

Gender-affirming Mental Health Care Access and Utilization Among Rural Transgender and Gender Diverse Adults in Five Northeastern U.S. States

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Table 1: Characterizing Gender-affirming Mental Health Care in a Sample of Transgender and Gender Diverse Adults in New England (n=241) by Current Utilization of Gender-affirming Psychotherapy and Psychiatric Prescriber Services

Variable	Psychotherapy		Psychiatric prescriber		Total sample	
	n	%	n	%	n	%
Currently receiving gender-affirming mental health services						
Neither service	0	0	0	0	118	48.96
Either service	78	66.67	6	13.33	84	34.85
Both services	39	33.33	39	86.67	39	16.18
Settings						
Academic medical center	1	0.85	1	2.22	2	0.83
Community hospital	5	4.27	8	17.78	13	5.39
Community primary care	20	17.09	15	33.33	35	14.52
Online health services	1	0.85	0	0	1	0.41
Private practice	91	77.78	17	37.78	108	44.81
Student health services	10	8.55	0	0	10	4.15
Providers						
Alternative/complementary practitioner	6	5.13	—	—	6	2.49
Clinical social worker	82	70.09	—	—	82	34.02
Couples therapist	16	13.68	—	—	16	6.64
Family therapist	7	5.98	—	—	7	2.9
Group therapist	1	0.85	—	—	1	0.41
Nurse practitioner	3	2.56	17	37.78	20	8.3
Psychiatrist	16	13.68	26	57.78	42	17.43
Psychologist	23	19.66	—	—	23	9.54
Physician's assistant	0	0	2	4.44	2	0.83

Table 2: Multivariable Models of Sociodemographic Characteristics, Health Care Coverage, Stigma Sequelae, Mental Health Conditions, and Violence Victimization Experiences in a Sample of Transgender and Gender Diverse Adults in New England (n = 241) by Current Utilization of Gender-Affirming Mental Health Services^a

Adjusted model	Variable	Either psychotherapy or psychiatric prescriber services				Both psychotherapy and psychiatric prescriber services			
		OR	Lower CI (2.5%)	Upper CI (97.5%)	p	OR	Lower CI (2.5%)	Upper CI (97.5%)	p
Sociodemographic characteristics	Race/ethnicity (POC)	1.98	1.05	3.73	0.035	2.50	1.09	5.77	0.031
Mental health conditions	Ever engaged in self-harm	2.60	0.84	8.08	0.098	0.98	0.18	5.37	0.979
Sociodemographic characteristics	Race/ethnicity (POC)	1.41	0.75	2.67	0.286	3.52	1.65	7.53	0.001
Mental health conditions	Ever diagnosed with sleep disorder	3.83	1.29	11.38	0.016	2.08	0.46	9.41	0.341
Sociodemographic characteristics	Race/ethnicity (POC)	1.27	0.71	2.28	0.414	3.30	1.40	7.79	0.007
Mental health conditions	Ever diagnosed with anxiety	3.68	1.24	10.91	0.019	1.76	0.39	7.87	0.461
Sociodemographic characteristics	Race/ethnicity (POC)	1.88	0.40	8.72	0.423	7.22	1.70	30.70	0.007
Mental health conditions	Ever treated for substance use disorder	3.00	0.98	9.19	0.054	1.24	0.22	6.91	0.804

^aCurrent utilization of gender-affirming mental health services outcome: either psychotherapy or psychiatric prescriber services, both psychotherapy and psychiatric prescriber services, and no psychotherapy or psychiatric prescriber services (referent group).

Background

Transgender and gender diverse (TGD) populations are burdened by substantial mental health disparities. The mental health needs of TGD people in rural areas remain largely unknown. This study sought to characterize gender-affirming mental health service access and utilization in a sample of TGD adults from predominantly rural areas in the northeastern United States.

Objective

This study sought to characterize access to and utilization of gender-affirming mental health services, met and unmet mental health needs, and factors associated with needed mental health services in rural TGD populations in five northeastern U.S. states.

Methods

A nonprobability sample of 241 TGD adults was recruited from 25 counties across Connecticut, Massachusetts, New Hampshire, New York, and Vermont. Participants completed a cross-sectional computer-administered survey, including self-reported mental health and mental health care needs. Bivariate and multivariable models were fit to examine the association of mental health service utilization with: sociodemographics; health insurance coverage; name and gender marker change; mental health symptoms; perceived stigma; mental health, substance use disorder, and somatic diagnoses; and violence victimization. Primary outcomes were utilizing either psychotherapy or psychopharmacology, both, or neither service.

Results

Around 68.9% of the sample resided in rural areas. Fifty-one percent of respondents currently utilized at least one gender-affirming mental health service (48.5% psychotherapy, 18.7% psychopharmacology, 16.2% both services). Common barriers to gender-affirming mental health services were lack of trained providers, lack of mental health integration with primary care, financial costs, difficulty scheduling, distances that were too far, and transportation issues. Factors most important in choosing a mental health care provider were health insurance, gender-affirming care, rapport, and availability.

Conclusion

Access to and utilization of gender-affirming mental health services was suboptimal in this sample. Achieving mental health equity will require addressing barriers experienced by TGD people in rural areas. This study demonstrates unmet gender-affirming mental health needs among TGD adults residing in rural areas of five northeastern U.S. states, and barriers to accessing mental health care in those settings, thus offering a unique contribution to the literature. Findings can be used to improve access to gender-affirming mental health care for TGD people. Mental health care access is vital to improve TGD people's overall wellbeing. Achieving mental health equity will require increased availability and utilization of services to meet the needs of TGD people in rural areas.

Reference

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