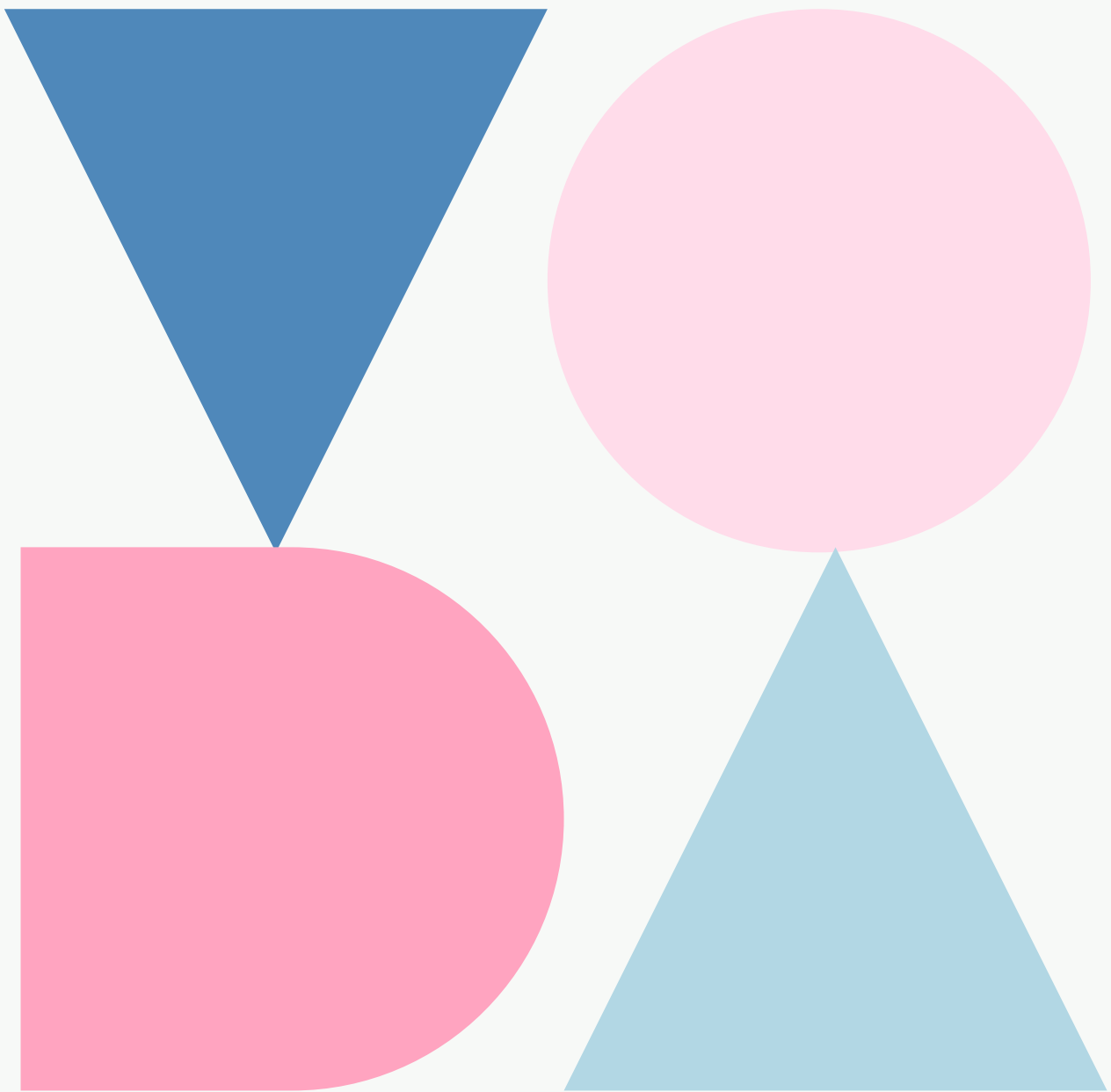


State of Trans+ Mental Health 2024



A report by Voda: The LGBTQIA+ Mental Health App

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Health Report
2024

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Key Findings

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01

Over half (51.3%) of trans+ people experience poor or very poor mental health.

02

Only 14.7% of trans+ people have positive experiences accessing mental health support.

03

80.4% of trans+ people say that lack of social acceptance is one of their main mental health challenges.

04

79.8% of trans+ people list gender dysphoria as one of their main mental health challenges.

05

70.7% of trans+ people list fear of discrimination as one of their main mental health challenges.

06

59.9% of trans+ people list family rejection as one of their main mental health challenges.

Key Findings

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07

40.7% of trans+ people find difficulties in accessing healthcare as one of their main mental health challenges.

08

Gaps in Mental Health Resources

83.7% of respondents emphasised the importance of resources created by trans+ individuals.

Commonly missing resources included trans-specialised therapists, confidential in-school counselling, and comprehensive gender diversity education during adolescence.

09

High Rate of Diagnosed Conditions

67.8% of respondents have a diagnosed mental health condition.

Within this, common diagnoses include anxiety (76.1%), depression (71.2%), PTSD (23.6%), and bipolar disorder (6.2%).

10

Neurodevelopmental Conditions

While not a primary focus, notable proportions reported neurodevelopmental conditions, including ADHD (13.8%) and ASD (11.5%), suggesting intersecting needs within the community.

11

Reliance on Self-Help

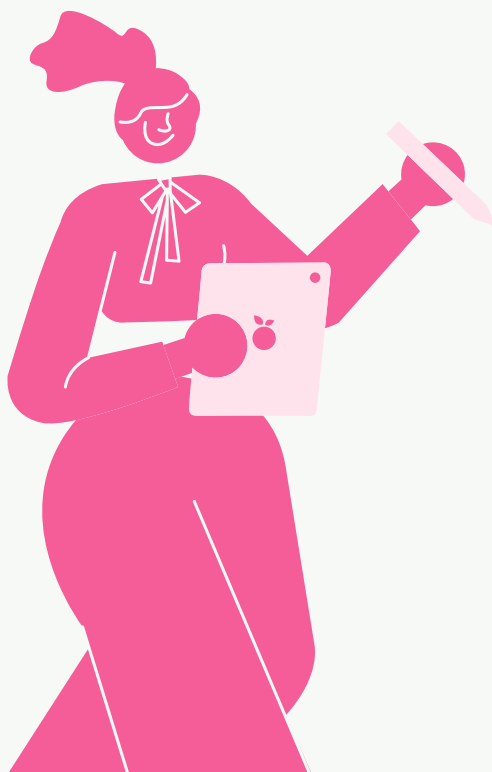
The majority (51.7%) relied on self-help resources, such as apps, books, or self-guided therapy, as opposed to in-person therapy (30.6%) or online therapy (16.9%).

Summary

The increased rate of mental health conditions within the trans+ community is firmly established within the scientific literature. Studies have identified a higher prevalence of depression, anxiety and other psychiatric comorbidities for people who identify as trans relative to the cisgender population (Clark et al., 2014; Reisner et al. 2015; Kaltiala-Heino et al. 2018). However, there is a notable gap in the literature regarding the experiences of individuals who identify under the non-binary umbrella term, i.e. those who identify as non-binary or another gender outside of the masculine and feminine spectrum (Connolly et al., 2016).

As this area of research grows, it is important that we, as a community, recognise trans and non-binary identities in mental health literature. Such efforts are essential to raise awareness of the high burden of psychological stress the trans+ population experiences and to enable health professionals and the wider society to provide better support to this vulnerable group (María et al., 2021).

Here at Voda, we surveyed **2,165 trans+ people from over 70 different countries** around the world, intending to understand the mental health of trans+ populations and the specific challenges they face. The respondents represented 75 different countries, with the majority coming from the USA at 50.3% (1,088), followed by the UK with 12% (260), the second largest group of participants. The respondents were grouped into five different age groups: 18-24 (73.3%, 1588), 25-34 (18.8%, 408), 35-44 (4.8%, 104), 45-54 (2.2%, 47) and 55+ (0.8%, 18).



Terminology

Recognising the breadth of trans+ identities, we used these groups to effectively represent our respondent's gender identities.

Trans Masc - Those who identify within the masculine spectrum but were assigned female at birth

Trans Femme - Those who identify within the feminine spectrum but were assigned male at birth

Non-binary - Those who identify as non-binary, outside of the masculine and feminine spectrums

Genderqueer - Those who have a queer or non-normative experience with their gender, outside of the gender binary

Genderfluid - Those who experience a gender that changes or varies over time.

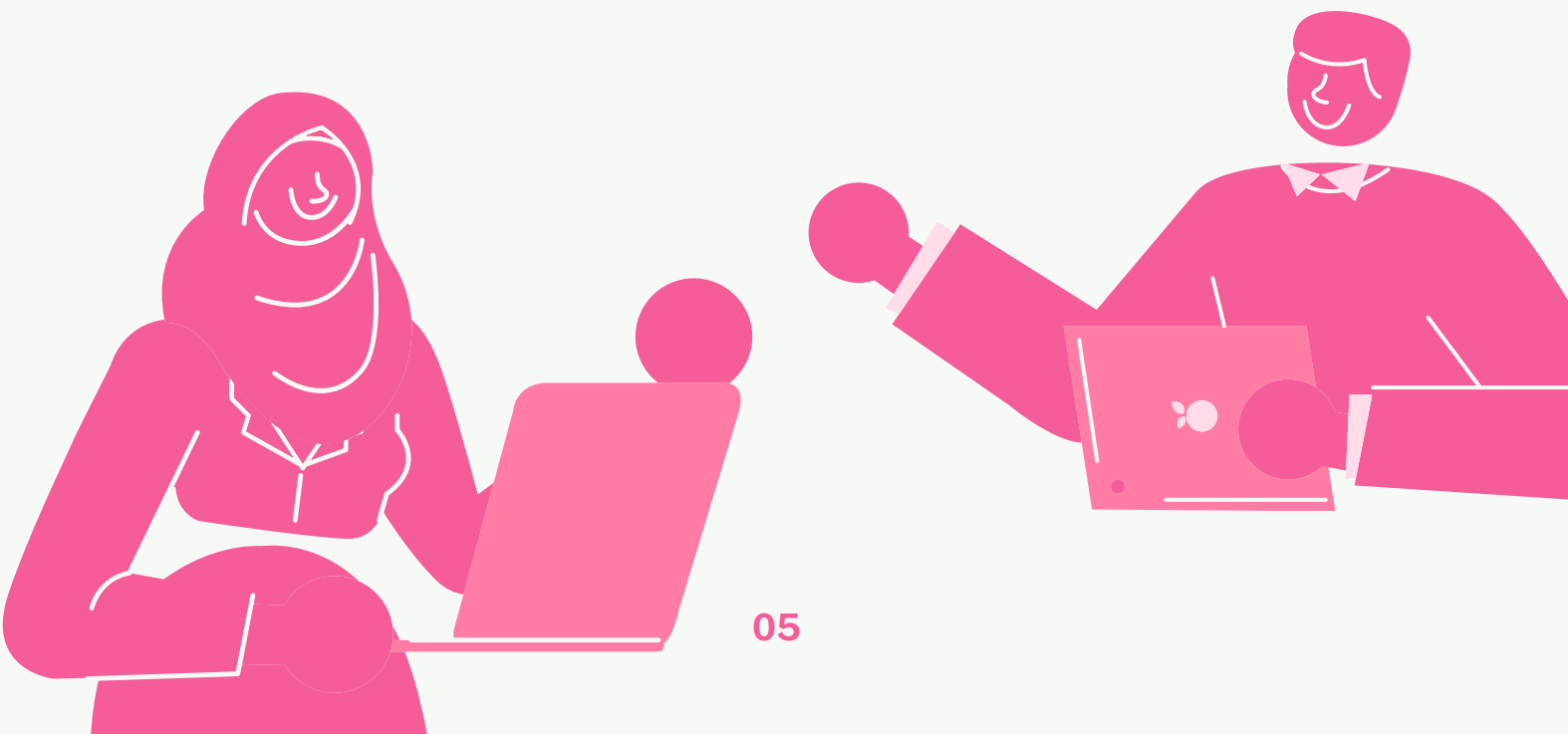
The responses provided a relatively balanced representation of trans and non-binary gender identities. 27.9% (603) respondents identified as trans masc, 29.8% (646) identified as trans femme and 26.1% (565) identified as non-binary. However, only 11.4% (246) of respondents identified as genderfluid, and even fewer identified as genderqueer at 4.8% (105).

Mental Health Challenges

Respondents self-reported their current mental health using a 5-point Likert scale from very poor to excellent. **Over half (51.3%, 1,110) of the respondents ranked their mental health as negative (very poor or poor)**, whereas only 13.9% (300) rated their mental health as positive (good or excellent).

Diagnosed conditions were prevalent: **67.8% (1,467) of respondents had been diagnosed with a mental health condition. Of those diagnosed, 71.2% (1,044) reported having a diagnosis of depression, 76.1% (1,117) reported a diagnosis of anxiety, 23.6% (364) reported a diagnosis of PTSD and 6.2% (91) had Bipolar disorder.** The high percentages for each condition across respondents with a diagnosis take into account respondents with more than one diagnosis, where comorbidity for depression and anxiety was highest (60.5%, 888 reported having both).

Furthermore, we provided space for respondents to name other diagnoses that were not listed. Neurodevelopmental conditions were common among respondents, such as ADHD (13.8%, 202) and ASD (11.5%, 168). However, due to the nature of the question of mental health diagnoses, we expect neurodevelopmental diagnoses to be higher amongst our respondents.



We also asked all participants about the primary mental health challenges they faced as a trans+ person. From our listed challenges where participants could choose multiple, **79.8%** (1,727) selected **gender dysphoria**, **80.4%** (1,741) selected **anxiety about social acceptance**, **70.7%** (1,530) selected **fear of discrimination**, **59.9%** (1,297) selected **family rejection** or issues and **40.7%** (882) selected **difficulty accessing healthcare**.

Clarifying Our Approach to Gender Dysphoria

In discussing gender dysphoria and mental health, we draw an important distinction in alignment with the ICD-11 framework. According to the ICD-11, gender incongruence is classified within the sexual health chapter, rather than as a mental health disorder, as it is in the DSM framework. This reflects an understanding that being trans or gender-diverse is not inherently a mental health issue, but rather a matter of healthcare and support.

For many trans+ individuals, gender dysphoria - the distress or discomfort some may feel when their gender identity does not align with their assigned sex at birth - can benefit from therapeutic support. As with the aims of this report, the objective is to address the emotional and psychological impact that societal and personal factors may have, rather than to pathologise identity itself.

By approaching gender dysphoria from this perspective, we emphasise that our report and resources focus on affirming, inclusive care and support that respects trans+ identities without pathologising them.

Access to Healthcare

Accessing healthcare is a large issue faced by trans+ persons, where barriers can restrict this human right. Previous studies have indicated the insensitivity of healthcare workers and outright discrimination to be among these concerns (Shipherd et al., 2010).

We asked respondents, ‘How easy is it for you to access mental health resources that are inclusive of trans+ needs?’ and recorded their responses using a 5-point Likert scale. **49% (1,061) reported negative responses (very difficult or difficult)**, **36.3% (786) reported being neutral** and **only 14.7% (318) were positive about the process (easy or very easy)**.

The type of mental health resources our respondents use was asked from a list where respondents could choose multiple options. The most common was self-help resources (51.7%, 1,120), which could refer to books, apps, self-guided therapy, etc. 30.6% (663) used in-person therapy, 16.9% (365) used online therapy, and 19.4% (421) used support groups.

The type of mental health resources our respondents use was asked from a list where respondents could choose multiple options. The most common was self-help resources (51.7%, 1,120), which could refer to books, apps, self-guided therapy, etc. 30.6% (663) used in-person therapy, 16.9% (365) used online therapy, and 19.4% (421) used support groups.

Where respondents used additional resources (22.2%, 481), talking to friends and meditation were common. Approximately 13.8% (300) of all respondents reported themes of using no mental health resources. Respondents emphasised the lack of affordable, specialised mental health resources tailored to their needs. Themes of exclusion, long waitlists, and high costs were common, with many turning to friends or community networks for support.

Gaps in Mental Health Resources

Respondents overwhelmingly expressed the need for mental health resources developed specifically for trans+ individuals. On a 5-point Likert scale, 83.7% (1,812) felt it was important (important or very important), and only 2.9% (62) did not (not important or not at all important).

Responses pointed to a scarcity of trained trans-specialised therapists, confidential in-school counselling, and education on gender diversity during adolescence as crucial missing elements. Such resources, they noted, would help in navigating identity challenges, managing dysphoria, and addressing internalised stigma.

“Access to in person counselling in schools that is completely confidential. Better sex education and education around sexuality, gender and other queer identities.”

A genderfluid respondent

“Therapists that specialise in trans care and how to support the trans community.”

A trans femme respondent

“Therapists (especially mainstream ones) that understand trans issues and identities. Even basic knowledge would be nice because the amount of ignorance I’ve experienced with councillors or therapist makes it hard to talk about issues related to being trans.”

A trans masc respondent

Concluding remarks from respondents highlight the need for increased trans awareness, specialised trans mental health resources and access to trans-friendly platforms.

“I hope that all organisations and LGBT support centres will have free and global support, because there are people from the LGBT community who cannot express their sexual orientation or identity, and I am one of them.”

A genderfluid respondent from Yemen

Conclusion

This survey reflects the heart of what we aim to achieve here at Voda: providing a space for LGBTQ+ individuals to grow towards authentic, thriving lives. to live authentic and honest lives.

The findings underscore a pressing call to action: a demand for trans-led mental health resources, specialised training for providers, and policy reform to make inclusive healthcare a standard, not an exception.

Foreword

State of Trans+ Mental
Health Report
2024

In 2024, trans and non-binary communities continue to navigate a mental health crisis that is both profound and misunderstood. At Voda, we believe inclusive mental health support goes beyond surface-level solutions: it must be as nuanced and diverse as the community it serves, addressing the complex realities that trans+ individuals face.

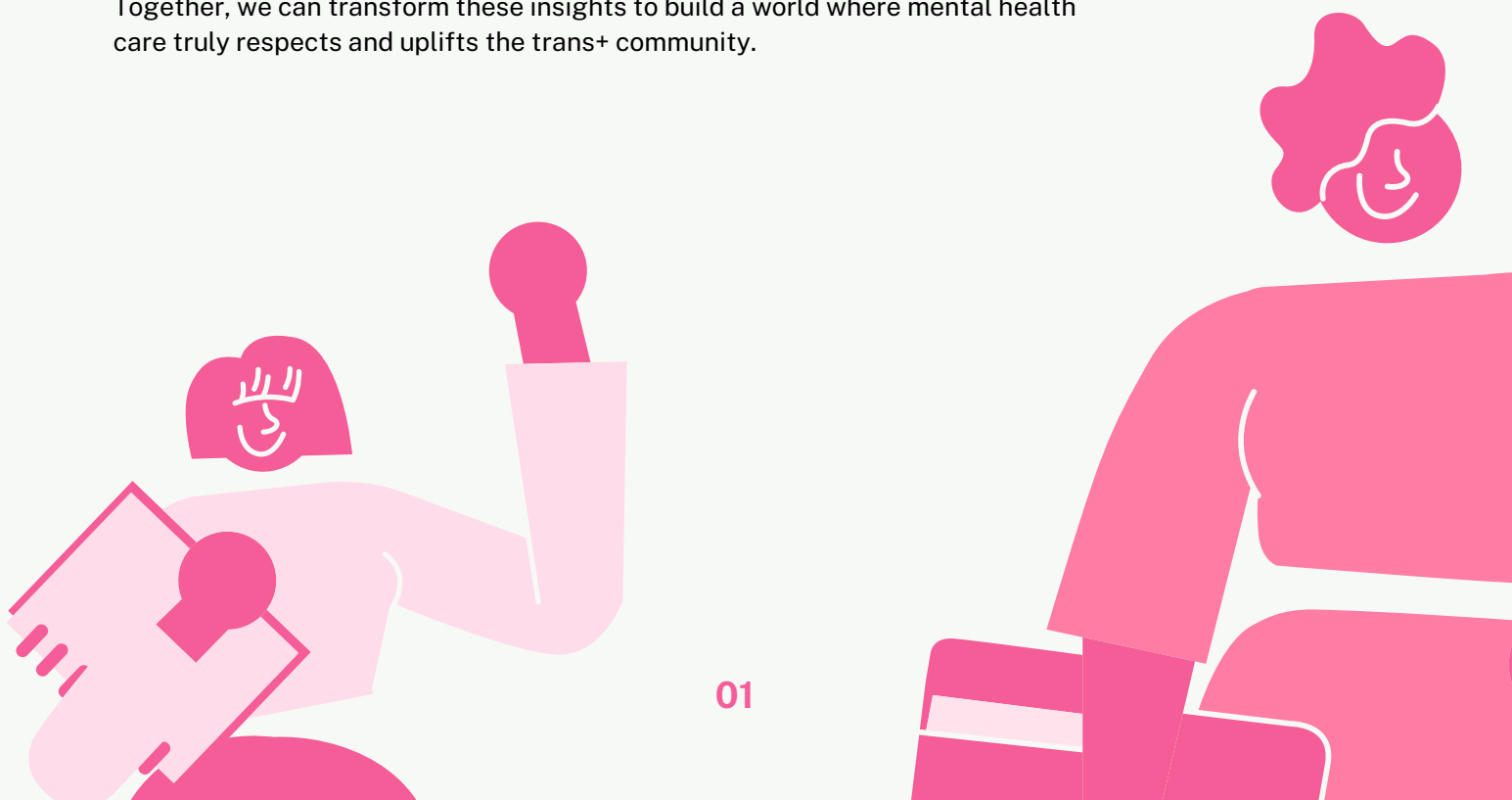
The **State of Trans+ Mental Health Report (2024)** reflects our commitment to understanding and supporting these needs. We surveyed over 2,300 trans+ individuals from around the world, capturing valuable insights into the challenges that trans+ people encounter, from barriers in accessing healthcare to the internalised stigma arising from societal rejection.

We hope that businesses, healthcare providers, community organisations, and policymakers can learn from these findings to understand and advocate for practices that uplift, rather than marginalise, trans+ individuals.

At **Voda**, we view these voices as a powerful call-to-action, driving us to develop accessible mental health resources and push for meaningful change. Recently, we launched the **Trans+ Library**, a free resource comprising 52 self-guided programmes designed to address trans-specific needs, from navigating gender dysphoria to building resilience against discrimination. These programmes integrate therapeutic approaches such as CBT, ACT, and DBT, alongside insights from trans+ psychotherapists to provide support that is both robust and personal.

We are grateful to the participants for their honesty and courage in sharing their experiences. We hope this report honours their voices and inspires compassionate responses from all sectors.

Together, we can transform these insights to build a world where mental health care truly respects and uplifts the trans+ community.



Introduction

In recent decades, there has been a rise in visibility for trans and non-binary individuals, leading to a growing awareness of the unique challenges they face. However, as this visibility grows, so too does the realisation of how deeply our societies are embedded in cisnormative assumptions that often marginalise trans+ identities. The trans rights movement, striving to challenge these systemic norms, has seen both significant support and intensified opposition.

This increased visibility has led to important research into trans identities, particularly among younger generations. For example, studies reveal that gender diversity is more commonly expressed among younger populations, which is likely influenced by greater awareness and social acceptance. A New Zealand (Clark et al., 2014) study of 8,166 students found that 1.2% identified as transgender, with 2.5% expressing uncertainty about their gender, highlighting both a generational shift and the importance of creating supportive environments.

Despite advances in research, significant gaps persist, particularly concerning identities that fall under the broad 'transgender umbrella,' such as non-binary, genderqueer, and genderfluid individuals. Historically, research has often grouped trans people into binary categories, yet a considerable number of individuals identify beyond these traditional gender frameworks.

For example, a 2021 survey by TransActual found non-binary individuals to be the largest group within the trans community in the UK, underscoring the need for a more expansive understanding of gender.

Through this report, we aim to shine a light on the diverse identities within the trans community and their unique mental health challenges.

Introduction

It is well-documented that trans and non-binary individuals face disproportionately high rates of mental health challenges.

A 2020 meta-analysis demonstrated rates of depression ranging from 33% to 50.6% among transgender adolescents and young adults, with anxiety diagnoses ranging from 26.7% to 63.3% (María et al., 2021).

Within this meta-analysis of 27 studies, the prevalence of depression, anxiety, and PTSD was consistently higher in trans youth compared to their cisgender counterparts (Clark et al., 2014; Bouman et al. 2016), underscoring the profound psychological impacts of growing up in a society that frequently invalidates or pathologized gender diversity.

We anticipate that our survey findings will reflect similarly high rates of mental health challenges, including depression, anxiety, and PTSD, within our sample of trans and non-binary individuals.

Several intersecting factors contribute to these mental health disparities, including both external and internal influences.

Transphobia, social rejection, and barriers to accessing affirming healthcare create difficult environments for trans+ individuals, often creating a sense of isolation and questioning of self-worth. Family acceptance is another crucial factor as research consistently shows that parental support can significantly improve life satisfaction for trans individuals with gender dysphoria (Simons et al., 2013), yet this acceptance is far from guaranteed. The lack of societal and familial support frequently leads to internalised stigma and shame, with serious implications for mental health.

Among the many challenges trans+ individuals face, access to healthcare also remains a critical concern. Many trans+ people encounter insensitivity, discrimination, and outright refusal of care from healthcare providers, which not only limits access to essential services but also reinforces negative mental health outcomes. As trans+ individuals often have differing health needs, such as gender-affirming care, it is essential that healthcare providers possess the requisite knowledge and empathy to support them.

Introduction

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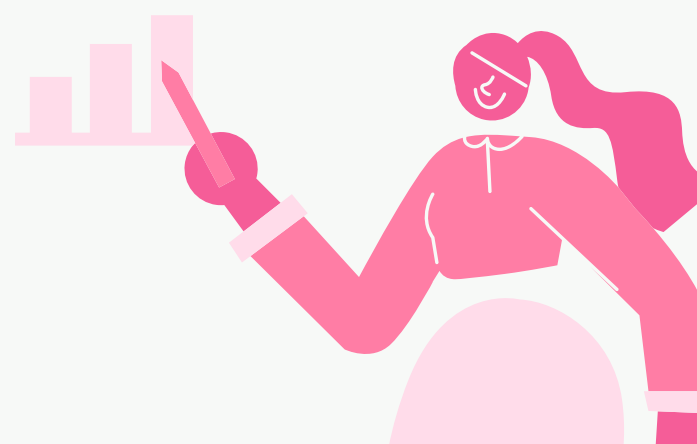
For many, accessing gender-affirming therapy requires navigating a healthcare system steeped in cisnormative biases, underscoring the urgent need for skilled, affirming providers.

Research indicates that trans individuals frequently rely on personal networks to find supportive therapists, highlighting the scarcity of trained professionals who truly understand their experiences (Benson, 2013).

Through this report, we seek to investigate the mental health landscape for trans and non-binary people, with an emphasis on the systemic and social barriers they face.

By exploring these challenges, we aim to support Voda's mission in contributing to the broader mental health community's understanding of how best to address the needs of trans+ individuals.

This report is intended as a call to action for all stakeholders: mental health providers, policymakers, community organisations, and allies, to work towards a more inclusive and affirming approach to trans+ mental health care.



Between July and September 2024, we conducted an online survey targeting adults across more than 70 countries. Participants were recruited through a combination of virtual outreach on social media platforms, including LinkedIn and Instagram, as well as referrals from LGBTQIA+ organisations and charity partners.

This approach ensured a broad and diverse sample of respondents. We received a total of 2,333 completed responses. For clarity and fairness in analysis, we excluded 168 responses from participants who selected the 'other' option for gender identity, as these subgroups were too small to yield statistically reliable insights. This process resulted in a final sample of 2,165 eligible respondents, whose data forms the foundation of this report.

Survey Questions

Overall, we asked the participants 11 different questions, which, on average, took approximately 4 minutes to complete. To understand the demographics of our respondents, we asked for their ages, which were split into five choices (18-24, 25-34, 35-44, 45-54, 55+), where they currently live, and how they identify. The next questions can be split by section.

On the participant's mental health

- How would you currently rate your mental health? (5-point Likert scale)
- Have you been diagnosed with any mental health conditions? (Can choose multiple options of no diagnosis, depression, anxiety, PTSD, Bipolar, 'Prefer not to say' or 'Other')
- What are the primary challenges you face as a trans+ individual? (Can choose multiple options, including: gender dysphoria, anxiety about social acceptance, fear of discrimination, family rejection or issues, difficulty accessing healthcare or 'Other')

On accessing healthcare

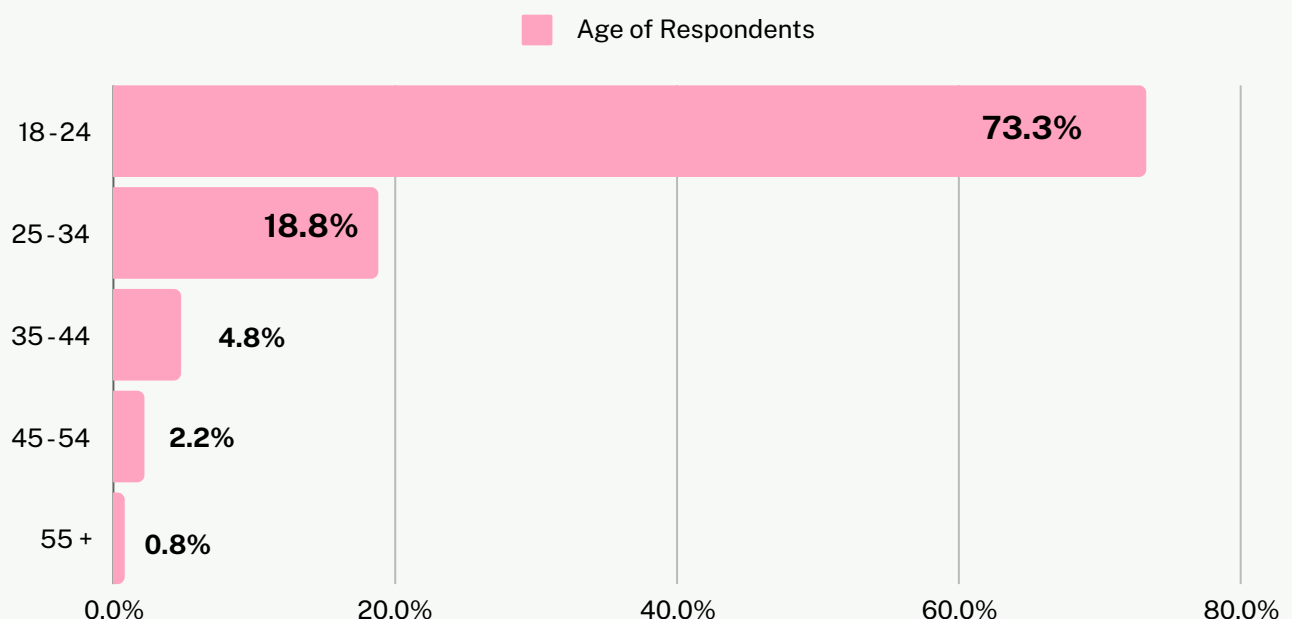
- How easy is it for you to access mental health resources that are inclusive of trans+ needs? (5-point Likert scale)
- What type of mental health resources do you currently use? (Can choose multiple options of In-person therapy, online therapy, support groups, self-help resources and other)
- What specific mental health resources or support do you feel are missing from the trans+ community? (Optional question)
- How important for you is it that mental health resources are created by trans+ individuals? (5-point Likert scale)

Finally, we asked an optional question; “Is there anything else you would like to share about your mental health needs or how Voda can better support the trans community?”. With this question we hope to better our own resources and make recommendations for wider use, hearing directly from trans+ experiences.

Demographics

Age

All of the 2,165 participants reported their age. The most common age group was 18-24 year-olds (73.3%, 1588), followed by 25-34 (18.8%, 408), 35-44 (4.8%, 104), 45-54 (2.2%, 47) and 55+ (0.8%, 18).



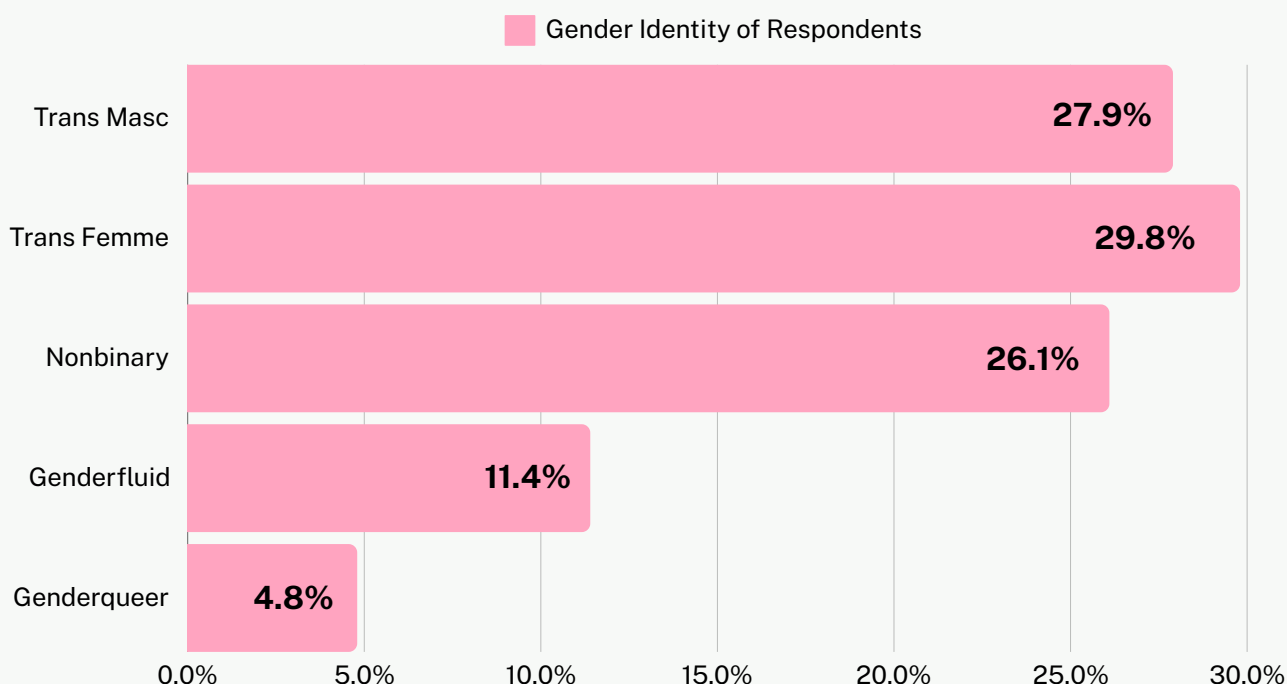
Location

2,086 participants reported where they currently lived. Respondents came from 75 different countries, with the majority coming from the USA (50.3%, 1,088) and the second most from the UK (12%, 260). Amongst the top 5 were also Germany (5.6%, 121), Canada (4.8%, 103) and Australia (3.9%, 85). Whilst the 75 different countries predominantly came from North American and European countries, our respondents represent countries from South America, Africa, Asia and Oceania.

Gender

As previously mentioned we used the groups of trans masc, trans femme, non-binary, genderfluid and genderqueer to represent our respondent's identities. In this case, trans masc and trans femme refer to those who identify in a masculine/feminine spectrum that is different to what they were assigned at birth. This includes terms such as trans man/trans female, MtF/FtM etc.

The largest of trans identities was Trans Femme (29.8%, 646), followed by Trans Masc (27.9%, 603), Non-binary (26.1%, 565), Genderfluid (11.4%, 246) and Genderqueer (4.8%, 105). This order is in line with a recent report by TransActual ([TransActual, 2022](#)), where, of the trans identities, the largest was transfeminine, followed by transmasculine and non-binary. Similarly to the report, our responses show a significantly lower prevalence of genderfluid and genderqueer identities. As they can be considered under the non-binary umbrella, our data would show a much larger prevalence of non-binary identities (42.3%, 916).

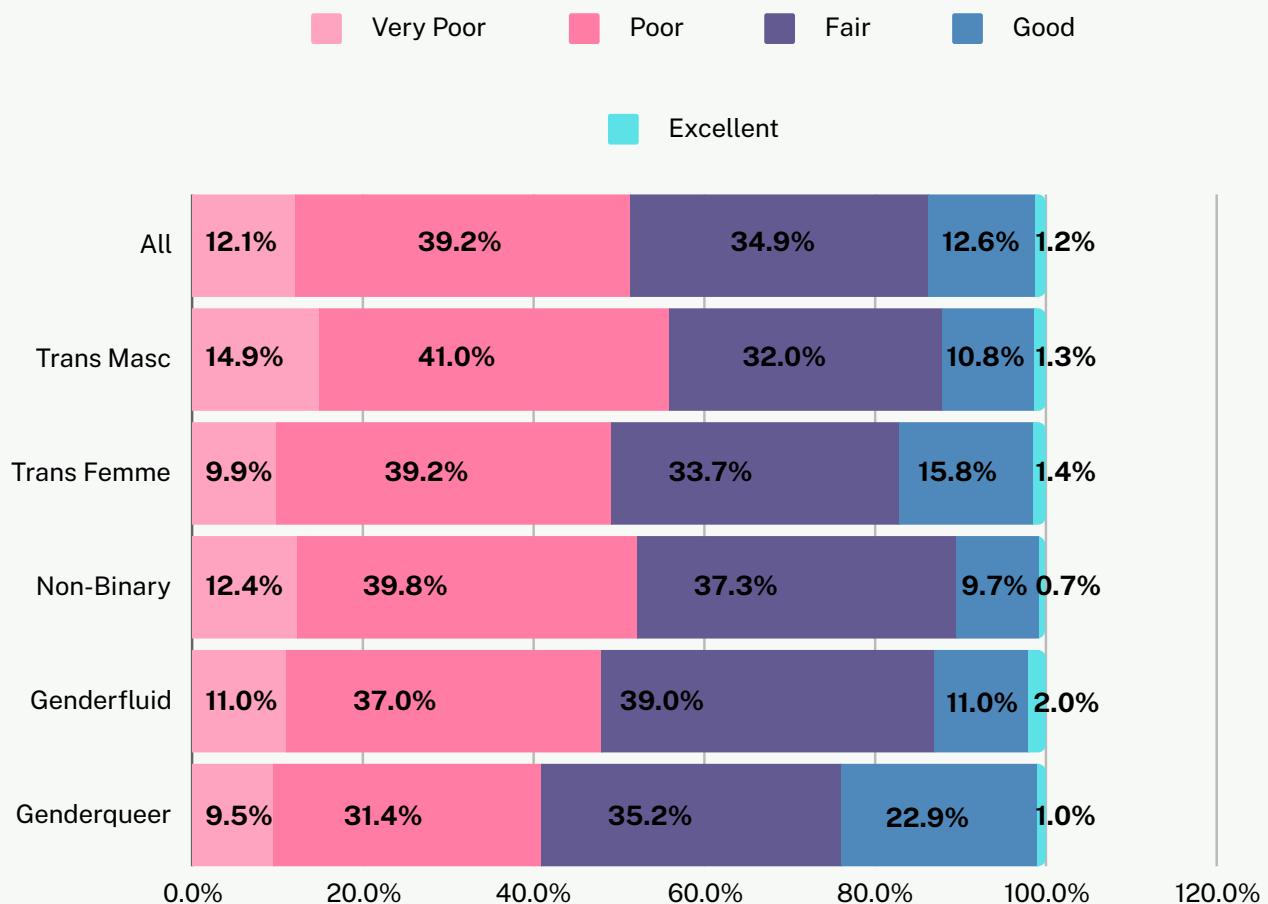


Mental Health

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Mental Health Rating

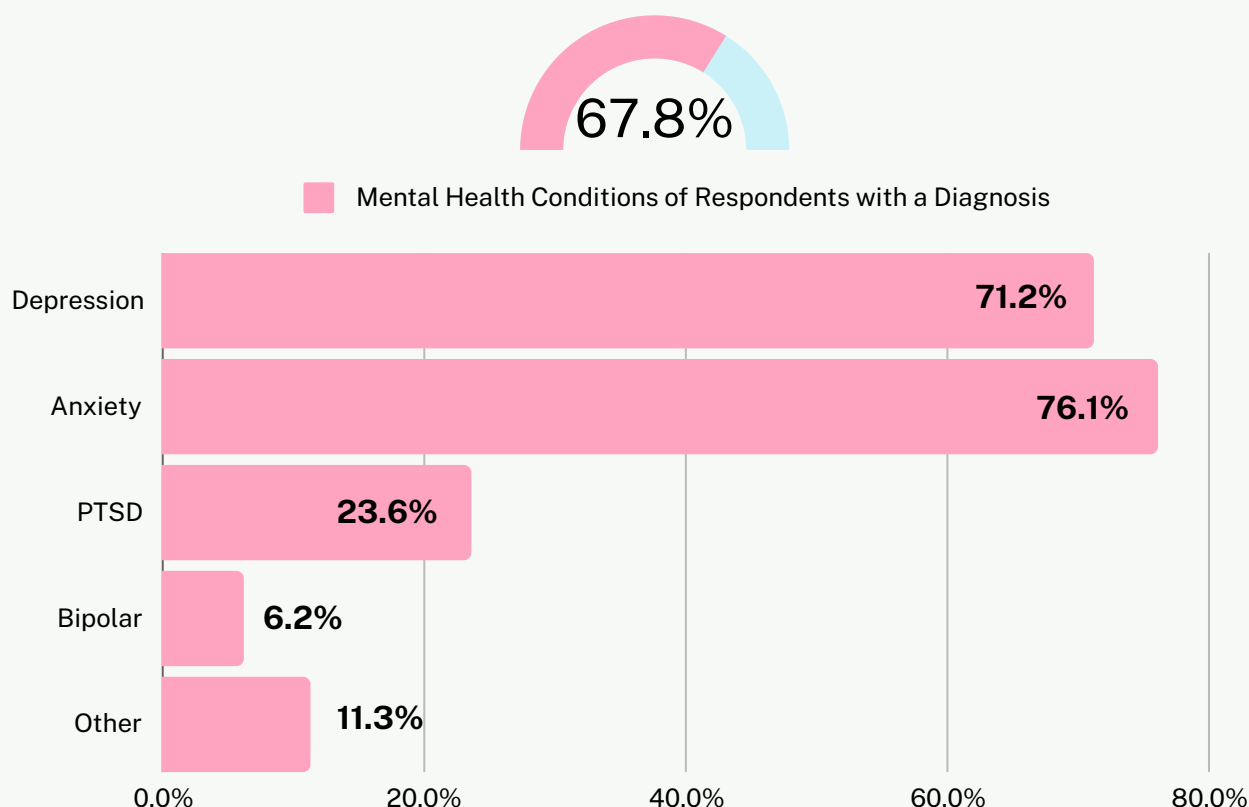
On average, respondents reported more negative mental health ratings (51.3%, 1110) in comparison to positive ratings (13.9%, 300). The most common rating was poor (39.2%, 849), followed by fair (34.9%, 755), good (12.6%, 273), very poor (12.1%, 261) and excellent (1.2%, 27).



When exploring the mental health ratings of the different gender identities, we will compare negative (very poor, poor) and positive (good, excellent) ratings only. The identity with the most negative ranking of mental health was Trans Masc (55.9%, 337), whereas the least was Genderqueer (41%, 43). Non-binary had the lowest percentage of positive responses (10.4%, 59), whereas genderqueer had the largest share of positive mental health ranking (23.8%, 25). Overall, it is clear that gender identities are generally very similar in their share of mental health ratings, whereas the majority report negative mental health ranking across all identities.

Diagnosed Mental Health Conditions

67.8% (1467) of the total respondents reported having a diagnosis, we then provided space for respondents to select one or more mental health conditions they are diagnosed with. Of the 1467 diagnosed respondents, 71.2% (1044) had a diagnosis of depression, 76.1% (1117) reported a diagnosis of anxiety, 23.6% reported a diagnosis of PTSD, 6.2% (91) reported bipolar disorder and 11.3% reported other.



From the whole participant pool, we had the following prevalence rates: Depression 48.2%, Anxiety 51.6%, PTSD 16%, and Bipolar 4.2%. This is in line with other research, with depression and anxiety falling within the prevalence rate ranges taken from meta-analyses of trans+ individuals.

Comorbidity between diagnoses provided some interesting results. 41% (888) of all respondents reported a diagnosis of depression and anxiety. Similarly, there was high comorbidity between Depression and PTSD (13.5%, 293) and Anxiety and PTSD (14.2%, 888).

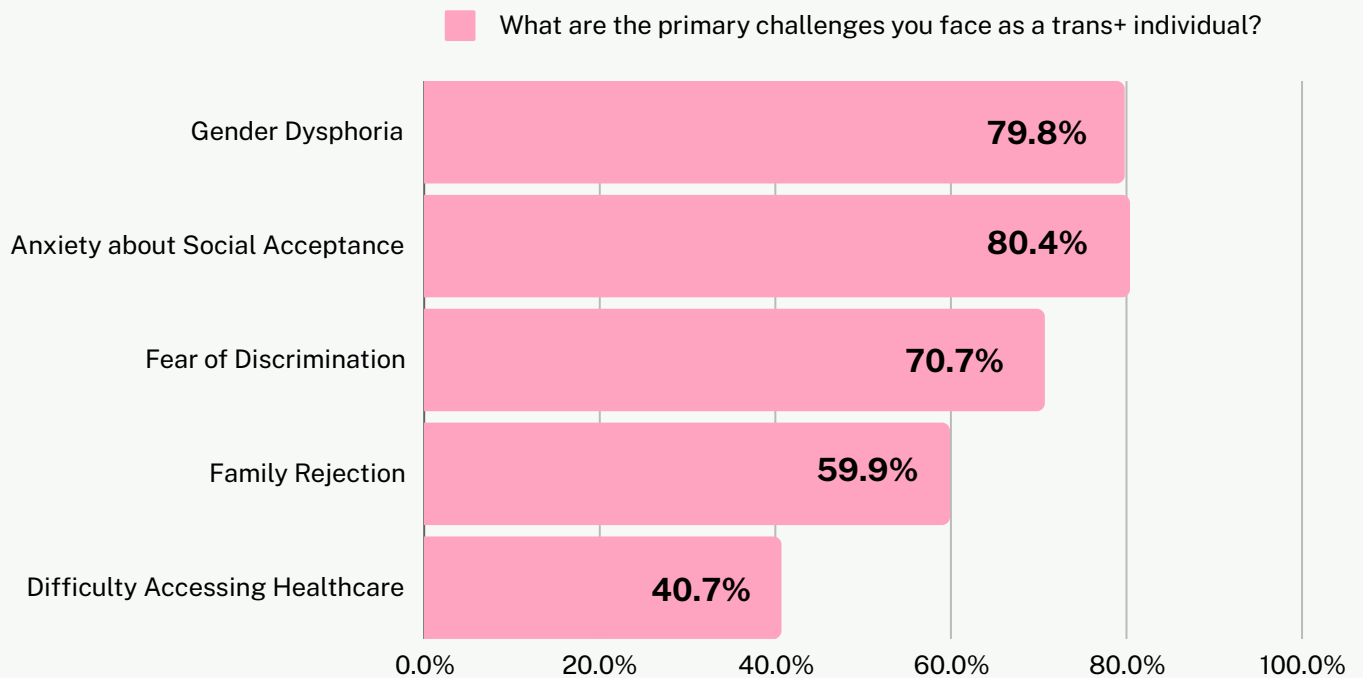
The other section had a large variety of mental health conditions not mentioned in our list; of the individuals with a diagnosis, 13.8% (202) reported a diagnosis of ADHD, and 11.5% (168) reported a diagnosis of ASD (autism spectrum disorder).

Neurodevelopmental conditions made up the majority of the 'other' section. This is in line with the common understanding that LGBTQIA+ persons have higher rates of neurodevelopmental conditions. However, as our question specifically asked for mental health conditions we cannot fairly analyse this data. In turn, we expect the real prevalence amongst our participants to be higher if it was a direct question.

Challenges to Mental Health

Following the observed high rates of mental health conditions and general low mental health ratings, we explored the primary challenges trans+ people faced. Participants could choose one or more options from a choice of 5. The challenge with the highest responses was anxiety about social acceptance (80.4%, 1741).

The next highest was gender dysphoria, where 79.8% (1727) of participants reported this as a challenge. Interestingly, gender dysphoria was mentioned by some participants in the other section of diagnoses, as it is considered a mental health condition by the DSM V*. Fear of discrimination had 70.7% (1530) of participant responses, family rejection had 59.9% (1297) and difficulty accessing healthcare had 40.7% (882).



*In this report, we follow the ICD-11 classification, which places gender incongruence in the sexual health chapter rather than classifying it as a mental health disorder. This approach reflects that being trans or gender-diverse is not in itself a mental health condition. Therapeutic support is beneficial for those who experience gender dysphoria as a form of distress, underscoring the importance of supportive, affirming care.

The 'other' section provided more personal experiences of challenges:

“I am in a country that does not allow you to express your gender identity or sexual orientation. If someone finds out that I am LGBT, I will be killed, so I am afraid.”

A genderfluid respondent from Yemen

A common theme was fear of the government, this was seen in responses from people living in actively transphobic countries to regional issues with trans rights.

“I'm worried that I'm not 'gay enough' to ask for a therapist and start transitioning. I want it, but I'm scared that I'm not the first person that should seek help”

A genderfluid respondent from Latvia

Another common theme reflected more internal thoughts and doubts. Whilst expectedly we had lots reflecting on internalised shame, a few had doubts about fitting into the community and whether they deserved help.

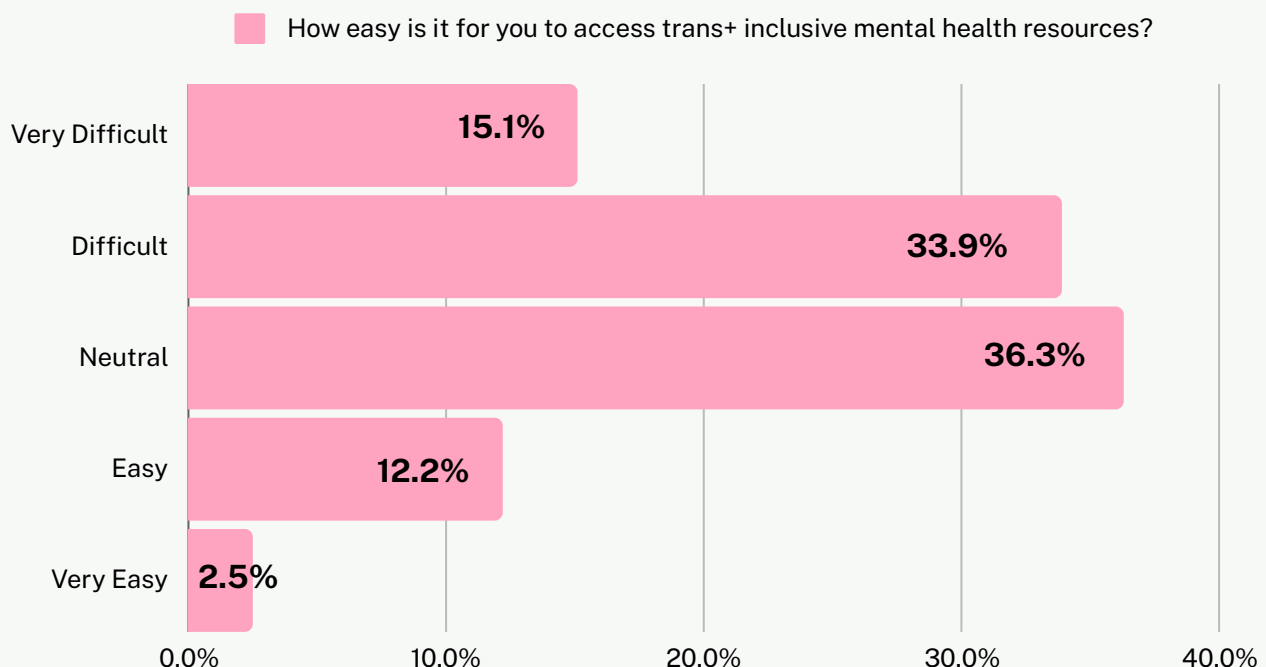
Conclusion

Across responses, it is evident that mental health remains a common challenge to trans and nonbinary people. The low mental health ratings across all identities and the very small number of respondents rating their mental health as good or excellent, demonstrate this psychological burden.

Mental health diagnoses among trans+ people are common, and this survey has reflected research done previously. The comorbidity of these conditions also appears very high and deserves more research.

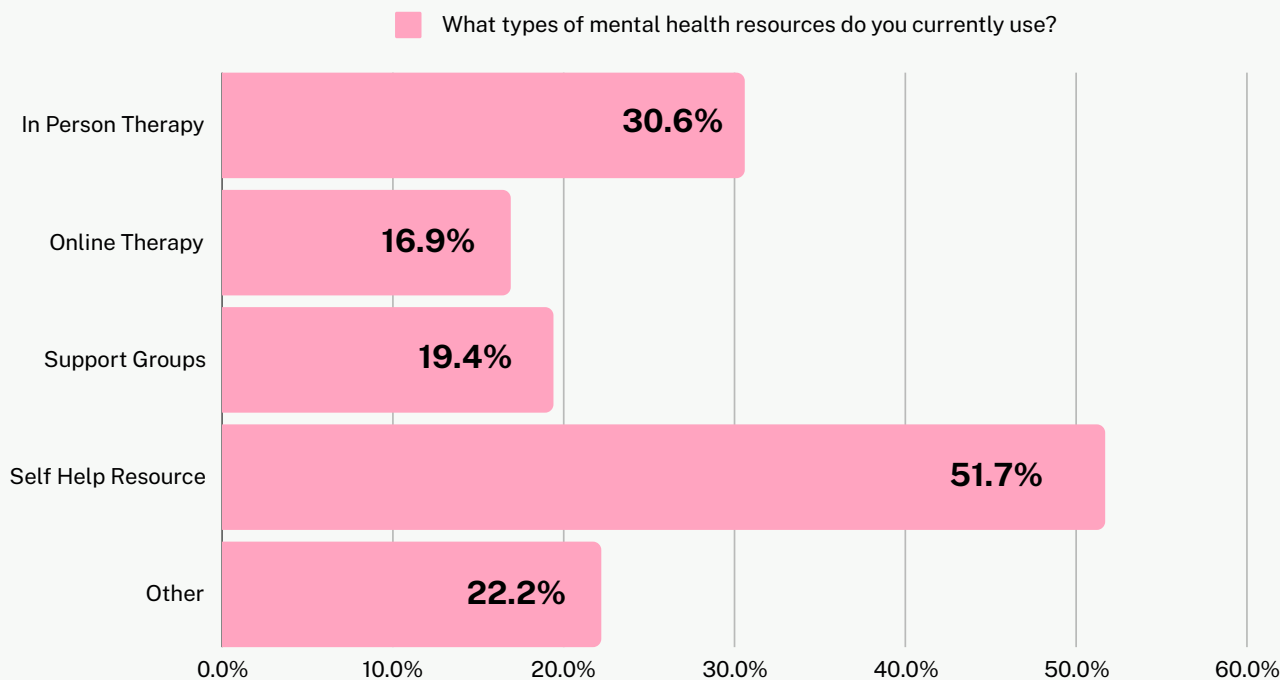
Access

When rating how easy it was to access mental health resources inclusive of trans needs, respondents reported it being more difficult (49%, 1061) than easy (14.7%, 318). The most common rating from the 5-point Likert scale was neutral (36.3%, 786), followed by difficult (33.9%, 734), very difficult (15.1%, 327), easy (12.2%, 264) and very easy (2.5%, 54).



Types of Mental Health Care

Over half of the respondents reported using self-help resources (51.7%, 1120) as a form of mental health support. Self-help resources include books, apps and anything else that can be used to improve your life and affirm your worth. Only 30.6% (663) reported using in person therapy, and less used online therapy (16.9%, 365). 19.4% (421) reported using support groups.



22.2% (481) respondents reported using a different method or ‘other’. Within this group there were lots of recurring themes and resources used, some positive and others negative regarding trans+ experiences. One respondent from the US reported “Have previously been in therapy but currently don’t have access due to the cost”.

“Recently stopped going to therapy because the therapist was transphobic”

A non-binary respondent from New Zealand

“None, I am currently on a ~ 1 year waitlist for in person therapy.”

A transfemme respondent from Germany

13.9% (300) reported using no resources, or used similar wording. Within this, respondents often reported issues with in person therapy that prevented them from seeking help. Long waitlists, costs and more trans related issues with discrimination were apparent across countries.

“Basically my friends are like therapy for me”

A non-binary respondent from New Zealand

“Talking with queer friends with similar experiences”

A non-binary respondent from the US

Community was a theme frequently observed from the written responses. 3.9% (85) respondents alluded to using friends, family and wider community for maintaining mental well-being.

Support Missing from Trans+ Community

We received 42.8% (927) responses to the optional question ‘What specific mental health resources or support do you feel are missing for the trans+ community?’.

A large number of responses reflected current failings of the mental health sector and its ability to appropriately help the specific needs of trans and non-binary individuals.

“It's hard enough to find a therapist. We need all therapists to have at least a basic understanding of trans existence, struggles and joy.”

A non-binary respondent from New Zealand

“More education for therapists who don't really get trans-specific experiences, more help with dysphoria, programs focusing on trans joy and love / working through internalised transphobia”

A transmasculine respondent

**“A dedicated network of trans mental health professionals,
dedicated trans mental health support networks”**

A transfemme respondent from the UK

Education was another common theme among the respondents. The ideas raised called upon the requirement of better education in schools, and the ability to explore different genders from a younger age. Similarly, the requirement of having trans+ friendly and trained staff and counsellors within schools for children and adolescents exploring their gender identity.

**“I feel like schools should do lessons on things like being
trans. Like, "What are appropriate questions to ask a trans
person?" Or, "How do I cope living with people who don't
accept me?" Things like that would really help trans youth.
Too many are being discriminated against for being
different.”**

A transmasculine respondent from the US

**“I’m a public school teacher and I wish there were more
direct mental health resources for trans/GNC/questioning
youth.”**

A genderqueer respondent from the US

**“Access to in person counselling in schools that is
completely confidential. Better sex education and education
around sexuality, gender and other queer identities.”**

A genderfluid respondent from UK

Education beyond schooling for adults and the wider community was amongst the main themes from this optional question. This included family, friends, local governments and even calls for greater national and international recognition and acceptance.

“Ways to educate people like family members about being trans, and that challenges it comes with since your surroundings especially like family bare a large impact on a person's mental health”

A transmasculine respondent from the Czech Republic

“Wider Education on trans history and the realities of being trans. If more people understood how deep-rooted the separation between Sex and Gender is in the human mind, then maybe it would be easier for people to look past the stigma of trans people being “a fad” or “trendy”, and realise the actual issues we face in day-to-day life, as people.”

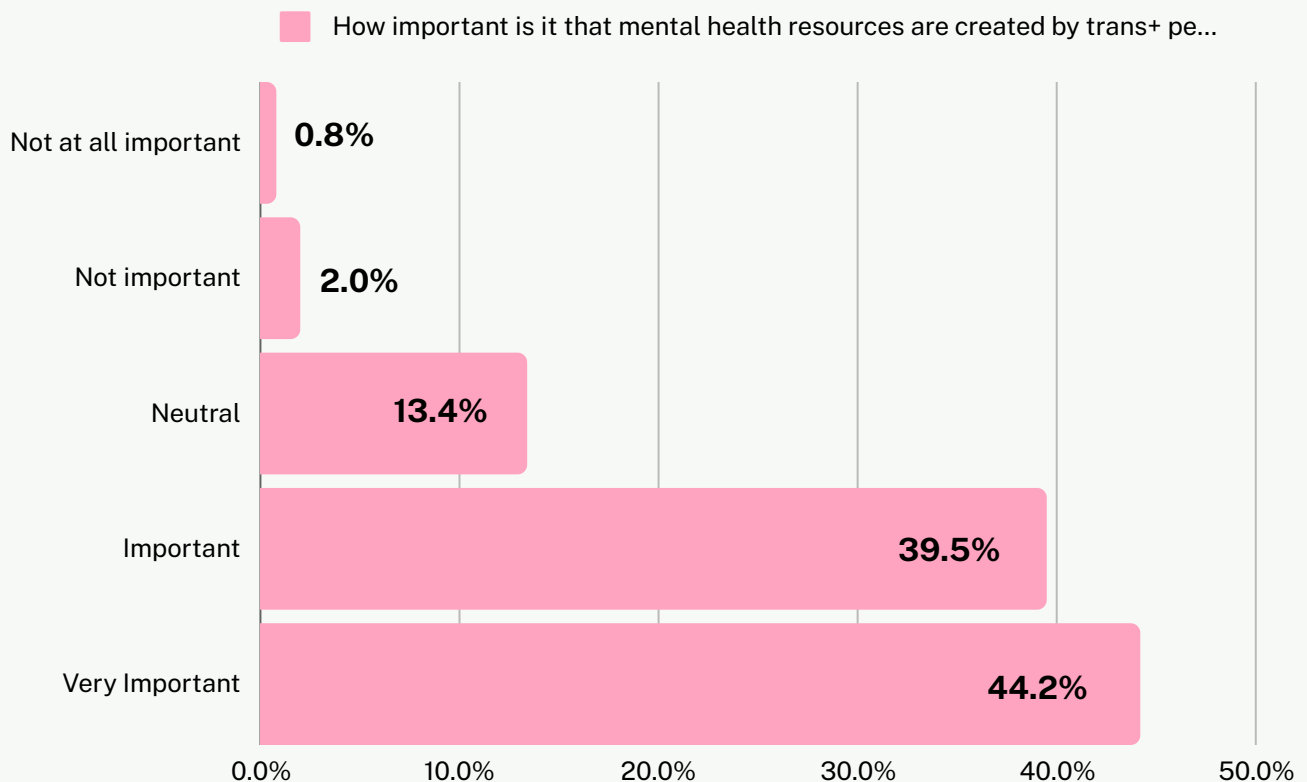
A transfeminine respondent from the UK

“Resources are helpful, but the greatest aid to the trans community's mental health would be greater acceptance within the world, especially having more allies supporting us in the world, from day-to-day life to the voting polls and lawmakers.”

A non-binary respondent from the US

Importance of Trans+ Resources

83.7% (1812) of respondents ranked the importance of mental health resources being created by trans+ individuals as either important (39.5%, 856) or very important (44.2%, 956). Very few respondents found it not at all important (0.8%, 18) or not important (2%, 44).



Conclusion & Recommendations

State of Trans+ Mental
Health Report
2024

Access to appropriate mental health support is a significant challenge for trans and non-binary individuals, with almost half of survey respondents reporting difficulty finding inclusive care.

Despite a high prevalence of mental health conditions, the low number of respondents utilising in-person therapy highlights systemic issues in healthcare access. Instead, many individuals turn to self-help resources such as apps, books, and online guides that are affordable, accessible, and offer privacy. These resources provide a safe space for self-exploration, yet they often lack the depth and personalisation that trained professionals could provide.

The feedback from respondents also reveals persistent gaps in current mental health support systems, particularly the scarcity of trans+ therapists or professionals trained in trans+ experiences. Cost and limited availability further restrict access to quality care. Education, particularly in schools, was another prevalent theme, underscoring the need for early, affirming and confidential guidance for young people exploring their identities. Collectively, these findings underscore a call to action for increased resources, inclusive training, and systemic changes that meet the mental health needs of trans+ individuals.

Discussion and Recommendations

The findings of this survey highlight the profound mental health challenges faced by trans+ individuals, who experience heightened levels of distress and unique obstacles in accessing appropriate support. **Over half of respondents rated their mental health negatively, and nearly 68% have a diagnosed mental health condition.**

The primary challenges - gender dysphoria, anxiety about social acceptance, and fear of discrimination - reflect the compounded impact of both personal and societal pressures on the mental well-being of trans+ individuals.

Gender dysphoria, reported by nearly 80% of respondents, profoundly affects individuals' quality of life and calls for specialised, affirming care. **Anxiety around social acceptance and fear of discrimination** further exacerbate mental health issues, creating cycles of isolation and internalised stigma. High rates of comorbid conditions, particularly the overlap between depression and anxiety (reported by 60.5% of those diagnosed), suggest a need for integrated care approaches that address these interconnected issues holistically.

Barriers to accessing mental health resources, with nearly half of respondents facing difficulties, point to systemic shortcomings. Discrimination and lack of sensitivity from providers deter individuals from seeking care, leading to worsening mental health outcomes. The strong preference for trans-specialised therapists reflects a gap in the current system, where affirming care is not readily available. This signals the urgent need for professional training programs that focus on gender identity issues and for resources authentically created by and for trans+ individuals.

Recommendations for Mental Health Services

1. Increase Access to Trans+ Mental Health Support:

- Invest in targeted training programmes for existing mental health professionals, focusing on LGBTQIA+ and trans+ mental health to ensure sensitivity and competence
- Create accessible pathways for trans+ individuals interested in pursuing careers in psychotherapy, increasing representation and access to affirming care within the field.

2. Expand Data Collection and Research on Trans+ Identities:

- Use inclusive gender identifiers in data collection to allow for more specialised care that acknowledges the diversity within the trans+ spectrum.



Recommendations for Charities

1. Develop Tailored Content:

- Design accessible online resources like self-help guides, apps, and informational websites that respond to the needs of the trans+ community
- Consulting with trans+ individuals during development ensures that resources authentically reflect the community's needs

2. Encourage Community Building:

- Facilitate peer-led support groups for trans+ individuals, offering shared spaces for understanding, connection, and guidance.
- Establish a consistent feedback loop to assess and adapt resources based on input. This ongoing engagement allows resources to stay responsive and relevant to the community's changing needs.

3. Ensure Accessibility:

- Provide resources in multiple languages and accessible formats for individuals with disabilities
- Making essential resources freely available helps eliminate financial barriers

4. Collaborate with Mental Health Sector:

- Promote partnerships with licensed therapists trained in trans+ mental health.
- Integrating professional referrals with self-help resources can facilitate a more comprehensive approach to care.
- Build partnerships with healthcare facilities and mental health professionals to increase access to inclusive services. Collaboration may include joint training programs, referral systems, or resource sharing.

5. Advocacy:

- Partner with LGBTQIA+ organisations and community stakeholders to champion mental health initiatives for trans+ individuals. Advocacy efforts can drive awareness, policy change, and institutional support at local and national levels.
- Advocate for mental health awareness through public campaigns, addressing misconceptions and promoting empathy.

Recommendations for Policymakers

1. Establish Inclusive Healthcare Policies:

- Create and enforce policies that provide inclusive practices and cultural competence training across healthcare settings.
- Establishing national standards for trans+ mental health support can ensure affirming care

2. Increase Funding for Trans+ Mental Health Services:

- Allocate specific funding to support trans+ mental health initiatives, including community clinics, educational programmes, and non-profit services. Funding can also enable ongoing research into trans+ mental health needs and outcomes.

3. Legislate Protections Against Discrimination:

- Enact and enforce anti-discrimination laws across healthcare, employment, and public services. These protections can mitigate societal stressors that directly impact trans+ mental well-being.

Recommendations for Educational Institutions

1. Implement Trans+ Inclusive LGBTQIA+ Education:

- Integrate gender diversity and trans+ topics into school curriculum to foster understanding with age-appropriate lessons to normalise varied gender experiences, promote empathy, and support trans+ students.

2. Provide Access to Trained School Counsellors:

- Equip school counsellors with training on trans+ issues to provide affirming, confidential support to students.

3. Support LGBTQIA+ Student Organisations:

- Establish and support LGBTQIA+ clubs in schools and universities, providing safe spaces for students to access peer support, mentorship, and mental health resources.

Recommendations for Employers

1. Create Inclusive Workplace Policies:

- Develop policies that protect trans+ employees from discrimination and promote inclusivity.
- Expand healthcare plans to cover trans-affirming mental health services, ensuring employees have access to supportive resources

2. Conduct Diversity and Inclusion Training:

- Regularly offer gender diversity and sensitivity training to foster a respectful workplace culture. Training can reduce discrimination and microaggressions.

Recommendations for Media & Platforms

1. Promote Positive Representation:

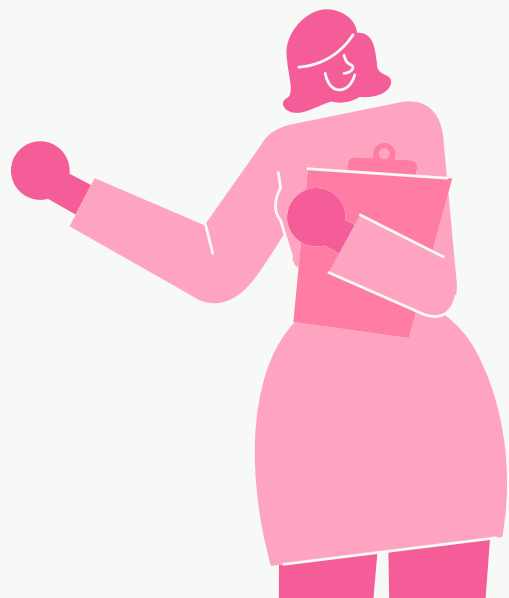
- Highlight authentic, affirming portrayals of trans+ individuals in media to foster positive self-image and reduce stigma.

2. Moderate Hate Speech and Misinformation:

- Implement policies to actively prevent the spread of transphobic hate speech and misinformation on social media platforms, creating safer spaces for trans+ individuals to engage and share experiences.

3. Amplify Digital Mental Health Resources:

- Collaborate with mental health organisations to feature reliable, accessible resources like apps, websites, and self-help tools. By amplifying these resources, media platforms can reduce isolation and improve mental health access for the trans+ community.



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About Voda

At Voda, we are dedicated to improving mental health support access for LGBTQIA+ individuals with a focus on affirming, intersectional mental health care. Voda seeks to address the gaps in traditional support systems and offer mental health resources that reflect the diversity and resilience of LGBTQIA+ lives.

Voda is a mental health app created by and for the LGBTQIA+ community, featuring a comprehensive range of self-guided therapy programmes developed by LGBTQIA+ psychotherapists. The app addresses topics such as queer shame, coming out, and gender dysphoria.

We recently launched the Trans+ Library on the app, a free resource featuring 52 self-guided therapy programmes developed by experienced trans+ therapists and covers a range of topics central to trans+ experiences including gender dysphoria, discrimination, gender identity, family and social rejection, drugs and sports bans.

The launch of Voda's Trans+ Library has received significant recognition and has been featured in publications including Attitude, DIVA, Gay Community News Ireland, Queerency and more, and has been acknowledged as one of the most comprehensive mental health resources for trans+ individuals to date.

For enquiries on the report, partnerships, or information on how Voda could support your organisation, contact:



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