2023 Missouri LGBTQ Political Climate Survey

TRANSGENDER HEALTH COLLABORATIVE @ SLU

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In the state of Missouri, 15 bills were proposed in the 2023 legislative session and another 35 bills in 2024 seeking to limit the rights and visibility of lesbian, gay, bisexual, transgender, nonbinary, and queer (LGBTQ) youth and adults in educational and healthcare systems [1, 2, 15]. Two significant laws passed in May 2023 for restricting gender affirming care for transgender minors and the participation of transgender youth in sports. These laws are consistent with national trends in LGBTQ legislation passed in other states.

Approximately 6% of adults [6] and an estimated 3% of youth [7] in the Missouri state population are part of the LGBTQ community. The impact of these laws on LGBTQ people, their families, and the healthcare workforce who serve them are just now being realized. The impacts to date include the closure of a transgender-affirming clinic for youth [3] and 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].

This study aimed to document the impact of the Missouri LGBTQ legislation and political climate on the mental health, stress, and intent to leave or stay in the state for 3 population groups of Missourians: 1) LGBTQ adults, 2) parents of LGBTQ youth, and 3) mental and medical healthcare providers who serve LGBTQ people.

We chose not to survey LGBTQ youth in the state because this is accomplished by The Trevor Project [8]. They share annual results on their website and in 2023, based on national estimates, 1 in 3 LGBTQ young people reported their mental health was impacted by the anti-LGBTQ policies and legislation being proposed and passed in their home states [8].
Key Findings

High stress in the past month and increased stress in the past year were reported similarly across providers, parents, and LGBTQ adults. The 2023 legislation were noted as a reason for the increased stress. Participants described fears of open discrimination, bullying, and violence against LGBTQ people and the transgender community, specifically. Hate crimes are not uncommon and create enduring long term mental and physical health impacts on LGBTQ people [16].

A majority of the total sample of LGBTQ adults, parents, and providers (58.4%) indicated their mental health was impacted by the LGBTQ political climate. Mental health impacts identified in comments included increased anxiety, depression, and exacerbating pre-existing conditions.

Parents of transgender/nonbinary youth were more likely to indicate a mental health impact due to political climate on their youth than parents of LGB youth. In comments, parents described constant worries and fears for their kids’ safety in their schools and communities. This is an additional burden for transgender/nonbinary youth who already experience rejection and discrimination [8].

40% of Parents of LGBTQ youth are considering leaving Missouri. Parents indicated the political climate, increased stress, and the mental health of themselves and their families were reasons to leave the state.
Most LGBTQ adults have considered leaving the state due to fear for their safety and uncertainty about their futures if they stay. Missouri historically and presently lacks legal protections for LGBTQ people [11] and the new legislation seemed to create a sense of urgency when considering where they can live, be accepted, and thrive with their families.

1 in 3 Healthcare providers are considering leaving Missouri. Missouri cannot afford to lose more providers. 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.

Legal retaliation concerns were voiced by healthcare providers who saw the state Attorney General investigate healthcare providers of transgender youth and attempt to use an emergency order to dictate healthcare for transgender patients in early 2023. These concerns could create fewer openly affirming healthcare providers, if they stay in Missouri, making them more difficult to identify by the parents and the LGBTQ community.

2024 continues to see pending legislation on LGBTQ rights in schools, healthcare, and ending diversity, equity, and inclusion initiatives in institutions receiving state funding. These bills will impact the teacher workforce due to fear of litigation and job loss, ability of higher education institutions to stay accredited if they cannot meet national DEI standards, and the continued exiting of LGBTQ people and their families from the state.
### Key Findings: Stress

A total of 163 of participants left comments about the increased stress they are experiencing this year. Comments were analyzed and categorized into shared topics.

| LGBTQ Adults  
| (n = 49) | Parents of LGBTQ Youth  
| (n = 41) | Providers  
| (n = 73) |
|-----------------|-----------------|-----------------|
| Increased open judgment and hostility by others (e.g., social settings, social media, media, politicians, government officials, etc.). | Fear for their child because of lack of acceptance in their school and community. | LGBTQ providers experiencing similar stress to LGBTQ clients. |
| Fear of hate crimes for self or among those in the transgender community. | Loss of access to gender affirming medical care. | Fears for the safety of LGBTQ clients, especially trans folks. |
| Loss of rights in the state of Missouri. | Fears for their family because of the political climate in Missouri. | Powerlessness to protect clients/patients from legislation and discrimination. |
| Diverging voices within the LGBTQ community (i.e., a small number were not supportive of transgender identities). | Fears for the LGBTQ community in Missouri because of the political climate. | Increased client/patient anxiety and stress creating increased anxiety and stress for providers. |
| General stress associated with life stressors (e.g., income and housing) | | |
Key Findings: Mental Health

A total of 180 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 = 60 | Parents of LGBTQ Youth  
| n = 55 | Providers  
| n = 65 |
| --- | --- | --- |
| Emotional burden due to stress of hostile local, national, and global environments | Constant fear, anxiety, and worry about the safety of their LGBTQ child | Anxiety and anger for clients/patients due to safety concerns, loss of rights, and access/avoidance of healthcare. |
| Emotional burden due to uncertain futures for LGBTQ people in Missouri | Feeling anger at and betrayal by the state government and others for open discrimination against their child | 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 | Seeing LGBTQ child’s mental health impacted by political climate and open hostility | Pre-existing mental health conditions exacerbated by political climate. |
|  |  | Increased worry for self as provider to LGBTQ clients/patients - could be targeted personally or through legislation. |
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 completed by participants from October to December of 2023. 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.

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. Only Prolific workers who met the inclusion criteria for each of the 3 groups could see or access the study survey. The Prolific platform demonstrates higher quality data in behavioral research than MTurk and CloudResearch across measures of attention, comprehension, honesty, and reliability [7]. 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. For parents, they needed to be the primary caregiver to children and at least 1 of their children was 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 332 with 106 LGBTQ adults, 91 parents of LGBTQ youth, and 135 healthcare providers.
Gender & Age
Gender identity was predominately cisgender across subgroups with 44 transgender/nonbinary folks. Ages ranged from 18 to 75 with an average of 38.56. Subgroup age averages:

- LGBTQ adults = 31.7 years old
- Parents = 44.7 years old
- Providers = 39.9 years old
- LGBTQ children of parents = 15.9 years old

LGBTQ Participants
A large portion of the healthcare providers were also part of the LGBTQ community at 42% (n = 57) and 26.4% of parents (n = 24). Thus, most of the total sample was LGBTQ identified (n = 189; 57%).

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.
Race & Ethnicity
About 26% of the total sample was from a minoritized race/ethnicities. Overall, 29 Black/African Americans, 245 white, 13 Hispanic/Latine, 6 Multiracial, 4 Native American/First People, 31 Asian, 2 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

- Stress
- Mental Health
- Leave or Stay
LGBTQ Adult Stress

**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 (90.6%) indicated they were experiencing the same or more stress in the past year. Only 12 participants indicated less stress.

**Perceived Stress Scale**
Perceived Stress Scale (PSS-4) [8,9] 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 [10]. The mean score was 12.48 with range of 8 to 16.

Differences between PSS scale means were analyzed via one-way ANOVA by subgroups based on gender identity and race/ethnicity. No significant differences in stress were identified in any of the subgroup comparisons.
A total of 60 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.

<table>
<thead>
<tr>
<th>LGBTQ Adults Categories</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased open judgment and hostility by others (e.g., social settings, social media, media, politicians, government officials, etc.)</td>
<td>“Fear of hate crimes and discrimination. It's worse cause I'm poor and was homeless for a while, and cause I have to travel by foot or bike to get anywhere.”</td>
</tr>
<tr>
<td>Fear of hate crimes for self or those in the transgender community</td>
<td>“The general discourse about trans people in the media stresses me out especially living in Missouri with a hostile state government.”</td>
</tr>
<tr>
<td>Loss of rights in the state of Missouri</td>
<td>“I am stressed for my transgender/genderqueer friends and coworkers who are simply trying to live a life that suits them.” “Rights are being stripped away, bias is being allowed to become public, and it’s unsafe for many people. Even things like medical care are being removed. It's not a good time to be queer in Missouri.”</td>
</tr>
<tr>
<td>Diverging voices indicated a political misalignment within the LGBTQ community causing stress</td>
<td>“I do not agree with all the ideas behind gender identity and transsexualism, and it’s an issue that is deeply dividing the community. “</td>
</tr>
<tr>
<td>General stress associated with life stressors (e.g., income and housing)</td>
<td>“I have a very low income and I don’t have healthcare, so I'm always stressed about money and health.”</td>
</tr>
</tbody>
</table>
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 (61.3%; n = 64) of LGBTQ adults indicated their mental health has been impacted by the political climate in Missouri.

### Subgroup Differences

Differences were compared by race/ethnicity and gender identity. POC adults (n = 33) were mixed in their responses while 68.5% of white adults (n = 73) indicated agreement or strong agreement with the statement.

In a comment, one Black LGBTQ person stated politics has always effected them due to racism so it seemed to be “more of the same” to them.
A total of 60 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.

<table>
<thead>
<tr>
<th>LGBTQ Adults Categories</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emotional burden due to stress of hostile local, national, and global environments</td>
<td>“I have panic attacks now because my anxiety has gotten so bad. We are trying to move, but have to wait till we are financially able.”</td>
</tr>
<tr>
<td></td>
<td>“I get the feeling that I don't matter and people are ok with us being scapegoats for other issues. I just feel depressed and exhausted.”</td>
</tr>
<tr>
<td>Emotional burden due to uncertain futures for LGBTQ people in Missouri</td>
<td>“It has left me very stressed and anxious about the future. With all of the uncertainty it is difficult to have a regular life.”</td>
</tr>
<tr>
<td></td>
<td>“I'm worried for my future relationships. For my family. We're in a rural area and the hate can be surprising.”</td>
</tr>
<tr>
<td>Pre-existing mental health conditions exacerbated by political climate</td>
<td>“I have major depressive disorder, generalized anxiety disorder, and gender dysphoria, and all of these issues have intensified since my arrival in Missouri.”</td>
</tr>
<tr>
<td></td>
<td>“My mental health has been shaky and poor since I was young, but the constant stress makes it much more poor and severe.”</td>
</tr>
</tbody>
</table>
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.
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 62.3% of LGBTQ adult participants. Mental health (60.4%) and increased stress (51.9%) were the next most popular reasons given.

Figure 9. Reasons to Leave 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 (77.4%) and financial/work (73.6%) as motivators to stay.

![Figure 10. Reasons to Stay Missouri](image.png)
Parent of LGBTQ Youth

- Stress
- Mental Health
- Leave or Stay.
Parent Stress

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 (89%) indicated they were experiencing the same or more stress in the past year.

Perceived Stress Scale
Parents completed the brief Perceived Stress Scale (PSS-4) [8,9] 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 [10]. PSS-4 mean was 12.47 for parents with range of 9 to 15.

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

One-way ANOVA 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 significantly more likely to report more stress ($b = 0.39, p < 0.05$). Parents of children who were NOT transgender/nonbinary were more likely to report the same stress from the year previous ($b = 0.35, p < 0.05$).

LGBTQ parents ($n = 24$) 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.

Figure 13. Increased Stress by gender identity of child

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When asked about increased stress in the past year, parents of transgender/nonbinary children were significantly more likely to report more stress.
A total of 49 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.

<table>
<thead>
<tr>
<th>Parents of LGBTQ Youth Categories</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear for their child because of lack of acceptance in their school and community</td>
<td>“We live in a rural area, I'm worried about how it will change his options. Employment, education, socially. He [LGBTQ child] struggles with mental health. Also, none of his grandparents are supportive and it's hard for him.”</td>
</tr>
<tr>
<td>Loss of access to gender affirming medical care</td>
<td>“Loss of healthcare thru St. Louis Children’s and having to travel to Chicago for care.”</td>
</tr>
<tr>
<td>Fears for their family because of the political climate in Missouri</td>
<td>“I’ve felt a very uncomfortable magnifying glass on my child and family. I’m exhausted by worry that trans people are going to be targeted for hate crimes at increasing rates, as being anti-trans has been increasingly normalized thru legislation.”</td>
</tr>
<tr>
<td>Fears for the LGBTQ community in Missouri because of the political climate</td>
<td>“Worrying about my child thinking about committing suicide because Missouri enacted the Missouri Save Adolescents from Experimentation (SAFE) Act.”</td>
</tr>
</tbody>
</table>
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.
Finally, differences were assessed based on the LGBTQ child’s identity including presence of a transgender or nonbinary children (n = 45) verses all others (e.g., lesbian, gay, bisexual, queer; n = 46) for mental health impact on the parent and child.

**2 in 3 Parents reported a mental health impact on their transgender and nonbinary children due to the LGBTQ political climate in Missouri.**
A total of 60 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.

<table>
<thead>
<tr>
<th>Parents of LGBTQ Youth Categories</th>
<th>Quotes</th>
</tr>
</thead>
</table>
| Constant fear, anxiety, and worry about the safety of their LGBTQ child | “Uptick in anxiety and depressive symptoms. Tearfulness, difficulty sleeping and eating, constant worry, agitation, a sense of hyper vigilance about protecting my child.”  
“We have to be careful about what we put online, how we present ourselves, etc. We do not trust the school district as they are all very openly anti-LGBTQ+.” |
| Feeling anger at and betrayal by the state government and others for open discrimination against their child | “How would you feel? Open blatant hatred and discrimination directed at you? Or your child? From people who have never met you?”  
“Feeling betrayed by my home state, my child’s doctor and by hateful people who don’t understand the needs of my child. I needed to increase my medication and my husband sought therapy for the first time in his life. We are making plans to move from the state in which we have lived our entire lives. The stress has been overwhelming.” |
| Witnessing their LGBTQ child’s mental health impact | “His anxiety and depression are through the roof and so is mine.”  
“Just the worry of him being so depressed and suicidal at times. It worried the entire family, even his Grandpa, who is a total Trump supporter and Republican.” |
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 Parents of LGBTQ Youth considered leaving Missouri due to the LGBTQ political climate.**

Figure 18. Considered Leaving 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 49.4% of participants. Mental health (46.2%), fear for safety (46.2%), and political climate (41.8%) were the next most popular answers for parents.

Figure 19. Reasons to Leave 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.

![Bar chart showing differences in desire to leave between parents of trans and cisgender children.](chart)

Figure 20. Parents considered leaving Missouri comparison by transgender or nonbinary (“trans”) child
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 (71.4%) and financial/work (63.7% parents) as primary motivators to stay.

Figure 21. Reasons to Stay Missouri
Healthcare Providers

- Professions
- Stress
- Mental Health
- Leave or Stay
Most healthcare providers were mental health professionals with state licenses and a master’s degree ($n = 76$). Only 10 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.

**Professions Represented**

- **Clinical Social Work**: 26.2%
- **Clinical or Counseling Psychology**: 19.8%
- **Medical Degree**: 55.5%
- **Marital & Family Therapist**: 6.3%
- **Nursing**: 12.7%
- **Professional Counselor**: 22.2%
- **Another**: 17.5%
- **PhD or PsyD**: 19.7%
- **Medical Degree**: 7.3%

**Figure 22. Provider degrees**

**Figure 23. Provider licenses**
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 = 84; 60.87%).

Figure 24. Percentage of clients who are LGBTQ

Figure 25. Years of practice in Missouri
**Healthcare Provider Stress**

**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 (92.6%) indicated they were experiencing the same or more stress in the past year.

**Perceived Stress Scale**

Providers completed the brief Perceived Stress Scale (PSS-4) [8,9] 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 12.83 for providers with a range from 9 to 16. Scores over 6 have been classified as high stress based on normed population data [10].

Differences in PSS-4 were compared. LGBTQ-identified participants (n = 189) did not significantly differ in perceived stress from all others (n = 145).
A total of 73 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.

<table>
<thead>
<tr>
<th>Provider Categories</th>
<th>Quotes</th>
</tr>
</thead>
<tbody>
<tr>
<td>LGBTQ providers experiencing similar stress to LGBTQ clients</td>
<td>“My clients are experiencing increased stress and trauma, while I also experience many of those same stresses and traumas with little to no extra support from my workplace. Add on my own financial stresses, some of which include trying to access/afford GAHC [trans provider].”</td>
</tr>
<tr>
<td>Fears and vicarious stress for the safety of LGBTQ clients/patients, especially transgender folks</td>
<td>“Stress associated with concern for my LGBTQIA+, especially Trans, patients, what they are experiencing related to discrimination, potential legislation, and trying to help them.” “My patients overall experience more stress and anxiety which causes more stress for myself.”</td>
</tr>
<tr>
<td>Powerlessness to protect clients/patients from legislation and discrimination</td>
<td>“I am powerless to effect what the legislators and state officials are trying to do them.” “Seeing people struggle with a sense of not belonging is heartbreaking. The legislation isn’t because of a need to protect people. It’s a political power play at the expense of beautiful human beings, causing too much completely unnecessary suffering.”</td>
</tr>
<tr>
<td>Ethical conflicts in practice given legislation that contradicts research and codes of ethics</td>
<td>“Laws have been passed which are in direct conflict with Q+ health and well-being literature/data/evidenced based practices. As a provider, laws are putting me in conflict with my oath to do no harm and in conflict with my ethics code.”</td>
</tr>
</tbody>
</table>
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 across race/ethnicity (n = 76; 56.3%) and sexual/gender identities (n = 78; 57.8%), indicated their mental health has been impacted in the past year due to political climate in Missouri.
Healthcare Provider Mental Health

A total of 65 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.

<table>
<thead>
<tr>
<th>Provider Categories</th>
<th>Quotes</th>
</tr>
</thead>
</table>
| Anxiety and anger for clients/patients due to safety concerns, loss of rights, and access/avoidance of healthcare | “Seeing my patients in distress and reluctant to seek medical attention is very distressing to me.”

“It’s stressful to think about my future, my children’s future and the future of the families I work with. We are putting children and adults in danger by outlawing their ability to be themselves.”

“The vicarious trauma that results from witnessing the devastating impact of politics and legislation on young people is real. Not being able to advocate or help them gain a safe environment is fodder for burnout.”

“Feeling unsafe, like my livelihood and those of my community is being threatened. Fear of what could come for LGBTQ+ folks and some of my clients. Fear of young queer kids not being able to access care and the risk of suicide.” |
| Anxiety for safety of self as LGBTQ person and their own family in the state of Missouri | “I felt anxious for the safety of myself and my clients.”

“Having a child in the LGBT community has increased my fear for his safety and has me considering moving out of state.” |
| Increased worry for self as provider to LGBTQ clients/patients - could be targeted personally or through legislation | “It has become increasingly difficult to practice in MO without fear of retribution when working with LGBTQ+ individuals (adults and youth).”

“Concern about my legal risk while providing care for LGBTQIA+ clients.” |
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.”

1 in 3 providers have considered leaving Missouri due to the LGBTQ political climate.

Figure 31. Considered Leaving 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 55.6% of providers. Increased stress (34.8%), mental health (31.9%), and fear for safety (31.9%) were the next most popular answers.

Figure 32. Reasons to Leave 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 (68.1%) and financial/work (63.7%) as primary motivators to stay.

Figure 33. Reasons to Stay Missouri

Financial and Work  Family and Social  Support LGBTQ Community
Limitations exist in all research studies. Below are limitations the team identified 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.

- **We did not ask for zip codes or counties.** Although in comments many participants reported they lived in a “rural area” we cannot be sure if we captured every region of the state. Future surveys could capture regions, counties, and zip codes for gaging geographical differences.

- **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.

- **Future surveys may explore the impact of ongoing anti-LGBTQ legislation in Missouri.** As of March 2024, 35 anti-LGBTQ bills are advancing in Missouri [15].
References

3. Alonso, J., 2 Universities Halt Treatment for Trans Youth, in Inside Higher Education. 2023: Online.
5. Schrappen, C., Missouri families with transgender kids pull up stakes as treatment ban becomes law, in St. Louis Dispatch. 2023: Online.
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 past year, 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]
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%