

Social Supports and Mental Health of Transgender and Gender Nonconforming Adults

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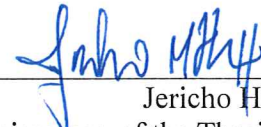
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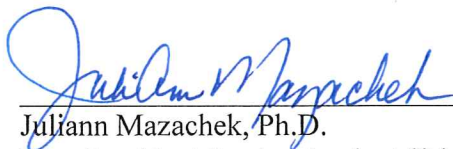
SOCIAL SUPPORTS AND MENTAL HEALTH OF TRANSGENDER AND GENDER
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Abstract

Being transgender and gender nonconforming (TGNC) has become a topic that some people are openly discussing, along with increasing media coverage. Despite the increasing awareness of TGNC issues, people who are TGNC still face high rates of discrimination in many areas of their lives. The purpose of the present study was to examine the effects of social support from different groups on the mental health of those who identify as TGNC. The current study examined three different groups that could provide social support for those who identify as TGNC: community connectedness, primary support, and general support. Results found that community connectedness, primary support, and general support correlated negatively with symptoms of depression and anxiety. Additionally, the correlational strength was greatest for anxiety and depression's relationships with the measure of general support.

Social Supports and Mental Health of Transgender and Gender Nonconforming Adults

Being transgender and gender nonconforming (TGNC) has become a topic that some people are openly discussing, along with increasing media coverage. Television, the internet, and other media outlets discuss celebrities who are openly TGNC, as well as laws and policies regarding TGNC rights. *National Geographic* published a special issue January of 2017 titled “Gender Revolution” and featured a transgender girl on the cover. The popular show *Orange is the New Black* features a transgender woman as a main character in the series. In recent years, being "transgender" and "gender nonconforming" have become less taboo. While still relatively new, research specific to the TGNC population has also grown in recent years (Dickey, Hendricks, & Bockting, 2016). Despite the increasing awareness of TGNC issues, people who are TGNC still face high rates of discrimination in many areas of their lives, such as work and social environments (Carmel & Erickson-Schroth, 2016; Dickey, Reisner, & Juntunen, 2015; Grant et al., 2011; Hendricks & Testa, 2012; Ruggs, Martinez, & Law, 2015), as well as mental health difficulties (Bockting, Miner, Romine, Hamilton, & Coleman, 2013; Carmel & Erickson-Schroth, 2016), and may tend to use maladaptive coping strategies to combat their stressors (Dickey et al., 2015; Grant et al., 2011). The current study examined the relationship between social support origins and depression and anxiety symptoms in relation to TGNC identity.

Culture in the United States has long supported the view that gender is binary, either male or female. Most forms of identification (e.g., driver’s licenses) require that a person be labeled male or female. The label transgender and gender nonconforming (TGNC) refers to a person identifying differently than the gender they were assigned at birth (Grant et al., 2011; Hendricks & Testa, 2012; Mizock & Hopwood, 2016). Gender identity is how an individual self-identifies

and feels psychologically. Those who identify as TGNC identify as a gender other than their assigned sex, or as a non-binary gender (i.e. androgynous: identifying as both man and woman).

The Minority Stress Model explains that there are added stressors experienced in life when a part of a minority group, specifically being lesbian, gay, or bisexual (Meyer, 2003). Hendricks and Testa (2012) adapted the Minority Stress Model to apply specifically to TGNC individuals, as opposed to groups previously emphasized. TGNC individuals undergo everyday stressors like the rest of the population, yet also endure other stressors related to their identity as a minority. According to this model, the increase of stressors can lead to an increase in mental health difficulties for TGNC individuals. Carmel and Erickson-Schroth (2016) discussed the mental health challenges that have been found to affect TGNC people at differential rates, such as depression, suicide attempts, and substance use disorders. Anxiety has also been reported to be higher for individuals who are TGNC (Pflum et al., 2015). In a sample of over 500 male-to-female transgender individuals, the lifetime prevalence of depression was slightly higher than 50% (Nuttbrock et al., 2010). Therefore, determining protective factors can be a valuable addition to this population in need.

Social Supports as Protective Factors

The literature shows that social support is a key factor in promoting mental health (Moody, Fuks, Peláez, & Smith, 2015; Thoits, 2011). There are two main models to explain how this occurs: the buffering model and the main-effect model (Cohen & Wills, 1985). The buffering model states that only when an individual is under stress does social support relate to wellbeing. The main-effect model does not have a stress caveat for social support's relationship to wellbeing. After reviewing multiple studies, Cohen and Wills (1985) found that there is evidence to support both the buffering model and main-effect model. The evidence for each was

dependent on what was being assessed. The buffering model was supported when the needs of an individual, based on a stressful event, were targeted through the social support. The main-effect model was supported when the social network and the individual's integration level were evaluated. Social support is also most commonly measured by function—informational, instrumental, or emotional—or the structure of the support network (Taylor, 2011; Cohen & Wills, 1985). To elaborate, providing advice or strategies to handle stress would be informational support, while providing someone with a meal or some other form of tangible support would be instrumental support. Offering reassurance and providing a feeling of warmth for another would be emotional support. However social support functions, it can be provided from a variety of sources; these sources are of primary interest in the current study.

Social support has been shown to correlate negatively with depression and anxiety as well as physical health (Taylor, 2011). Examining how social support impacts the TGNC community is an important step for research due to the unique mental health concerns faced by TGNC individuals. In a study looking at discrimination, depression, and suicidality in TGNC individuals, Trujillo, Perrin, Sutter, Tabac, and Benotsch (2017) found that depression mediated discrimination and suicidal ideation. Furthermore, they found that social support moderated the associations: when TGNC individuals had low social support, depression more strongly predicted suicidal ideation when compared to TGNC individuals who had higher levels of social support. Clearly, social support is important to TGNC mental health.

Pflum and colleagues (2015) examined two types of social support provided to adult TGNC participants: trans community connectedness and general social support. General social support was found to have a significant negative correlation with all TGNC participants' depression and anxiety symptoms. Notably, this relationship occurred regardless of whether the

participant was on the trans-female spectrum (i.e., participants who identified as woman, trans woman, genderqueer assigned female at birth, and intersex identifying as woman) or trans-male spectrum (i.e., participants who identified as man, trans man, genderqueer assigned male at birth, and intersex identifying as male). Trans community connectedness was found to have a significant negative correlation with depressive symptoms only for the trans-female spectrum participants. These results indicate that general social support and trans community connectedness are different ways to receive social support. Further, they suggest that such social support can serve as a protective factor for mental health for TGNC individuals.

Family members can often be a source of support, but rejection can occur as well. Family rejection has been shown to correlate positively with poorer mental health such as suicide attempts and misusing substances for individuals who identified as TGNC (Klein & Golub, 2016). Van Beusekom, Bos, Overbeek, and Sandfort (2015) found that parental acceptance was significantly related to lower levels of psychological distress and social anxiety in teens who experienced same sex attraction and gender nonconformity.

The Present Study

The purpose of the present study was to examine the effects of social support from different origins on the mental health of those who identify as TGNC. The current study examined three different origins of social support for those who identify as TGNC: community connectedness as described by Pflum and colleagues (2015), primary support, and general support. Community connectedness is provided by those who have the same gender identity. Primary support is provided by those very close to the participants, such as family. Primary support is included in the current study since family rejection and parental acceptance have both been correlated with mental health and psychological distress (Klein & Golub, 2016; Van

Beusekom et al., 2015). General support is provided by a variety of relationships that do not fit within community connectedness and primary supports. For instance, coworkers, institutions, and professors could be sources of social support that do not fit within the family, friends, significant others, or community criteria associated with primary support, and therefore would be examples of general support. By including these three types of support, the most important types for TGNC mental health outcomes can be determined, therefore extending the literature for researchers to continue to develop this area, and for practitioners to better understand the need to more effectively serve TGNC clients.

There were three hypotheses to the current study. The first hypothesis was that primary support, community connectedness, and general support would correlate negatively with symptoms of depression and anxiety. The second hypothesis was that primary support and community connectedness would correlate more strongly with the mental health outcomes than general support. The third hypothesis, based on the Minority Stress Model (Meyer, 2003; Hendricks & Testa, 2012) and the literature showing that TGNC individuals experience high rates of depression and anxiety (Bockting et al., 2013; Carmel & Erickson-Schroth, 2016), was that those who identify as TGNC would have higher levels of depression and anxiety symptoms than those who do not identify as TGNC.

Method

Participants

Some participants were recruited through social media (see Appendix A), including Facebook ($n = 13$) and Reddit ($n = 4$) postings to public pages geared to TGNC individuals as they are difficult to locate. The majority of participants were recruited through an introductory psychology class at the author's university ($n = 98$). Some participants neglected to answer how

they were recruited ($n = 11$) or indicated that they found out about the present study some other way ($n = 4$). There was a total of 130 participants. Participants' ages ranged from 18 years old to 54 years old ($M = 20.24$, $SD = 4.85$), with most being 18 ($n = 57$) or 19 ($n = 26$). Over half of the participants reported being a Freshman in college ($n = 74$) while others indicated that they were not a college student at all ($n = 10$). As expected, most participants identified as white/Caucasian ($n = 94$). Most participants identified as straight ($n = 99$) while others identified as other sexual orientations, such as gay/lesbian, bisexual, asexual, queer, or other, self-defined (LGBQ, $n = 21$). Participants were coded as non-TGNC ($n = 111$) if they identified as cisgender male or cisgender female. Cisgender refers to an individual whose gender identity is the same as what was assigned to them at birth. Participants were coded as TGNC ($n = 8$) if they identified as transgender male, transgender female, genderqueer, androgynous, gender nonconforming, or other.

Materials

Social support. The Community Connectedness (CC) subscale of the Gender Minority Stress and Resilience Measure (GMSR; Testa, Habarth, Peta, Balsam, & Bockting, 2015; see Appendix C) was utilized specifically to measure levels of community connectedness as Pflum and associates (2015) utilized this measure in their research for the same purpose. For individuals who identified as TGNC, this was termed "trans community connectedness." This subscale consisted of five items that measure the respondent's level of connectedness with others with the same gender identity (e.g., "I feel part of a community of people who share my gender identity."). Each item was rated on a 5-point Likert scale from 0 = *strongly disagree* to 4 = *strongly agree*. Items four and five were reverse scored. All item scores were summed to produce total scores ranging from 0 to 25, with higher scores indicating higher levels of community connectedness and support (Testa et al., 2015). Additionally, to increase the literature

base regarding the TGNC population and measures relating to them, the other eight subscales (comprised of 53 additional items assessing gender-related discrimination, gender-related rejection, gender-related victimization, non-affirmation of gender identity, internalized transphobia, pride, negative expectations for the future, and nondisclosure) of the GMSR were also included in the present study for exploratory analysis only. Testa and colleagues (2015) suggest that for mental and physical health, some of the subscales examine distal stress factors (i.e., gender-related discrimination, gender-related rejection, gender-related victimization, and non-affirmation of gender identity), others examine proximal stress factors (i.e., internalized transphobia, negative expectations, and nondisclosure), and some examine resilience factors (i.e., community connectedness and pride). Cronbach's alpha coefficients for the GMSR ranged from .61 to .93 (Testa et al., 2015), indicating acceptable to excellent reliability. However, as the development of the GMSR was recent, the research regarding the reliability and validity of the measure is in its infancy. For the present study, Cronbach's alpha coefficients for the GMSR were .93 and .98 depending on if the history nondisclosure or the identity nondisclosure questions were administered, indicating excellent reliability, while Cronbach's alpha = .74 for the Community Connectedness subscale alone, indicating fair reliability.

The Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988; see Appendix D) was used to measure perceived primary social support. The MSPSS was a 12-item measure (e.g., "My family really tries to help me"). Each item was rated on a 7-point Likert scale from 1 = *very strongly disagree* to 7 = *very strongly agree*. To compute the total scale score, the mean was calculated by adding all 12 items and dividing by 12. Similarly, to score the three subscales, the four items for each of the respective subscales were summed and divided by four. For the full scale, scores may range from 1 to 7. A higher score

indicated a higher level of perceived social support. The internal reliability of the MSPSS has been reported at Cronbach's alpha = .88, and Cronbach's alphas = .87, .85, and .91 for each of the MSPSS's subscales (family, friends, and significant others, respectively; Zimet et al., 1988), indicating good to excellent reliability. Using participants from the current study, Cronbach's alpha was .96 for the entire measure and .94, .94, and .93 respectively, for family subscale, friend subscale, and significant other subscale, indicating excellent reliability.

The Interpersonal Support Evaluation List (ISEL; Cohen & Hoberman, 1983; see Appendix E) was used to measure general social support. The ISEL measured perceived social support and contained four subscales: belonging, self-esteem, appraisal, and tangible supports. However, the focus of the present study was on general social support as a whole, and thus the subscale scores were not used in the present analyses. The ISEL was a 40-item measure (e.g., "There are several people that I trust to help solve my problems"). Each item was rated on a 4-point Likert scale from 0 = *definitely false* to 3 = *definitely true*. To score, items 3, 6, 9, 10, 11, 13, 14, 15, 17, 24, 25, 27, 28, 29, 30, 34, 35, 36, 39, and 40 were reverse scored, then all items were summed. Scores may range from 0 to 120, with higher scores indicating a higher level of perceived social support. For the general population, the ISEL had a Cronbach's alpha range of .88 - .90. For the current study, Cronbach's alpha for the full ISEL scale was .95, indicating excellent reliability.

Depressive and anxiety symptoms. To measure levels of depression and anxiety symptoms, the Mood and Anxiety Symptom Questionnaire – Short Form (MASQ-Short Form; Clark & Watson, 1991; see Appendix F) was administered to participants. The 62-item Short Form was designed to test and measure anxiety and depression symptoms. Each item was rated on a 5-point Likert scale from 1 = *a little bit* to 5 = *extremely* (e.g., "Felt sad"). The MASQ –

Short Form had four subscales: General Distress (GD): Anxiety (11 items); Anxious Arousal (17 items); GD: Depression (12 items); and Anhedonic Depression (22 items). Since the current authors were not interested in specific components of anxiety and depression, the two anxiety subscales were combined to create an anxiety composite and the two depression subscales were combined to create a depression composite. After items 3, 7, 10, 15, 22, 27, 39, 43, 47, 49, 53, 56, 58, and 60 were reverse scored, all items were summed. For the anxiety composite, scores may range from 28 to 140. For the depression composite, scores may range from 34 to 170. The higher the scores, the more the participant endorsed experiencing the symptoms related to that composite (e.g., anxiety or depression).

Past research on relationships among the subscales had indicated good divergent and convergent validity. The GD: Mixed scale was a subscale of the long form and was not included in the given short form. However, the psychometrics provided in past research included that subscale. The GD: Mixed scale was correlated with GD: Anxiety ranging from $r = .71$ to $.86$ across five samples (Watson, Weber, & Assenheimer, 1995). Across the same five samples, the GD: Mixed scale was correlated with GD: Depression with $r_s = .73$ to $.80$. These higher correlations supported Watson and Clark's (1991) theory that the GD scales would have overlaps. The Anxious Arousal and Anhedonic Depression scales resulted with an $r_s = .25$ to $.49$, supporting divergent validity between those scales. The depression composite in the current study had a Cronbach's alpha of $.96$ while the anxiety composite had a Cronbach's alpha of $.95$, indicating excellent reliability.

Procedure

Prior to administration, the study was approved by the Institutional Review Board at a small, midwestern university. Participants who agreed to the informed consent (see Appendix B)

online received the same four measures: (1) Gender Minority Stress and Resilience Measure, (2) Multidimensional Scale of Perceived Social Support, (3) Interpersonal Support Evaluation List, and (4) Mood and Anxiety Symptom Questionnaire. After being presented with the four measures, a demographic page was presented (see Appendix G). A debriefing page (see Appendix H) was shown at the conclusion of the study, which included a list of national-level, mental health resources for participants to access if needed.

Results

Interrelationships Among the Measures

The relationships among each support measure (i.e., GMSR community connectedness subscale, MSPSS, and ISEL) and the depression and anxiety composites of the MASQ were analyzed using bivariate correlations, along with a continuous item included to assess participants' self-perceptions of the extent of their gender conformity (i.e., To what extent do you feel your experience of your gender perfectly reflects society's expectation of your gender.) For this item, a 5-point Likert scale was given for response choices from 1 = *not at all* to 5 = *completely*. As shown in Table 1, the anxiety and depression composites were significantly and positively correlated as predicted. The ISEL and MSPSS both showed significant, negative correlations with the anxiety and depression composites of the MASQ. Community connectedness also showed a significant negative correlation with the depression composite. Of the social support measures, the ISEL had the strongest correlation to both anxiety and depression composites. These findings show that social support and symptoms of anxiety and depression are meaningfully related and that the three support measures assess relatively distinct constructs.

When analyzing the correlations grouped by participants' gender instead of as a whole sample, the findings were relatively similar for the non-TGNC group (see Table 2) and strikingly different when examining solely the TGNC participants (see Table 3). Additionally, there were different patterns in the way participants responded to the continuous item used to assess self-perceptions of the extent of their gender conformity. 55% of non-TGNC participants reported that their gender "completely" reflects society's expectation of their gender ($M = 4.44$, $SD = .84$), while the highest percentage (37.5%) of TGNC individuals rated "not at all"; additionally, TGNC participants were less concentrated on extremes ($M = 2.13$, $SD = 1.13$).

Demographic Differences on the Measures

An independent samples *t*-test was used to compare anxiety scores for participants who identified as non-TGNC versus TGNC. Levene's test was not significant, meaning equal variances were assumed. There was not a significant difference between non-TGNC ($M = 46.09$, $SD = 18.71$) versus TGNC ($M = 57.71$, $SD = 20.51$) participants on anxiety scores, $t(102) = -1.58$, $p = .118$. The same analysis was used to compare non-TGNC versus TGNC participants on depression scores. Again, Levene's test was not significant. There was a significant difference between non-TGNC ($M = 82.86$, $SD = 27.20$) versus TGNC ($M = 123.75$, $SD = 36.82$) participants on depression scores, $t(99) = -3.96$, $p < .001$.

Because identifying as part of a sexual orientation minority likely increases stress (Meyer, 2003), and stress is a likely predictor of mental health, an independent samples *t*-test was also used to compare depression scores for participants who identified as heterosexual versus a different sexual orientation (LGBQ). Levene's test was significant, meaning equal variances were not assumed. There was a significant difference between heterosexual ($M=81.00$, $SD=26.02$) versus LGBQ ($M=108.52$, $SD=35.47$) participants on depression scores, $t(22.63)=-$

3.19, $p = .004$. The same analysis was used to compare heterosexual versus LGBQ on anxiety scores. Levene's test was not significant, meaning equal variances were assumed. There was a significant difference between heterosexual ($M=44.96$, $SD=18.54$) versus LGBQ ($M=56.11$, $SD=18.42$) participants on anxiety scales, $t(103) = -2.27$, $p = .025$. Together, the results of the t -tests indicate that anxiety and depression differ based on participants' gender identity and sexual orientation. Specifically, when someone identified as part of the TGNC or LGBQ group, they reported more anxiety and depression compared to non-TGNC and heterosexual participants. Because of these differences, gender identity was included as a control variable in the predictive model for depression, and both gender identity and sexual orientation were included as control variables in the predictive model for anxiety.

Independent samples t -tests were used to compare depression and anxiety scores for White vs. non-White and college student vs. non-college student participants as well. Following the logic of the minority stress model (Meyer, 2003), racial minorities could be experiencing higher levels of anxiety and depression due to increased stress and discrimination. College student vs. non-college student participants may also have had differences in stress levels, which could be an influencing factor for their mental health. In both comparisons no differences were found, $t_s < |1.20|$, $p_s > .235$. Therefore, these variables were not included in subsequent analyses.

Regression Models to Predict Anxiety and Depression

Hierarchical multiple regression analyses were used to investigate if social support scores predicted anxiety scores above and beyond participants' gender identity and control variables. Z -scores were calculated for all continuous independent and dependent variables, including the conformity variable, and a dummy code was created for sexual orientation. To predict anxiety, participants' dummy coded sexual orientation and standardized conformity scores were entered

as control variables in Step 1, and participants' standardized scores on the measures of perceived social support were entered in Step 2.

As shown in Table 4, the predictive model accounted for 33% of the variance in participants' anxiety scores. Step 1 significantly predicted participants' anxiety scores, $F(2, 56) = 5.76, p = .005$, accounting for 17.1% of the variance in participants' anxiety scores. In particular, *beta* values indicated that participants' self-perceived gender conformity carried this effect, with a significant, negative, moderate relationship, such that as self-perceived gender conformity increased, anxiety scores decreased. Step 2 also significantly predicted participants' anxiety scores, $F(3, 53) = 4.19, p = .01$, accounting for an additional 15.9% of the variance. In particular, *beta* values indicated that participants' ISEL scores carried this effect, with a significant, negative, moderate relationship, such that as participants' perceptions of general support increased, anxiety scores decreased.

Another regression was performed to determine if social support scores predicted depression scores above and beyond participants' gender identity and control variables. *Z*-scores were calculated for all continuous and independent and dependent variables, including the conformity variable, and dummy codes were created for gender and sexual orientation. To predict depression, participants' dummy coded gender and sexual orientation and standardized conformity scores were entered as control variables in Step 1, and participants' standardized scores on the measures of perceived social support were entered in Step 2.

As reported in Table 5, the predictive model accounted for 62% of variance in participants' depression scores. Step 1 significantly predicted participants' depression scores, $F(3, 49) = 5.81, p = .002$, accounting for 26.2% of the variance in participants' depression scores. In particular, *beta* values indicated that participants' self-perceived gender conformity carried

this effect, with a marginally significant, negative, moderate relationship, such that as self-perceived gender conformity increased, depression scores decreased.

Step 2 also significantly predicted depression scores and accounted for an additional 35.7% of the variance of depression scores, $F(3, 46)=14.37, p<.001$, accounting for an additional 35.7% of the variance. In particular, *beta* values indicated that participants' ISEL scores carried this effect, with a significant, negative, strong relationship, such as that participants' perceptions of general support increased, anxiety scores decreased.

Discussion

The purpose of the present study was to examine the effects of social support from different groups on the mental health of those who identify as TGNC. Research specific to the TGNC population has been growing in recent years (Dickey et al., 2016). The present study aimed to further explore this important area of research.

Results were consistent with the first hypothesis of the present study: community connectedness, primary support, and general support correlated negatively with symptoms of depression and anxiety. An important exception, however, was that the negative correlation between community connectedness and anxiety symptoms was not significant, contrary to expectations. It is notable that there were weak to moderate correlations among the three social support measures when examining the total sample, indicating relatively distinct constructs were assessed. When these constructs were further assessed, results indicated that TGNC versus non-TGNC participants perceived social support differently. Inconsistent with the second hypothesis, the correlational strength was greatest for anxiety's and depression's relationships with the measure of general support, less so with the measure of primary support, and least with the measure of community connectedness. The ISEL, our measure of general support, not only had

the strongest association with anxiety and depression from among the three support measures, but was also the *only* social support measure that predicted depression and anxiety scores. These findings suggest that individuals' perceptions of having access to some support, regardless of who comprises that support, may be more relevant to mental health than perceptions of support specifically by those in one's primary support group or by those who share similar distinctive identity features (e.g., gender identity).

Notably, the ISEL was the only one of the social support measures used in the current study with a subscale purportedly measuring a social support *function*—specifically, tangible (i.e., instrumental) support. Future research should more closely examine whether existing social support origin measures, including the ISEL, contain any or all elements of the various functions (i.e., informational, instrumental, and emotional) of social support. Further, future research should also explore whether an interaction between source of support and function of support may promote better understanding of the relationship between social support and anxiety and depression.

The third and last hypothesis proposed that those who identified as TGNC would report higher levels of depression and anxiety symptoms than those who did not identify as TGNC. Findings from the current study showed that a significant difference existed for participants who identified as TGNC versus non-TGNC on depression symptoms, with TGNC participants reporting higher scores than non-TGNC participants on average. Results showed that anxiety scores were predicted by individuals' perception of their gender conformity and social support. While the perception of conformity item used in the present study is not the same as identifying as TGNC, it is conceptualized as likely being a piece of identifying as TGNC. Being TGNC can counter society's expectations of gender, especially when it is not binary. This study indicated

that self-perception of gender conformity is important in relation to depression and anxiety scores.

These findings are limited in their generalizability by various factors. A large limitation is that the majority of participants identified as cisgender. In anticipation that this could occur, the conformity item was included so that participants who acknowledged some level of gender nonconformity could meaningfully be included in the analyses, rather than only a small group of categorically self-identified TGNC individuals. However, this item was not part of a pre-existing measure, but was created by the authors as another potential way to assess gender nonconformity. This item likely does not reflect the same full complexity of being gender nonconforming as captured in self-identification as TGNC, but it *did* offer some useful insight. Future research should consider developing a valid and reliable continuous measure of gender nonconformity.

Another limitation of the current study was the lack of psychometric knowledge for the newer measures. Measures normed on TGNC individuals should be created and thoroughly evaluated. However, the use of these measures was also a strength of the present study, as the data provided additional psychometric information and knowledge on these measures of important constructs.

Despite these limitations, the present findings are consistent with the literature that shows social support is a key factor in positive mental health (Moody, Fuks, Peláez, & Smith, 2015; Thoits, 2011), specifically when combatting depressive symptoms. Moreover, this study added value by looking at gender in a less traditional way — specifically, in terms of TGNC and non-TGNC identity — and by utilizing newer measures, such as the GMSR. This study found that TGNC participants did tend to report greater levels of depression than non TGNC participants.

Overall, results indicated that having a perception of general social support, regardless of who provides it, seems to be the most important aspect when comparing social supports' predictive value for anxiety and depression, regardless of gender conformity. Since the literature and present study showed that social support is a key factor in positive mental health, utilizing social support systems (including community resources and organizations) could be particularly beneficial for improving mental health of TGNC persons. When applying this information to clinical practice, it is therefore important to recognize the many places social support may come from and cultivate that social support with clients.

Society is discussing transgender and gender nonconforming topics. Characters in television shows are being portrayed as TGNC and major publications have run cover stories on TGNC identities. Yet, TGNC individuals continue to face high rates of discrimination in multiple areas of their lives (Carmel & Erickson-Schroth, 2016; Dickey et al., 2015; Grant et al., 2011; Hendricks & Testa, 2012; Ruggs et al., 2015) and mental health concerns (Bockting et al., 2013; Carmel & Erickson-Schroth, 2016). According to the Minority Stress Model (Hendricks & Testa, 2012; Meyer, 2003), the increase of stressors from being part of a minority group can lead to the increase of negative mental health for TGNC individuals. Consistent with this model, the current study showed that TGNC participants reported higher depression scores than non-TGNC participants. Despite this difference, current results indicated that general support is a stronger predictor of mental health than self-reported perceptions of the degree to which one's own gender identity matches societal expectations for that gender. As TGNC topics increasingly become represented in social dialogue and media portrayals, perhaps this common ground can provide a basis for improved mental health among both TGNC and non-TGNC individuals alike.

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Table 1

Correlations among Measures of Conformity, Social Supports, and Anxiety and Depression Symptoms in Total Participant Sample

	1	2	3	4	5
1. Conformity	-				
2. Community Connectedness	.20	-			
3. ISEL	.30**	.24*	-		
4. MSPSS	.30**	.28*	.60	-	
5. Anxiety	-.30**	-.15	-.52**	-.30**	-
6. Depression	-.36**	-.28*	-.70**	-.46**	.65**

Note. * $p < .05$, 2-tailed ** $p < .01$, 2-tailed

Table 2

Correlations among Measures of Conformity, Social Supports, and Anxiety and Depression Symptoms in Non-TGNC Participant Sample

	1	2	3	4	5
1. Conformity	-				
2. Community Connectedness	-.02	-			
3. ISEL	.21	.11	-		
4. MSPSS	.19	.11	.53**	-	
5. Anxiety	-.29**	-.08	-.49**	-.26*	-
6. Depression	-.23*	-.09	-.67**	-.39**	.65**

Note. * $p < .05$, 2-tailed ** $p < .01$, 2-tailed

Table 3

Correlations among Measures of Conformity, Social Supports, and Anxiety and Depression Symptoms in TGNC Participant Sample

	1	2	3	4	5
1. Conformity	-				
2. Community Connectedness	.73	-			
3. ISEL	.08	.90	-		
4. MSPSS	.32	.96*	.87*	-	
5. Anxiety	-.04	-.96*	-.65	-.65	-
6. Depression	.14	-.52	-.69	-.57	.60

Note. * $p < .05$, 2-tailed

Table 4

Standardized Regression Predicting Anxiety Scores

Step and Variables	R^2	ΔR^2	B	SE B	β
Step 1	.17	.17*			
Sexual orientation			5.12	7.92	.09
Conformity			-8.40	2.65	-.46*
Step 2	.33	.16*			
Community connectedness			-.13	.73	-.02
MSPSS			-.113	.26	-.06
ISEL			-.31	.11	-.39*

Note. * $p < .05$.

Table 5

Standardized Regression Predicting Depression Scores

Step and Variables	R^2	ΔR^2	B	SE B	β
Step 1	.26	.26*			
Sexual orientation			-9.86	11.10	-.15
Conformity			-6.74	3.43	-.30†
Gender			-14.71	14.98	-.16
Step 2	.62	.36*			
Community connectedness			-.66	.73	-.09
MSPSS			.254	.245	.116
ISEL			-.692	.114	-.72*

Note. * $p < .05$, † $p = .056$.

Appendix A

Social Media Recruitment Text

Hello! I'm looking for some people to take my quick online survey. It is expected to take around 15 minutes to complete. The only restriction for this study is age. The study is open to adults (18+ years old). Please take this time to help me better understand the impact of social support on mental health. I appreciate your time and contribution very much!

Appendix B

Informed Consent

The following information is provided so that you can decide whether you wish to participate in the current study. You should be aware that even if you agree to participate, you are free to withdraw at any time, without penalty.

The purpose of this study is to evaluate the impacts of social support on mental health.

You will complete this study in one sitting, online, which is expected to take about 15 minutes. Items asked will be used to determine your levels of social support and mental health, as well as answering demographic questions. By participating in this study, you will be contributing to the research community as well as to mental health professionals.

It is expected that there is low risk to participating in this study, but you may experience psychological distress from thinking about and answering these items. The data collected will be anonymous as no identifying information is being asked of you, such as your name or email address.

This study is strictly voluntary and your participation is appreciated greatly. Please do not hesitate to ask any questions about the study at any time. Thank you for your participation!

If you are struggling with issues mentioned in this study, or if someone you know is facing similar struggles, please take advantage of the resources listed below:

National Resources:

- GLBT National Hotline: 1-888-843-4564
- The Trevor Project Hotline: 1-866-488-7386
- National Suicide Prevention Lifeline: 1-800-273-8255
- Crisis Text Line: TEXT “CTL” TO 741741
- National Helpline: 1-800-662-HELP (4357)

Sincerely,

Jessica Tullock, BA jessica.tullock@washburn.edu

I understand this study is research and that my participation is solicited but completely voluntary. I also understand that I may stop participation at any time without penalty. By agreeing below, I verify that I have read and understood this document, that I agree to participate in this study under the terms described, and that I may print a copy of this consent form for my own records.

Do you agree to participate in this study?

- Yes No

Appendix C

The Gender Minority Stress and Resilience Measure

Gender-related discrimination

Response options: *Never; Yes, before age 18; Yes, after age 18; Yes, in the past year*

1. I have had difficulty getting medical or mental health treatment (transition-related or other) because of my gender identity or expression.
2. Because of my gender identity or expression, I have had difficulty finding a bathroom to use when I am out in public.
3. I have experienced difficulty getting identity documents that match my gender identity.
4. I have had difficulty finding housing or staying in housing because of my gender identity or expression.
5. I have had difficulty finding employment or keeping employment, or have been denied promotion because of my gender identity or expression.

Gender-related rejection

Response options: *Never; Yes, before age 18; Yes, after age 18; Yes, in the past year*

1. I have had difficulty finding a partner or have had a relationship end because of my gender identity or expression.
2. I have been rejected or made to feel unwelcome by a religious community because of my gender identity or expression.
3. I have been rejected by or made to feel unwelcome in my ethnic/racial community because of my gender identity or expression.
4. I have been rejected or distanced from friends because of my gender identity or expression.
5. I have been rejected at school or work because of my gender identity or expression.
6. I have been rejected or distanced from family because of my gender identity or expression.

Gender-related victimization

Response options: *Never; Yes, before age 18; Yes, after age 18; Yes, in the past year*

1. I have been verbally harassed or teased because of my gender identity or expression. (For example, being called “it”)
 2. I have been threatened with being outed or blackmailed because of my gender identity or expression.
 3. I have had my personal property damaged because of my gender identity or expression.
 4. I have been threatened with physical harm because of my gender identity or expression.
 5. I have been pushed, shoved, hit or had something thrown at me because of my gender identity or expression.
 6. I have had sexual contact with someone against my will because of my gender identity or expression.
-

Non-affirmation of gender identity

Response options: 5-point scale from *strongly disagree* to *strongly agree*

1. I have to repeatedly explain my gender identity to people or correct the pronouns people use.
 2. I have difficulty being perceived as my gender.
 3. I have to work hard for people to see my gender accurately.
 4. I have to be “hypermasculine” or “hyperfeminine” in order for people to accept my gender.
 5. People don’t respect my gender identity because of my appearance or body.
 6. People don’t understand me because they don’t see my gender as I do.
-

Internalized transphobia

Response options: 5-point scale from *strongly disagree* to *strongly agree*

1. I resent my gender identity or expression.
2. My gender identity or expression makes me feel like a freak.
3. When I think of my gender identity or expression, I feel depressed.
4. When I think about my gender identity or expression, I feel unhappy.

5. Because my gender identity or expression, I feel like an outcast.
6. I often ask myself: Why can't my gender identity or expression just be normal?
7. I feel that my gender identity or expression is embarrassing.
8. I envy people who do not have a gender identity or expression like mine.

Pride

Response options: 5-point scale from *strongly disagree* to *strongly agree*

1. My gender identity or expression makes me feel special and unique.
2. It is okay for me to have people know that my gender identity is different from my sex assigned at birth.
3. I have no problem talking about my gender identity and gender history to almost anyone.
4. It is a gift that my gender identity is different from my sex assigned at birth.
5. I am like other people but I am also special because my gender identity is different from my sex assigned at birth.
6. I am proud to be a person whose gender identity is different from my sex assigned at birth.
7. I am comfortable revealing to others that my gender identity is different from my sex assigned at birth.
8. I'd rather have people know everything and accept me with my gender identity and gender history.

Question to determine appropriate wording for items regarding negative expectations for the future and nondisclosure: Do you currently live in your affirmed gender* all or almost all of the time?

(*Your affirmed gender is the one you see as accurate for yourself.)

Response options: *Yes, I live in my affirmed gender most or all of the time; No, I don't live in my affirmed gender most or all of the time.*

If *yes*: use "history" in items below. If *no*: use "identity" in items below.

Negative expectations for the future^a

Response options: 5-point scale from *strongly disagree* to *strongly agree*

1. If I express my gender IDENTITY/HISTORY, others won't accept me.
2. If I express my gender IDENTITY/HISTORY, employers would not hire me.
3. If I express my gender IDENTITY/HISTORY, people would think I am mentally ill or "crazy."
4. If I express my gender IDENTITY/HISTORY, people would think I am disgusting or sinful.
5. If I express my gender IDENTITY/HISTORY, most people would think less of me.
6. If I express my gender IDENTITY/HISTORY, most people would look down on me.
7. If I express my gender IDENTITY/HISTORY, I could be a victim of crime or violence.
8. If I express my gender IDENTITY/HISTORY, I could be arrested or harassed by police.
9. If I express my gender IDENTITY/HISTORY, I could be denied good medical care.

Nondisclosure

Response options: 5-point scale from *strongly disagree* to *strongly agree*

1. Because I don't want others to know my gender IDENTITY/HISTORY, I don't talk about certain experiences from my past or change parts of what I will tell people.
2. Because I don't want others to know my gender IDENTITY/HISTORY, I modify my way of speaking.
3. Because I don't want others to know my gender IDENTITY/HISTORY, I pay special attention to the way I dress or groom myself.
4. Because I don't want others to know my gender IDENTITY/HISTORY, I avoid exposing my body, such as wearing a bathing suit or nudity in locker rooms.
5. Because I don't want others to know my gender IDENTITY/HISTORY, I change the way I walk, gesture, sit, or stand.

Community connectedness

Response options: 5-point scale from *strongly disagree* to *strongly agree*

1. I feel part of a community of people who share my gender identity.
2. I feel connected to other people who share my gender identity.
3. When interacting with members of the community that shares my gender identity, I feel like I belong.
4. I'm not like other people who share my gender identity. (R)
5. I feel isolated and separate from other people who share my gender identity. (R)

Note. Scale names are included for researcher information only; they are not intended to be shared with participants responding to the questionnaire. ^a Wording for items regarding negative expectations for the future and nondisclosure varies. Respondents endorsing that they live in their affirmed gender all or almost all of the time are presented with the word “history”, respondents indicating that they do not live in their affirmed gender all or almost all of the time are presented with the word “identity.”

Appendix D

Multidimensional Scale of Perceived Social Support

Instructions: We are interested in how you feel about the following statements. Read each statement carefully. Indicate how you feel about each statement.

Circle the “1” if you Very Strongly Disagree

Circle the “2” if you Strongly Disagree

Circle the “3” if you Mildly Disagree

Circle the “4” if you are Neutral

Circle the “5” if you Mildly Agree

Circle the “6” if you Strongly Agree

Circle the “7” if you Very Strongly Agree

- | | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1. There is a special person who is around when I am in need. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 2. There is a special person with whom I can share joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 3. My family really tries to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 4. I get the emotional help & support I need from my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 5. I have a special person who is a real source of comfort to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 6. My friends really try to help me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 7. I can count on my friends when things go wrong. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8. I can talk about my problems with my family. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 9. I have friends with whom I can share my joys and sorrows. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 10. There is a special person in my life who cares about my feelings. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 11. My family is willing to help me make decisions. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 12. I can talk about my problems with my friends. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
-

Appendix E
Interpersonal Support Evaluation List

This scale is made up of a list of statements each of which may or may not be true about you. For each statement check “definitely true” if you are sure it is true about you and “probably true” if you think it is true but are not absolutely certain. Similarly, you should check “definitely false” if you are sure the statement is false and “probably false” if you think it is false but are not absolutely certain.

1. There are several people that I trust to help solve my problems.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

2. If I needed help fixing an appliance or repairing my car, there is someone who would help me.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

3. Most of my friends are more interesting than I am.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

4. There is someone who takes pride in my accomplishments.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

5. When I feel lonely, there are several people I can talk to.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

6. There is no one that I feel comfortable to talking about intimate personal problems.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

7. I often meet or talk with family or friends.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

8. Most people I know think highly of me.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

9. If I needed a ride to the airport very early in the morning, I would have a hard time finding someone to take me.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

10. I feel like I'm not always included by my circle of friends.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

11. There really is no one who can give me an objective view of how I'm handling my problems.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

12. There are several different people I enjoy spending time with.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1) F

13. I think that my friends feel that I'm not very good at helping them solve their problems.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

14. If I were sick and needed someone (friend, family member, or acquaintance) to take me to the doctor, I would have trouble finding someone.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

15. If I wanted to go on a trip for a day (e.g., to the mountains, beach, or country), I would have a hard time finding someone to go with me.

definitely true (3) definitely false (0)

probably true (2) probably false (1)

16. If I needed a place to stay for a week because of an emergency (for example, water or electricity out in my apartment or house), I could easily find someone who would put me up.

definitely true (3) definitely false (0)

probably true (2) probably false (1)

17. I feel that there is no one I can share my most private worries and fears with.

definitely true (3) definitely false (0)

probably true (2) probably false (1)

18. If I were sick, I could easily find someone to help me with my daily chores.

definitely true (3) definitely false (0)

probably true (2) probably false (1)

19. There is someone I can turn to for advice about handling problems with my family.

definitely true (3) definitely false (0)

probably true (2) probably false (1)

20. I am as good at doing things as most other people are.

definitely true (3) definitely false (0)

probably true (2) probably false (1)

21. If I decide one afternoon that I would like to go to a movie that evening, I could easily find someone to go with me.

definitely true (3) definitely false (0)

probably true (2) probably false (1)

22. When I need suggestions on how to deal with a personal problem, I know someone I can turn to.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

23. If I needed an emergency loan of \$100, there is someone (friend, relative, or acquaintance) I could get it from.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

24. In general, people do not have much confidence in me.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

25. Most people I know do not enjoy the same things that I do.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

26. There is someone I could turn to for advice about making career plans or changing my job.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

27. I don't often get invited to do things with others.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

28. Most of my friends are more successful at making changes in their lives than I am.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

29. If I had to go out of town for a few weeks, it would be difficult to find someone who would look after my house or apartment (the plants, pets, garden, etc.).

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

30. There really is no one I can trust to give me good financial advice.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

31. If I wanted to have lunch with someone, I could easily find someone to join me.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

32. I am more satisfied with my life than most people are with theirs.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

33. If I was stranded 10 miles from home, there is someone I could call who would come and get me.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

34. No one I know would throw a birthday party for me.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

35. It would be difficult to find someone who would lend me their car for a few hours.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

36. If a family crisis arose, it would be difficult to find someone who could give me good advice about how to handle it.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

37. I am closer to my friends than most other people are to theirs.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

38. There is at least one person I know whose advice I really trust.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

39. If I needed some help in moving to a new house or apartment, I would have a hard time finding someone to help me.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

40. I have a hard time keeping pace with my friends.

___ definitely true (3) ___ definitely false (0)

___ probably true (2) ___ probably false (1)

Appendix F**Mood and Anxiety Symptom Questionnaire 62-item Short Form**

Below is a list of feelings, sensations, problems, and experiences that people sometimes have. Read each item and then mark the appropriate choice in the space next to that item. Use the choice that best describes how much you have felt or experienced things this way during the past week, including today.

Use this scale when answering:

1	2	3	4	5
Not at all	A little bit	moderately	quite a bit	extremely
_____ 1. Felt sad				_____ 17. Felt faint
_____ 2. Startled easily				_____ 18. Felt unattractive
_____ 3. Felt cheerful				_____ 19. Had hot or cold spells
_____ 4. Felt afraid				_____ 20. Had an upset stomach
_____ 5. Felt discouraged				_____ 21. Felt like a failure
_____ 6. Hands were shaky				_____ 22. Felt like I was having a lot of fun
_____ 7. Felt optimistic				_____ 23. Blamed myself for a lot of things
_____ 8. Had diarrhea				_____ 24. Hands were cold or sweaty
_____ 9. Felt worthless				_____ 25. Felt withdrawn from other people
_____ 10. Felt really happy				_____ 26. Felt keyed up, "on edge"
_____ 11. Felt nervous				_____ 27. Felt like I had a lot of energy
_____ 12. Felt depressed				_____ 28. Was trembling or shaking
_____ 13. Was short of breath				_____ 29. Felt inferior to others
_____ 14. Felt uneasy				_____ 30. Had trouble swallowing
_____ 15. Was proud of myself				_____ 31. Felt like crying
_____ 16. Had a lump in my throat				_____ 32. Was unable to relax

- _____ 33. Felt really slowed down
- _____ 34. Was disappointed in myself
- _____ 35. Felt nauseous
- _____ 36. Felt hopeless
- _____ 37. Felt dizzy or lightheaded
- _____ 38. Felt sluggish or tired
- _____ 39. Felt really “up” or lively
- _____ 40. Had pain in my chest
- _____ 41. Felt really bored
- _____ 42. Felt like I was choking
- _____ 43. Looked forward to things with enjoyment
- _____ 44. Muscles twitched or trembled
- _____ 45. Felt pessimistic about the future
- _____ 46. Had a very dry mouth
- _____ 47. Felt like I had a lot of interesting things to do
- _____ 48. Was afraid I was going to die
- _____ 49. Felt like I had accomplished a lot
- _____ 50. Felt like it took extra effort to get started
- _____ 51. Felt like nothing was very enjoyable
- _____ 52. Heart was racing or pounding
- _____ 53. Felt like I had a lot to look forward to
- _____ 54. Felt numbness or tingling in my body
- _____ 55. Felt tense or “high-strung”
- _____ 56. Felt hopeful about the future
- _____ 57. Felt like there wasn’t anything interesting or fun to do
- _____ 58. Seemed to move quickly and easily
- _____ 59. Muscles were tense or sore
- _____ 60. Felt really good about myself
- _____ 61. Thought about death or suicide
- _____ 62. Had to urinate frequently

Appendix G
Demographics Form

What is your age? _____

What is your race/ethnicity?

- Latino/Hispanic
- White/Caucasian
- Black/African American
- Native Hawaiian/Other Pacific Islander
- Asian
- Native American/Alaska Native
- Other (please specify):

What is your current gender identity?

- Female
- Male
- Transgender – Male to Female
- Transgender – Female to Male
- Genderqueer
- Androgynous
- Gender nonconforming
- Other (please specify):

To what extent do you feel your experience of your gender perfectly reflects society's expectation of your gender?

1	2	3	4	5
Not at all				Completely

What is your sexual orientation?

- Gay/lesbian
- Bisexual
- Queer
- Straight
- Asexual
- Other (please specify):

If you are a college student, what is your class year?

- Freshman
- Sophomore
- Junior
- Senior
- Graduate Student
- Not applicable

Do you currently live in the United States of America?

- Yes
- No

How did you hear about this study?

- Reddit
- Facebook
- PY100 Class
- Other

Appendix H
Debriefing Form

Thank you for participating in this study.

The purpose of this study was to determine how different sources of social support correlated with symptoms of anxiety and depression and if those relationships looked different depending on gender identity.

If you are struggling with issues mentioned in this study, or if someone you know is facing similar struggles, please take advantage of the resources listed below:

National Resources:

- GLBT National Hotline: 1-888-843-4564
- The Trevor Project Hotline: 1-866-488-7386
- National Suicide Prevention Lifeline: 1-800-273-8255
- Crisis Text Line: TEXT “CTL” TO 741741
- National Helpline: 1-800-662-HELP (4357)

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