

Transgender, non-binary, gender-diverse people more likely to have a long-term mental health condition, says study

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The risk of having a long-term mental health condition in England is roughly one in six for transgender men and women (16.4% and 15.9%

respectively) and one in ten for cisgender men and women (8.8% and 12.0%), suggests the first nationally representative analysis [published](#) in *The Lancet Public Health* journal. The risk of reporting a mental health condition was even higher for some gender minority groups, reaching almost one in two (47.2%) for non-binary transgender individuals.

Previous evidence suggests a higher risk of some mental health conditions, such as depression and anxiety, among transgender, non-binary, and gender-diverse patients compared with patients with male or female [cisgender](#) identities. However, these findings are from small studies focused on specific groups, such as students or patients seeking gender-affirming [health care](#), which are not generalizable to the full population.

Dr. Luke Munford, Senior Lecturer in Health Economics, University of Manchester, says "Trans, non-binary and gender-diverse people across England face widespread discrimination, leading to stressful social interactions and feelings of unacceptance, increasing the risk of poor mental health. Additionally, [gender dysphoria](#)—a sense of unease due to a mismatch between a person's biological sex and their [gender identity](#)—may increase the risk of poor mental health among some trans, non-binary, and gender-diverse people, especially when combined with very long waiting times for NHS gender identity clinics."

The study combined data from the 2021 and 2022 waves of the English GP Patient Survey, which in 2021 introduced more answer choices to questions on gender identity. Survey respondents, all over the age of 16, could choose one of five responses for their gender (female, male, non-binary, prefer to self-describe, prefer not to say) and were asked how their gender identity compared to their sex registered at birth with three possible responses being coded (cis, trans, prefer not to say). The researchers looked at the responses to two questions in the survey:

- "Which, if any, of the following long-term conditions do you have?", with one option being "A mental health condition"
- "During your last general practice appointment, did you feel that the health care professional recognized and/or understood any mental health needs that you might have had?"

Out of 1,520,457 people who responded to the survey, 7,994 (0.7%) were transgender, 1,499,852 (98.3%) were cisgender and 12,611 (1.0%) preferred not to say. Importantly, 2,600 (0.3%) non-binary people and 2,277 (0.2%) people who chose to self-describe their gender responded to the survey, allowing the researchers to look at outcomes for these groups who are rarely represented in health statistics.

After controlling for age, the researchers found all transgender patients and cisgender non-binary patients had a higher risk of reporting a long-term mental health condition than cisgender men and women.

- The highest risk was for transgender non-binary patients, of whom one in two reported having a long-term mental health condition (47.2%).
- For [transgender men](#) and women and for cisgender non-binary patients, the risk was roughly one in six (16.4%, 15.9% and 15.8% respectively).
- The risk for cisgender men and women was the lowest at one in ten (8.8% and 12.0%).

The survey did not ask for details of the mental health condition, but previous research has indicated common mental health conditions such as anxiety and depression, as well as eating disorders, self-harm and suicidality are more common among transgender, non-binary, and gender-diverse groups, whereas severe mental illnesses such as schizophrenia or bipolar disorder are thought to occur at rates similar to those in the binary cisgender population.

Alongside investigating the frequency of mental health conditions, the researchers also looked at how well people's mental health needs were met at recent general practice appointments. Out of those who reported that their mental health needs were relevant to their last appointment, approximately one in six cisgender men and cisgender women reported their mental health needs were unmet (15.6% and 15.9% respectively), lower than all other gender identity groups which ranged between one in five (20.0%) and one in four (28.6%).

"Poor communication from health-care professionals and inadequate staff-patient relationships may explain why trans, non-binary, and gender-diverse patients were more likely to report their mental health needs were not met at recent general practice appointments. Changes are urgently needed for the NHS to become a more supportive service to transgender, non-binary, and gender-diverse patients, including improved recording of gender across health care records systems and staff training to ensure health care professionals meet the mental health needs of all patients, whatever their gender," says Dr. Ruth Watkinson, Research Fellow, The University of Manchester and lead author on the study.

Jack Tielemans from The Proud Trust and a co-author of the paper adds, "Empowering young LGBT+ people to be proud of who they are through youth groups, mentoring programs and societal support, alongside inclusive health care, are important in tackling the higher risk of mental health conditions among trans, non-binary, and gender-diverse young people."

The authors note several limitations of their study, including that pooling data from two survey years may mean some participants were resampled in consecutive years leading to biased estimates. Additionally, the clinical language in the survey (long-term mental health condition) and that it relied on self-reporting, may have influenced which patients

report a [mental health condition](#).

A small proportion of people responded "prefer not to say" to gender-related questions in the survey. The authors suggest there may be numerous reasons for this choice ranging from privacy concerns to patients feeling there was no suitable response for them. There was a high prevalence of unmet mental health need among this group which authors say highlights the importance of including this response option, and of further research to understand the make-up and needs of this patient group.

More information: Gender-related self-reported mental health inequalities in primary care in England: a cross-sectional analysis using the GP Patient Survey, *The Lancet Public Health* (2024). DOI: [10.1016/S2468-2667\(23\)00301-8](https://doi.org/10.1016/S2468-2667(23)00301-8). [www.thelancet.com/journals/lan ... \(23\)00301-8/fulltext](https://www.thelancet.com/journals/lanpub/article/20240101)

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