelters, and rape crisis centers. Among this sample, TGNC persons who identified as bi-/multiracial or Latino reported significantly higher rates of discrimination (5.5% to 17.0% and 10.4% to 19.03%, respectively) across all four treatment settings evaluated (Kattari et al., 2017). The authors noted that several previous studies have indicated that bi-/multiracial and Latino TGNC persons have been shown to experience disproportionate rates of discrimination in health care, homeless shelters, mental health services, HIV outreach, and substance abuse services (Begun & Kattari, 2016; Cabassa, Zayas, & Hansen, 2006; Lundgren & Delgado, 2008). While rates of reported discrimination in drug treatment programs were statistically significantly higher among Black/African-American TGNC persons (4.5%) than white TGNC persons (1.9%), rates of reported discrimination in the other treatment settings were similar between the

two groups. Discrimination experienced by Asian/Pacific Islander TGNC persons was not significantly different than discrimination experienced by their white counterparts (Kattari et al., 2017).

Discussion

To date, little is known about TGNC persons' experiences of mental health care. Seven papers met search criteria, were systematically reviewed, and four themes emerged from the data, which collectively demonstrate that transgender patients had mixed experiences of mental health care. The findings suggest that TGNC persons have found acceptance, healing, and safety when receiving mental health services. However, TGNC persons have also experienced stigma, discrimination, and poor provision of safety when receiving mental health services. This indicates that there are existing strengths that mental HCPs can draw from to do the work necessary to expand their inclusivity and cultural competence in the care of TGNC persons.

TGNC individuals have a greater need for inpatient mental health services as compared to the general population, partially due to the impact of minority stress and discrimination, and secondary to disproportionate rates of hospitalization-warranting specific conditions such as suicidality and substance use disorder (Walton & Baker, 2017). One study examined the experience of inpatient mental health services in an adult substance use treatment facility. However, our search did not yield any research that has specifically examined TGNC persons' experiences on an inpatient mental health/general psychiatry unit. This creates a gap in our understanding of TGNC persons' mental healthcare experiences and needs. Quality of inpatient mental healthcare is linked with hospital readmission rates, clinical improvement, treatment adherence, and patient prognosis (Akerle et al., 2017; Moss et al., 2014). Therefore, it is imperative to advance our understanding of how inpatient mental health care is experienced (positively and/or negatively) by TGNC populations as an important step in efforts to improve inpatient treatment efficacy and reduce mental health treatment disparities.

Findings from this integrative review suggest mental HCP, staff, and student training are necessary. Participants in all reviewed studies reported that provider and staff knowledge and sensitivity were important factors in their overall treatment experience. TGNC persons often found themselves in the position of needing to educate their provider, which some felt diminished their treatment experiences.

TGNC persons identify welcoming environments as a facilitator of their mental health treatment success, and accordingly benefit from inclusive, culturally competent practice. Several suggestions for TGNC-welcoming environments emerged from participant comments (Table 2). An important component of creating a welcoming environment includes appropriate room assignment based on gender identity; that is, identifying men were assigned to male rooms and identifying women were assigned to female rooms. As rooming and cohort decisions carry potential safety implications for patients, this component of inpatient mental healthcare is worthy of further study to promote the provision on basic safety measure on care units.

However, TGNC persons also identify unwelcoming and/or untrained provider and staff behavior as a barrier to treatment. It is

therefore clear that enhanced training in TGNC-affirming care would be beneficial to TGNC patients. This is supported by evidence that HCPs report feeling underprepared to serve TGNC people (Carabez et al., 2016), and that TGNC persons' experiences of stigma and discrimination within health systems is associated with HCP behaviors and institutional policies/practices (Rounds, Burns McGrath, & Walsh, 2013).

Moreover, there is some evidence from one of the articles reviewed that TGNC persons base their care decisions, in part, on whether they or their peers have had negative or positive experiences with that provider in the past (Shipherd et al., 2010). This is consistent with marketing science, which acknowledges that consumer-to-consumer word of mouth communication is a powerful determinant of consumer behaviors (Chae, Stephen, Bart, & Yao, 2016). This demonstrates that word of mouth may play a significant role in this population's decisions regarding care and adds an additional urgency for providers to enhance delivery of culturally competent care.

Two articles included in this literature review address differences in treatment experiences between white and non-white TGNC persons. TGNC persons of color experienced more enacted stigma and found it difficult to receive care that acknowledged all aspects of their multiple minority status. Participants of color felt their mental HCP "did not inquire about, or understand, their experiences of holding multiple marginalized identities" (McCullough et al., 2017, p. 431). Quantitative data, though limited, also support this finding. Importantly, there is evidence to suggest that Latino TGNC persons experience the most widespread discrimination among all groups studied. This finding supports what is already known about mental health and access disparities among people of color. Mental health care disparities are already more pronounced than other health disparities among racial and ethnic minority populations (Agency for Healthcare Research and Quality, 2012), and mental illness remains one of the most pressing health burdens for minority populations (Dankwa-Mullan, Rhee, & Williams, 2010). As compared to people who identify as white non-Hispanic, people who identify as black, non-white Hispanic, or Asian experience significant disparities in three measure of mental health access – general mental health care access, outpatient mental health care access, and prescription medication access (Le Cook, Trinh, Li, Hou, & Progovac, 2017).

To promote health equity, further research into treatment disparities and/or differing experiences of treatment among persons who are of multiple minority status should be a priority. Mental HCPs must work to improve their cultural competence through education and training, including asking clients directly how they understand and experience their multiple minority status and not assuming a client's gender identity is of greater relevance than other identities (McCullough et al., 2017). Intersectional insensitivity warrants immediate attention from health researchers and providers, as non-white persons and TGNC persons already individually experience pronounced mental health disparities. Future research is needed to identify and address disparities experienced by people who identify as both a gender and racial/ethnic minority.

Lastly, a multidisciplinary lens is imperative to make a comprehensive impact on health outcomes. To date, the nursing discipline has remained largely absent from the ongoing dialogue within the healthcare system regarding strategies for developing HCPs' cultural competence and inclusivity in providing TGNC care (Merryfeather & Bruce, 2014). Among the articles retrieved for this review, none was authored by nurses. Current literature reveals that SGM content is inconsistently included in nursing education (Sung & Lin, 2013) and that nursing faculty feel underprepared to present SGM content in their classes (Lim, Johnson, & Eliason, 2015). Since social justice is a core value in nursing (Grace & Willis, 2012), nurse scientists have an opportunity and indeed an obligation to contribute to the emerging body of knowledge in matters pertinent to TGNC patients. Moreover, nurse leaders and nurse educators have a responsibility to train a workforce that is prepared to implement culturally competent nursing care with patients of diverse gender identities.

Table 2

Components of inclusive environments.

- TGNC-affirming signage in prominent areas
- Gender-neutral bathroom facilities
- Provider and staff training in culturally competent TGNC care
- Forms and documents that allow people to express their chosen name, gender, and pronouns
- Provider advocacy on behalf of patient
- Appropriate staff response when enacted stigma is experienced
- Direct discussion of issues related to race and gender with TGNC persons of color
- Gender sensitivity in rooming/cohorting decisions

Limitations

Limitations of this literature review include the reliance on the selected search terms for article retrieval, the effectiveness of the inclusion/exclusion criteria as previously defined, and the appropriateness of the databases selected for computerized searches. Although every attempt to capture relevant literature was made, such limitations (inconsistent search terminology and indexing problems) can reduce the articles yielded to only about 50% of actual articles meeting search criteria (Whittemore & Knafelz, 2005). Thus, some existing knowledge may have been unintentionally omitted from this integrative review despite concerted attempts to capture all relevant material.

Several of the studies' methods utilized a convenience sampling process. In some cases, data collection was done in settings that may not fully represent the population; the settings were likely disproportionately skewed toward visible, proactive members of the TGNC community (i.e. transgender conferences) (Austin & Goodman, 2018; Benson, 2013; Shippherd et al., 2010). Several of the articles reviewed reported low racial, economic, and/or educational diversity among the samples (Austin & Goodman, 2018; Benson, 2013; Lyons et al., 2015; McCullough et al., 2017). The geographic settings pose additional limitations to the generalizability of the results, as some samples were collected in resource-rich environments.

Three of the studies included in this review reported a limitation of incorrect use of language. In one article, the authors noted that their survey used complex language that might not be accessible to people with low literacy levels (Kattari et al., 2017). Two other articles' authors noted that they developed study materials that used vague or incorrect gender terminology (Austin & Goodman, 2018; Benson, 2013). This may have had the unintended consequence of eliminating potential participants who either didn't understand study language due to its complexity, or who did not participate because they did not identify with the gender terminologies used in study materials. Future research should be conducted by investigators who utilize the most current language and terminologies related to gender identity, as this may enhance recruitment efforts and increase generalizability of results.

These factors collectively reduce the generalizability of the results disseminated. However, this review brings to light important directions for future nursing research, HCP training programs, and healthcare quality improvement.

Conclusion

TGNC persons experience significant mental health disparities. Despite the documented presence of such disparities, there is little existing representation of TGNC persons' mental healthcare experiences in the literature. Findings from this review highlight key health-facilitating and health-preventing factors. Interventions should focus on training of providers and staff to promote inclusive mental health services to TGNC persons. Practice settings and health systems should be examined for environmental cues to inclusivity. Future research is necessary to fully understand the unique experiences of TGNC persons seeking mental health services, particularly in inpatient mental health settings and among TGNC persons of diverse racial and ethnic groups.

Accessible summary

What is known on the subject:

- Transgender and gender non-conforming (TGNC) people in the United States experience high rates of mental health disorders such as depression, anxiety, suicidality, and substance use disorder.
- Because of the well-documented presence of mental health disparities among TGNC persons, there is a higher likelihood that the population will utilize mental health services such as psychotherapy, counseling, substance use disorder treatment, and

inpatient mental health services.

- Little is known about the perspectives or experiences of TGNC persons as they seek and receive mental health services.

What the paper adds to existing knowledge:

- This paper reviews existing literature on the mental health treatment experiences of TGNC persons.
- This paper identifies key themes related to the firsthand experiences of TGNC persons' mental healthcare encounters.

Implications for practice:

- The results of this review offer mental healthcare providers and staff insight into welcoming clinical practices for TGNC people.
- Results shows there is a need for more mental healthcare provider and staff training for culturally competent services for TGNC persons.
- Further research priorities are identified, including in inpatient settings and among TGNC people of color.

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