City Research Online

City, University of London Institutional Repository

Citation: McCann, E. & Brown, M. (2017). Discrimination and resilience and the needs of people who identify as Transgender: A narrative review of quantitative research studies. Journal of Clinical Nursing, 26(23-24), pp. 4080-4093. doi: 10.1111/jocn.13913

This is the accepted version of the paper.

This version of the publication may differ from the final published version.

Permanent repository link: https://openaccess.city.ac.uk/id/eprint/27905/

Link to published version: https://doi.org/10.1111/jocn.13913

Copyright: City Research Online aims to make research outputs of City, University of London available to a wider audience. Copyright and Moral Rights remain with the author(s) and/or copyright holders. URLs from City Research Online may be freely distributed and linked to.

Reuse: Copies of full items can be used for personal research or study, educational, or not-for-profit purposes without prior permission or charge. Provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

City Research Online: http://openaccess.city.ac.uk/ publications@city.ac.uk

Full title: Discrimination and resilience and the needs of people who identify as Transgender: A narrative review of quantitative research studies

Concise title: Discrimination and transgender needs review

Authors:
Edward McCann PhD RN RPN FHEA
Assistant Professor, School of Nursing and Midwifery, University of Dublin, Trinity College, Dublin, Ireland.
Email: mccanned@tcd.ie
Tel: +353 1 896 4161

Michael Brown PhD RGN RNLD FHEA FRCN
Professor of Health & Social Care Research, Edinburgh Napier University, Edinburgh, Scotland, UK.
Email: m.brown@napier.ac.uk
Tel : +447879 433215

Correspondence:
Dr Edward McCann
Trinity College Dublin
School of Nursing and Midwifery
24 D'Olier Street
Dublin 2
Ireland
E-mail: mccanned@tcd.ie
Phone: +353 1 896 4161

Author contributions:
EM and MB designed the review, conducted searches, critical appraisal and analysis of the data. Both authors reviewed drafts and prepared and finalised the review for publication.

Discrimination and resilience and the needs of people who identify as Transgender: A narrative review of quantitative research studies

ABSTRACT

Aims and objectives. To examine discrimination and resilience experiences of people who identify as transgender and establish potential health service responses.

Background. People who identify as transgender face many challenges in society in terms of the knowledge, understanding and acceptance of a person's gender identity.

Design. A narrative review of quantitative empirical research

Methods. A comprehensive search of CINAHL, MEDLINE, PsycINFO and Sociological Abstracts electronic databases from 2006 to 2016 was conducted.

Results. The search yielded 1478 papers and following the application of rigorous inclusion and exclusion criteria a total of 19 papers were included in the review. The findings reveal that there is a need to ensure that the needs of transgender people are represented, fully integrated, and clearly linked to outcomes that improve their health and quality of life.

Conclusions. Discrimination experiences can result in poorer health outcomes, however many people have developed resilience and positive coping strategies.

Relevance to clinical practice. Nurses need to recognize and respond appropriately to the care and treatment needs of this population. Comprehensive nursing assessments and plans of care that encompass all aspects of the person should be in place supported by clear policy guidelines and evidence-based research. The education requirements of practitioners are outlined.

Keywords:

Transgender, Health Services, Mental Health, LGBT, Human Rights, Quantitative Methods

What does this paper contribute to the wider global clinical community?

- Highlights the discrimination and resilience experiences of transgender people globally
- Demonstrates the growing evidence-base and recognition of the care and support needs of transgender people
- Identifies, that all clinical nurses, irrespective of practice role or practice setting, have an important contribution to make to support needs of transgender people.

INTRODUCTION

Transgender is a term used to describe people whose gender identity or gender expression is different from the sex assigned at birth (Institute of Medicine 2011). The conceptualization of transgender issues and concerns has evolved from that of gender pathology to a more enlightened stance of gender identity (Boza & Perry 2014). The diagnosis of Gender Identity Disorder may have facilitated validation and availability of necessary treatments. However, in some cases, it has resulted in discrimination, stigma and bias against gender-variant people and to the restriction of individual human and civil rights. Therefore, it is essential to ensure that the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, does not pathologize conditions of diversity in sex/gender identity formation and expression (American Psychiatric Association 2013). Global responses to discrimination and marginalization are becoming more evident in health inequality and social inclusion reports (Health Service Executive 2009, Australian Human Rights Commission 2014, Ontario Human Rights Commission 2014).

Stigma-related prejudice and discrimination experiences can have a profoundly damaging effect on a person's well-being and may result in minority stress (Frost & Mayer 2009, Meyer 2015). The Minority Stress Model has been adapted and applied specifically to

the transgender population (Hendricks & Testa 2012). The model examines prior experiences of discrimination and victimization; expectations of future discrimination, victimization and rejection; internalized homophobia, biphobia, transphobia, and resilience. The conceptual framework recognizes that transgender people can be subjected to very high levels of discrimination and victimization, with a negative effect on psychosocial well-being that impacts upon health service access and utilization. The model further sets out how these experiences impact upon the mental health of transgender people. From a psychological perspective, some transgender people have developed enhanced coping strategies and become more resilient (Grossman et al. 2011, Bariola et al. 2015). Resilience is recognized as the ability to cope with adversity and successfully adapt to life events in the face of social disadvantage and adverse conditions (Meyer 2015). It means 'bouncing back' from challenging experiences and involves the presence of cumulative protective processes that buffer the effects of adversity (Charney 2004, Southgate et al. 2005). Additionally, positive identification with one's social group, known as collective self-esteem, has been positively associated with enhanced emotional well-being and the development of resilience (Riggs et al. 2015).

A further concern is the psychosocial needs of transgender people. For example, in one study, 83% of participants reported some form of discrimination (Clements-Nolle et al. 2006). Individuals can often become estranged from family and rejected by peers and further marginalized by society. Some may become disengaged from health care services which are often unaware of the specific public health concerns and needs of this group, further contributing to their socially excluding experiences (Spicer 2010). Where mental health diagnoses are concerned, relevant studies have consistently shown higher incidences of depression and anxiety among transgender populations. Available estimates range from 21-55% among female-to-male transgender people compared to the general population (Couch et

al. 2007, Alegria 2010). Existing studies have shown correlations between discrimination and suicide attempts as well as the relationship between intimidation and hiding ones transgender identity, further contributing to social isolation (Bariola 2015, McNeill et al. 2012). These conditions contribute to the further discrimination of transgender people and can result in victimization and harassment. To fully address the needs of diverse populations, service providers must take account of the role that culture and language play in relation to recovery and the wider impact of racism, sexism, poverty, homophobia and transphobia; this further contributes to discrimination and stigma and the potential development of mental health conditions. Recovery happens at many different levels – personal, services provider and wider community (Ida 2007). Yet, accessing responsive care remains problematic. Effective mental health care, irrespective of gender identity, involves factors including approachability, acceptability, availability, affordability and appropriateness (Lavesque et al. 2013). Additionally, the challenges to accessing and using healthcare services include provider knowledge of transgender issues, competent practitioners, and transgender-affirmative environments. These issues have become increasingly apparent to policy makers and service providers, however translation into meaningful, person-centered health service responses remains elusive (Bauer at al. 2009, Grant et al. 2011).

As a result, there is increased interest in the health and wider care and support needs of people who identify as transgender; from human rights, social inclusion and services access and utilization perspectives. A review of the qualitative research has recently been published on the topic (McCann & Sharek 2015). Therefore, this narrative review of the quantitative literature seeks to identify the discrimination and resilience experiences related exclusively to people who identify as transgender. It will examine issues and concerns related to service access and support needs.

METHODS

The aims of this review were to identify the discrimination and resilience experiences of people who identify as transgender and highlight health service access barriers and support and treatment options required. The review questions were:

1. What are the subjective discrimination and resilience experiences of people who identify as transgender?

2. What are the necessary care and supports needs of people who identify as transgender?

Ethics statement

The study is a narrative review of the existing published research literature and therefore independent ethics review was not required.

Search and selection strategy

The focus of the review was peer-reviewed studies that specifically used quantitative research methods. A subject Librarian was enlisted to assist with the literature search strategy. The databases used in the search were CINAHL, MEDLINE, PsycINFO and Sociological Abstracts. The search terms used were: transgender* OR transsexual* OR gender identity OR gender dysphoria AND discrimination OR stigma OR victimization OR resilience. The data were published from June 2006 to June 2016. The inclusion criteria were limited to academic journals, peer reviewed empirical studies written in English and adults identifying as transgender. Studies were identified that used quantitative data collection methods. People under 18 years, studies including the wider LGBT population and studies including caregivers and health and social care professionals were excluded. The studies had to focus on the discrimination and resilience experiences of adults who identify as transgender; those that did not meet the criteria were rejected. An example of the search strategy used in one electronic database is shown in Table 1.

Insert table 1 here

The *PRISMA* method for reporting the results of the searches was used (Moher et al. 2015) (see Figure 1). The searches revealed 1478 hits across all the databases. These were screened and irrelevant and duplicates were removed leaving 418. A total of 54 full text articles were assessed against the eligibility criteria and a further 35 excluded. This left a total of 19 quantitative studies that were included for full review and synthesis.

Insert Figure 1 here

Quality assessment

A recognized quality assessment tool, the *Critical Appraisal Skills Programme* (CASP) was used as an evidence-based framework to review the papers. (Critical Appraisal Skills Programme, 2013). Specific questions were consistently applied to each of the selected studies (Table 2). Each question was scored zero, one or two out of a possible score of 20 points. A score of zero was assigned if the paper contained no information, one if there was a moderate amount, and a score of two indicated that the question was fully addressed (Rushbrooke, Murray & Townsend 2014). A score of 17 and above, demonstrating the overall quality of the study, was achieved by 9 of the studies (Nuttbrock et al. 2009, Rotondi et al. 2011, Gonzalez et al. 2012, Budge et al. 2013, Fredriksen-Goldsen et al. 2013, Boza & Perry 2014, Gamarel et al. 2014, Bariola et al. 2015, Yang et al. 2015). A total of 7 studies scored between 14 and 16, indicating shortcomings in relation to clarity of aims, data collection methods, research relationships considered, and ethics considerations (Lombardi 2009, Strain & Shuff 2010, Shipherd et al. 2011, Bockting et al. 2013, Dargie et al. 2014, Nuttbrock et al. 2014, Barr et al. 2016). The remaining 3 studies received scores of below 14, due to limited information that impacted on the quality and were related to the aims, ethics, and clarity and detail of findings (Sanchez & Vilian 2009, Bradford et al. 2013, Cruz 2014). All the studies were deemed suitable for the review as they fulfilled the study

inclusion criteria. The issues raised in the appraisal will help guide future research studies which should enhance the overall quality of the available research evidence.

***Insert Table 2 here ***

Characteristics of the selected studies

The 19 studies that addressed the study aims are presented in Table 3. Most studies (n=15) were conducted in the United States (US). The remainder were carried out in Australia (n=2), Canada (n=1) and China (n=1). Sample sizes ranged from 53 to 4049 study participants involving people whom identify as transgender or gender variant. All the studies considered in the review used quantitative approaches that included surveys and measures. All the measures that were used in the studies are presented in Table 3. The measures utilized across the studies fell into three groups; (i) those that are validated and have been used in a wide range of previous research studies, (ii) measure that were specifically modified for use in a particular transgender study and (iii) those developed specifically for a particular transgender study.

***Insert Table 3 here ***

Data extraction and analysis

It was the initial intention of this review to undertake a meta-analysis. However, following the critical analysis and extraction of the main findings from the papers, this approach was deemed unsuitable due to the quality and extent of the range of designs employed and the different sample sizes. Instead, a narrative approach has been taken using recognized guidelines (Popay et al. 2006). A thematic analysis of the data was undertaken. All of the emergent themes were systematically identified across all the studies and coded. They were grouped into concepts to allow for contrasts and comparisons to be made between themes and studies. The emergent themes were identified independently and then discussed, verified and agreed by the reviewers (Caldwell et al. 2011).

Results

The purpose of this narrative review is to present an analysis of the existing studies on the topic that used a quantitative methodology to highlight pertinent issues to inform future health service responses and potential supports required by people who identify as transgender. A total of 12 (63%) of the review studies addressed the issue of discrimination and resilience with 7 (37%) addressing the subject of health service responses and treatment options required by this group. Following analysis, the four main themes identified were (i) experiences of discrimination (ii) resilience and social connectedness (iii) psychological and vulnerability factors, and (iv) service responses and support options.

(i) Experiences of discrimination

Transgender people often face wider societal discrimination in relation to employment, housing, education, legal protection and access to healthcare services (Cruz 2014, Gamarel et al. 2014, Lombardi 2009). Existing studies report very high instances of transgender-related discrimination, such as harassment, abuse, violence and discrimination, with figures ranging between 40-70% (Boza & Perry 2014, Bradford et al. 2013, Shipherd et al. 2011). Increased occurrences of discrimination and low levels of support were related to higher prevalence of depression (Boza & Perry 2014). Discrimination, in relation to healthcare utilization was evident. Access to and use of existing services, was commonly reported as a significant concern among transgender people. Several study participants spoke of the fear of disclosing their gender identity to a healthcare provider for fear of hostility or insensitivity (Cruz, 2014, Fredriksen-Goldsen et al. 2013, Lombardi 2009). Furthermore, socio-economic status was strongly associated with discrimination including lower educational attainment and low income (Boza & Perry 2014, Cruz 2014).

The issues for older transgender people are even more pronounced and many continue to remain marginalized and socially isolated. One study identified that 40% of participants

were anxious about accessing healthcare services; issues included physical health, disability, depression and stress, notably around internalized stigma and discrimination. The authors argue that by tackling discrimination and stigma more effectively, healthcare access can be improved and health risks reduced (Fredriksen-Goldsen 2013). Improving access to appropriate care and adequate supports is a crucial and recurring issue and concern in the literature. All the studies reviewed that addressed discrimination strongly recommended that health services should be more culturally responsive and transgender-friendly with staff who are sensitive and knowledgeable about transgender concerns and needs (Boza & Perry 2014, Bradford et al. 2013, Cruz 2014, Fredriksen-Goldsen et al. 2013, Gamarel et al. 2014, Lombardi 2009, Shipherd et al. 2011). Other transphobic experiences were related to transitioning age, 'outness,' ethnicity and class. Age was positively correlated with lifetime transphobia events and older people reporting more lifetime discrimination than younger people (Lombardi 2009). Furthermore, significantly higher traumatic life events, post-traumatic stress disorder (PTSD) symptoms, particularly depression among transgender people when compared to the general population Shipherd et al. (2011).

(ii) Resilience and social connectedness

Developing resilience and enhancing coping skills can positively impact on the health and quality of life of people who identify as transgender. Also, communities and social networks can have a beneficial impact on enhancing social connectedness. In two studies, greater levels of social support and quality relationships led to better coping and enhanced mental health (Dargie at al. 2014, Budge et al. 2013). One study that investigated community belongingness (Barr et al. 2016) helped to confirm the theory that shared social connectedness with community members is a crucial factor in experiencing a sense of identity and support. People who strongly identify as transgender had a greater sense of 'belongingness' through a shared social connectedness with transgender community members

and felt ‘greater well-being’ (Barr et al. 2016). Another study looked at the experiences related to collective self-esteem and the relationship to fears of transgender-related discrimination and emotional distress. The more positive the person felt about their relationship with the transgender community and sense of social connectedness, the less psychological distress was reported. Additionally, the anxiety that an individual felt about their transgender identity, best predicted the severity of the psychological distress (Sanchez & Vilain 2009). The internalization of discriminatory experiences and the negative consequences are consistent with other existing studies among marginalized groups (Frost & Meyer 2009, Laing & Fassinger 2008).

Levels of self-disclosure or ‘outness’ as transgender negatively impacted on resilience and was negatively correlated with depression and anxiety and was positively associated with self-esteem in one study. This indicated that transgender people who had higher levels of social connectedness and ‘outness’ were less likely to experience depression and anxiety (Strain & Shuff 2010). One study explored minority stress (stigma) and resilience factors, including, family support, peer support and identity pride. The findings showed high rates of depression and anxiety in the sample with strong associations between psychological distress and social stigma (Bockting et al. 2013).

(iii) Psychological and vulnerability factors

Transgender identity affirmation and gender roles within personal and social relationships can present significant psychological issues and stressors that can lead to increased vulnerability to developing a range of health conditions, notably mental illness. Major depression was found to be five times higher in people subjected to psychological and physical gender abuse than corresponding figures in the general population (Nuttbrock et al. 2014). In the same study, transgender women were more able to develop an improved capacity to cope with psychological gender abuse. Rates of depression were shown to be

significantly higher in transgender women who did not have a regular partner or who had casual sexual partners (Yang et al. 2015).

One study discovered that transgender women in the US were found to be nearly six times more likely to experience depression than the general population, with mental health promotion and access to healthcare support and treatment options being a challenge. The researchers also identifying that policy and health service priorities appear to focus on perceived 'risky' public health concerns such as HIV/AIDS. The study identified a relationship between agentic traits (being independent, active and self- confident) and features of minority stress such as depression Shipherd et al. 2011). The findings of Gonzales et al. (2012) suggests that self-acceptance, increased awareness of one's identity and feeling secure about being transgender increased well-being and resilience, supporting the findings of Shipherd et al. (2011).

A major Canadian study, *Transgender Pulse,* examined risk and protective factors for depression among female-to-male transgender people (Rotondi et al. 2011). Study findings indicated that participants who were highly satisfied with their sex lives had lower risk of depression with having a supportive partner resulting in increased levels of sexual satisfaction. Those exposed to greater levels of transphobia were more prone to depression and other mental health issues. The results are consistent with other existing studies (Nuttbrock et al. 2014, Yang et al. 2015).

Gamarel et al. (2014) examined the impact of minority stress factors on intimate relationships and found high levels of mental distress among transwomen, related to depression and financial hardship. The findings also suggest that the impact of 'relationship stigma' can place additional stressors on the transwomen's relationship with their non-transgender male partners. The ensuing stressors, including ways that the relationship is perceived by others, can present challenges to the formation and maintenance of interpersonal

and intimate relationships. A lack of family support and discrimination experiences were positively correlated with increased psychological distress. Conversely, higher income, heterosexual identity, and regular transgender peer contact resulted in greater resilience (Bariola et al. 2015). Cultural and lifestyle differences such as sexual orientation, ethnicity and involvement in the sex trade, may influence gender identity disclosure (‘coming out’) and gender role casting. Highly significant differences were indicated across the cultural and lifestyle domains (Nuttbrock et al. 2009).

(iv) Service responses and support options

Positive coping responses to stressful life events and the development of resilience is apparent in some transgender people. Three studies specifically recommended ways of reducing and tackling stigma and discrimination, including the development of clear policy guidelines and the identification and removal of factors that inhibit equality of access to health services and treatment options (Boza & Perry, 2014, Cruz 2014, Fredriksen-Goldsen et al. 2013). Others suggested the development and delivery of resilience building support programs within health services to counteract minority stress experiences (Bariola et al. 2015, Dargie et al. 2014, Yang et al. 2015).

Manifestations of distress related to discrimination and trauma, particularly anxiety and depression, need to be recognized and the treatment options made available by health services that recognize and are responsive to the needs of transgender people (Barr et al. 2016, Shipherd et al. 2011, Strain et al. 2010). From a therapy perspective, a range of evidence-based talking therapies for individuals and couples, such as counselling and Cognitive Behavior Therapy (CBT) should be provided and made easily accessible (Gamarel et al. 2014, Nuttbrock et al. 2011). Some studies emphasized an urgent need to improve health service access, including mental health and social services, which were non-discriminatory, affirming and responsive to the unique needs of people who identify as

transgender (Bockting et al. 2013, Budge et al. 2013, Lombardi 2009, Nuttbrock et al. 2009). Therefore, health service therapists and other practitioners providing treatments and supports need to possess the appropriate knowledge, attitudes and skills to enable them to offer effective, responsive, quality services. To enable this, training and educational programs should be developed and made available to health practitioners and allied professionals (Bradford et al. 2013, Gonzales et al. 2012).

DISCUSSION

From the issues identified from this narrative review of the literature, it is apparent that for many transgender people there remains significant issues that requires action at various levels. Given the growing body of evidence of the extent of the discrimination experienced by many transgender people and the benefits derived from enabling the development of resilience and enhanced coping, there are a range of issues that must be addressed. Given the evidence of the extent of the health needs, and in particular mental ill-health of many transgender people, and the barriers to accessing health care and treatment options, a sustained focus from health services is required. The implications and relevance of the results will be considered from the perspective of policy, practice, education and research developments.

Policy

While there have been many positive changes and developments in relation to the needs of transgender people, much more needs to be done. To recognize and respond to their Human Rights, legislation needs to be in place making it explicitly illegal to discriminate against transgender people (World Health Organization 2013). Central to the development of such policy directives is the need to enshrine social inclusivity and the rights of transgender people as full and equal citizens. This is important and involves a non-pathologizing approach to understanding the needs and experiences of transgender people (Coleman et al.

2011, McNeil et al. 2012, Transgender Equality Network Ireland 2013). With legislative changes and their enforcement comes the freedom and equality to develop a distinct transgender identity that for some a difficult and complex journey (McNeil et al. 2012).

Current policy needs to specifically reflect both the sexual and mental health needs of the transgender community and shape and inform the development of health services that are sensitive to and respectful of the needs of this population. Robust policy responses need to be in place and fully implemented to ensure that further discrimination does not take place due to prejudice towards transgender people. Failure to respond will further increase the health inequalities many transgender people experience with an associated impact on their health and ability to lead full and inclusive lives (Coleman et al. 2011). Therefore, the evidence arising from this review has the potential, if implemented, to inform the development of health services that more appropriately reflects the needs of transgender people.

From the perspective of mental health policy, there is an opportunity for the development of culturally aware and sensitive health services. This is necessary, given the range of mental health conditions and the potential negative impact on the lives of transgender people. Central to this is the need for practitioners to develop their knowledge, skills and confidence in providing evidence-based psychological therapies for transgender people who require access to assessment and treatment (Cruz 2014). Leading on from this, there is the possibility, for example, to develop shared clinics and services. Such initiatives would draw on the collective expertise of practitioners in primary care, sexual health and mental health services, and more broadly from social work, housing and employment organizations. This would place transgender people at the center of this policy area, where creative service developments are required to more effectively meet the range of needs of this population.

Practice

Studies have consistently shown associations between discrimination and poor mental health (Bariola et al. 2015, Barr et al. 2016, Bockting et al. 2013, Riggs et al. 2015). It is therefore necessary that all care services recognize the needs of transgender people and the existence of prejudice and negative attitudes that further excludes and marginalizes this group. Enduring discriminatory experiences and transgender-related bigotry can contribute to the negative effects of minority stress (Wilson 2015). This was evidenced in a recent Irish study, *The LGBTIreland Report*, whereby important issues emerged related to minority stress including stigma, discrimination, depression, suicide and concerns about social exclusion (Higgins et al. 2016). In another transgender specific study, 78% of respondents had considered suicide in the past and were reluctant about using mental health services now or in the future (Transgender Equality Network Ireland 2013). Therefore, it is vital to have health services available that are sensitive and responsive to the needs of transgender people and that enable the delivery of treatment options that address the psychological and social impact of discrimination and victimization, supported by the delivery of resilience building programs (Bradford et al. 2013, Gonzales et al. 2012).

One potential solution involves bringing together practitioners from across care services, such as primary care, mental health and sexual health to discuss and better understand the care and support needs of the transgender population. Nurses and other practitioners across all care services are in a unique position to challenge negative attitudes and stereotypes regarding transgender people and to promote their wider health and well-being, including their health and presence as equal citizens. There is a need and opportunity for all practitioners across care services to facilitate and support the expression of gender identity by transgender people, with the potential to contribute to the development and delivery of culturally sensitive and appropriate services. From this review, it is evident that

transgender people experience significant mental health needs and many continue to experience discrimination when accessing publicly funded care services, including those for people with mental illness. There is evidence that by ensuring that care services recognize and respond to the distinct needs of transgender people, there is a positive benefit to their mental health, as their needs are fully assessed, treatment provided, and additional support made available when needed (Bockting et al. 2013, Budge et al. 2013).

It is also evident from this review that many transgender people experience mental illness by way of depression and anxiety disorders, with scope for effective assessment and treatment of these conditions, with an associated positive impact on both mental health and well-being and community engagement (Barr et al. 2016). Practitioners should therefore be more therapeutically affirmative in their approach and examine their own prejudices and beliefs. Individuals should be given the opportunity to discuss issues such as gender and sexual identity and the topic should be firmly situated within health and social care interdisciplinary training programs (Bradford et al. 2013, Gonzales at al. 2012).

An important finding from this review is the role of social and community networks for transgender people and the association with developing a positive self-identity. As existing studies demonstrate, greater social support and stronger community connectedness is related to reducing discrimination experiences and sustaining positive mental health (Riggs et al. 2015). To reduce discrimination and promote positive mental health, practitioners need to develop their role by supporting transgender people to access community networks, support groups and online communities. Therefore, a range of developments and initiatives are required that move beyond health services, thereby meeting the wider support needs and concerns of transgender people and the development of resilience (Bockting et al. 2004). From a practice perspective, working collaboratively across agencies and organizations is necessary to ensure that community and social networks that are available for the LGB

community are sensitive to and take account of the needs of transgender people. By doing so, there is the opportunity to develop a sense of community identity and social support, that evidence highlights, has a positive effect on mental health and well-being (Barr et al. 2016).

Education

This review did not identify any research studies focusing on education initiatives on the specific needs of transgender people within existing undergraduate, postgraduate and Continuing Professional Development (CPD) curricula. There is therefore an urgent need for a range of developments that reflect the needs of transgender people and research into the effectiveness and outcomes of such educational initiatives (McCann & Sharek 2013). For example, a recent position paper of the *American College of Physicians* examining health disparities experienced by LGBT people made clear recommendations targeting equity attributes. These included, enhancing physician's culturally and clinically competent care that addresses environmental and social factors that contributes to a holistic understanding of unique health needs (Daniel et al. 2015). The disparity gulf is even more pronounced and concerning in transgender populations (Ellis et al. 2015). All practitioners should therefore receive training in transgender-affirmative approaches to care and treatment and there is an opportunity to developed shared education programs that crosses professions and service boundaries.

Research

In the studies that were included in the current review, a range of data collection methods and tools were employed including on-line surveys and paper surveys primarily at transgender conference events. Most studies were cross-sectional in design and there were no intervention and treatment evaluation studies; the focus was on identifying the extent of the health needs of transgender people, and their wider issues, concerns and support needs. The samples sizes across the studies ranged from 53 to 4049 participants with convenience and

snow-ball sampling methods most frequently employed at large events and gatherings of transgender people. The sampling approaches adopted in the studies highlight the challenges involved in recruiting large samples to enable meaningful data analysis and draw conclusions and make recommendations that can be generalized more widely. There were no multi-center national or international studies or longitudinal studies; the majority were undertaken in the United States with an absence of European, African and South American transgender studies. No available studies had a specific focus on policy and transgender people, and none specifically focused on mental health policy. This is an area that needs to be addressed in future studies to ensure that the needs of this population are reflected in health policy and more specifically sexual health and mental health policy.

Given the extent of the current evidence in relation to the subject area, there is a need and opportunity to undertake further research studies that are both international and multi-centered. Such an approach would enable the inclusion of larger samples with wider international and transcultural elements. It is apparent from this review that transgender people experience significant discrimination and barriers to health care appropriate to their needs, further contributing to their health inequalities and social exclusion. There is therefore a need to research the effectiveness of assessments, treatments and psychological interventions focused on addressing their mental health conditions and the provision of both individual and family support. The lack of research about the education and training on the needs of transgender people in general and specifically of their mental health needs was apparent in this review and is an important issue requiring research attention. There is therefore an opportunity for pre-and post-evaluation research studies of education and training initiatives.

CONCLUSION

It is apparent from the analysis of the studies that form this narrative review, which transgender people continue to experience on-going and significant challenges in terms of their social inclusion, discrimination, sexual identity, social isolation and the associated impact on their mental health and the development of mental illness. While there are specific policies focusing on the wider needs of LGBT people, there is a need to ensure that the needs of transgender people are fully integrated and represented and clearly linked to impact and outcomes that improve the lives of transgender people. Given the extent of the mental health needs of transgender people, access to culturally appropriate psychological treatment options is an area that requires development. This needs to be supported by access to social networks and groups as part of the wider supports available that build resilience and sustain positive self-identity. Ensuring that care services are sensitive to and responsive to the needs of transgender people is central to ensuring that their health needs are met and health inequalities reduced, thereby providing care that is both person-centered and responsive. Linked to this is the need for sustained developments within education and practice development programs that include transgender people, their families and the practitioners who deliver services. Building new collaborative international research networks is necessary to enable large-scale studies to be undertaken.

RELEVANCE TO CLINICAL PRACTICE

Clinical nurses are at the centre of healthcare delivery and may meet people who are transgender in all practice roles and in all care settings. Recognizing people who are transgender, across the wide and diverse range of care settings, such as primary care, mental health facilities, nursing homes, schools, in-patient units, acute care hospitals, outpatient departments, emergency care departments, is vital if individuals are to receive care that is appropriate to their specific needs. Clinical nurses are often the first point of contact for a transgender patient within the healthcare system and they are in a unique position to identify

the gender identity of the patient and work collaboratively with them to assess and plan their care. Arising from this review is the evidence that many people who are transgender continue to experience discrimination that impacts on all areas and aspects of their lives and the invisibility of their sexual identity (Alegría 2010, Bariola et al. 2015). Clinical nurses need to review and assess their own attitudes and values towards people who are transgender to ensure that the care and support they provide is respectful and person-centred and builds upon anti discriminatory and inclusive practice. This is vital to ensure that people who are transgender can confidently disclose their gender identity and access the care and support they require from healthcare professionals that are aware of and conversant of their distinct needs (Cruz 2014).

Arising from this is the opportunity to ensure that the needs of minority groups, including people who are LGB and transgender, are reflected within the undergraduate nursing curriculum, thereby raising the awareness of difference and diversity within the communities that they will serve as registrants in the future. There is a need and opportunity for continuing professional development programmes for nurses and other practitioners to integrate the growing research evidence of the needs of people who are LGBT in a way that is constructive and positive and takes account of the challenges that people face in their day-today lives. For instance, Jackman et al. (2016), in their integrative review of the non-self-injury in people who are LGBT, highlighted the important role of nursing assessments as the starting point as part of the initial screening process. This can include open questions on important issues regarding home situation, employment, self-care activities, health behaviours, mental health, social supports, networks and sexuality. They suggest that nursing assessments should also include screening questions related to suicide and depression and sexual orientation and gender identity as a matter of routine. Without such information, clinical nurses cannot effectively identify treatment, care and support needs and start to help

address concerns such as social isolation, sexual abuse, victimisation, bullying and mental illness, issues that are common to many people who are transgender (Boza & Perry 2014).

Clinical nurses are in an ideal position to work across and within care agencies and settings to highlight the unique needs of people with a transgender identity. In doing so they can start to raise awareness of the needs of this population, promote the acceptance of different gender identities and sexual orientation and challenge discrimination and the assumption of heteronormativity and heterosexism. This is an important role for clinical nurses as many people who are transgender are social isolated and lack social support networks, necessary to create a sense of self-identity; important issues that need to be addressed to help develop their resilience to the adversities of life (Grant et al. 2011). Given the wide range of care settings in which clinical nurses practice they can support organisations and local communities to develop support groups and networks for people who are LGBT and those who are transgender. Clinical nurses can champion the needs of people with all sexual identities and sexual orientation in our communities and care settings, thereby facilitating the development of resilience that enables people who are transgender to lead full and inclusive lives (Bockting et al. 2013, Bariola et al. 2015).

There is a growing and evolving research-evidence base regarding the needs of people who are transgender, the challenges individuals face in their day-to-day lives and how people wish to be better supported to address them. Clinical nurses should collaborate with nurse and other researchers to disseminate the existing evidence-base within practice and education. There is also a need to work collaboratively with transgender communities to undertake further research in developing and implementing strategies and interventions that more effectively meets individual needs, promotes equality of access to care and support, reduces vulnerability and promotes resilience.

REFERENCES

Alegría CA (2010) Relationship challenges and relationship maintenance activities following disclosure of transsexualism. Journal of Psychiatric and Mental Health Nursing **17** (10), 909-916.

American Psychiatric Association (2013) *Diagnostic and Statistical Manual of Mental Disorders (5th ed.).* American Psychiatric Publishing, Arlington, VA.

Australian Human Rights Commission (2014) *Face the Facts: Lesbian, gay, bisexual, transgender and intersex people*. Australian Human Rights Commission, Sydney.

Bariola E, Lyons A, Leonard W, Pitts M, Badcock P & Couch M (2015) Demographic and psychosocial factors associated with psychological distress and resilience among transgender individua*ls. American Journal of Public Health* **105**, 2108-2116.

Barr SM, Budge SL & Adelson JL (2016) Transgender community belongingness as a mediator between strength of transgender identity and well-being. *Journal of Counseling Psychology* **63**(1), 87-97.

Bauer GR, Hammond R, Travers R, Kaay M, Hohenadel KM & Boyce M (2009) 'I don't think this is theoretical, this is our lives': How erasure impacts health care for transgender people. *Journal of the Association of Nurses in AIDS* Care **20**(5), 348-361.

Bockting WO, Miner MH, Swinburne Romine RE, Hamilton A. & Coleman E (2013) Stigma, mental health and resilience in an online sample of the US transgender population. *American Journal of Public Health* **103**(5), 943-951.

Boza C & Perry KN (2014) Gender-related victimization, perceived social support, and predictors of depression among transgender Australians. *International Journal of Transgenderism* **15**(1), 35-52.

Bradford J, Reisner SL, Honnold JA & Xavier J (2012) Experiences of transgender-related discrimination and implications for health: Results from the Virginia Transgender Health Initiative Study. *American Journal of Public Health* **103**(10), 1820-1829.

Budge SI, Adelson JI & Howard KAS (2013) Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology* **81**(3), 545–557.

Caldwell K, Henshaw I & Taylor G (2011) Developing a framework for critiquing health research: An early evaluation. *Nurse Education Today* **31**(8), 1-7.

Charney DS (2004) Psychobiological mechanisms of resilience and vulnerability: Implications for successful adaptation to extreme stress. *American Journal of Psychiatry* **161**, 195–216.

Clements-Nolle K, Marx R & Katz M (2006) Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality* **51**(3), 53-69.

Coleman E, Bockting W, Botzer M, Cohen-Kettenis P, DeCuypere G, Feldman J,……… Zucker, K (2011) Standards of Care for the Health of Transsexual, Transgender, and Gender-Nonconforming People, Version 7. *International Journal of Transgenderism* **13**, 165–232.

Couch M, Pitts M, Mulcare H, Croy S, Mitchell S & Patel S (2007) *Tranznation: A report on the health and well-being of transgender people in Australia and New Zealand* (Series No. 65). Australian Research Centre in Sex, Health and Society. Melbourne, Australia.

Critical Appraisal Skills Programme (2013) *Ten questions to help you make sense of qualitative research.* Critical Appraisal Skills Programme, Oxford.

Cruz TM (2014) Assessing access to care for transgender and gender nonconforming people: A consideration of diversity in combating discrimination. *Social Science & Medicine* 110, 65-73.

Daniel H, Butkus R, Tape TG, De Long DM, Beachy MW, Bornstein SS,........ Rehman SU (2015) Lesbian, gay, bisexual, and transgender health disparities: Executive summary of a policy position paper from the American College of Physicians. *Annals of Internal Medicine* **163**(2), 135-137.

Dargie E, Blair KL, Pukall CF & Coyle SM (2014) Somewhere under the rainbow: Exploring the identities and experiences of transgender person. *The Canadian Journal of Human Sexuality* **23**(2), 60-74.

Ellis SJ, Bailey L & McNeil J (2015) Transgender People's Experiences of Mental Health and Gender Identity Services: A UK Study. Journal of Gay and Lesbian Mental Health **19** (1), 4-20.

Fredriksen-Goldsen KI, Cook-Daniels L, Kim H, Erosheva EA, Emlet CA, Hoy-Ellis CP, Goldsen J & Muraco A (2013) Physical and mental health of transgender older adults: An at-risk and underserved population. *The Gerontologist* **53**, 664–675.

Frost DM & Meyer IH (2009) Internalised homophobia and relationship quality among lesbians, gay men and bisexuals. *Journal of Counseling Psychology* **56**, 97-109.

Gamarel KE, Reisner SL, Laurenceau JP, Nemoto T, Operario D (2014) Gender minority stress, mental health, and relationship quality: A dyadic investigation of transgender women and their cisgender male partners. *Journal of Family Psychology* **28**(4), 437-447.

Gonzalez CA, Bockting WO, Beckman LJ, Durán RE (2012) Agentic and communal personality traits: Their associations with depression and resilience among transgender women. *Sex Roles* 67(9-10), 528-543.

Grant M, Mottet LA & Tanis J (2011) *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey.* National Center for Transgender Equality, Washington D.C.

Grossman, A.H., D'Augelli, A.R., Frank, J.A. (2011) Aspects of psychological resilience among transgender youth. *Journal of LGBT Youth* 8 (2), 103-115.

Health Service Executive (2009) *LGBT Health: Towards Meeting the Healthcare Needs of Lesbian, Gay, Bisexual and Transgender People.* Health Service Executive, Dublin.

Hendricks ML & Testa RJ (2012) A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice* **43**, 460–467.

Higgins A, Downes C, Murphy R, Sharek D, DeVries J, Begley T, McCann E, Sheerin F & Smyth S (2016) *The LGBTIreland Report: The National Study of the Mental Health and Wellbeing of Lesbian, Gay, Bisexual, Transgender and Intersex People in Ireland.* Gay and Lesbian Equality Network (GLEN) and BeLonG To Youth Services, Dublin.

Ida DJ (2007) Cultural competency and recovery within diverse populations. *Psychiatric Rehabilitation Journal* **31**(1), 49–53.

Jackman K, Honig J & Bockting W (2016) Nonsuicidal self-injury among lesbian, gay, bisexual and transgender populations: An integrative review. *Journal of Clinical Nursing*, ***25***(23-24), 3438-3453.

Laing CTH & Fassinger RE (2008) The role of collective self-esteem for Asian Americans experiencing racism-related stress: A test of moderator and mediator hypotheses. *Cultural Diversity & Ethnic Minority Psychology* **14**, 19-28.

Lavesque J, Harris M & Russell G (2013) Patient-centred access to health care: conceptualizing access at the interface of health systems and populations. *International Journal of Equity in Health* **12**, 16-28.

Lombardi E (2009) Varieties of transgender/transsexual lives and their relationship with transphobia. *Journal of Homosexuality* **56**(8), 977-992.

McCann E & Sharek D (2013) Survey of lesbian, gay, bisexual and transgender people's experiences of mental health services in Ireland. *International Journal of Mental Health Nursing* **23**(2), 118-127.

McCann E & Sharek D (2015) Mental health needs of people who identify as transgender: A review of the literature. *Archives of Psychiatric Nursing* **30**, 280-285.

McNeil J, Bailey L, Ellis S, Morton J & Regan M (2012) *Transgender Mental Health and Emotional Well-being Study 2012*. Equality Network, Edinburgh.

Meyer IH (2015) Resilience in the study of minority stress and health of sexual and gender minorities. *Psychology of Sexual Orientation and Gender Minorities* 2(3), 209.

Moher D, Shamseer L, Clarke M, Ghersi D, Liberati A, Petticrew M,…… PRISMA-P Group (2015) Prefered reporting items for systematic review and meta-analysis protocols (PRISMA-P) 2015 statement. *Systematic Reviews* **4**(1), 1-9.

Nuttbrock LA, Bucketing WO, Hwahng S, Rosenblum A, Mason M, Macri M, & Becker J (2009) Gender identity affirmation among male-to-female transgender persons: A life course analysis across types of relationships and cultural/lifestyle factors. *Sexual and Relationship Therapy* **24**(2), 108-125.

Nuttbrock L, Bucketing W & Rosenblum A (2014) Gender Abuse and Major Depression Among Transgender Women: A Prospective Study of Vulnerability and Resilience. *American Journal of Public Health* **104**, 2191-2198.

Ontario Human Rights Commission (2014) *Policy on Preventing Discrimination Because of Gender Identity or Gender Expression*. Ontario Human Rights Commission, Ontario.

Poppy J, Roberts H & Sowden A (2006) *Guidance on the Conduct of Narrative Synthesis in Systematic Reviews: Final Report*. ESRC Methods Programme, Swindon.

Riggs DW, Ansara GY & Treherne GJ (2015) An evidence-based model for understanding the mental health experiences of transgender Australians. *Australian Psychologist* **50**, 32-39.

Rotondi N, Bauer G, Scanlon K, Kaay M, Travers R, & Travers A (2011) Prevalence of and risk and protective factors for depression in female-to-male transgender Ontarians: Transgender PULSE project. *Canadian Journal of Community Mental Health* **30**(2), 135-155.

Rushbrooke E, Murray C & Townsend S (2014) The experiences of intimate relationships by people with intellectual disabilities: A qualitative study. *Journal of Applied Research in Intellectual Disabilities* **27**, 531–541.

Sánchez F & Vilain E (2009) Collective self-esteem as a coping resource for Male-to-Female transsexuals. *Journal of Counseling Psychology* **56**(1), 202-209.

Shipherd JC, Maguen S, Skidmore WC & Abramowitz SM (2011) Potentially traumatic events in a transgender sample: Frequency and associated symptoms. *European Physical Education Review* **17**(2), 56-67.

Southwick SM, Vythilingam M & Charney DS (2005) The psychobiology of depression and resilience to stress: implications for prevention and treatment. *Annual Review of Clinical Psychology* 1, 255-291.

Spicer SS (2010) Healthcare needs of the transgender homeless population. *Journal of Gay and Lesbian Mental Health* **14**(4), 320-339.

Strain JD & Shuff IM (2010) Psychological well-being and level of outness in a population of male-to-female transsexual women attending a National Transgender Conference. *International Journal of Transgenderism* **12**(4), 230-240.

Transgender Equality Network Ireland (2013) *Speaking from the margins: Transgender mental health and wellbeing in Ireland*. TENI, Dublin.

Wilson EC, Chen YH, Arayasirikul S, Wenzel C & Raymond HF (2015) Connecting the Dots: Examining Transgender Women's Utilization of Transition-Related Medical Care and Associations with Mental Health, Substance Use, and HIV. *Journal of Urban Health* **92**(1), 182-192.

World Health Organization (2013) *Addressing the Causes of Disparities in Health ServiceAccess and Utilization for Lesbian, Gay, Bisexual and Transgender (LGBT) Persons*. WHO, Geneva.

Yang X, Wang L, Hao C, Gu Y, Song W, Wang J, Chang MM & Zhao Q (2015) Sex partnership and self-efficacy influence depression in Chinese transgender women: A Cross-Sectional Study. *PLoS ONE* 10(9), e0136975.