2025 Missouri LGBTQ Political Climate Survey

TRANSGENDER HEALTH COLLABORATIVE @ SLU

October 2026

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Introduction



Approximately 6% of adults and 12.6% of youth in the Missouri population are part of the LGBTQ community [6]. Over 170 Missouri bills since 2023 have been proposed to limit the rights and visibility of lesbian, gay, bisexual, transgender, nonbinary, and queer (LGBTQ) youth and adults in educational and healthcare systems[1]. Two significant laws passed in May 2023 restricting gender affirming care for transgender minors and the participation of transgender youth in sports [1]. Missouri Medicaid removed gender affirming hormone therapy and surgeries from coverage in 2024 [1].
These laws and policy changes are consistent with national trends in LGBTQ legislation passed in other states and at the federal level. In 2025, a series of executive orders and policy changes were proposed for restricting gender as a binary and biological construct, removing data variables that identify LGBTQ people in national datasets, and other implications for healthcare and housing. In the summer of 2025, the United States v. Skrmetti ruled against gender-affirming hormone therapy and transition care for minors in Tennessee [21], with claims that such bans do not go against the Equal Protection Clause within Amendment 14 of the constitution.

The impact of these laws on LGBTQ people, their families, and the healthcare workforce who serve them are just now being realized. The Trevor Project found 44% of LGBTQ+ young people (ages 13-24) reported at least one LGBTQ+ related political concern, leading to considerations of moving states or crossing state lines to acquire necessary safe and affirming healthcare [8]. In addition, 90% of LGBTQ+ folks reported stress or anxiety caused by recent legislation, policy, and debates surrounding the LGBTQ+ community [20].

In Missouri, the impacts of these laws to date include the closure of a transgender-affirming clinic for youth [3], media reports documenting families and LGBTQ people leaving the state of Missouri for states with LGBTQ legal protections and access to affirming healthcare [4,5], and new executive orders at the national level seeking to limit gender affirming medical care for those under age 19, though this has met legal challenges [8].

Research is needed to document the impact of Missouri LGBTQ legislation on its residents.
Therefore, this study aimed to examine the effects of Missouri's LGBTQ-related legislation and the local and national political climate on mental health, stress, and intentions to stay in or leave Missouri among three groups: (1) LGBTQ adults, (2) parents of LGBTQ youth, and (3) mental and medical healthcare providers serving LGBTQ people.

Key Findings

For the third year in a row, high perceived stress in the past month was reported similarly across providers, parents, and LGBTQ adults. The sociopolitical climate and fear of loss of rights and safety were noted by all groups. Parents feared for their LGBTQ kids and providers identified vicarious stress in supporting LGBTQ patients.

77.6% of LGBTQ adults and 53% of parents report that their mental health has been impacted by the national and local political climate towards LGBTQ people. Participants report feelings of hopelessness, increased anxiety, and an exacerbation of current mental health symptoms as a result of the political climate at large.

71% of parents of transgender and nonbinary children reported an impact on their child(ren)'s mental health due to the political climate at large. Parents reported isolation and distress due to community attitudes.

98.6% of providers surveyed report the same or greater amounts of stress than last year due to the political climate and most (69%) saw an impact on their mental health. Healthcare providers report experiencing powerlessness to protect clients from discrimination and targeted legislation and fears of being unable to provide the best care for their clients.

Key Findings

For the third year in a row, most LGBTQ adults (51%) are considering leaving the state due to fear for their safety. Missouri historically and presently lacks legal protections for LGBTQ people[6] and the new legislation seemed to create a sense of urgency when considering where they can live, be accepted, and thrive with their families.

40% of providers are considering leaving the state.
Missouri has 896 healthcare workforce shortage areas (HWSA) ranking 4th among all 50 states for total HWSAs[14]. Florida and Texas, states also proposing and enacting restrictions on LGBTQ rights, are ranked in the top 5 for HWSAs. Loss of providers in already underserved areas will continue to stress marginalized and rural communities.

Political climate was indicated as a reason to leave by 77.3% of providers.
Increased stress (53.0%), mental health (50%), and fear for safety (47%) were the next most popular answers. In comments, providers indicated feeling powerless to keep their patients safe in the current climate.

LGBTQ adults and parents described a desire for equality, freedom, and safety but little hope that the political climate would change any time soon. Many noted the larger national political climate and efforts from White House to eliminate access to gender affirming care nationally for youth and adults.

Key Findings: Stress

A total of 154 of participants left comments about the increased stress they are experiencing this year. Comments were analyzed and categorized into shared topics.

LGBTQ Adults (n = 76)	Parents of LGBTQ Youth (n = 40)	Providers (n = 38)
Concern around losing rights, healthcare restrictions, and increased censorship	Increasing concerns for their child's safety, noting both real experiences of harassment and fear of future discrimination	Fears and vicarious stress for the safety of LGBTQ clients/patients, especially transgender folks
Increased fear of violence, hate crimes, harassment, and government persecution	Loss of access to gender affirming medical care	Powerlessness to protect clients/patients from legislation and discrimination
More intense, socially acceptable, and normalized homphobia/transphobia	Social media and news intake create ongoing distress	Worry about how these laws may also affect other communities if we allow it to affect the LGBTQ+ community

Key Findings: Mental Health

A total of 192 participants provided comments on the mental health impact of the political climate on LGBTQ issues in Missouri. Comments were analyzed and categorized into shared topics.

LGBTQ Adults n = 93	Parents of LGBTQ Youth n = 55	Providers n = 44
Worsening depression, thoughts of suicide, and feeling hopeless and powerless	Anxiety and depression due to concern for child's wellbeing	Anxiety and anger for clients/patients due to safety concerns, loss of rights, and access/avoidance of healthcare
Increase in anxiety, minority stress, and hypervigilance in the face of discrimination and safety concerns	Feelings of isolation and distress related to discrimination and lack of acceptance in their communities	Anxiety for safety of self as LGBTQ person and their own family in the state of Missouri
Pre-existing mental health conditions exacerbated by political climate	Witnessing their LGBTQ child's mental health impact	Increased worry about how this will affect them as a provider to LGBTQ clients/patients

Method

The study used a mixed method design through a web-based, one-time Qualtrics® survey. The study was approved by the Internal Review Board (protocol #33711) of Saint Louis University. The study was funded by internal research support. The survey was conducted in the fall of **2023**, in fall of **2024**, and in the fall of 2025. The previous years reports are linked with their respective dates.

The survey was completed by participants from October to November 2025. The survey included both scales and open-ended questions for comments covering stress, mental health impact of political climate about LGBTQ issues, and intent to stay or leave Missouri. Three separate, but similar surveys, were created for each group - Parents of LGBTQ Children, LGBTQ Adults, and Healthcare Providers. The survey and items were reviewed by research team members and LGBTQ community members for clarity and completeness. Survey questions can be found in Appendix A. One additional question was added in 2024 for gathering zip codes in order to report on breadth of representation in the sample.

Two recruitment procedures were used – community outreach and the Prolific worker pool. Community outreach was conducted through email to LGBTQ organizations across the state of Missouri known by the research team and through social media posts to Instagram and Facebook. Prolific is a vetted and monitored worker pool of potential participants and a representative sample was sought through recruitment [10]. Only Prolific workers who met the inclusion criteria for each of the 3 groups could see or access the study survey [10]. The Prolific platform demonstrates higher quality data in behavioral research than MTurk and CloudResearch across measures of attention, comprehension, honesty, and reliability [10]. Prolific participants were paid for their time in taking the survey at about $18 per hour with surveys taking 3 to 15 minute to complete.

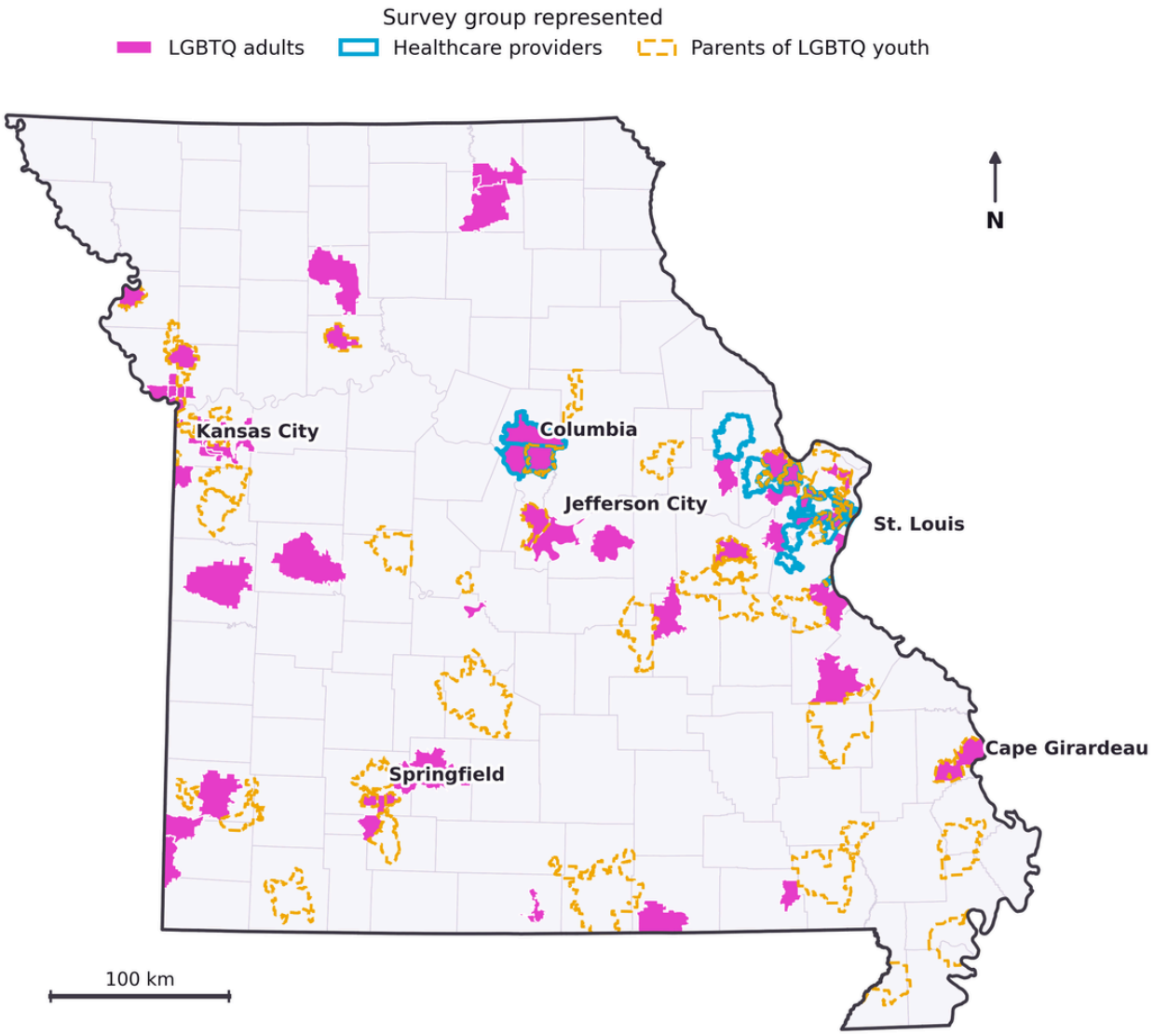
Inclusion criteria for all groups included being over the age of 18 and a resident of the state of Missouri. For LGBTQ adults, they additionally needed to identify as part of the LGBTQ community. Parents needed to be the primary caregiver to at least 1 child who is part of the LGBTQ community. For providers, they needed to be a medical or mental health provider who served LGBTQ patients/clients in the state of Missouri.

In data cleaning, any participant who completed less than 50% of the survey was removed. Data were dummy coded where possible for between groups comparisons. Analysis, overall, was descriptive for creating a holistic picture of the impact on each group surveyed and the sample as a whole**. The total sample size was 273 with 116 LGBTQ adults, 81 parents of LGBTQ youth, and 76 healthcare providers.**

Zip Codes

Zip Codes

Geospacial mapping was utilized to illustrate the breadth of representation from across the state. Predominantly, the participants came from the St. Louis and Kansas City areas. Due to population density alone, this was expected. In addition, Columbia, Jefferson City, Springfield, Cape Girardeau, and other counties were represented. The figure below represents the zip codes of our 3 groups



Sample Demographics

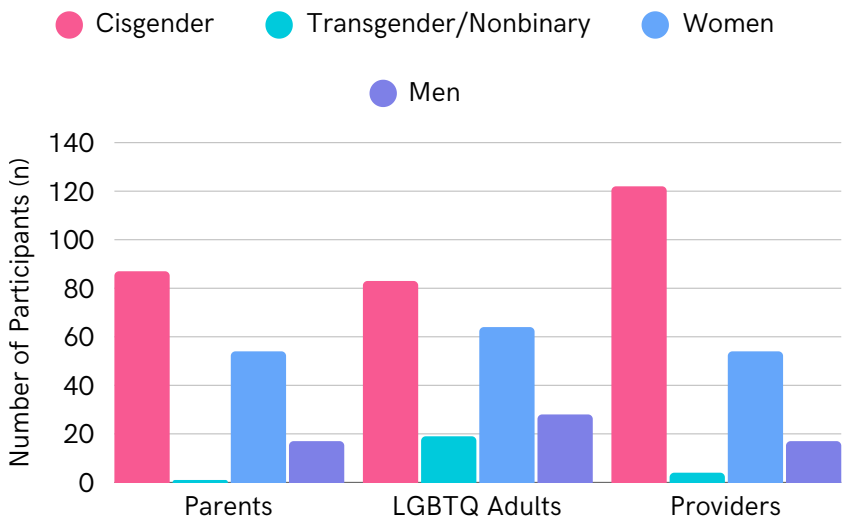


Figure 1. Gender Identity

Gender & Age

Gender identity was predominately cisgender across subgroups with 24 transgender/nonbinary folks. Ages ranged from 20 to 78 with an average of 38.2. Subgroup age averages:

- LGBTQ adults = 33.6 years old
- Parents = 42.5 years old
- Providers = 40.7 years old
- LGBTQ children of parents = 16.4 years old

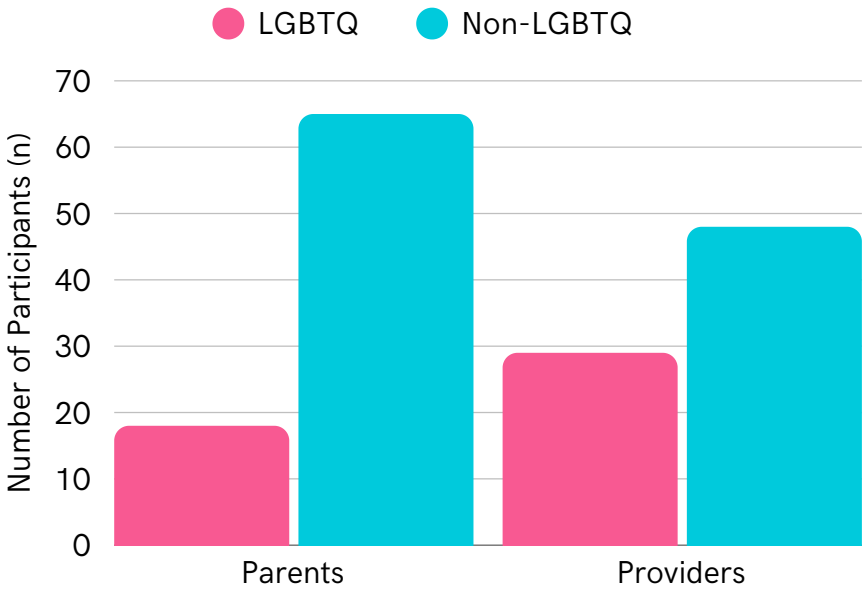


Figure 2. LGBTQ Identified Parents and Providers

LGBTQ Participants

A large portion of the healthcare providers were also part of the LGBTQ community at 38.2% (n = 29) and 22.2% of parents (n = 18). Thus, most of the total sample was LGBTQ identified (n =162; 59.3%).

LGBTQ parents and providers were not actively solicited during recruitment though the topic of the survey was made known so their desire to participate likely included their personal identity and professional work in serving the LGBTQ community.

Sample Demographics

Race & Ethnicity

About 18.6% of the total sample was from a minoritized race/ethnicities. Overall, 18 Black/African Americans, 232 white, 12 Hispanic/Latine, 4 Multiracial, 3 Native American/First People, 12Asian, 4 Middle Eastern or Another. Due to the low subsamples of individual race/ethnicities, comparisons made in analysis were grouped as white and participants of color (POC). POC included all race/ethnic categories except white.

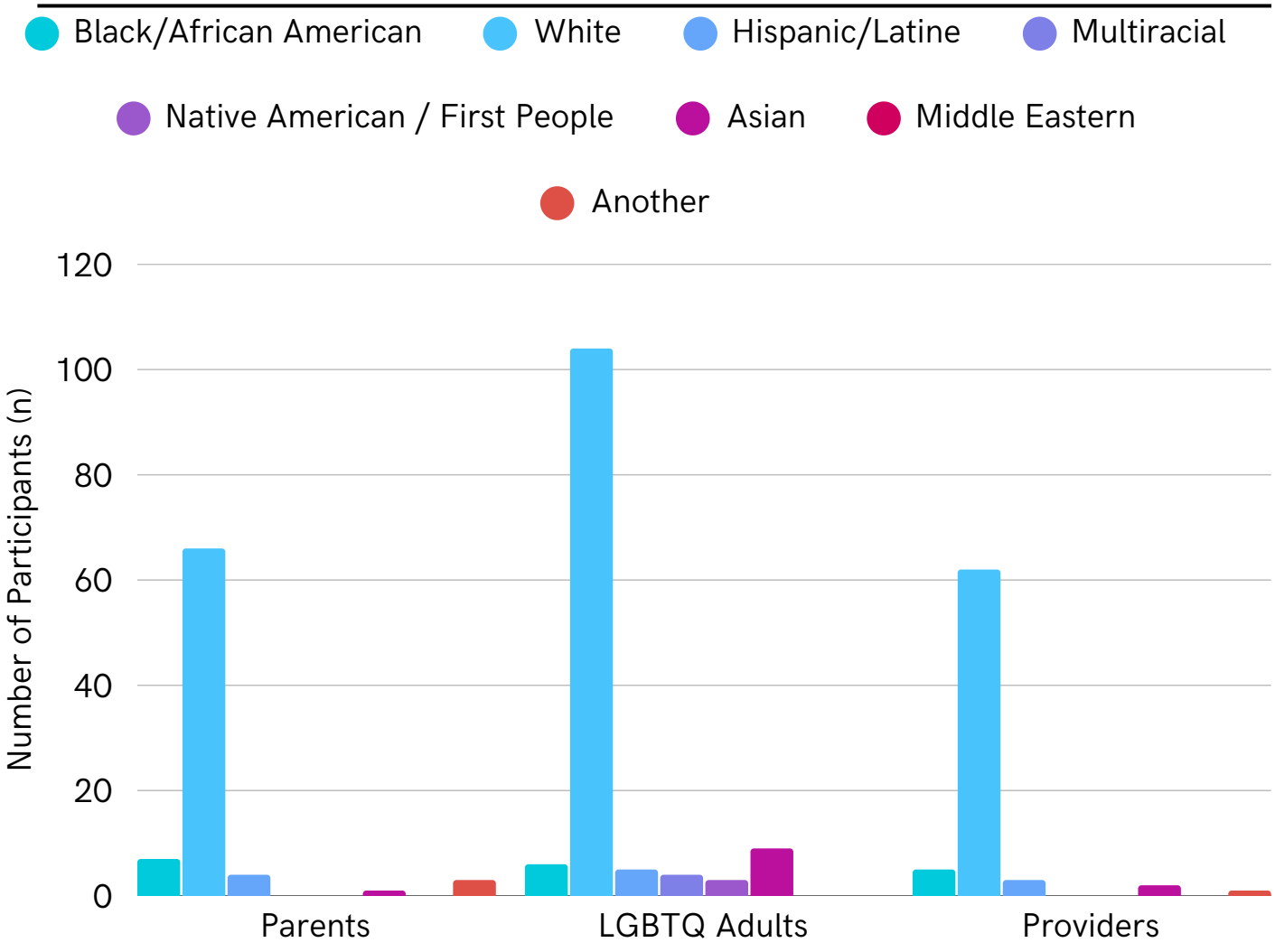


Figure 3. Racial and Ethnic Identity



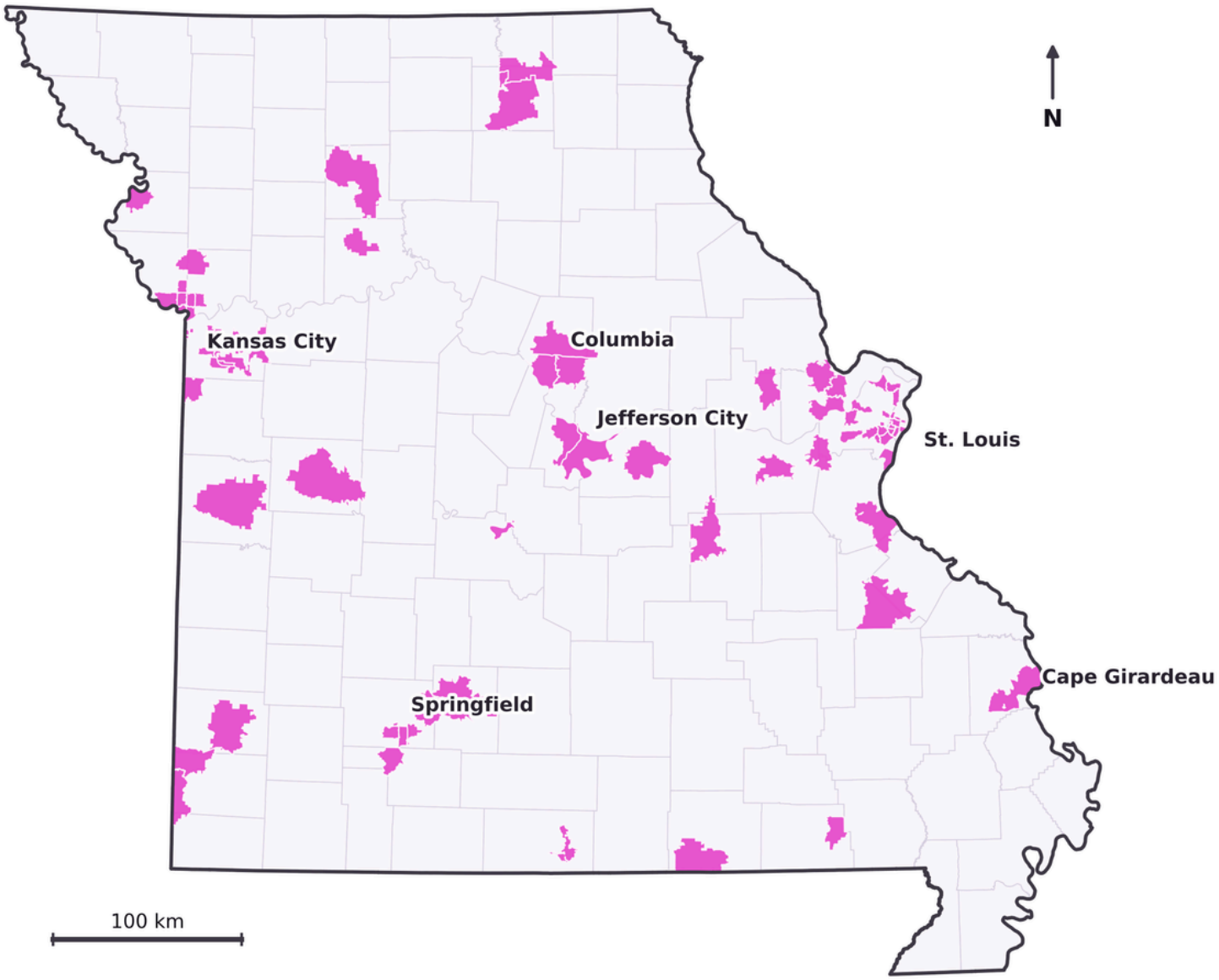
LGBTQ Adult

- Zip Codes
- Stress
- Mental Health
- Leave or Stay

Zip Codes

Zip Codes

Geospatial mapping was utilized to illustrate the breadth of representation from across the state. Predominantly, the participants came from the St. Louis, Kansas City, Columbia, Jefferson City, and Springfield areas. Due to population density alone, this was expected. In addition, Cape Girardeau, and other counties were represented. The figure below represents the zip codes of our LGBTQ+ Adult Participant Group.



LGBTQ Adult Stress

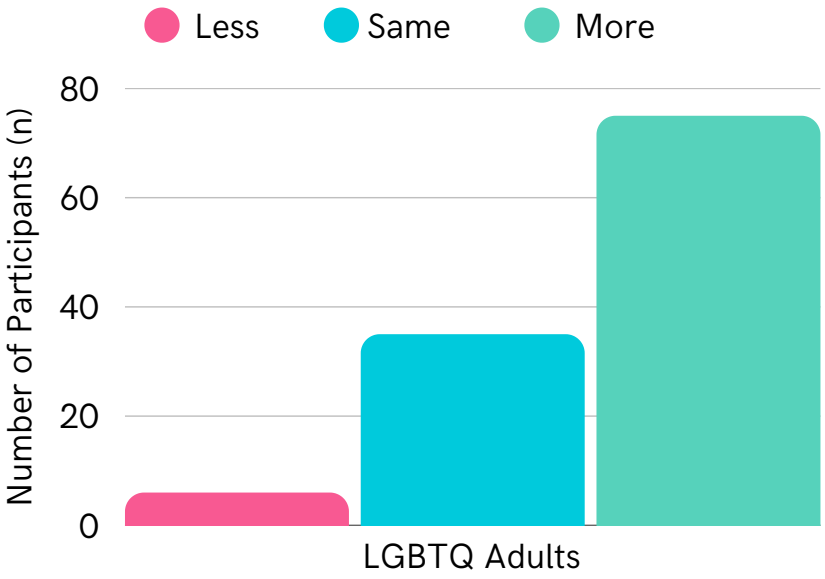


Figure 4. Stress Level

Annual Stress Item

One item asked participants:

"In the past year, have you experienced the same level of stress, less stress, or more stress as an LGBTQ community member?"

A majority of LGBTQ adults (95%) indicated they were experiencing the same or more stress in the past year. Only 6 participants indicated less stress.

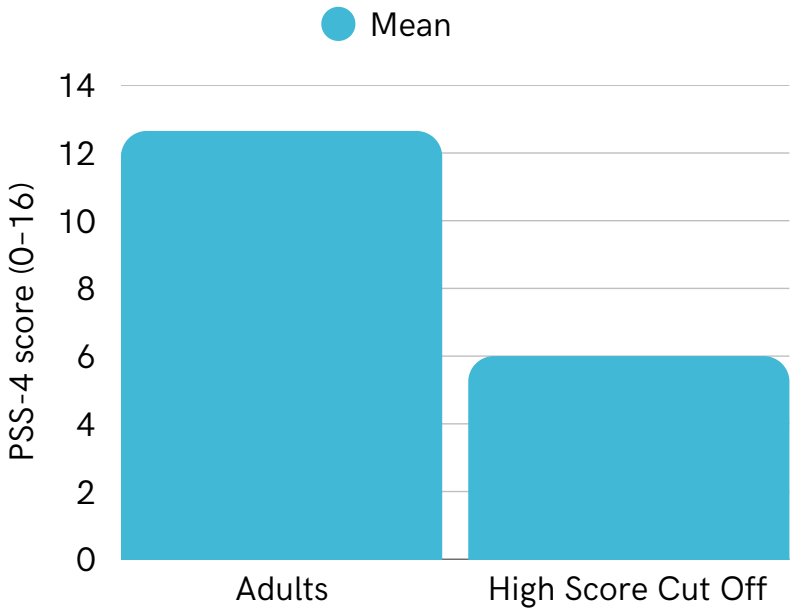


Figure 5. Perceived Stress Scale

Perceived Stress Scale

Perceived Stress Scale (PSS-4) [11] was completed for measuring stress in the past month. Summed scores range from 0 to 16 with higher scores indicating more perceived stress. Scores of 6 or higher have been classified as high stress based on normed population data [13]. The mean score was 12.65 with range of 8 to 16.

Differences between PSS scale means were analyzed by subgroups based on gender and race/ethnicity. Significant differences were found such that LGBTQ people of color [n = 12] reported higher PSS [mean score = 13.67].

LGBTQ Adult Stress

A total of 76 LGBTQ adults left comments about their increased stress in the past year. Comments were inductively coded and then categorized by similar topics. Below are categories and associated quotes selected.

LGBTQ Adults Categories	Quotes
Concern around losing rights, healthcare restrictions, and increased censorship	"It feels the government is actively trying to harm LGBT people more and more since the election, and less focusing on actual issues within the state. They seem to prefer restricting, limiting us, or focusing on us to avoid actual issues." "No LGBTQ person wants 'more' rights, they just want equal rights and to be able to live freely and safely."
Increased fear of violence, hate crimes, harassment, and government persecution.	"People are killing others just for existing. Going to Pridefests, concerts and venues for LGBT is not safe anymore."
More intense, socially acceptable, and normalized homphobia/transphobia	"It's hard to step outside to see people who adamantly want people like me dead being treated as if they are normal."

LGBTQ Adult Mental Health

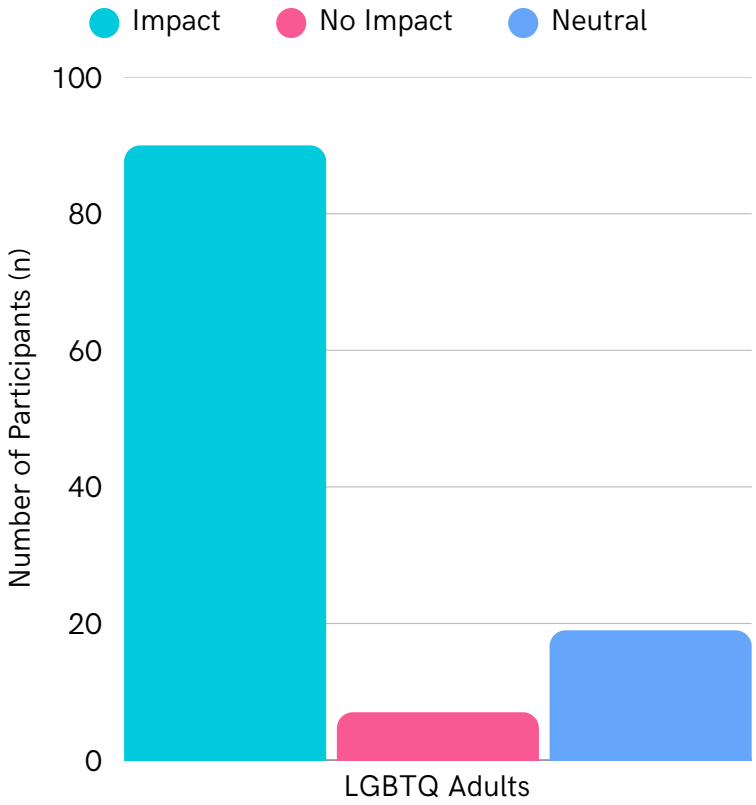


Figure 6. Mental Health Impact

Mental health was assessed with one item:

"*In the past year, my mental health has been impacted by the political climate about LGBTQ issues in Missouri*."

Participants indicated agreement on the 5-point Likert scale from Strongly Agree to Strongly Disagree. Then 3 groups were created - 1) mental health impact (strongly agree and agree), 2) neutral, and 3) no mental health impact (disagree and strongly disagree).

A majority (77.6%; n = 90) of LGBTQ adults indicated their mental health has been impacted by the political climate in Missouri.

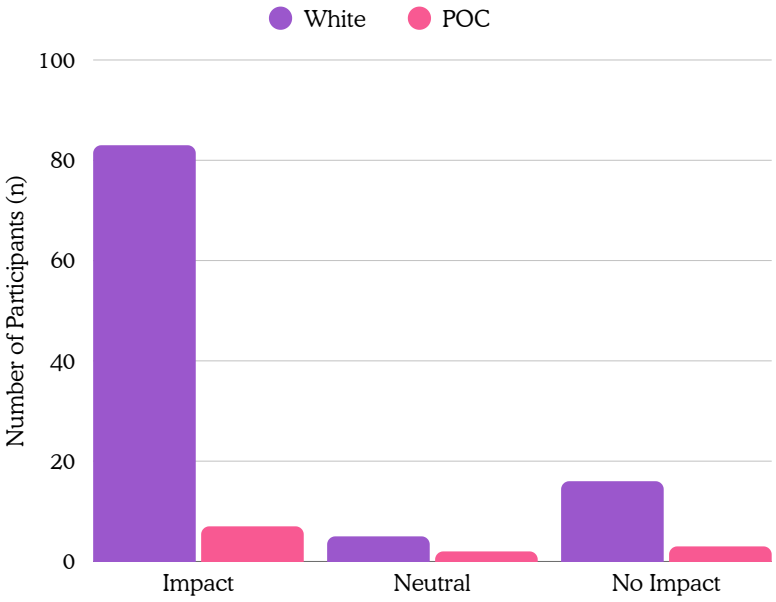


Figure 7. Mental Health Impact by race/ethnicity

Subgroup Differences

Differences were compared by race/ethnicity and gender identity. POC adults (n = 12) were mixed in their responses while 79.8% of white adults (n = 83) indicated agreement or strong agreement with the statement.

Our sample size of POC participants was very low this year so caution should be used with interpreting these results.

LGBTQ Adults Mental Health

A total of 88 LGBTQ adults left comments about the mental health impact due to the political climate. Comments were inductively coded and then categorized by similar topics. Below are categories and associated quotes selected.

LGBTQ Adults Categories	Quotes
Worsening depression, thoughts of suicide, and feeling hopeless and powerless	"It feels depressing to not be accepted for the person that I am. It feels like I can't openly be myself." "I feel there is no reason to plan for a future. I just want to live in peace and I cannot make progress without another barrier being put in my way."
Increase in anxiety, minority stress, and hypervigilance in the face of discrimination and safety concerns	"A constant low-level grade of stress and fear in the background every time I leave the house with my wife. A momentary pause while I consider if I should refer to my "wife" or my "partner". Being at low level flight or fight all the time is exhausting and just drags you down!"
Pre-existing mental health conditions exacerbated by political climate	"My depression has accelerated to the point of completely changing my prescription medication regimen. I am in a constant state of worry and stress and I have considered suicide/inpatient treatment."

LGBTQ Adult
Desire to Leave or Stay Missouri

A desire to leave or stay in the state of Missouri was measured with three items. First, participants were asked to respond on a 5-point Likert scale of agreement (from Strongly Agree to Strongly Disagree) to the following statement: *"In the past year, I have considered leaving the state of Missouri because of the political climate about LGBTQ issues in Missouri."*

51.0% of LGBTQ adults considered leaving Missouri due to the LGBTQ political climate.

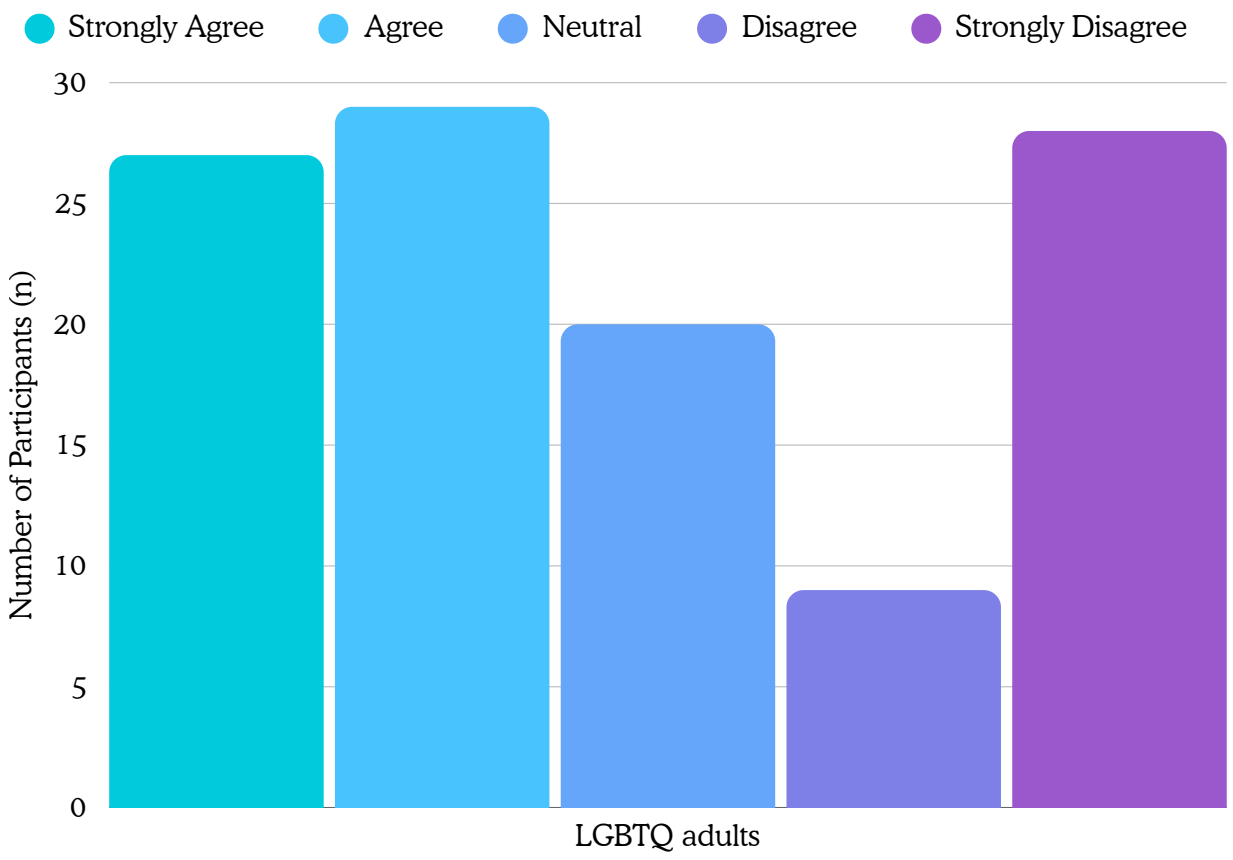


Figure 8. Considered Leaving Missouri

LGBTQ Adults
Desire to Leave or Stay in Missouri

Participants were asked to indicate their reasons for wanting to leave Missouri. Participants could select all that applied and offer other reasons to stay. Added reasons to leave included better healthcare and social service, policing and violence issues, and more legal protections.

Political climate was indicated as a reason to leave by 53.9% of LGBTQ adult participants. Mental health (66.4%) and increased stress (59.5%) were the next most popular reasons given.

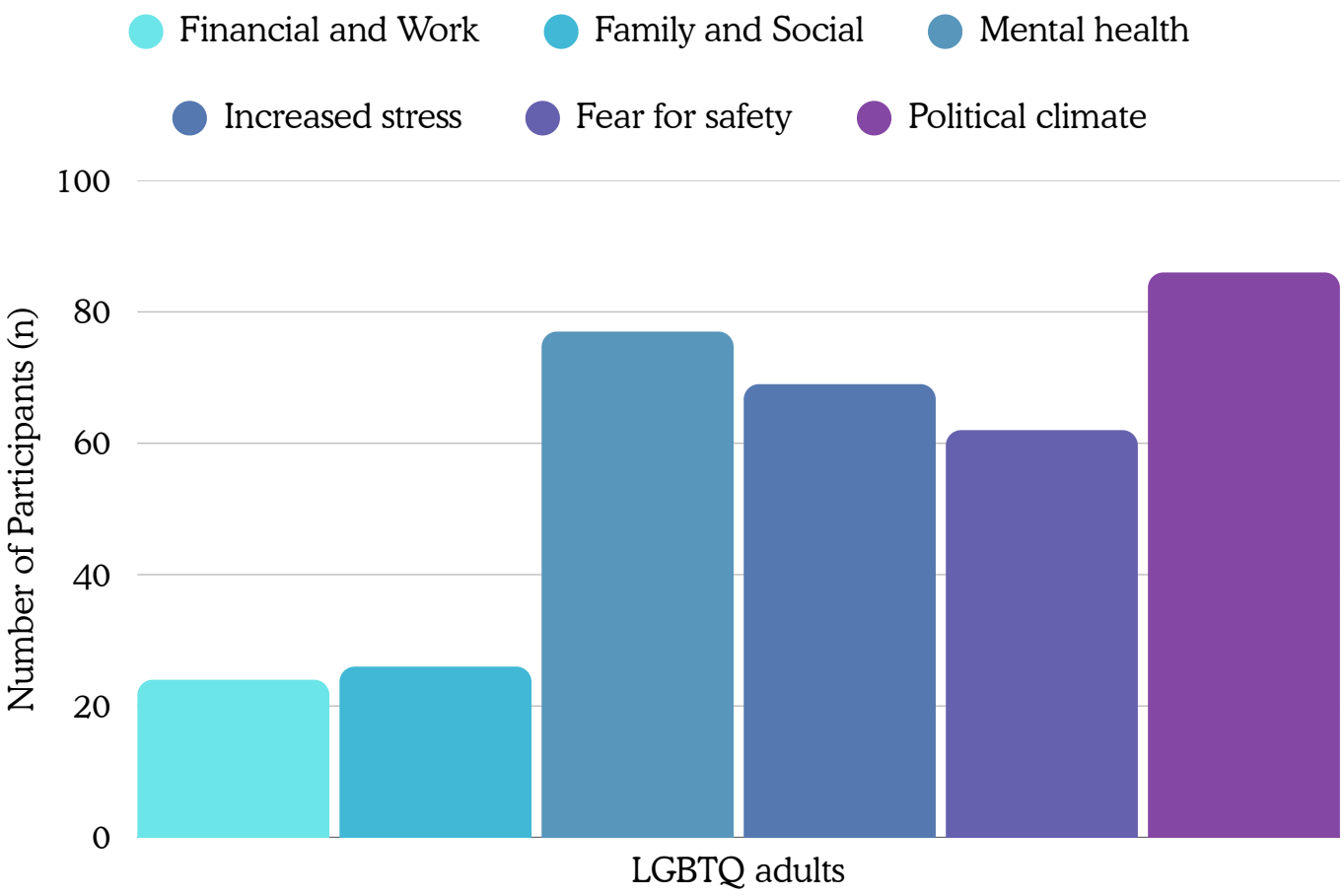


Figure 9. Reasons to Leave Missouri

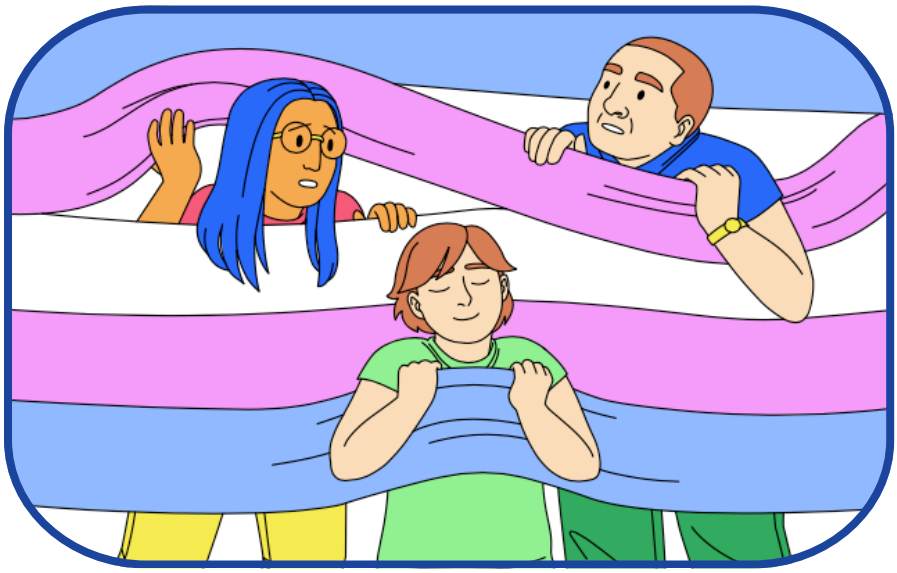
LGBTQ Adults
Desire to Leave or Stay in Missouri

Next, participants were asked to indicate their reasons for staying in Missouri. Participants could select all that applied and offer other reasons to stay. Added reasons to stay included seeing Missouri as their home state, loving the city they lived in, and wanting to finish a college degree.

Most participants indicated family/social reasons (79.3%) and financial/work (77.6%) as motivators to stay.



Figure 10. Reasons to Stay Missouri



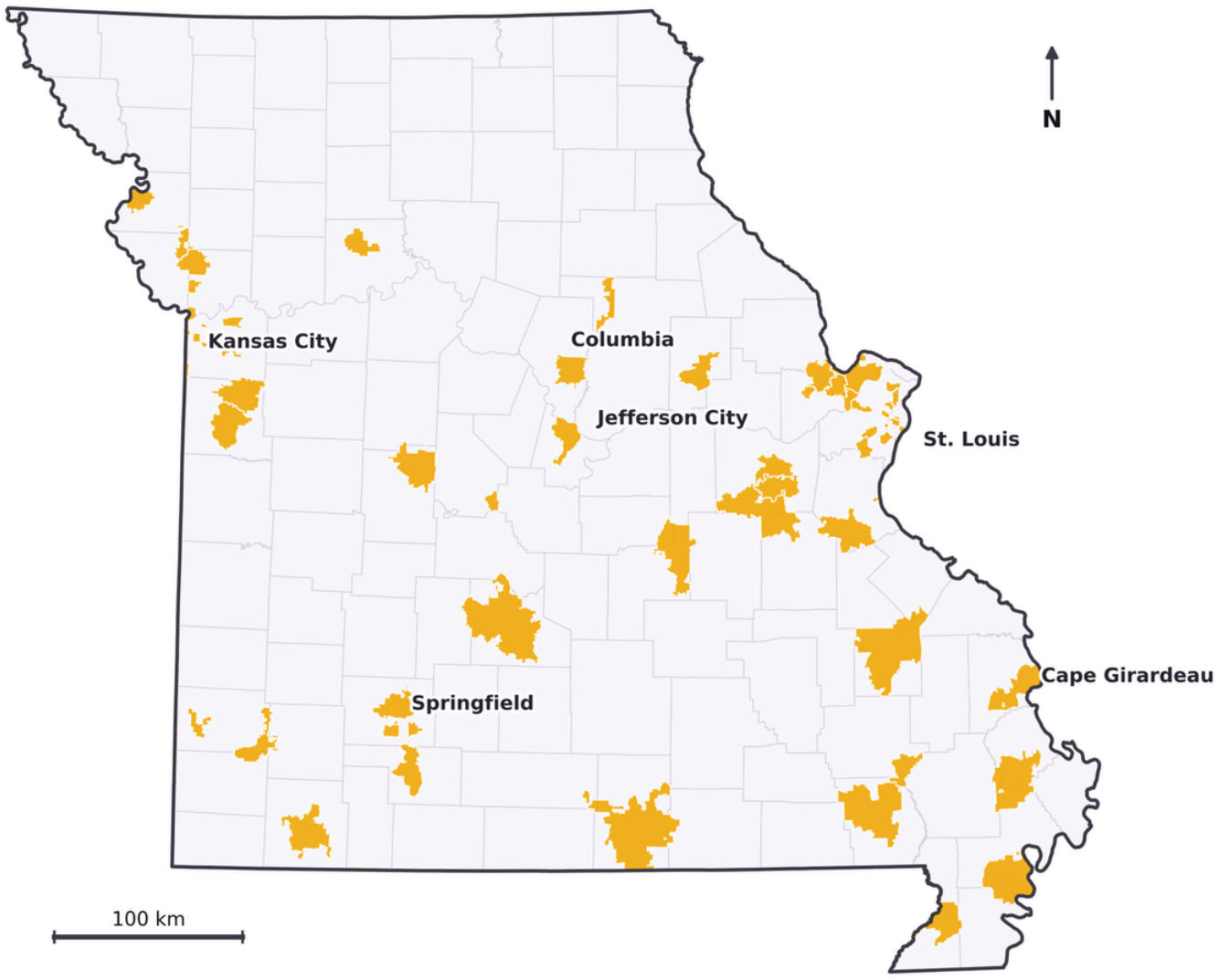
Parent of LGBTQ Youth

- Zip codes
- Stress
- Mental Health
- Leave or Stay

Parent Zip Code

Zip Codes

Geospatial mapping was utilized to illustrate the breadth of representation from across the state. Predominately, the parent participants came from the St. Louis and Kansas City areas. Due to population density alone, this was expected. In addition, various rural counties and areas are also represented such as Columbia, Jefferson City, Cape Girardeau, and Springfield.



Parent Stress

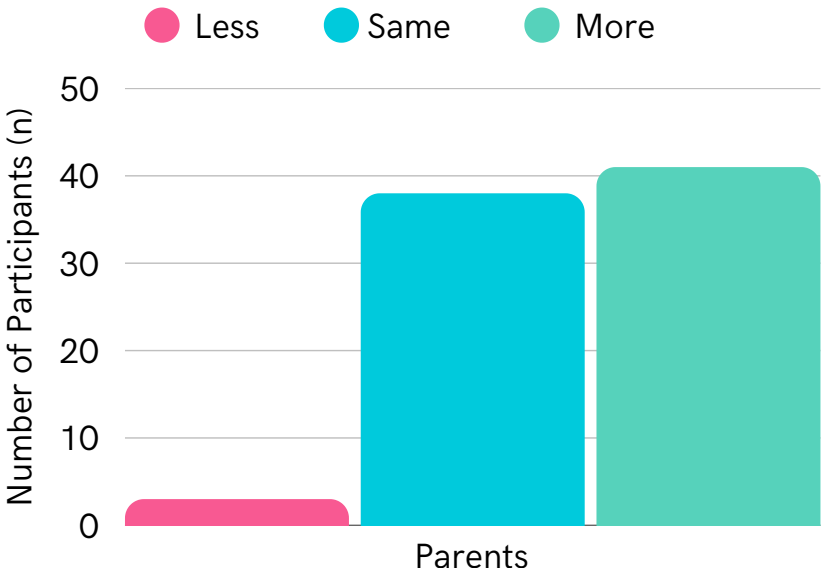


Figure 11. Stress Level

Annual Stress Item

One item asked participants:

"In the past year, have you experienced the same level of stress, less stress, or more stress [as the parent to an LGBTQ child; as a provider to LGBTQ patients; or as an LGBTQ community member]?"

A majority of parents (96.3%) indicated they were experiencing the same or more stress in the past year.

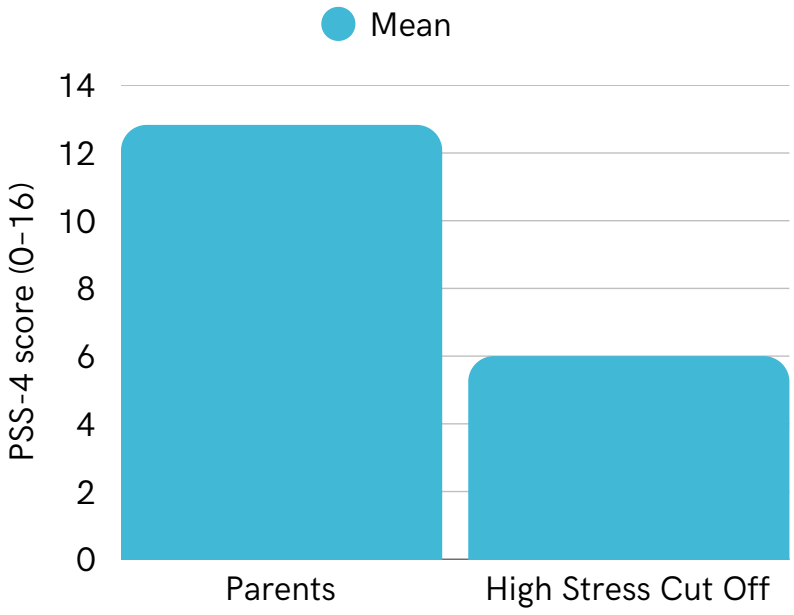


Figure 12. Perceived Stress Scale

Perceived Stress Scale

Parents completed the brief Perceived Stress Scale (PSS-4)[11] for measuring current stress levels. Four items are summed ranging from 0 to 16 with higher scores indicating more perceived stress. Scores of 6 or higher have been classified as high stress based on normed population data[13]. PSS-4 mean was 12.83 for parents with range of 6 to 16.

Parent differences by subgroups were explored by race/ethnicity, presence of a transgender/nonbinary child [n =28], and identifying as LGBTQ. These results are on the next page.

Parent Stress

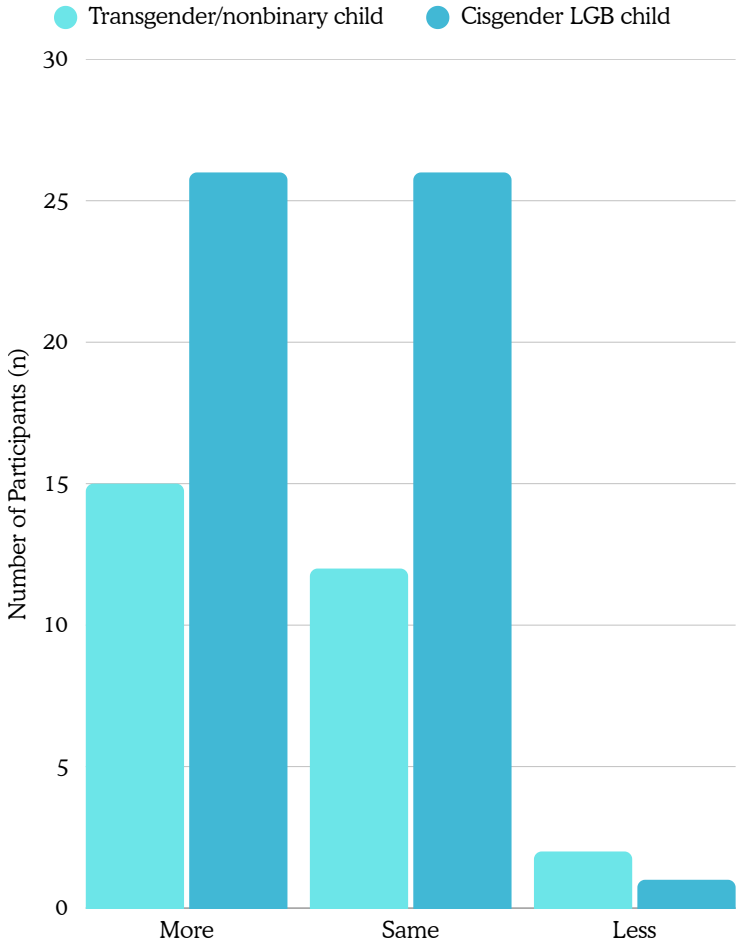


Figure 13. Increased Stress by gender identity of child

Subgroups Comparisons

Analysis revealed no significant differences between parents of transgender youth and all other parents in PSS scale scores. When asked about increased stress in the past year, parents of transgender/nonbinary children were NOT more likely to report more stress than parents of LGB children.

LGBTQ parents [n = 18] were compared to straight/cisgender parents in perceived stress and stress increases in the past year. No significant differences identified by LGBTQ identity of the parent.

Parents were compared based on race /ethnicity in perceived stress and stress increases in the past year. No significant differences in stress were identified by race/ethnicity.



When asked about increased stress in the past year, parents of transgender/nonbinary children were NOT more likely to report more stress than parents of LGB children.

Parent Stress

A total of 40 parents left comments about their increased stress in the past year. Comments were inductively coded and then categorized by similar topics. Below are categories and associated quotes selected.

Parents of LGBTQ Youth Categores	Quotes
Increasing concerns for their child's safety, noting both real experiences of harassment and fear of future discrimination	"I fear, even more now, for my child's safety. The politics have emboldened bigots to be free with their hate and fear." "Many of the people in our community, including neighbors and townsfolk, hold negative views toward transgender individuals. Because everyone knows my son is trans, we often face discrimination."
Loss of access to gender affirming medical care	"The state is making it harder to be seen and live normally as a member of the LGBTQ community. There are many rules about care and access for people who live this way and it creates a lot of stress for those in and around the community." "It's a very crazy time for us- rights are being threatened or taken away completely. It's hard to know what to do, how much to share, and where to turn."
Social media and news intake create ongoing distress	"We are all struggling with negativity that we are constantly bombarded with through social media and various news outlets to the point that we have had to purposely unplug from such activities just to function on a better day to day basis."

Parent Mental Health

Mental health on the parent and LGBTQ youth were assessed with 2 items:

1. *"In the past year, my mental health has been impacted by the political climate about LGBTQ issues in Missouri."*
2. *"In the past year, my LGBTQ child's health has been impacted by the political climate about LGBTQ issues in Missouri."*

For both items, participants rated their level of agreement on a 5-point Likert scale from Strongly Agree to Strongly Disagree. Differences were compared for race/ethnicity and LGBTQ identified parent subgroups with few differences emerging.

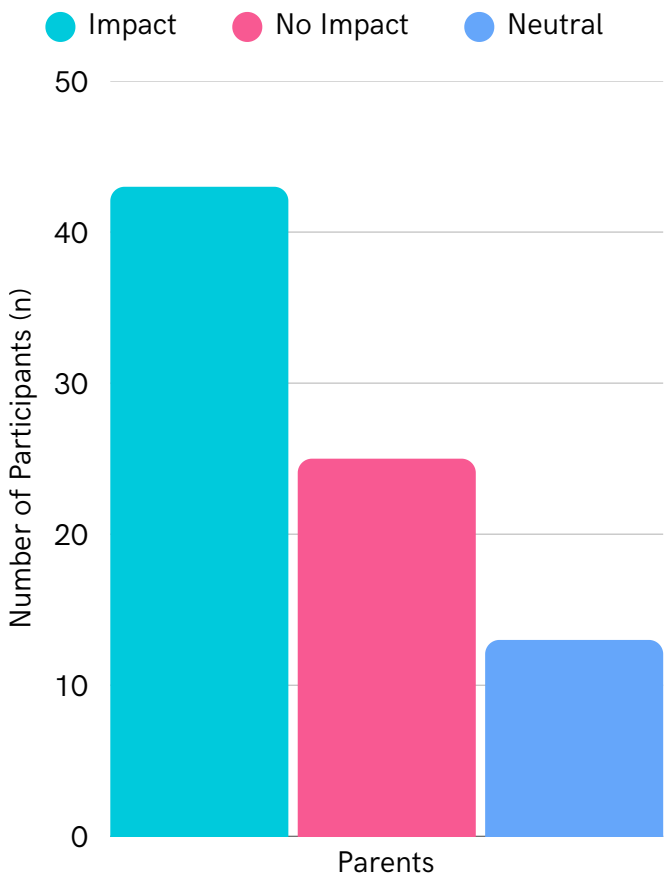


Figure 14. Mental Health Impact on parents

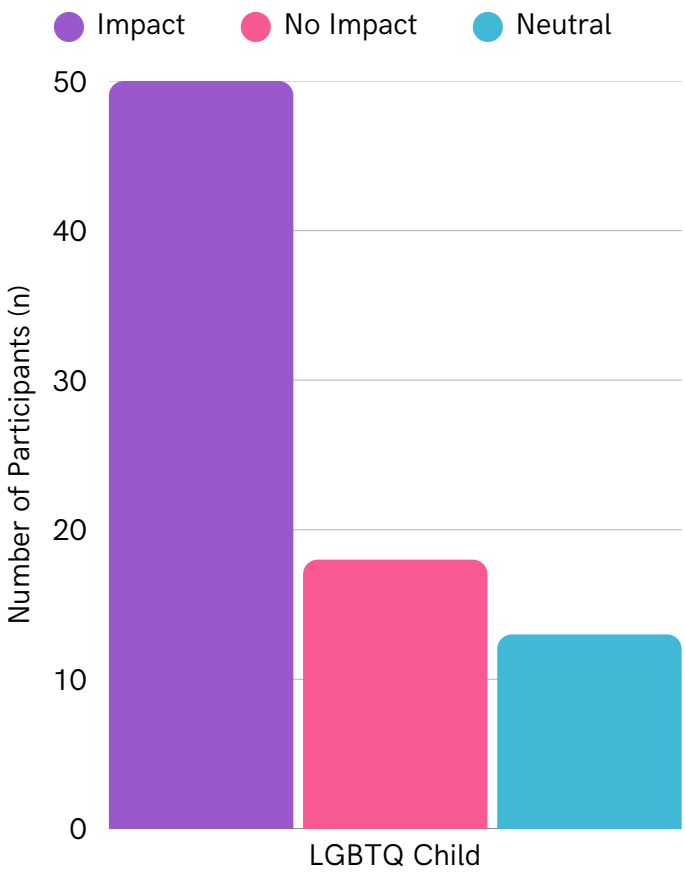


Figure 15. Mental Health Impact on LGBTQ child

Parent Mental Health

Finally, differences were assessed based on the LGBTQ child's identity including presence of a transgender or nonbinary children (n = 28) verses all others (e.g., lesbian, gay, bisexual, queer; n = 53) for mental health impact on the parent and child.

71% of Parents reported a mental health impact on their transgender and nonbinary children due to the LGBTQ political climate in Missouri.



Figure 16. Mental health impact on the parent based on gender identity of child



Figure 17. Mental health impact on the child based on gender identity of the child

Parent Mental Health

A total of 55 parents left comments about the mental health impact due to the political climate. Comments were inductively coded and then categorized by similar topics. Below are categories and associated quotes selected.

Parents of LGBTQ Youth Categories	Quotes
Anxiety and depression due to concern for child's wellbeing	"Difficult to find joy in life, worried about my children and the hate they are feeling."
Feelings of isolation and distress related to discrimination and lack of acceptance in their communities	"We know the majority of people around us are afraid of LGBTQ+ people so that makes them dangerous to us in some ways. This leads to increased anxiety and depression. We have to hide ourselves and that's not healthy."
Witnessing their LGBTQ child's mental health impact	"I think my child is scared of the future as someone that identifies as transgender. This exasperates their anxiety and makes them scared to become an adult." "Not only do they stress about being accepted in public but we are worried about the future if the queer community continues to be treated as enemies."

Parent
Desire to Leave or Stay in Missouri

A desire to leave or stay in the state of Missouri was measured with three items. First, participants were asked to respond on a 5-point Likert scale of agreement (from Strongly Agree to Strongly Disagree) to the following statement: *"In the past year, I have considered leaving the state of Missouri because of the political climate about LGBTQ issues in Missouri."*

25.9% of Parents of LGBTQ Youth considered leaving Missouri due to the LGBTQ political climate.

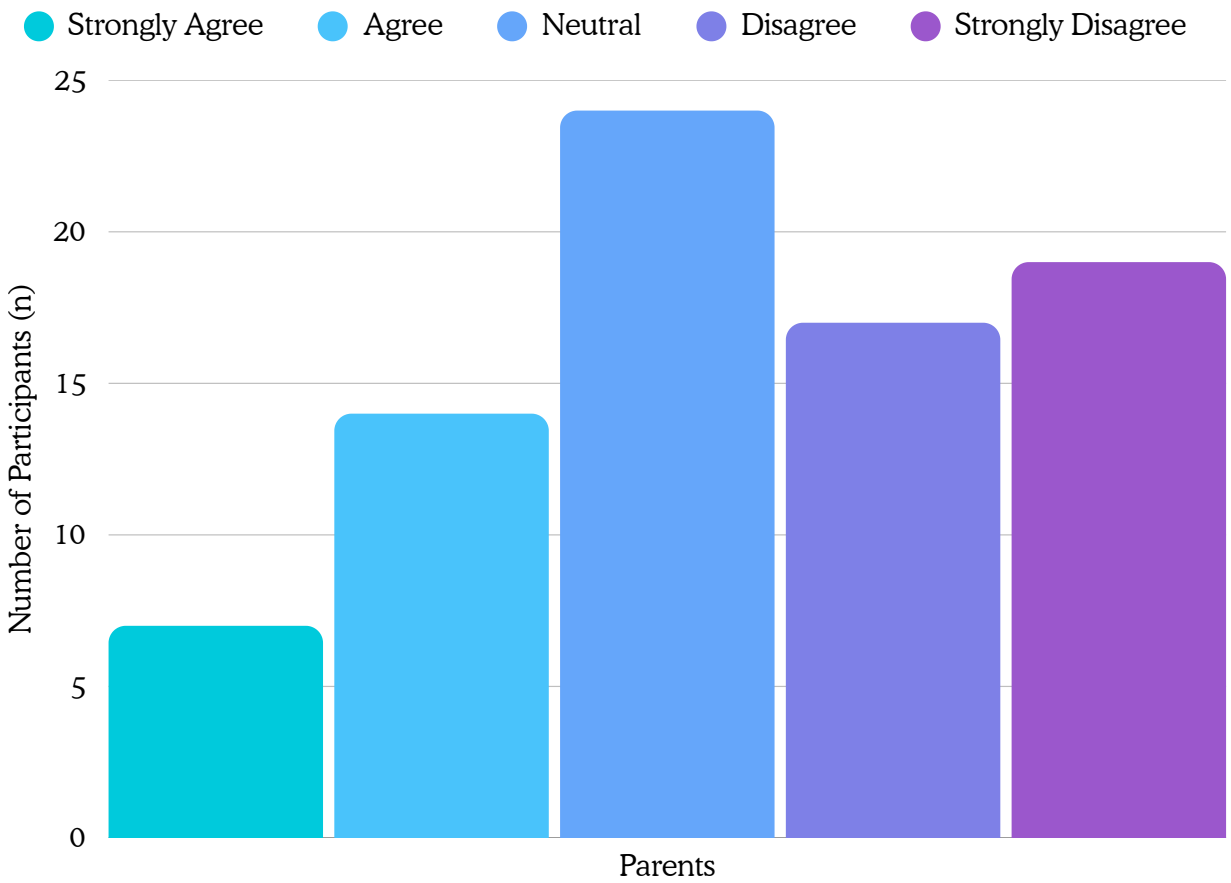


Figure 18. Considered Leaving Missouri

Parent
Desire to Leave or Stay in Missouri

Participants were asked to indicate their reasons for wanting to leave Missouri. Participants could select all that applied and offer other reasons to stay. Added reasons to leave included better healthcare and social service options elsewhere, anti-abortion laws, and more legal protections.

Increased stress was the most common reason to leave by (46.4%) of participants. Mental health (44.0%), fear for safety (40.5%), and political climate (45.2%) were the next most popular answers for parents.

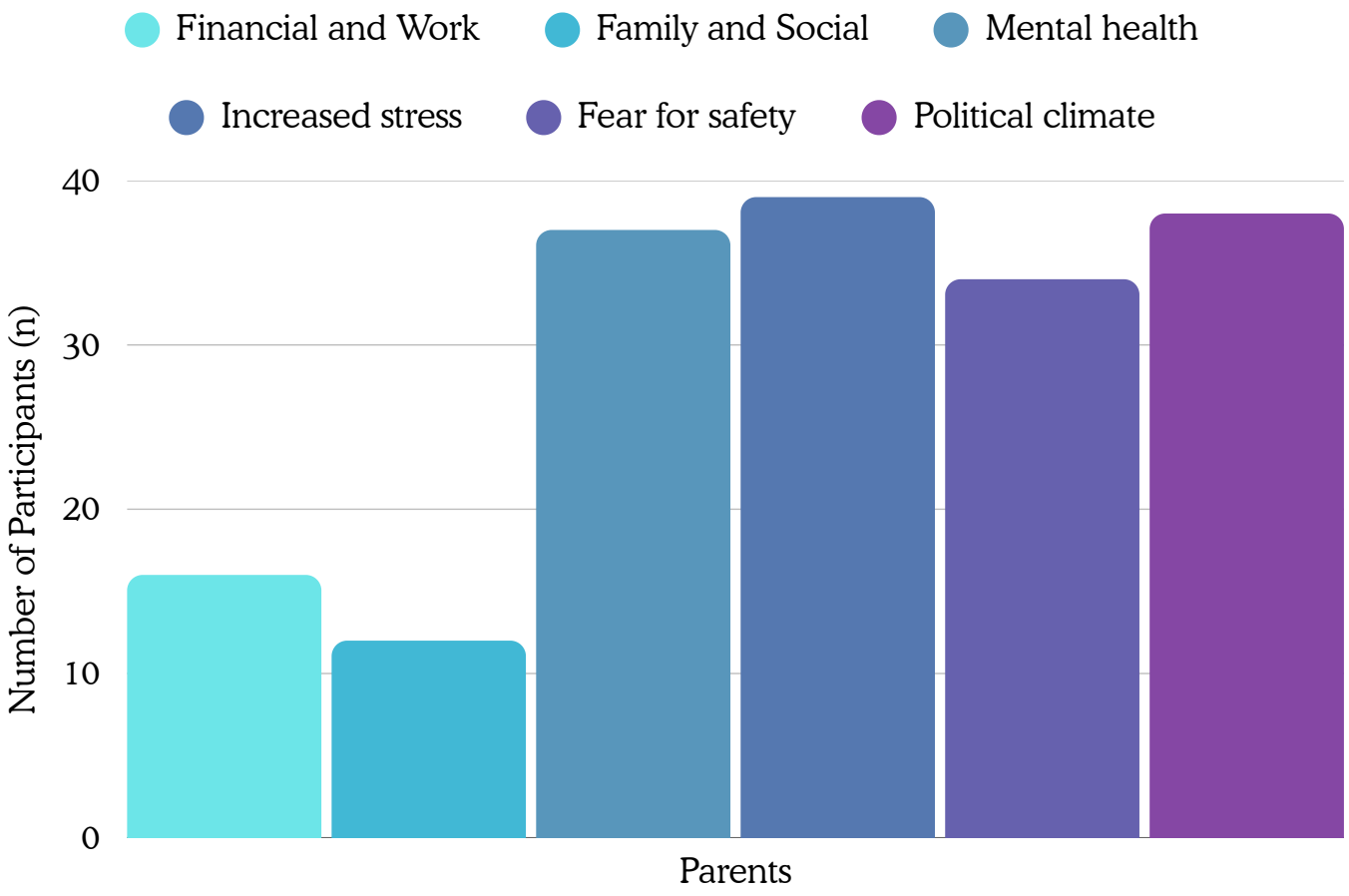


Figure 19. Reasons to Leave Missouri

Parent
Desire to Leave or Stay in Missouri

Differences in Desire to Leave

Differences in desire to leave were compared in the total sample of parents by those with and without transgender/nonbinary children, given the state legislation targeting transgender youth rights in healthcare, schools, and bathrooms. Few differences emerged.

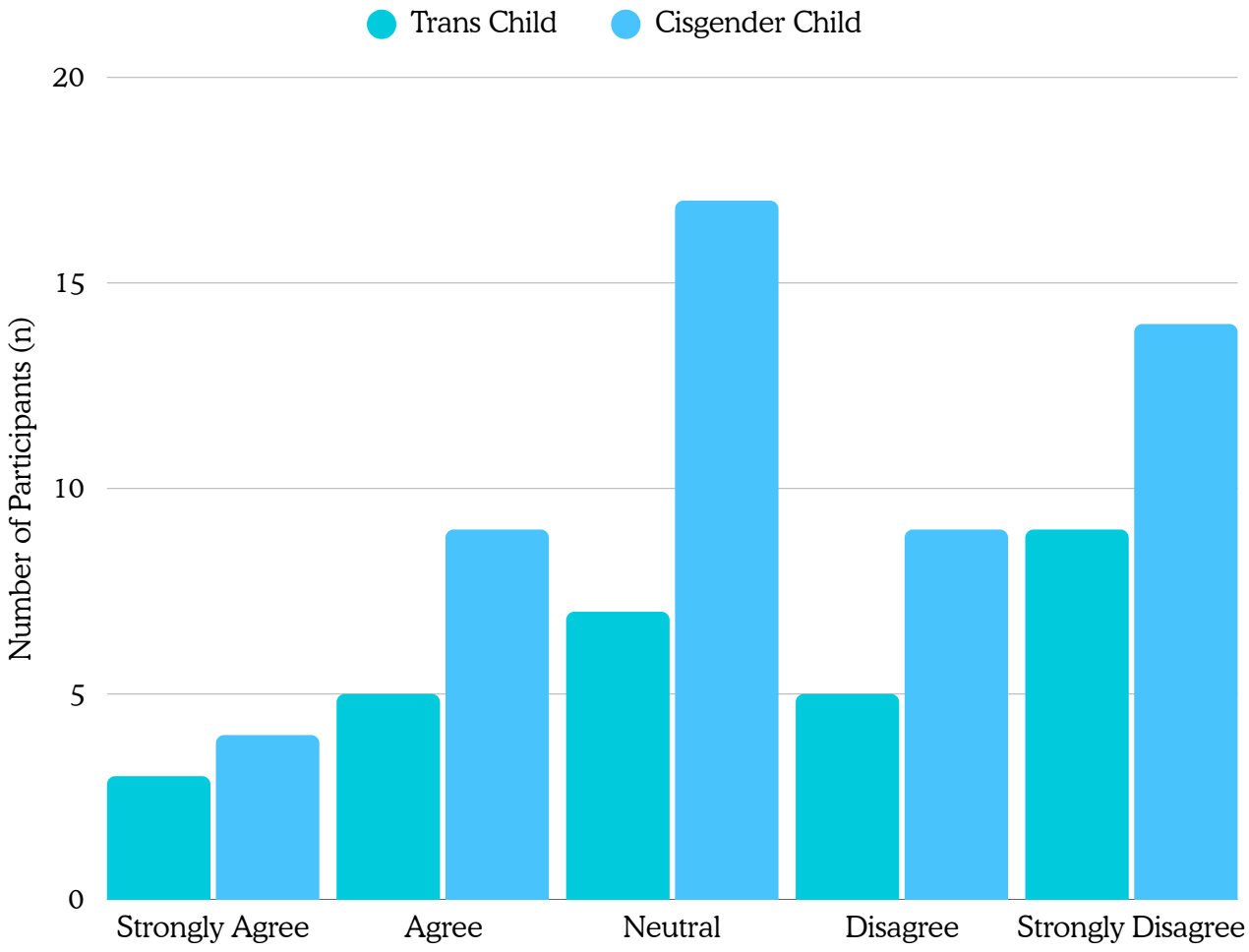


Figure 20. Parents considered leaving Missouri comparison by transgender or nonbinary ("trans") child

Parent
Desire to Leave or Stay in Missouri

Participants were asked to indicate their reasons for staying in Missouri. Participants could select all that applied and offer other reasons to stay. Added reasons to stay included wanting to stay near family, being in a good educational system, and waiting to leave until all children have graduate from high school.

Most parents indicated family/social reasons (76.2%) and financial/work (69.0% parents) as primary motivators to stay.

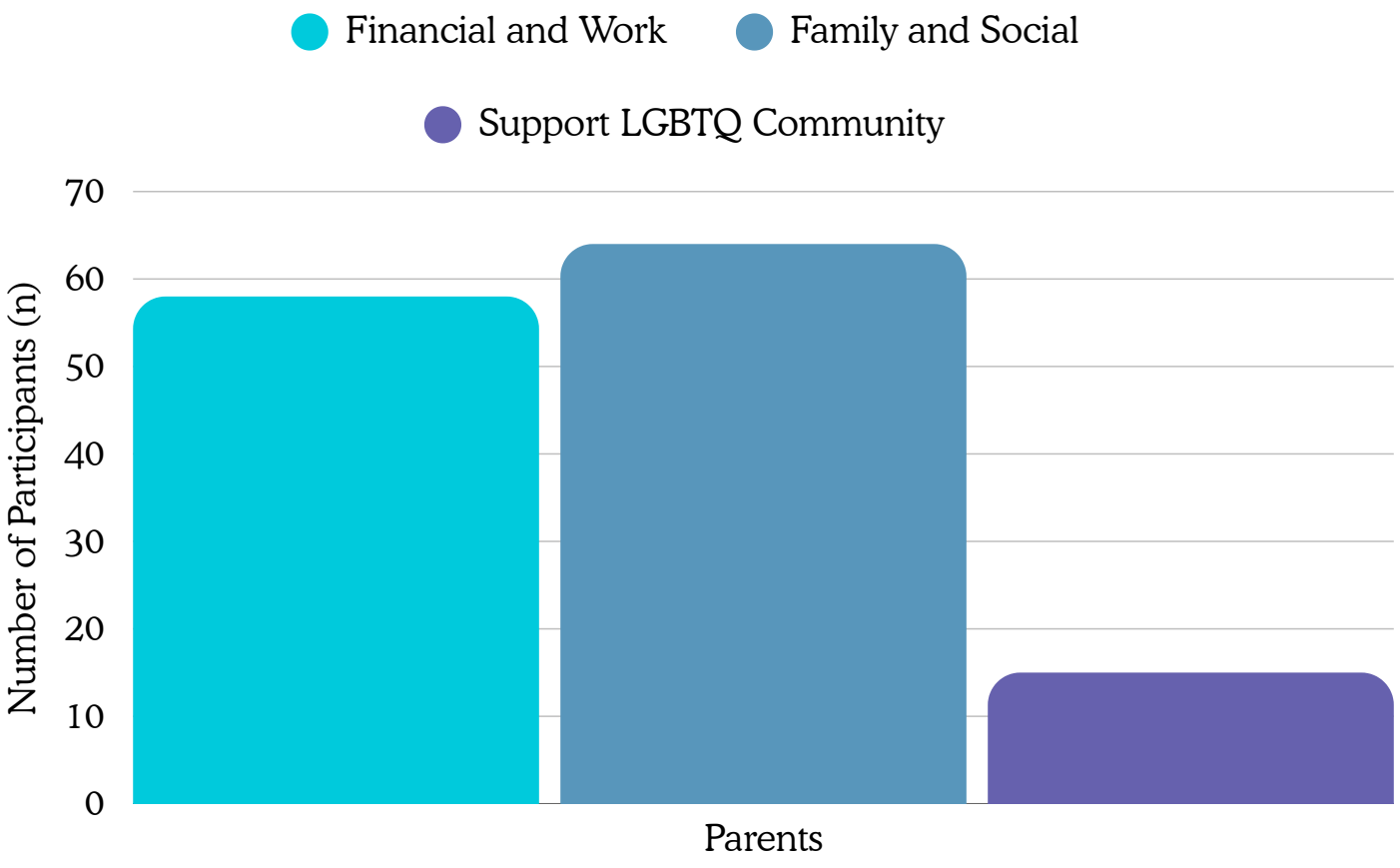


Figure 21. Reasons to Stay Missouri



Healthcare Providers

- Zip Codes
- Professions
- Stress
- Mental Health
- Leave or Stay

Zip Codes

Zip Codes

Geospatial mapping was utilized to illustrate the breadth of representation from across the state. Predominantly, participants from the practitioners group came from the St. Louis and Columbia areas. Due to population density alone, this was expected.



Healthcare Providers

Professions Represented

Most healthcare providers were mental health professionals with state licenses and a master's degree (n = 32). Only 9 providers in the sample were physicians. Those in the "another" category indicated they had degrees and licenses in nursing, pharmacy, physical therapy, or bachelor's in social work or criminal justice.

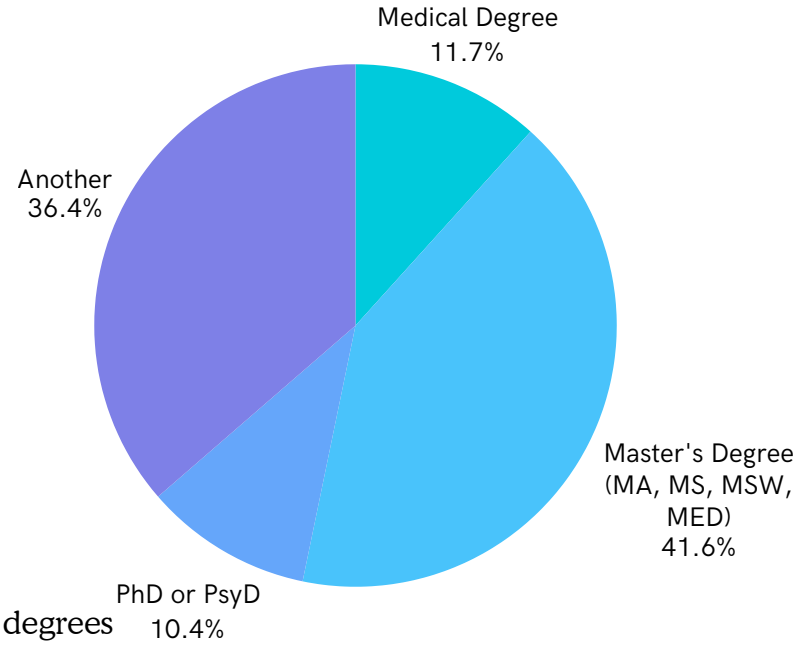


Figure 22. Provider degrees

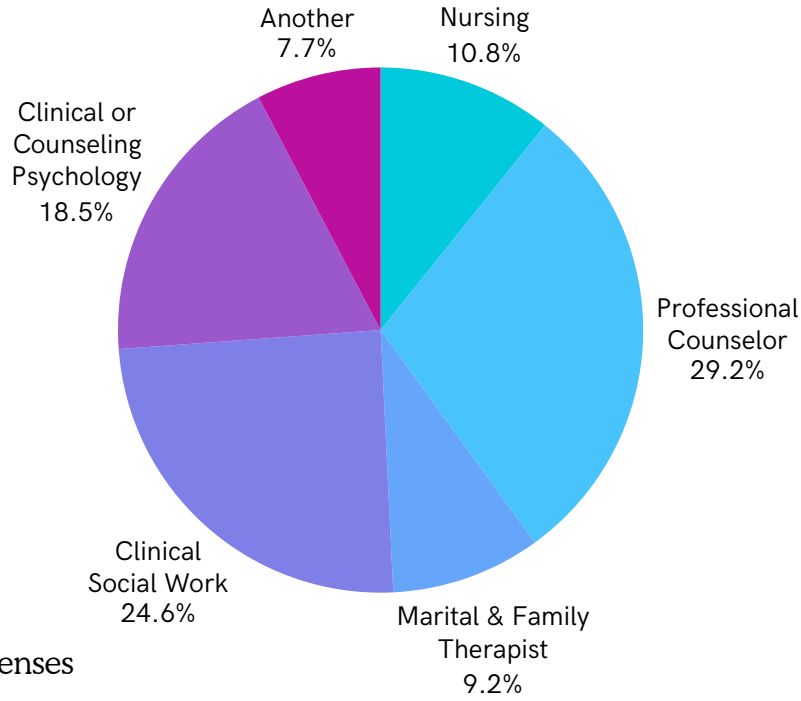


Figure 23. Provider licenses

Healthcare Providers

Professional Experience

Most healthcare providers reported 5 to 25% of their client/patient population were part of the LGBTQ community and most had worked in Missouri for 10 or less years (n = 45; 60%).

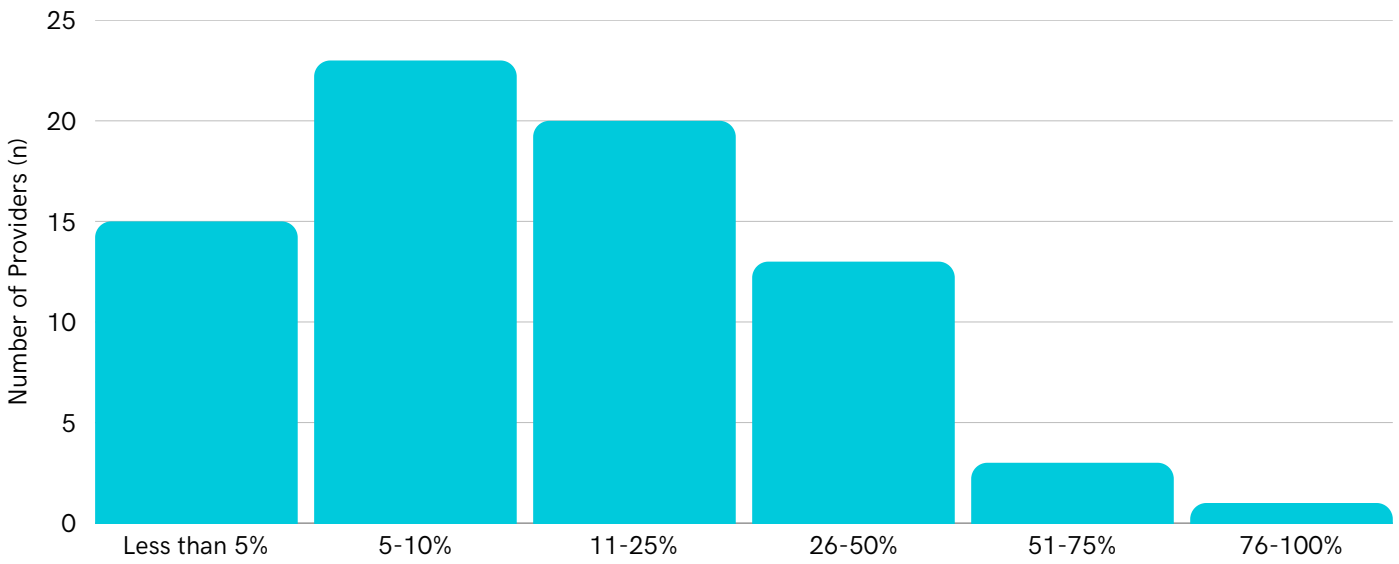


Figure 24. Percentage of clients who are LGBTQ

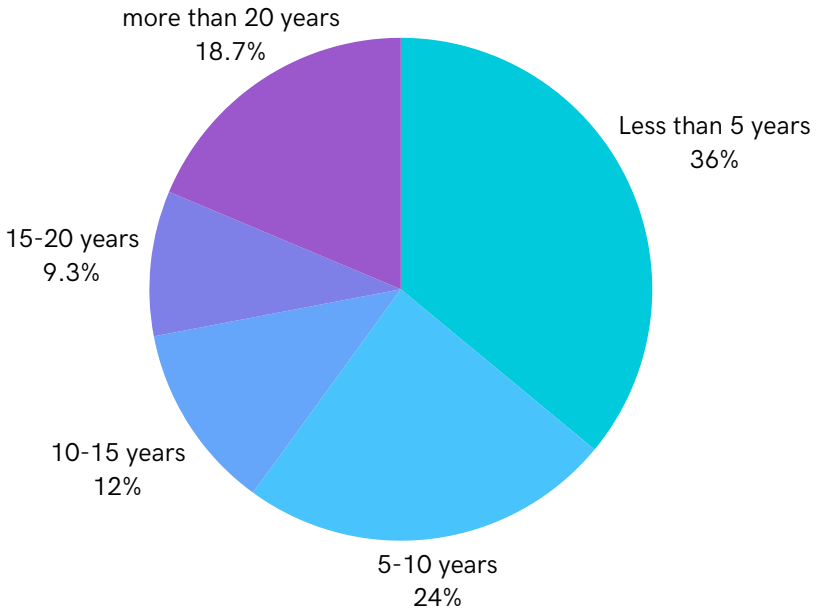


Figure 25. Years of practice in Missouri

Healthcare Provider Stress

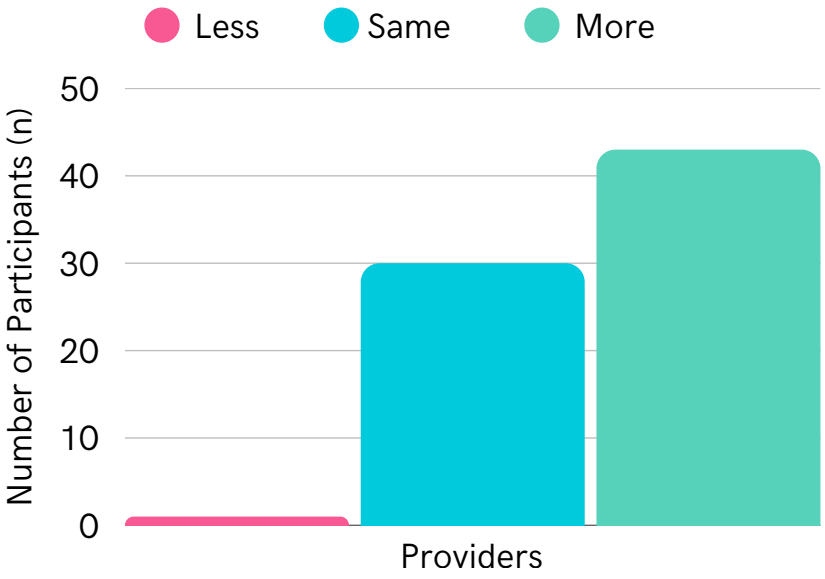


Figure 26. Stress Level

Annual Stress Item

One item asked providers:

"In the past year, have you experienced the same level of stress, less stress, or more stress [as the parent to an LGBTQ child; as a provider to LGBTQ patients; or as an LGBTQ community member]?"

A majority of providers (98.6%) indicated they were experiencing the same or more stress in the past year.

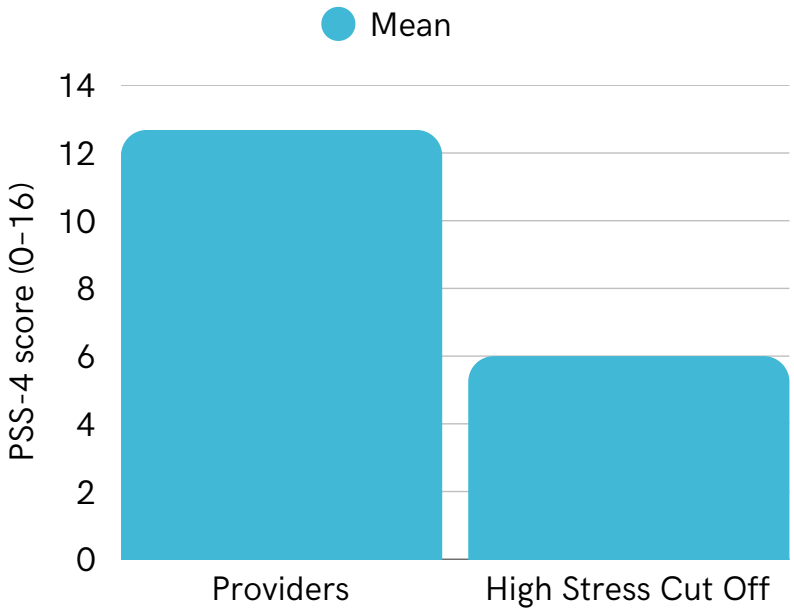


Figure 27. Perceived Stress Scale

Perceived Stress Scale

Providers completed the brief Perceived Stress Scale (PSS-4) [11] for measuring current stress levels. Four items are summed ranging from 0 to 16 with higher scores indicating more perceived stress. PSS-4 mean was 12.68 for providers with a range from 10 to 17. Scores over 6 have been classified as high stress based on normed population data [13].

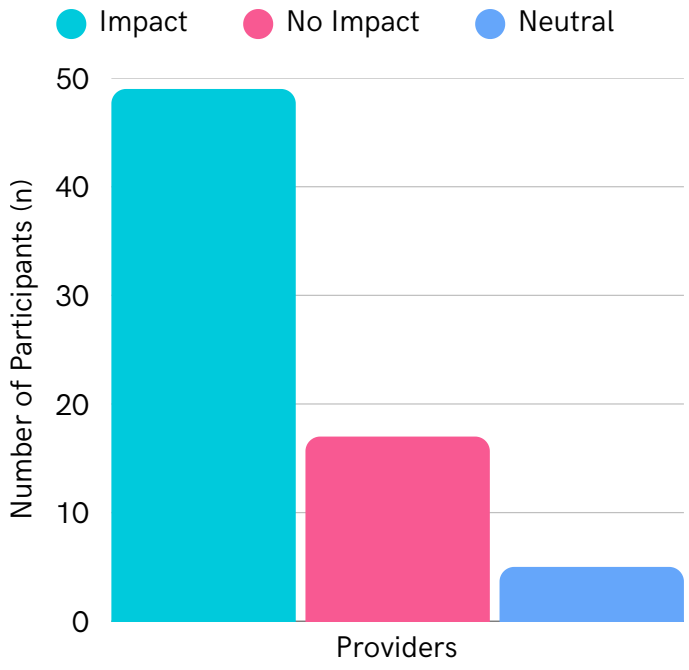
Differences in PSS-4 were compared . LGBTQ-identified providers (n = 29) did not significantly differ in perceived stress from all others (n = 47).

Healthcare Provider Stress

A total of 38 providers left comments about their increased stress in the past year. Comments were inductively coded and then categorized by similar topics. Below are categories and associated quotes selected.

Provider Categories	Quotes
Fears and vicarious stress for the safety of LGBTQ clients/patients, especially transgender folks	"The fact that this administration can treat people so cruelly and that actual sociopaths are in charge is extremely frightening."
Powerlessness to protect clients/patients from legislation and discrimination	"Roll back of transgender health care and the impact on people is difficult to see when medically we know how to help these kids." "It has been made clear that this state doesn't respect or even care about their LGBT+ citizens."
Worry about how these laws may also affect other communities if we allow it to affect the LGBTQ+ community.	"State level and federal level politics becoming increasingly hostile to the LGBTQ+ community, concerns about LGBTQ+ healthcare becoming inaccessible to the LGBTQ+ community, and concerns about the impact of these changes on people who are not LGBTQ+ but are members of other minority groups"

Healthcare Provider Mental Health



Impact on Mental Health

Mental health was assessed with one item:

"*In the past year, my mental health has been impacted by the political climate about LGBTQ issues in Missouri.*"

Participants rated their level of agreement on a 5-point Likert scale from Strongly Agree to Strongly Disagree. Most providers indicated their mental health has been impacted in the past year due to political climate in Missouri.

Figure 28. Mental Health Impact

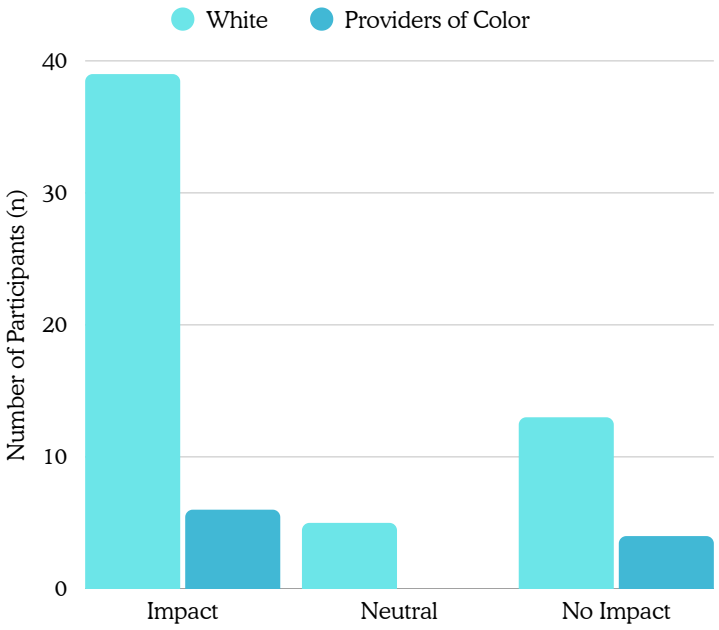


Figure 29. Mental Health Impact by race/ethnicity

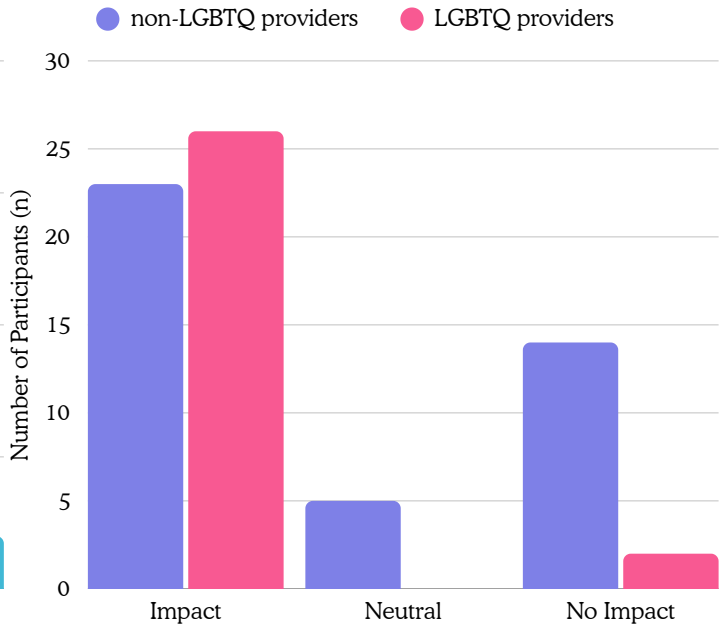


Figure 30. Mental Health Impact by sexual and gender identities

Healthcare Provider Mental Health

A total of 44 providers left comments about the mental health impact due to the political climate. Comments were inductively coded and then categorized by similar topics. Below are categories and associated quotes selected.

Provider Categories	Quotes
Anxiety and anger for clients/patients due to safety concerns, loss of rights, and access/avoidance of healthcare	"Stress about my LGBTQ clients and their safety and things out of my control. This stress is nothing compared to their lived experiences" "Higher level of stress both because of clients and having a gay child and worrying about his safety due to increased homophobia."
Anxiety for safety of self as LGBTQ person and their own family in the state of Missouri	"I have the privilege of being in a heterosexual relationship, so from the outside many people don't suspect that I'm part of the LGTBTQ community... it is very challenging to see things like people flipping off a pride parade just outside of the city limits and I'm worried for my clients quite often" "I think often about my family and how the current climate and policies will impact my 3 year old as they grow up with 2 moms. My spouse is frequently stressed about their safety and is overwhelmed with navigating family dynamics and lack of support"
Increased worry about how this will affect them as a provider to LGBTQ clients/patients	"I worry about my clients. I work in schools and am worried about how new laws affect how we identify students or give them access to health care." "I feel like I cannot provide the best care to those who identify as LGBTQ"

Healthcare Provider Desire to Leave or Stay in Missouri

A desire to leave or stay in the state of Missouri was measured with three items. First, participants were asked to respond on a 5-point Likert scale of agreement (from Strongly Agree to Strongly Disagree) to the following statement: *"In the past year, I have considered leaving the state of Missouri because of the political climate about LGBTQ issues in Missouri."*

40% of providers have considered leaving Missouri due to the LGBTQ political climate.

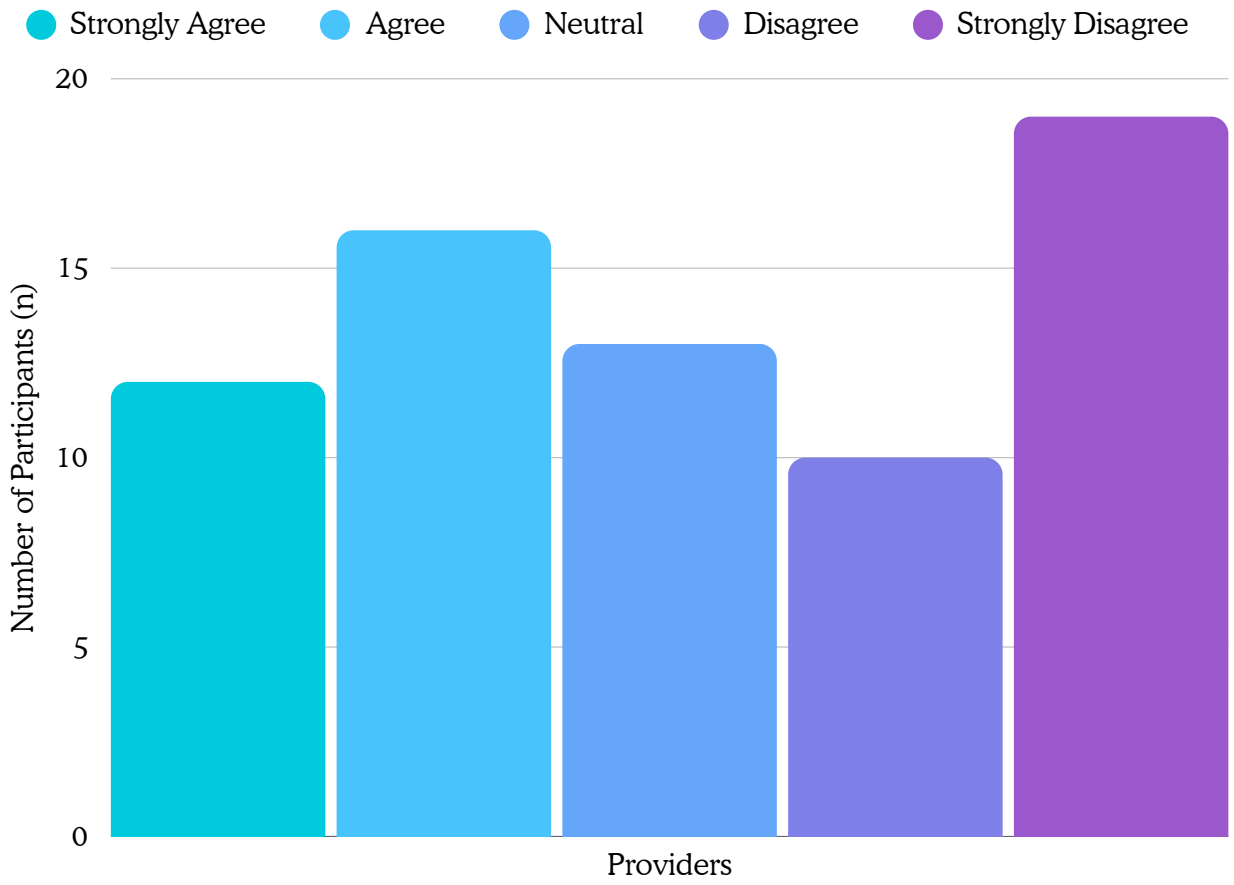


Figure 31. Considered Leaving Missouri

Healthcare Provider Desire to Leave or Stay in Missouri

Participants were asked to indicate their reasons for wanting to leave Missouri. Participants could select all that applied and offer other reasons to stay. Added reasons to leave included improve physical health connected to stress, better healthcare options, anti-abortion laws, and better pay.

Political climate was indicated as a reason to leave by 77.3% of providers. Increased stress (53.0%), mental health (50%), and fear for safety (47%) were the next most popular answers.

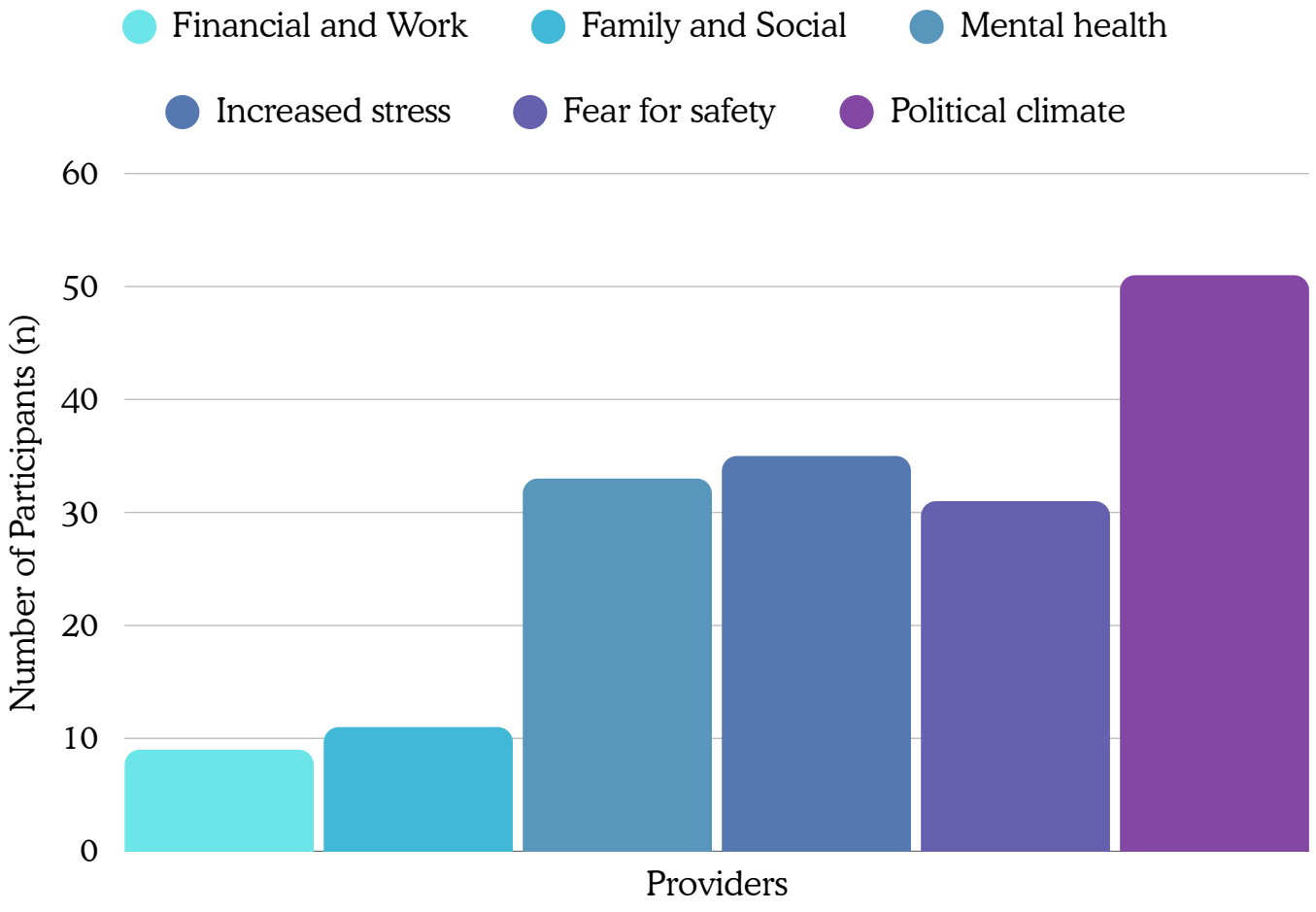


Figure 32. Reasons to Leave Missouri

Healthcare Provider Desire to Leave or Stay in Missouri

Next, providers were asked to indicate their reasons for staying in Missouri. Participants could select all that applied and offer other reasons to stay. Added reasons to stay included partner/child in school, affordable housing, difficulty moving licensure to a new state, and wanting to continue supporting clients/patients.

Most providers indicated family/social reasons (83.6%) and financial/work (76.5%) as primary motivators to stay.

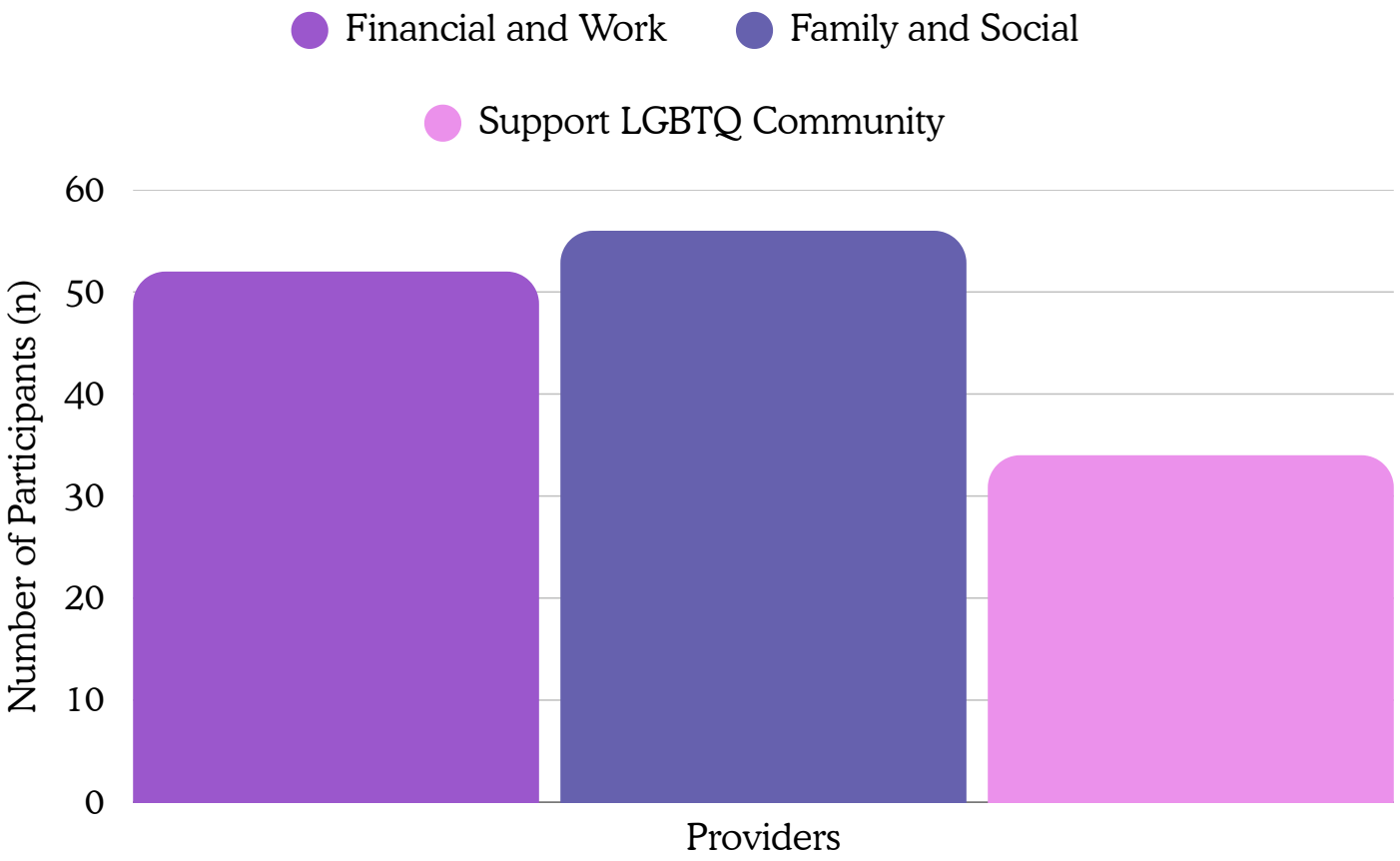
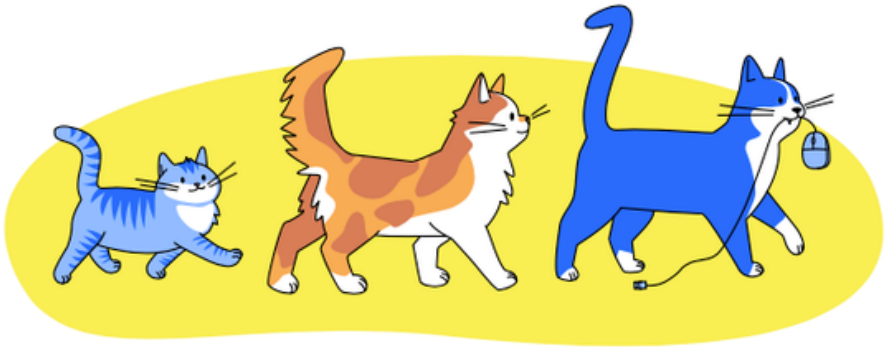


Figure 33. Reasons to Stay Missouri

Limitations

The team identified limitations in the current survey and study methodology. Future research may consider how to amend these limitations and continue annual surveillance of the political climate and its impact on LGBTQ people and their families to inform policy, advocacy efforts, healthcare practice and intervention.

- **Small subsamples of LGBTQ participants from diverse race/ethnicities limited our ability to make comparisons specific to minoritized racial/ethnic groups** (e.g., Black/African American LGBTQ adults or parents). Future surveys should seek to "over sample" with particular groups who experience systemic and structural racism, like the Black/African American community.
- **Family and social support were not measured in this survey** but may offer additional insights into the impact of the political climate on mobility of LGBTQ adults and families of LGBTQ youth. Future surveys could ask about supports and resources available for hindering or facilitating leaving Missouri and finding a safer state to live in.
- **We did not capture family functioning of parents with LGBTQ youth**. Parental stress and mental health impacts family closeness and ability of parents to respond to the needs of their children. Future research could explore the ways political climate impact family functioning and LGBTQ youth mental health through the added stress on parents.
- **National landscape and federal administration** continues to make policy and rule changes that are impacting the LGBTQ community and healthcare providers who serve them.
- **Low representation of rural/non-urban communities.** Future surveys might prioritize expanding survey reach to collect the perspectives of non-urban counties and communities throughout Missouri.
- **Potential community burnout** was not accounted for and may have limited our sample size. Members of the queer community may be burnt out from the present sociocultural context and may have a lower desire to participate in surveys centering around present struggles. Future surveys might find ways to focus on community strengths alongside struggles.



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Appendix

Demographic Survey Questions for All Participants

- What is your ethnicity and/or race (check all that apply)?
  - Black or African American
  - White or Caucasian
  - Hispanic or Latina/o
  - Multiracial
  - Native American or First People
  - Asian
  - Middle Eastern
  - Another: _____
- What is your age? _____
- Do you think of yourself as:
  - Straight or heterosexual
  - Lesbian, gay, or same-sex attracted
  - Bisexual or pansexual
  - Queer
  - Something else _____
  - Don't know
- What is your gender identity?
  - Male
  - Female
  - Genderqueer or not exclusively male or female
  - Nonbinary
  - Something else _____
  - Don't know
- What was your sex assigned at birth?
  - Male
  - Female
  - Intersex
- Do you think of yourself as transgender?
  - Yes
  - No
  - Don't know
- Years of residency in the state of Missouri:
  - Less than 5 years
  - 5-10 years
  - 10-15 years
  - 15-20 years
  - More than 20 years

Appendix

Stress and Mental Health Questions for All Participants

- In the past year, have you experienced the same level of stress, less stress, or more stress as an [LGBTQ community member, provider to the LGBTQ community, parent to an LGBTQ child]?
  - Less
  - Same
  - More
- If more stress, briefly describe reasons for the increased stress as an LGBTQ community member. [open text box]
- In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? [PSS-4]
  - Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often
- In the last month, how often have you felt that things were going your way? [PSS-4]
  - Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often
- In the last month, how often have you felt confident about your ability to handle your personal problems? [PSS-4]
  - Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often
- In the last month, how often have you felt that you were unable to control the important things in your life? [PSS-4]
  - Never
  - Almost Never
  - Sometimes
  - Fairly Often
  - Very Often
- In the past year, my mental health has been impacted by the political climate about LGBTQ issues in Missouri.
  - Strongly Agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
- If agree or strongly agree, briefly describe the mental health impact on you. [open text box]

Appendix

Leaving or Stay Questions for All Participants

- In the past year, I have considered leaving the state of Missouri because of the political climate about LGBTQ issues in Missouri.
  - Strongly Agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree
- Please indicate reasons you have for wanting to STAY in the state of Missouri. Select all that apply and fill in additional reasons.
  - Financial and work related reasons
  - Family and social connections
  - I want to stay to support the LGBTQ community because of the current political climate in Missouri
  - Please fill in your reason: _____
- Please indicate reasons you have for wanting to LEAVE the state of Missouri. Select all that apply and fill in additional reasons.
  - Financial and work related reasons
  - Family and social connections
  - Mental health
  - Increased stress
  - Fear for my safety
  - Current political climate
  - Please fill in your reason: _____

Appendix

Additional Questions for Parents

- Are you the legal guardian/caregiver or parent of a child who is part of the LGBTQ (lesbian, gay, bisexual, transgender, and/or queer) community?
  - Yes
  - No
- Does your child identify as transgender? Transgender is an expansive term to include gender diverse, gender nonconforming, nonbinary, transmasculine, transfeminine, and other identities.
  - Yes
  - No
- What is the age of your LGBTQ child? _____
- In the past year, the mental health of my LGBTQ child has been impacted by the political climate about LGBTQ issues in Missouri.
  - Strongly Agree
  - Agree
  - Neutral
  - Disagree
  - Strongly Disagree

Additional Questions for Providers

- What is your professional degree? _____
- What is your professional license? _____
- If medical degree, what is your medical speciality? (e.g., family medicine, OBGYN, etc.) _____
- What percentage of your clinical practice includes the LGBTQ community?
  - 5-10%
  - 11-25%
  - 26-50%
  - 51-75%
  - 76-100%