Community Health Workers as Catalysts for Mental Health Promotion in Transgender and Nonbinary Communities

Arjee Javellana Restar, PhD, MPH, Kellan Baker, PhD, MPH, Grace Wang, PhD, MPH, Karen Ashley, EdD, and April Joy Damian, PhD, MSc

ABOUT THE AUTHORS

Arjee Javellana Restar, Grace Wang, Karen Ashley, and April Joy Damian are with the Moses Weitzman Health System, Weitzman Institute, Washington, DC. Arjee Javellana Restar is also with the Department of Social and Behavioral Sciences, Yale University, New Haven, CT. Kellan Baker is with the Center for Lesbian, Gay, Bisexual, and Transgender Health and Wellbeing, Whitman-Walker Institute, Washington, DC.

There is a significant disparity between the cisgender population and the transgender and nonbinary (trans) communities in the United States in terms of the availability and accessibility of evidence-based mental health services,[1,2] particularly given epidemiological data on elevated rates of lifetime suicide attempts (40% vs 4.6%), severe distress (39% vs 5%), and clinical depression (52% vs 8.4%) diagnoses that are well documented among this population.[3–5]

Systematically vulnerable trans communities (i.e., those who are vulnerable because of individual circumstances and broader, entrenched systems of inequality that have consistently and historically disadvantaged them)—including younger, Black, Indigenous, Latinx, Asian American, and Pacific Islander trans communities—experience pronounced stress-sensitive mental health conditions as a result of chronic stress stemming from experiences of bias, prejudice, and discrimination related to being transgender.[5] Despite recent advancements in public health's priorities and goals in the United States, trans communities continue to grapple with systemic barriers to mental health services. Community health workers (CHWs) are crucial for bridging this gap in mental health service provision.

It is well documented that trans communities have high rates of stress-sensitive mental health conditions and increased unmet mental health needs.[2] Despite these needs, access to mental health services remains a significant hurdle.[6] There are formidable deterrents to receiving help (1) at the structural level, for example, transphobia, widespread mental health stigma (e.g., viewing trans identity as a mental health illness), and lack of explicit protective policies for trans health; (2) at the social level, for example, fear of discrimination, misgendering, deadnaming, and other stigmatizing health care experiences; and (3) at the economic level, for example, the high expense of mental health services and the opportunity costs of accessing care. Additional barriers are patients' mistrust of mental health professionals, mental health providers' lack of knowledge and cultural sensitivity, and patients' shame in discussing emotional challenges.[2,6] The scarcity of resources coupled with the evolving sociopolitical contexts that undermine trans health[7] compound the limited availability of mental health services, often leaving trans community members with nowhere to turn for help and care.

As they are already embedded in the communities they serve, CHWs are uniquely positioned and well suited to address the barriers that trans communities experience in their attempts to access mental health services.[8] CHWs are key implementation agents with the potential to enhance equitable and culturally appropriate access, particularly for communities of color.[8–11] They can facilitate access to care because they are generally hired for their community expertise, understanding of the individuals they assist, and ability to foster the trust and understanding that is often missing in conventional health care settings. CHWs also often work with caregivers (e.g., neighbors, social workers, clergy members, and parents, grandparents, and other family members).

Having CHWs directly provide services—often involving outreach, education, informal counseling, social support, and advocacy—could lead to improved population health outcomes, reduced health disparities, enhanced trans-focused health intervention, and increased patient satisfaction, as well as a more efficient use of resources and alignment with the current trend toward more patient-centered, community-based, and integrated

AJPH January 2025, Vol. 115, No. 1

models of care. There is a potential for them to work with trans communities of color and their families to address concerns about support and acceptance. CHWs' rapport and deep community knowledge would allow them to be key facilitators in peer-led or -mentored evidence-based mental health interventions, including trans-focused interventions that use community engagement approaches.[8,9,12]

CHWs can provide health education to trans individuals and their families and caregivers about mental health issues, including the importance of seeking help, available mental health resources, and patient rights[1,8–11]; social support, which can help reduce the feelings of isolation and stigma that many trans individuals experience[1,2,11]; and links to culturally and linguistically appropriate services.[8,10] CHWs can also advocate trans needs beyond these individual-level services; for example, they can improve other health care providers' understanding of trans-specific mental health needs and promote trans-affirming practices. This could lead to improved health outcomes, increased patient satisfaction, and more efficient use of resources and alignment with the current trend toward more patient-centered, community-based, and integrated models of care.[1]

However, there are challenges to harnessing the benefits of employing CHWs. CHWs would need to be trained on community culture, language, and terminologies; best practices for affirming care (e.g., use of pronouns, names, affirming language); best practices on how to ask sensitive questions about gender goals (e.g., desire for hormones and surgeries); and mental health concerns.[1,3] Developing accessible (e.g., virtual[10]) gender-affirming care training as part of upskilling or specialty-focused training for CHWs could be a feasible solution. These challenges also apply to caregivers, and CHWs, once trained, could educate caregivers and families, particularly of trans youths, on navigating services.

Although the high expense of accessing mental health services cannot be changed by training CHWs, their training could include how to help trans youths and their families access cost-saving financial services and programs that can help lower economic strains. This could also include education on insurance coverage, medical gender affirmation (e.g., hormone or surgical interventions), social and legal transition steps (e.g., updating gender marker and legal name), and communication strategies in families and peer networks. This support is particularly critical for trans community members in the current political environment, in which numerous US states are targeting trans people with legislation to ban best-practice medical care and restrict the ability of trans people to access restrooms, participate in sports, and navigate other foundational elements of daily life.[7]

There is also the potential to invest in and train CHWs, particularly those who are trans community members from racially marginalized groups with lived experiences, in evidence-based treatment, such as cognitive behavioral therapy, and in trans-affirmative evidence-based mental health intervention[1,9]; this is particularly important given hurdles to hiring CHWs who can be deemed trustworthy, are vetted, and are culturally competent. As with most programs experiencing limited access to resources, including time and funding, sustainable investments in CHW programs are essential to ensure continuity and success.[1] Lastly, given that most research on the impact of CHW on mental health has, to our knowledge, been conducted in the context of the larger LGBTQ (lesbian, gay, bisexual, transgender/-sexual, queer or questioning) communities,[1,8] robust gender-specific research on the effectiveness of CHWs in improving mental health outcomes in trans populations is crucial to inform practice and policy.

Integrating CHWs across varied health care settings could provide a cost-effective approach to delivering evidence-based trans-affirming mental health services. Trans communities often seek mental health care services from a variety of settings, including private practices, federally qualified health centers, virtual medical clinics, community health centers, and general mental health care settings in local communities.[2,3] CHWs' integration into broad mental health and trans health services in these settings would be a significant health equity goal.[3]

It is important for community-based health care systems to delineate formative programming to tailor CHWs' training in gender-affirming care; this should involve engaging trans-focused community-based service organizations as partners. Additionally, investing in studies to evaluate the effectiveness of peer-led CHWs in delivering evidence-based mental health treatment is crucial for further informing best practices. Although CHW's are not immune to experiencing or perpetuating barriers, serious efforts are needed to address social and structural transphobia in mental health service system settings directly and more broadly across all providers. Ensuring that mental health services are accessible to and available for all requires that the health care workforce unlearn stigma and reflect and engage with communities, including trans communities.

CHWs equipped with knowledge and competence in affirming evidence-based mental health services could help bring evidence-based mental health research into practice ubiquitously and contribute to this public health goal. AJPH

CORRESPONDENCE

Correspondence should be sent to Dr. Arjee Javellana Restar, PhD, MPH, Weitzman Institute, Moses Weitzman Health System, Washington, DC 20011 (e-mail: restara@mwhs1.com). Reprints can be ordered at https://www.ajph.org by clicking the "Reprints" link.

PUBLICATION INFORMATION

Full Citation: Restar AJ, Baker K, Wang G, Ashley K, Damian AJ. Community health workers as catalysts for mental health promotion in transgender and nonbinary communities. *Am J Public Health*. 2025;115(1):34–36.

Acceptance Date: October 6, 2024.

DOI: https://doi.org/10.2105/AJPH.2024.307898

ORCID iDs:
Arjee Javellana Restar https://orcid.org/0000-0003-2992-8198

Grace Wang https://orcid.org/0000-0002-1392-1218

Karen Ashley https://orcid.org/0000-0001-5525-2377

CONTRIBUTORS

A. J. Restar conceptualized, developed, and wrote the editorial. K. Baker, G. Wang, K. Ashley, and A. J. Damian contributed edits and vital insights to the final version of the editorial.

ACKNOWLEDGMENTS

A. J. Restar is supported by the Research Education Institute for Diverse Scholars Program at Yale University School of Public Health, funded by the National Institute of Mental Health (grant R25MH087217), American Foundation for AIDS Research, the Foundation of AIDS Research, and the Weitzman Institute of the Moses Weitzman Health System.

Note. The content of this editorial is solely the responsibility of the authors and does not necessarily represent the official views of the funders.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

REFERENCES

1. Pachankis JE, Clark KA, Jackson SD, Pereira K, Levine D. Current capacity and future implementation of mental health services in US LGBTQ community centers. *Psychiatr Serv.* 2021;72(6):669–676. https://doi.org/10.1176/appi.ps.202000575
2. Scheim AI, Baker KE, Restar AJ, Sell RL. Health and health care among transgender adults in the United States. *Annu Rev Public Health.* 2022;43:503–523. https://doi.org/10.1146/annurev-publhealth-052620-100313
3. Restar AJ. Gender-affirming care is preventative care. *Lancet Reg Health Am.* 2023;24:100544. https://doi.org/10.1016/j.lana.2023.100544
4. James SE, Herman JL, Rankin S, Keisling M, Mottet L, Anafi M. *The Report of the 2015 US Transgender Survey.* 2016. Available at: https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf. Accessed October 22, 2024.
5. Pinna F, Paribello P, Somaini G, et al. Mental health in transgender individuals: a systematic review. *Int Rev Psychiatry.* 2022;34(3–4):292–359. https://doi.org/10.1080/09540261.2022.2093629
6. Snow A, Cerel J, Loeffler DN, Flaherty C. Barriers to mental health care for transgender and gender-nonconforming adults: a systematic literature review. *Health Soc Work.* 2019;44(3):149–155. https://doi.org/10.1093/hsw/hlz016
7. Restar AJ, Layland EK, Davis B, Thompson H, Streed C. The public health crisis state of transgender health care and policy. *Am J Public Health.* 2024;114(2):161–163. https://doi.org/10.2105/AJPH.2023.307523
8. Barnett ML, Salem H, Rosas YG, et al. Adapting community health worker care models to advance mental health services among LGBTQ youth. *Adm Policy Ment Health.* 2023;50(4):658–672. https://doi.org/10.1007/s10488-023-01268-9
9. Barnett ML, Lau AS, Miranda J. Lay health worker involvement in evidence-based treatment delivery: a conceptual model to address disparities in care. *Annu Rev Clin Psychol.* 2018;14:185–208. https://doi.org/10.1146/annurev-clinpsy-050817-084825
10. Damian AJ, Robinson S, Manzoor F, et al. A mixed methods evaluation of the feasibility, acceptability, and impact of a pilot project ECHO for community health workers (CHWs). *Pilot Feasibility Stud.* 2020;6:132. https://doi.org/10.1186/s40814-020-00678-y
11. Chang W, Oo M, Rojas A, Damian AJ. Patients' perspectives on the feasibility, acceptability, and impact of a community health worker program: a qualitative study. *Health Equity.* 2021;5(1):160–168. https://doi.org/10.1089/heq.2020.0159
12. Restar A, Minalga BJ, Quilantang MI, et al. Mapping community-engaged implementation strategies with transgender scientists, stakeholders, and trans-led community organizations. *Curr HIV/AIDS Rep.* 2023;20(3):160–169. https://doi.org/10.1007/s11904-023-00656-y