Mental Health Treatment Satisfaction and Best Practice Adherence: Does Clinician Adherence to Trans-Affirmative Best Practices Matter?

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INTRODUCTION

The literature supports that transgender and gender nonconforming individuals are at increased risk for physical and mental health problems due in part to minority stress and stigmatization (Bockting, Robinson, & Rosser, 1998; Hendricks & Testa, 2012). However, there are few quantitative studies that examine transgender mental health treatment experiences (Bockting et al., 2004; Mallon, 1999; Rachlin, 2002).

This study used an online survey to investigate the following questions:
- H1: Is transgender patient satisfaction with mental health treatment (CSQ-8) correlated with mental health providers' adherence to trans-affirmative best practices (BPA) from the literature?
- H2: Are transgender patients more satisfied (CSQ-8) with mental health treatment provided by gender specialists versus non-specialists?
- H3: Do transgender patients of different ages prefer different gender identity labels?
- H4: Does transgender patient access to gender specialists for mental health treatment differ based on rural or urban location?

METHODS

Survey Development and Measures (BPA & CSQ-8): Study-specific best practice adherence questions were created, based on best practices found in the literature that could be assessed by patients. Results of these responses were assigned numerical values and combined to create a best practices adherence (BPA) score for each mental health encounter reported by participants. An established measure, the Client Satisfaction Questionnaire (CSQ-8), was used to assess patient satisfaction with mental health treatment. The survey also collected participant demographic and treatment data, including preferred gender identity label, provider specialization, and type of location where treatment was received.
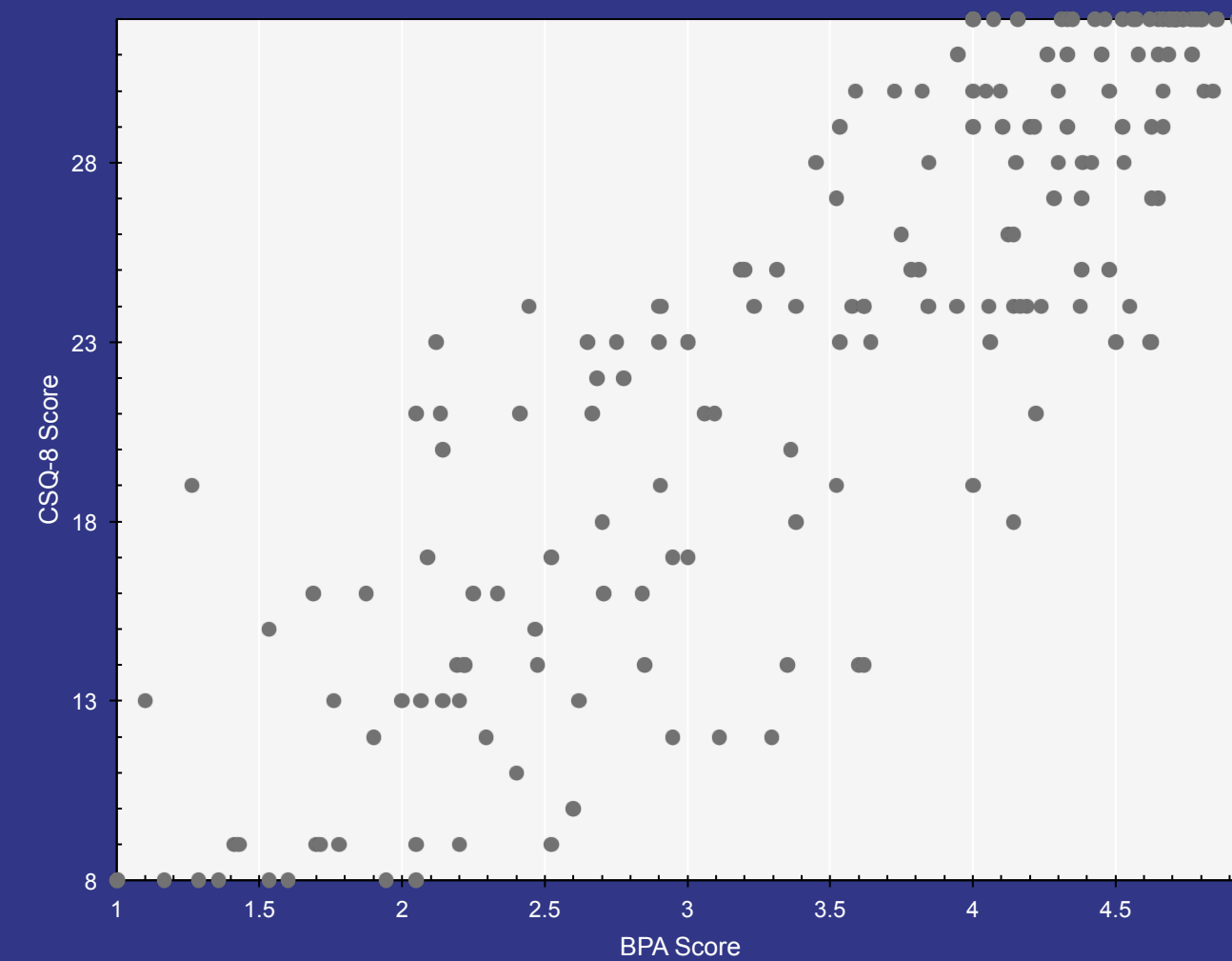
Recruitment: Participants were self-selected transgender adult volunteers who were recruited online and endorsed mental health treatment experience.

Data Analysis: These statistical analyses were conducted using r-software:
- Spearman Rank Correlation to determine the association between mental health provider best practice adherence (BPA) and patient satisfaction (CSQ-8)
- Wilcoxon rank sum test to determine the degree to which patient satisfaction (CSQ-8) was related to mental health provider gender specialization
- Binary Logistic Regression Analysis to assess relationships between participant age and preferred identity label
- Wilcoxon rank sum test to test for differences in access to gender specialists based on rural or urban location.
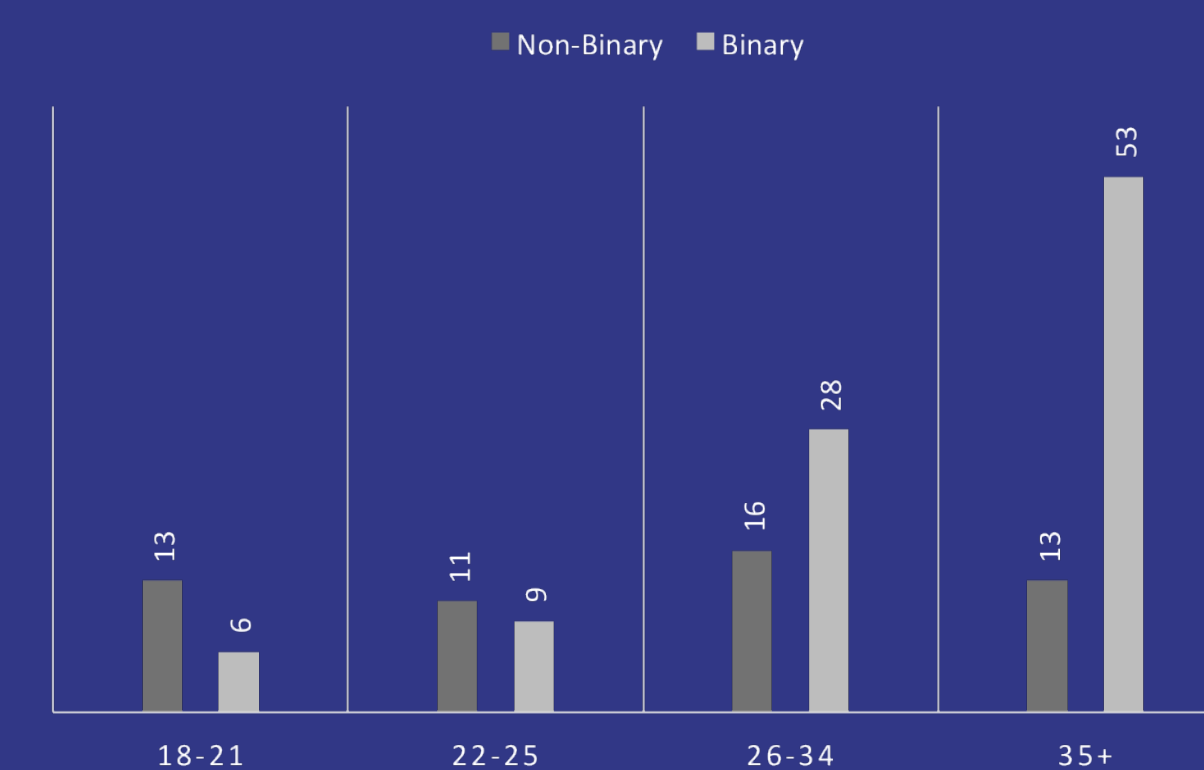
RESULTS

Hypothesis 1: Significant positive correlation between satisfaction (CSQ-8) and best practice adherence (BPA), r = .8721; p < .0001, α = .05.

Hypothesis 2: Significant differences in satisfaction (CSQ-8), p < .00001, α = .05, as well as best practice adherence (BPA), with gender specialist providers. Note that the CSQ-8 score range is 8-32, with higher values indicating greater satisfaction.

	Gender Specialist (N = 89)		Non-Gender Specialist (N= 100)	
	Mean	SD	Mean	SD
CSQ-8	25.54	6.41	20.29	7.81
BPA	4.22	0.79	2.94	1.05

Hypothesis 3: After controlling for confounding variables, such as SES and education, age as a continuous value was significantly associated with two broad categories of gender identity labels, binary versus non-binary, p < .00001, α = .05.

Hypothesis 4: No statistically significant difference in access to gender specialists was found when rural and small towns combined were compared to urban locations, p = 0.099, α = .05. However, any true differences were likely masked by sampling issues.

PARTICIPANT DEMOGRAPHICS

149 self-identified transgender adults, who endorsed these characteristics:
- Gender Identity: Transgender male/transman or male (33.5%), Transgender female/transwoman or female (30.2%) Genderqueer/gender non-conforming (22.1%), other non-binary identities < 6% of the sample.
- Birth Sex: 66.4% assigned female at birth, 33.6% assigned male at birth.
- Age: Mean = 35.79 years, SD = 13.72 years, range = 18 – 79 years old.
- Race/Ethnicity: Caucasian (79.2%), Multiracial (10.1%), Hispanic/Latino (4.1%), Black or African American (2.0%), Asian (1.3%), Other (1.3%).

TREATMENT & PROVIDER VARIABLES
189 mental health treatment experiences reported with the following characteristics:
- 59.2% of participants sought help for both gender-related and non-gender related issues, 20.8% sought treatment for a non-gender-related issue, and 19.5% sought treatment primarily for a gender-related issue.
- Based on participant report, 50.3% of providers were not gender-specialists and 49.7% of providers were gender-specialists.

CONCLUSIONS

- These results support that mental health provider best practice adherence (BPA) is positively associated with patient satisfaction with mental health services. Also, less than 20% of transgender participants sought mental health services for only gender related concerns. Thus, it is recommended that all mental health providers have a foundational knowledge of transgender affirmative best practices, in order to provide culturally competent services.
- Older participant age was associated with binary gender identity labels (e.g. MtF, FtM) and younger participant age was associated with non-binary identification. Thus, providers who work with younger populations may need additional knowledge regarding non-binary gender identities.

Areas for future research include:
- Evaluation of access to gender specialists for rurally situated transpeople
- Validity and reliability testing of the best practice adherence (BPA) score
- Guidelines regarding which types of clinical cases would benefit from treatment by gender specialists
- Exploration of how mental health treatment satisfaction and access to gender specialists varies for racial and ethnic minority transgender patients.

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