



2024 Missouri LGBTQ Political Climate Survey

TRANSGENDER HEALTH
COLLABORATIVE @ SLU

April 2025



Authors

KATIE HEIDEN-ROOTES, PHD
WHITNEY LINSENMEYER, PHD
THERESA DRALLMEIER, MD
MICHELLE DALTON, PHD
RABIA RAHMAN, PHD
CHIA-CHING (RAYMOND) WANG, M.ED

SAINT LOUIS UNIVERSITY

**TRANSGENDER HEALTH
COLLABORATIVE @ SLU**

Special Thanks to:
Colleen Clark Design for the illustrations
Taylor Geospatial Institute @ Saint Louis University for the mapping



TABLE OF CONTENTS

Page 4	<u>Introduction</u>
Page 5	<u>Key Findings</u>
Page 9	<u>Study Method</u>
Page 10	<u>Sample Demographics</u>
Page 13	<u>LGBTQ Adults</u>
Page 22	<u>Parents of LGBTQ Youth</u>
Page 34	<u>Healthcare Providers</u>
Page 45	<u>Limitations</u>
Page 46	<u>References</u>
Page 48	<u>Appendix</u>

Introduction



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]. Two significant laws passed in May 2023 restricting gender affirming care for transgender minors and the participation of transgender youth in sports [1]. Missouri Medicaid removed gender affirming hormone therapy and surgeries from coverage in 2024 [1]. These laws and policy changes are consistent with national trends in LGBTQ legislation passed in other states. In the fall of 2024, national elections included anti-transgender political advertisements and the election of a president, vice president, and many congressional senators and representatives who vowed to put into place restriction on gender affirming care for transgender people, especially minors [2]. Gender affirming care is also under review by the U.S. Supreme Court, currently.

Approximately 6% of adults [3] and 3% of youth [4] in the Missouri 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 [5], media reports documenting families and LGBTQ people leaving the state of Missouri for states with LGBTQ legal protections and access to affirming healthcare [6, 7], and new executive orders at the national level seeking to limit gender affirming medical care for those under age 19, though this has met legal challenges [8]. This study aimed to document the impact of the Missouri LGBTQ legislation and local and national 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. 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 [9].

Key Findings

Overall, high levels of stress and adverse mental health impacts were reported across all three groups, LGBTQ adults, Healthcare Providers, and Parents. Participants expressed significant concerns about safety, strong emotional responses to legislation, public rhetoric, and ethical issues. The state and national political climate regarding LGBTQ+ issues was consistently identified.

A majority of LGBTQ adults (91%), parents of LGBTQ youth (90%), and healthcare providers (95.7%) reported experiencing the same or more stress in the past year compared to the previous year. This rate is higher than that of last year's survey. Mental health impacts identified in comments included increased anxiety, depression, and exacerbating pre-existing conditions.

High rates of LGBTQ adults (64.8%), parents (62%), and providers (71.7%) reported that their mental health has been negatively impacted by Missouri's political climate regarding LGBTQ issues. Parents reported the political climate is impacting the mental health of their LGBTQ children, particularly those with transgender/nonbinary identities.

Approximately 32% of parents of LGBTQ youth are considering leaving Missouri. These parents cited the state and national political climate, concerns about mental health, increased stress, access to gender affirming care, and safety concerns as primary reasons for relocating.

Key Findings

Most of LGBTQ adults (79.5%) are considering leaving the state due to increased stress and report that their mental health has been negatively affected by the political climate. Missouri historically and presently lacks legal protections for LGBTQ people [1] and the current national election season created additional fears about the direction of the country.

38% of 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 [10]. Loss of providers in already underserved areas will continue to stress marginalized and rural communities.

Healthcare providers are concerned about legal and ethical tensions, uncertainty of direction of new policies or laws. Providers reported being investigated by their licensing boards because of the care they provided to transgender youth, while others described growing tensions between law, policy, ethics and best practices in care for transgender people.

The 2024-25 legislative session at the state and national levels continues to see pending legislation on LGBTQ rights in schools and healthcare. In particular, the outcome of the national election invoked fear for what a second Trump presidency bringing reduced access to federal funding for research and gender affirming healthcare.

Key Findings: Stress

A total of 232 participants left comments about the increased stress they are experiencing this year. Comments were analyzed and categorized into shared topics.

LGBTQ Adults	Parents of LGBTQ Youth	Providers
Increasing hostility, “frenzy of transphobia” and homophobia, towards the LGBTQ community	Increasing social hostility towards LGBTQ people	Fear for license, profession, and self due to previous investigations into providers and political rhetoric about gender affirming providers
Fear for loss of basic human rights and access to healthcare and education	Fear for child - rejection, bullying, and loss of support from schools	Seeking to protect client’s rights to privacy and access to healthcare
Fear for how far this could go given the election year and potential for more anti-LGBTQ politicians to win	Loss of rights for future generations of LGBTQ children and family members	Increasing client distress due to political rhetoric and new laws
	Anti-LGBTQ attitudes expressed by some parent participants	

Key Findings: Mental Health

A total of 232 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	Parents of LGBTQ Youth	Providers
Fear for safety of others and self increased anxiety and depression	Worsened mental health for parent and LGBTQ child	Hostility and support for anti-trans rhetoric and politicians in community
Fear for the safety of others and self reduced how “out” they were as LGBTQ	Politics and news create more stress, worry, anger, and distress	Moral, legal, and ethical boundary conflicts pose risks to provider
Worsened mental health is a rational response to threats of safety	Fear for child due to anti-LGBTQ attitudes	Provider anxiety, hopelessness, and powerlessness
Fear for loss of rights and agency to affect change		

Method

The study used a mixed method design through a web-based, one-time Qualtrics® survey. The study was approved by the Internal Review Board (protocol #33711) of Saint Louis University. The study was funded by internal research support. The survey was conducted in the fall of 2023 and now again in fall of 2024. The previous years report is linked [here](#).

The survey was completed by participants from October to November 2024, overlapping with the national elections on November 5. The survey included both scales and open-ended questions for comments covering stress, mental health impact of political climate about LGBTQ issues, and intent to stay or leave Missouri. Three separate, but similar surveys, were created for each group - Parents of LGBTQ Children, LGBTQ Adults, and Healthcare Providers. The survey and items were reviewed by research team members and LGBTQ community members for clarity and completeness. Survey questions can be found in [Appendix A](#). One additional question was added in 2024 for gathering zip codes in order to report on breadth of representation in the sample.

Two recruitment procedures were used – *community outreach* and the *Prolific worker pool*. *Community outreach* was conducted through email to LGBTQ organizations across the state of Missouri known by the research team and through social media posts to Instagram and Facebook. Prolific is a vetted and monitored worker pool of potential participants and a representative sample was sought through recruitment [11]. Only Prolific workers who met the inclusion criteria for each of the 3 groups could see or access the study survey [11]. The Prolific platform demonstrates higher quality data in behavioral research than MTurk and CloudResearch across measures of attention, comprehension, honesty, and reliability [11]. Prolific participants were paid for their time in taking the survey at about \$18 per hour with surveys taking 3 to 15 minute to complete.

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

In data cleaning, any participant who completed less than 50% of the survey was removed. Data were dummy coded where possible for between groups comparisons. Analysis, overall, was descriptive for creating a holistic picture of the impact on each group surveyed and the sample as a whole. **The total sample size was 334 with 156 LGBTQ adults, 130 parents of LGBTQ youth, and 47 healthcare providers.**

Sample Demographics

Zip Codes

Geospatial mapping was utilized to illustrate the breadth of representation from across the state. Predominantly, the participants came from the St. Louis and Kansas City areas. Due to population density alone, this was expected. In addition, St. Charles, Boone, Camden, Cape Girardeau, Cass, Franklin, Greene, Jasper, Jefferson, Laclede, Lincoln, Polk, Scott, and other rural counties were represented. The figure below represents the zip codes of our 3 groups.

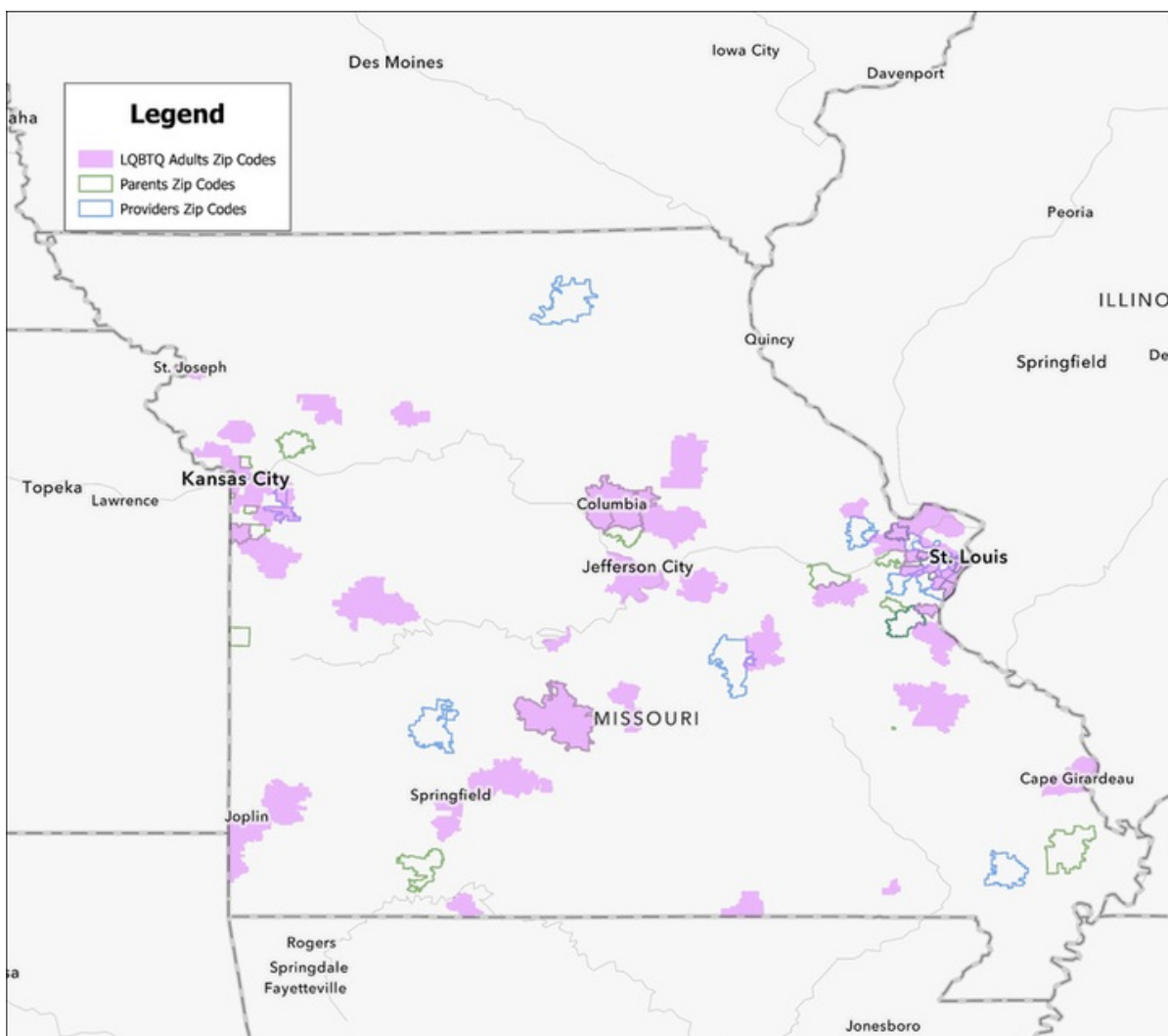


Figure 1. Missouri State Map of Participant Zip Codes

Sample Demographics

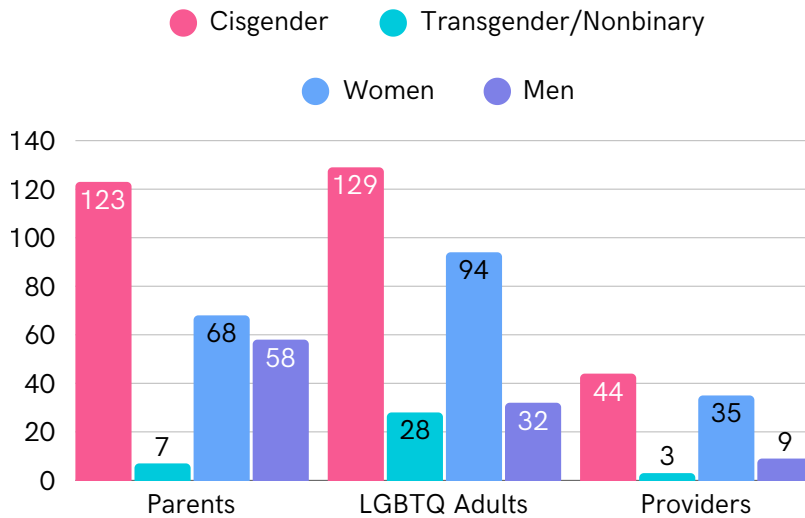


Figure 2. Gender Identity

Gender & Age

Gender identity was predominately cisgender across subgroups with 38 transgender/nonbinary folks. Ages ranged from 18 to 73 with an average of 38.08. Subgroup age averages:

- LGBTQ adults = 32.53 years old
- Parents = 40.17 years old
- Providers = 41.54 years old
- LGBTQ children of parents = 15.58 years old

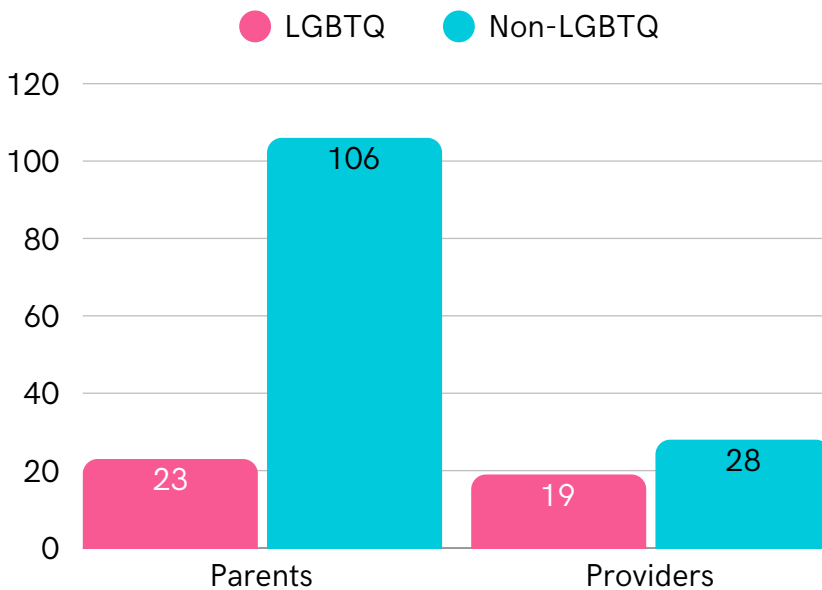


Figure 3. LGBTQ Identified Parents and Providers

LGBTQ Participants

A part portion of the healthcare providers were also part of the LGBTQ community at 40% (n = 19) and 17.8% of parents (n = 23). Thus, most of the total sample was Non-LGBTQ identified (n = 134; 76.1%).

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

Sample Demographics

Race & Ethnicity

About 19% of the total sample was from a minoritized race/ethnicities. Overall, 54 Black/African Americans, 271 White, 23 Hispanic/Latine/o, 13 Multiracial, 10 Native American/First People, 16 Asian, 1 Middle Eastern, and 1 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.

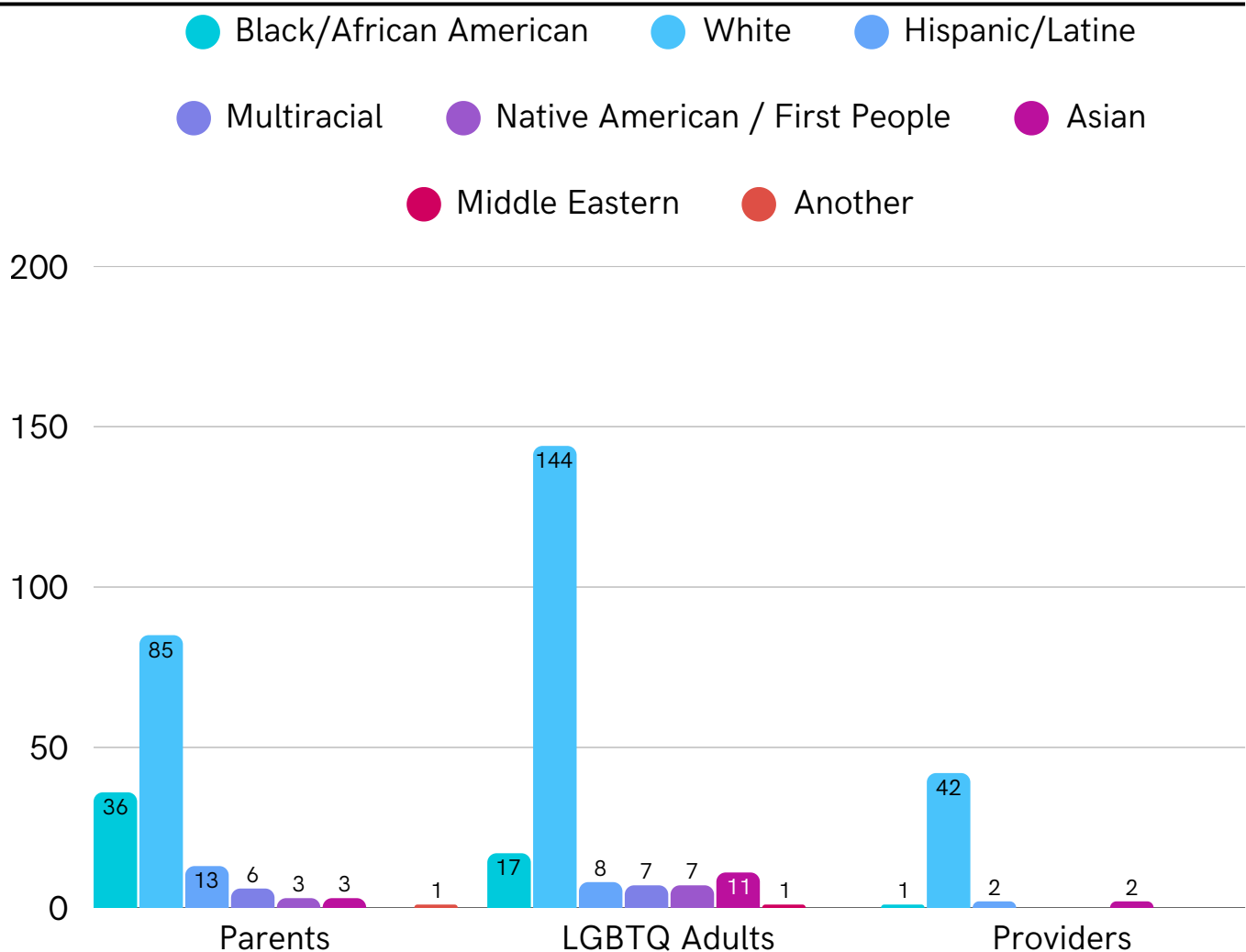
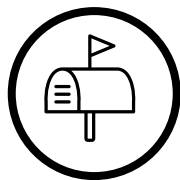


Figure 4 . Racial and Ethnic Identity



LGBTQ Adults



Zip codes



Stress



Mental Health



Leave or Stay.

LGBTQ Adult Zip Code

Zip Codes

Predominately, the LGBTQ adult participants came from the St. Louis and Kansas City areas. Due to population density alone, this was expected. In addition, various rural counties and areas are also represented.

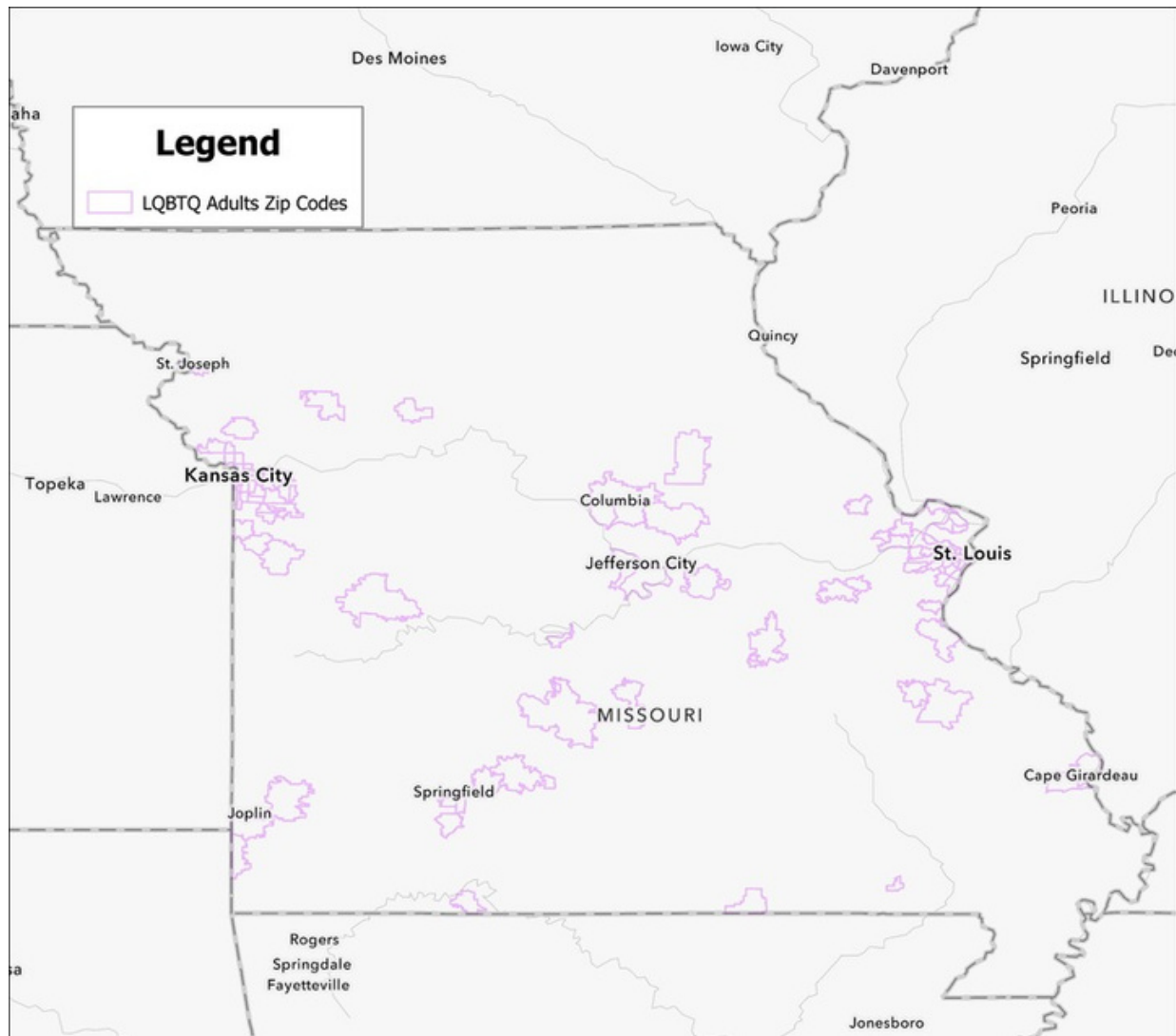


Figure 5. Missouri State Map of LGBTQ Adult Participant Zip Codes

LGBTQ Adult Stress

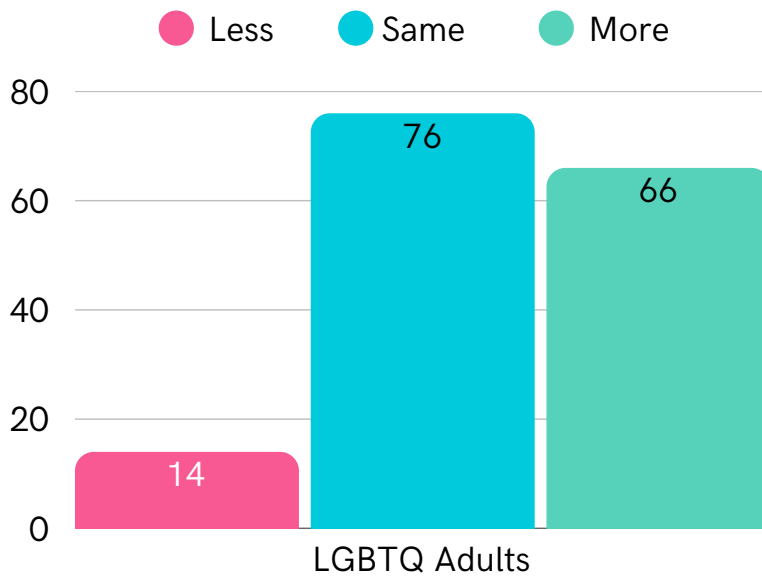


Figure 6. Stress Level

Annual Stress Item

One item asked participants:

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

A majority of LGBTQ adults (91%) indicated that they had experienced the same or more stress in the past year. This rate is higher than that of last year's survey. Only 14 participants reported experiencing less stress.

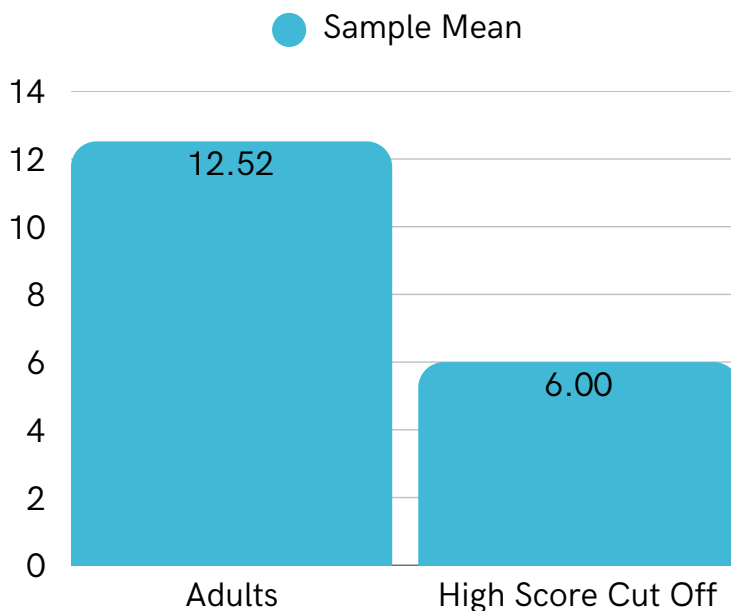


Figure 7. Perceived Stress Scale

Perceived Stress Scale

Perceived Stress Scale (PSS-4) [12,13] 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 are considered high stress based on normed population data [14]. The mean score was 12.52 with range of 9 to 20.

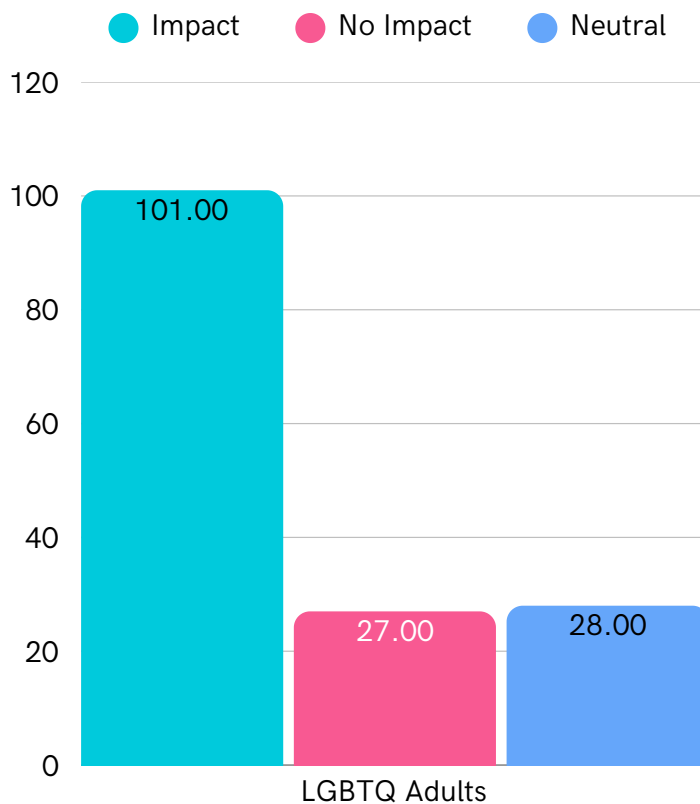
Differences between PSS scale means were analyzed via one-way ANOVA by subgroups based on gender identity and race/ethnicity. No significant differences in stress were identified in any of the subgroup comparisons.

LGBTQ Adult Stress

A total of 67 LGBTQ adults left comments about their increased stress in the past year. Comments were inductively coded and then categorized by similar topics. Below are categories and associated quotes selected.

LGBTQ Adults Categories	Quotes
Increasing hostility, “frenzy of transphobia” and homophobia towards the LGBTQ community	“I’m transgender and sometimes it feels like the entire world hates me.” “The fact that so many decent, basically good and kind people simply don’t *understand* transgenderism or any of the issues around it makes it even easier for them to stoke paranoia and hate. I don’t see any signs of it getting better in the foreseeable future either - whether Trump wins or loses, the frenzy of transphobia he’s whipped up is not going to just vanish.”
Fear for loss of basic human rights and access to healthcare and education	“Increased attacks by local and national politicians on transgender people like myself, limiting access to medical care and making it more difficult to depend on anti-discrimination policies and laws.”
Fear for how far this could go due to election year and potential for more anti-LGBTQ politicians to win	“There is added stress about the upcoming election and the rhetoric of LGBTQ+ issues that impact my mental health in terms of stress.” “I wish that our world was more open and loving, but the election results say that’s not the case. Missouri is especially awful. They’d rather protect gun rights than children. All of these worries weigh on my mental health. I really want to move.”

LGBTQ Adult Mental Health

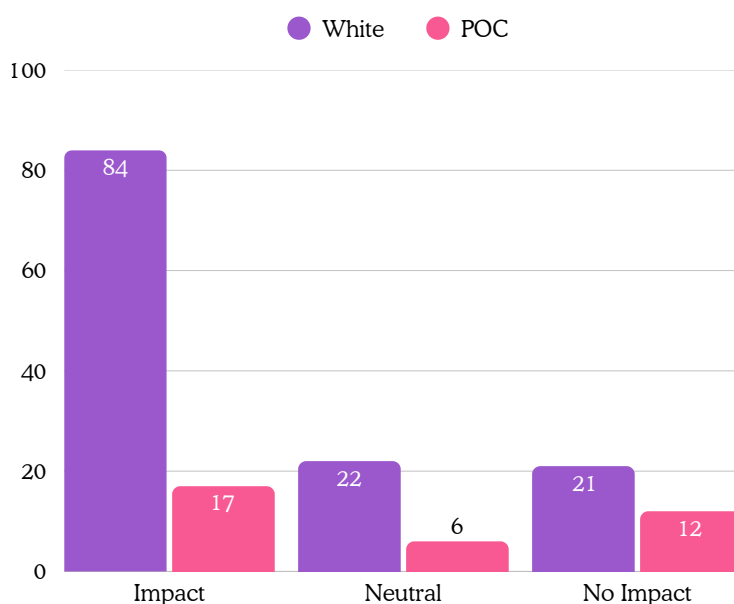


Mental health was assessed with one item:

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

Participants 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).

Figure 8. Mental Health Impact



A majority (64.8%; n = 101) 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. Nearly half (48.6%) of POC adults and 53.8% of white adults (n = 84) indicated agreement or strong agreement with the statement. No significant differences identified.

Figure 9. Mental Health Impact by race/ethnicity

LGBTQ Adults Mental Health

A total of 100 LGBTQ adults left comments about the mental health impact due to the political climate. Comments were inductively coded and then categorized by similar topics. Below are categories and associated quotes selected.

LGBTQ Adults Categories	Quotes
Fear for safety of others and self increased anxiety and depression	I live in a place that barely believes I'm a person." "It is constantly on my mind that Missouri does not see us as humans. We are not community members to some, we are a problem instead."
Fear for the safety of others and self reduced how "out" they were as LGBTQ	"I'm more sheltered, stressed, and afraid to go out, and converse with people in the fear that they'll think that I'm flirting with them only to be attacked or ridiculed." "The political climate makes me worried about coming out about my sexuality and about my friends who have come out."
Worsened mental health is a rational response to threats of safety	"I'm already suffering from a multitude of disorders. Transitioning has made my mental health much better. When my transgender healthcare is threatened, it makes my mental health much worse, because it's the one thing that's helping me hang on." "I am anxious, basically all the time. I feel down and like I won't be mentally healthy again. It's all too overwhelming."

LGBTQ Adult

Desire to Leave or Stay Missouri

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

48.1% of LGBTQ adults considered leaving Missouri due to the LGBTQ political climate.

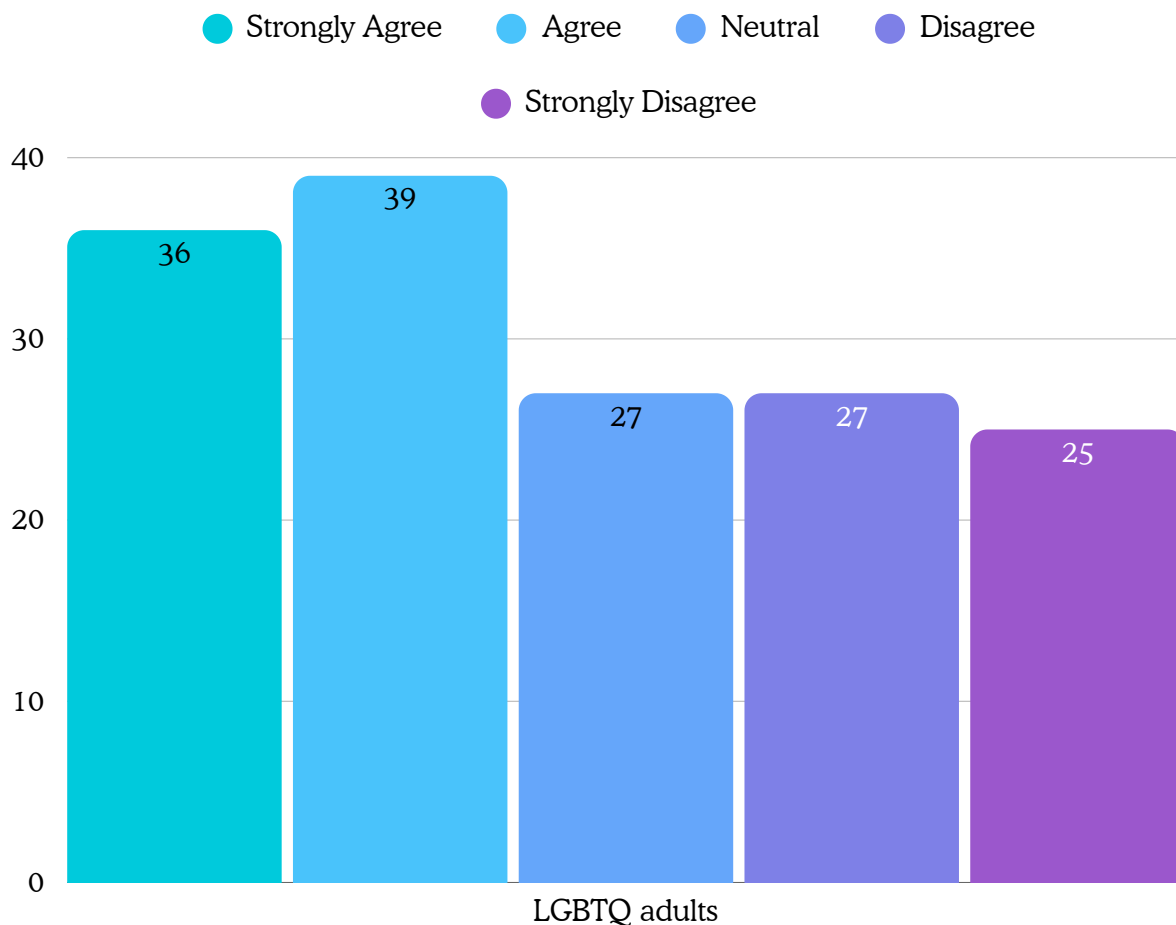


Figure 10. Considered Leaving Missouri

LGBTQ Adults

Desire to Leave or Stay in Missouri

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

Political climate was indicated as a reason to leave by 79.5% of LGBTQ adult participants. Mental health (56.4%) and increase stress (45.6%) were the two most popular reasons given.

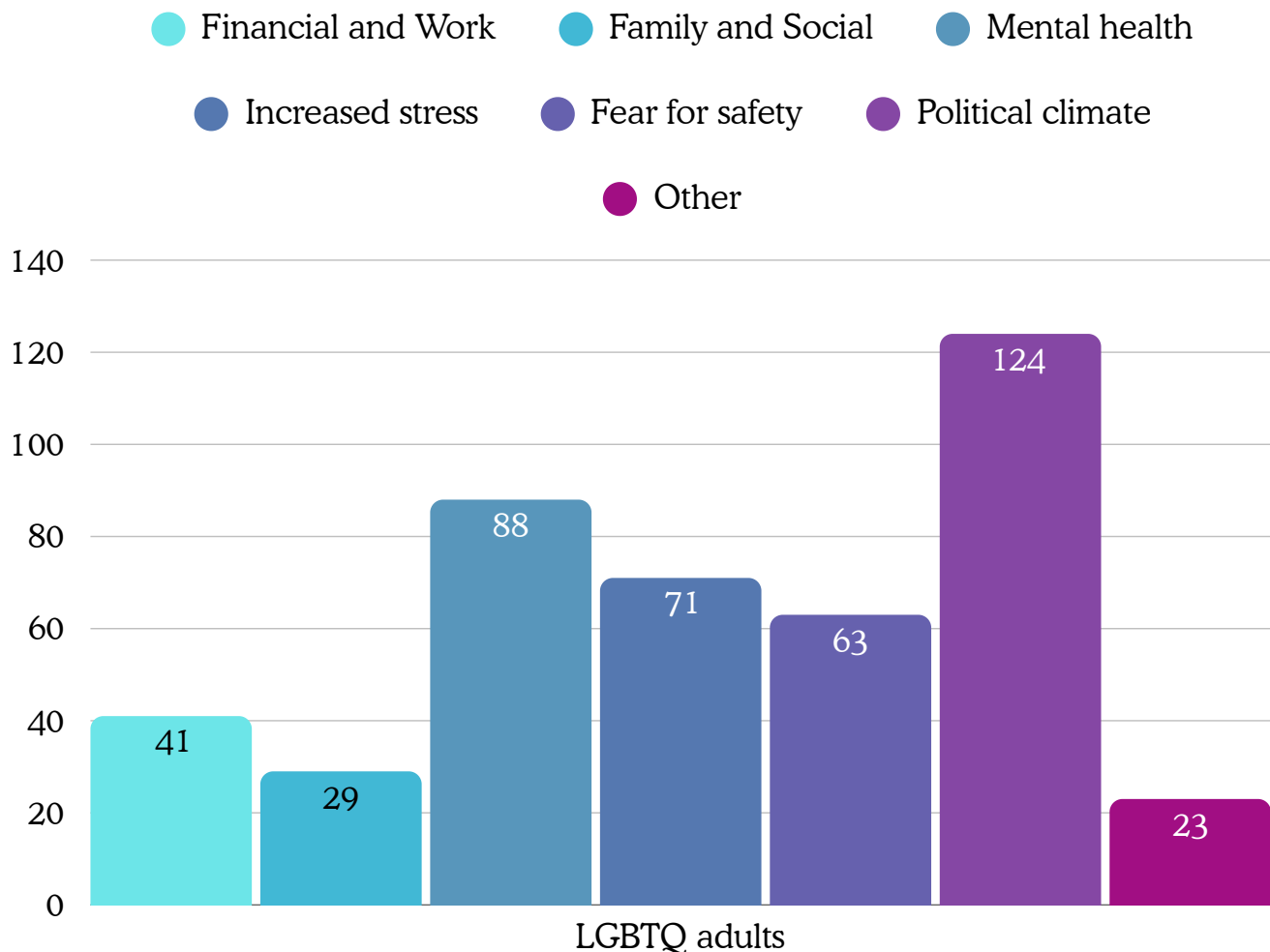


Figure 11. Reasons to Leave Missouri

LGBTQ Adults

Desire to Leave or Stay in Missouri

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

Most participants indicated family/social connections (78.8%) and financial/work related reasons (71.8%) as motivators to stay.

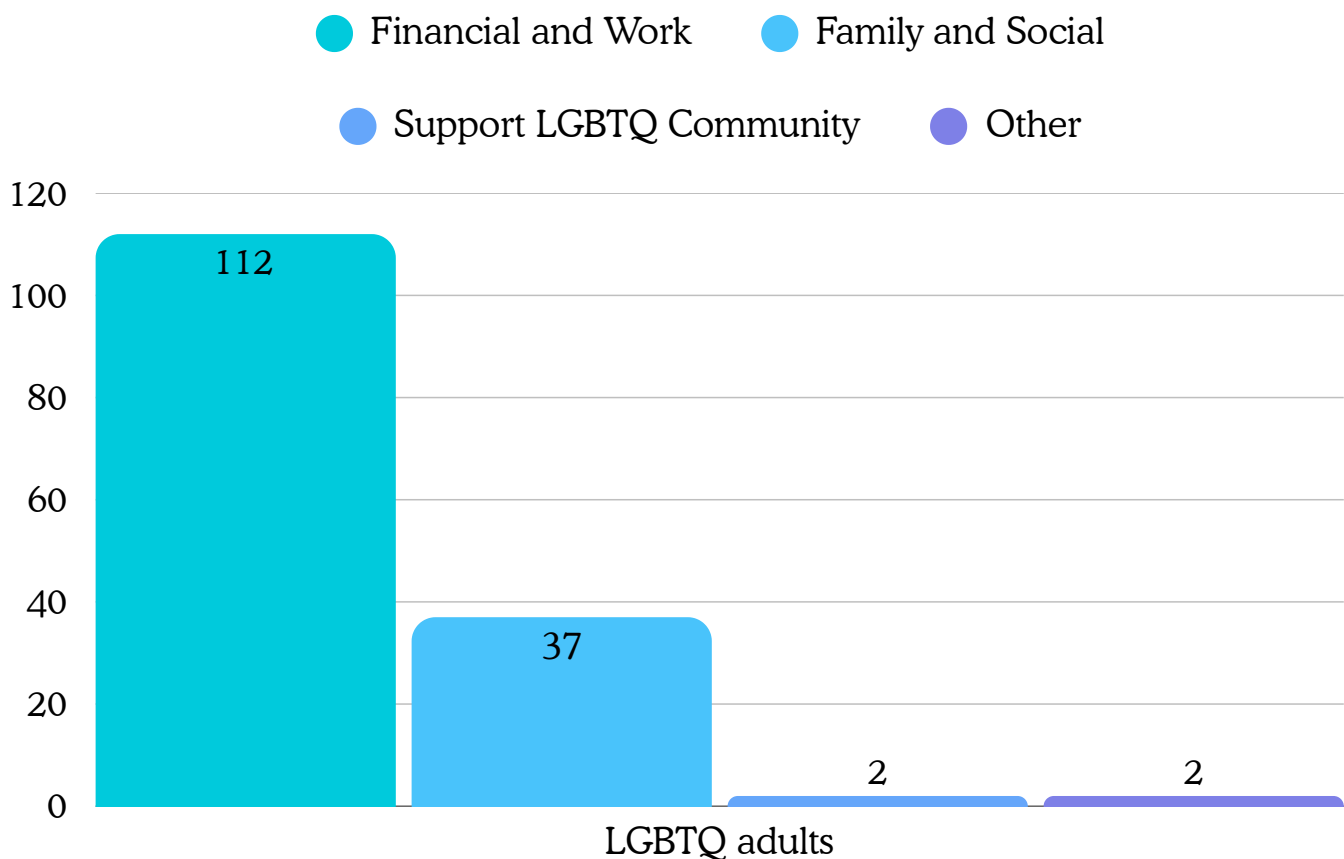


Figure 12. Reasons to Stay Missouri



Parents of LGBTQ Youth



Zip codes



Stress



Mental Health



Leave or Stay.

Parent Stress

Zip Codes

Predominately, the parent participants came from the St. Louis and Kansas City areas. Due to population density alone, this was expected. In addition, various rural counties and areas are also represented.

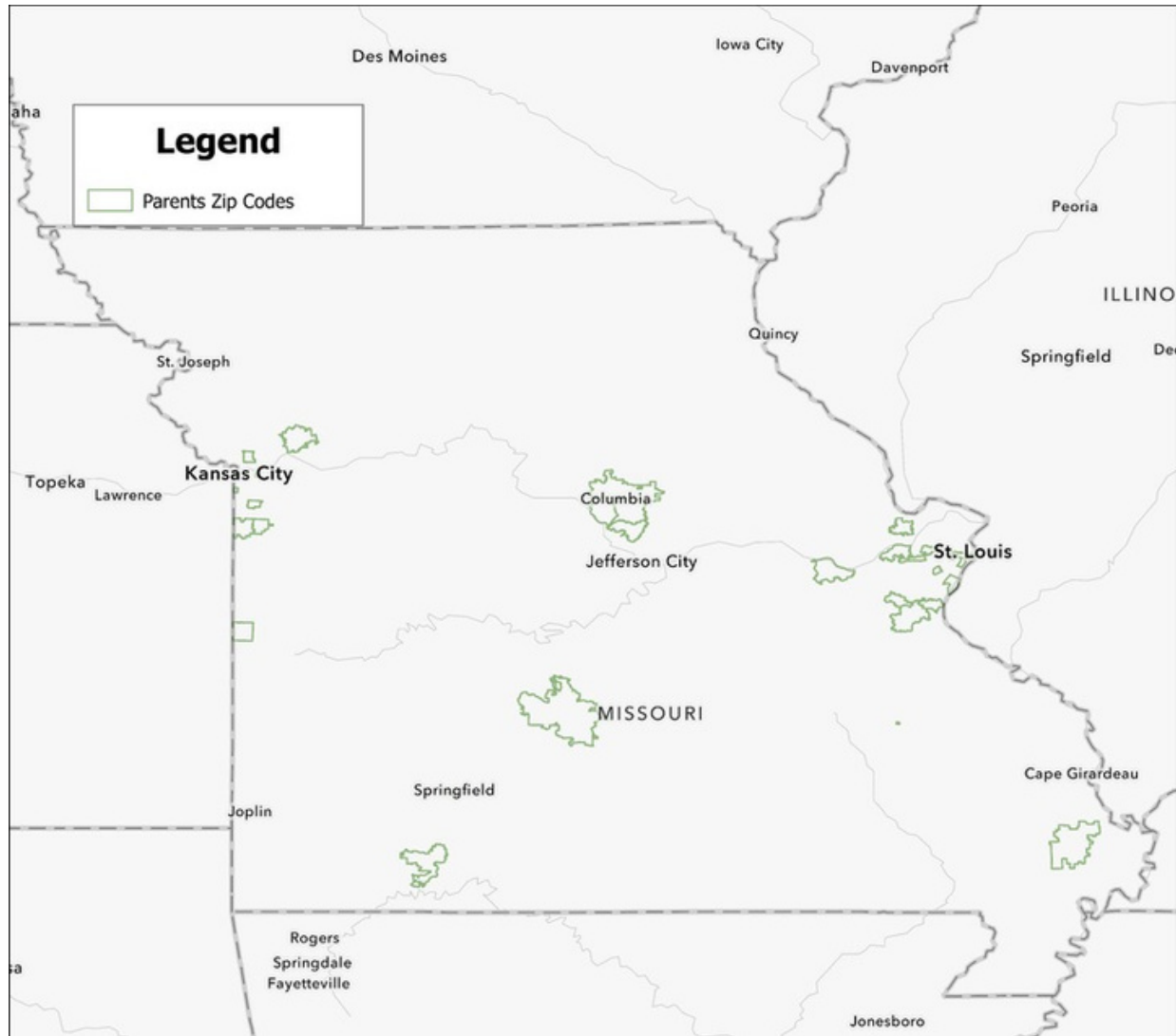
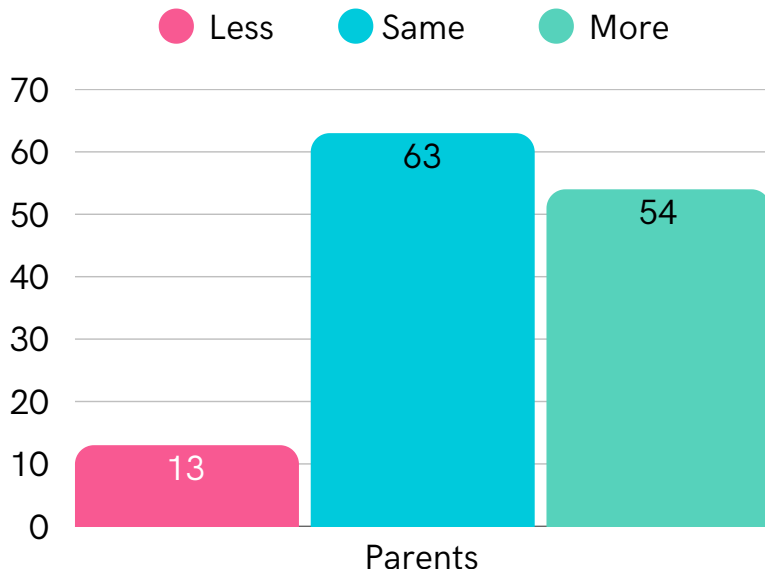


Figure 13. Missouri State Map of Parent of LGBTQ Youth Participant Zip Codes

Parent Stress



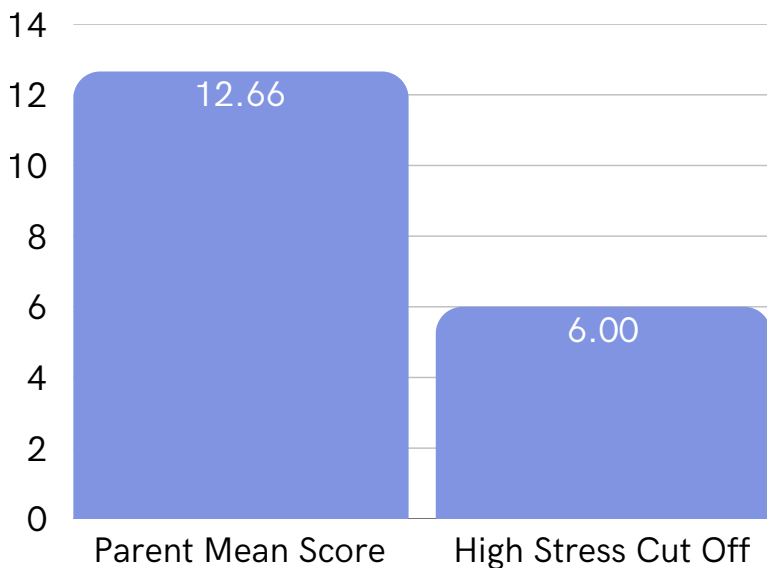
Annual Stress Item

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 (90%) indicated they were experiencing the same or more stress in the past year.

Figure 14. Stress Level



Perceived Stress Scale

Parents completed the brief Perceived Stress Scale (PSS-4) [12,13] 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 [14]. PSS-4 mean was 12.66 for parents with range of 4 to 20.

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.

Figure 15. Perceived Stress Scale

Parent Stress

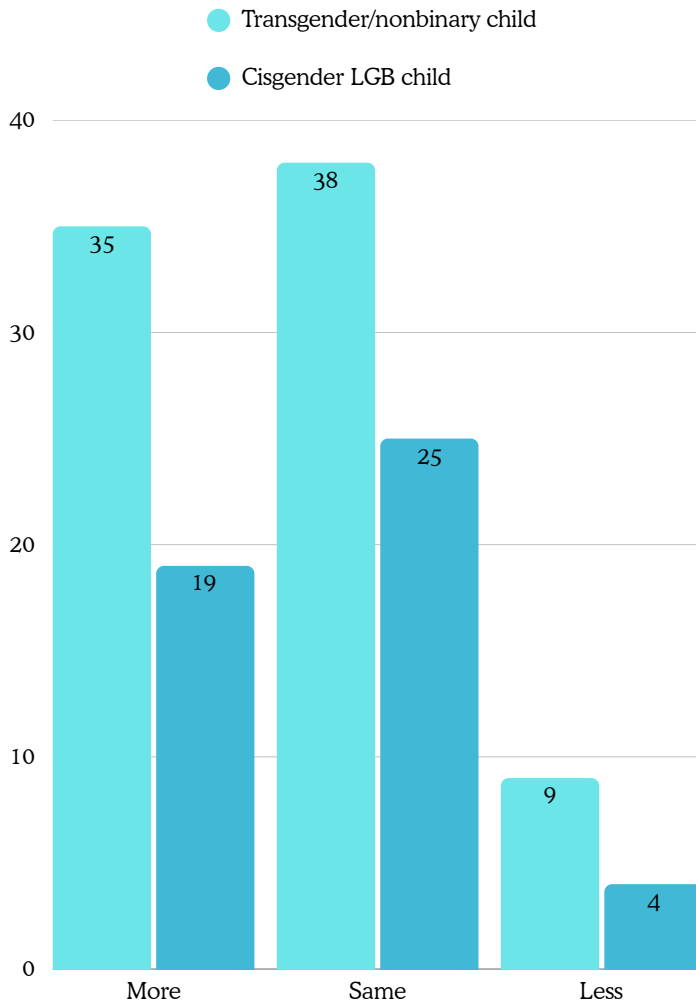


Figure 16. Increased Stress by child gender identity

Subgroups Comparisons

A one-way ANOVA analysis revealed no significant differences in PSS scale scores between parents of transgender youth and all other parents. When asked about increased stress in the past year, parents of transgender/nonbinary children and cisgender children showed no significant difference ($F(1, 128), p > 0.05$). Overall, parents tended to report the same or increased stress in the past year.

A multinomial logistic regression indicated that parents were significantly less likely to report decreased stress than increased stress in the past year ($b = -1.558, p = .005$), with no significant difference between parents of transgender youth and those without in reporting either decreased ($b = 0.200, p > .05$) or unchanged stress ($b = -0.192, p > .05$).

LGBTQ parents ($n = 27$) were compared to straight/cisgender parents. No significant differences were identified based on the LGBTQ identity of the parent.

Parents were also compared based on race/ethnicity. No significant differences in stress were identified by race or ethnicity.



When asked about increased stress in the past year, both parents of transgender/nonbinary and cisgender LGB children indicated increased stress.

Parent 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.

Parents of LGBTQ Youth Categories	Quotes
Constant fear, anxiety, and worry about the safety of their LGBTQ child at school and in public spaces	“Worried about my child getting bullied and injured because of the way they are.” “Being the parent of a transgender child is difficult. With recent increase in awareness of LGBTQ there has also been an increase in retaliation against all members. My child being in public school and openly transgender has caused me much stress and I worry constantly.”
Conflict with family or within family	“Alot of stress comes from judgement from family members who disagree with everything involving LGBTQ+.”
World is becoming more hostile and less tolerant	“The world is becoming less tolerant despite the facade that it’s the opposite.” “The ongoing hateful rhetoric in this country scares me.”
Fear of loss of legal rights for LGBTQ people	“I am concerned that my daughter's marriage may be in jeopardy because of the legal changes proposed in Project 2025. I also worry about the effects of increased hostility toward the LGBTQ community on my grandson, who is being raised nonbinary.” “They are actively trying to remove my kids' rights and access to healthcare and to feeling accepted in society.”

Parent Mental Health

Mental health for parents 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 across race/ethnicity and LGBTQ-identified parent subgroups, with no significant findings.

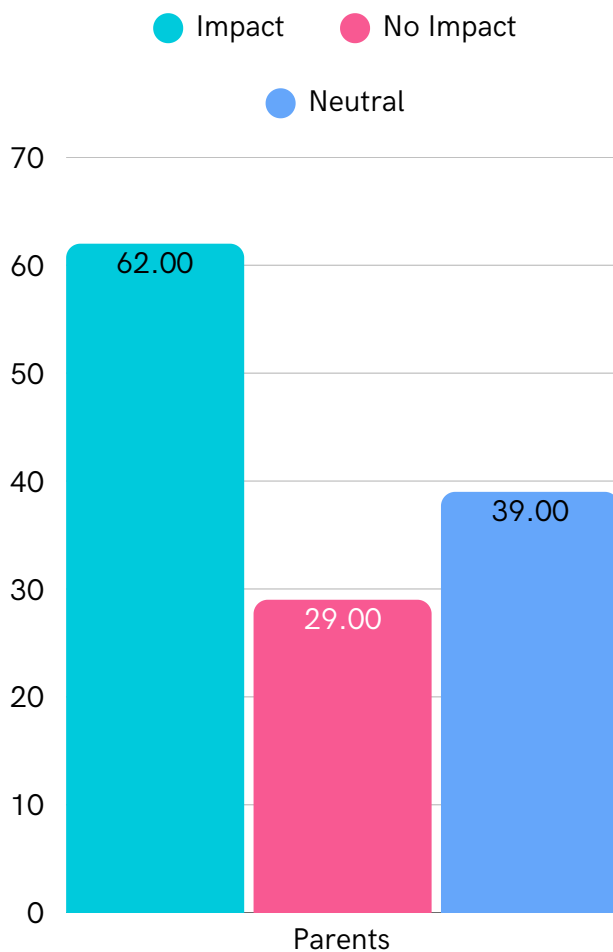


Figure 17. Mental Health Impact on Parents

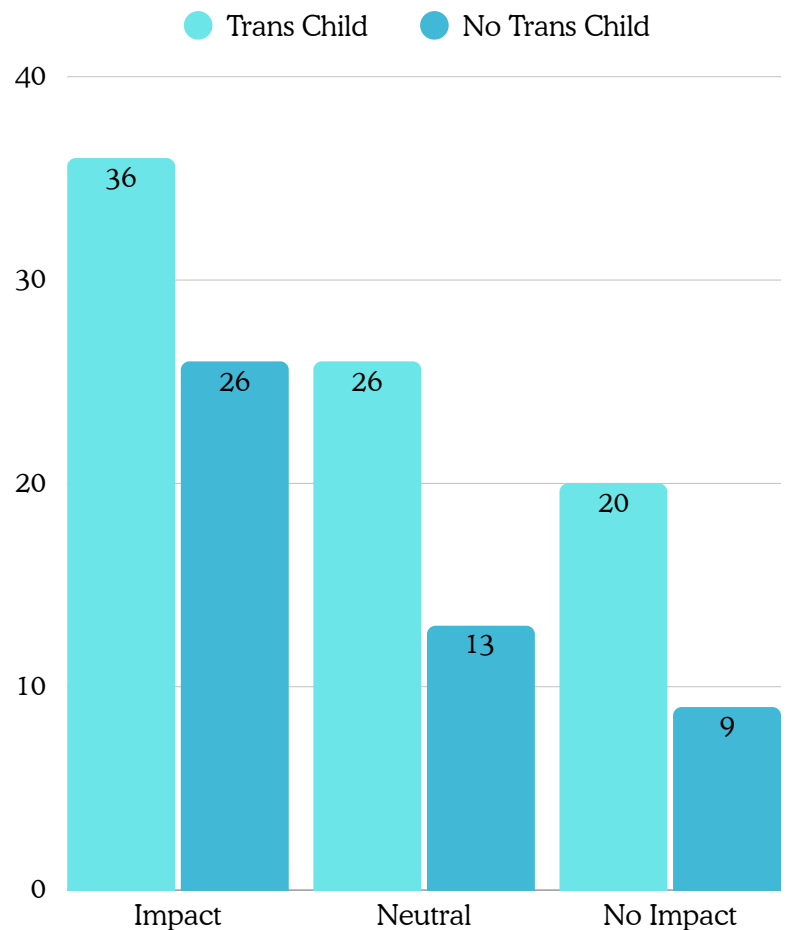


Figure 18. Mental health impact on the parent based on gender identity of child

Parent Mental Health

Finally, differences were assessed based on the LGBTQ youth's identity including presence of a transgender or nonbinary children (n = 82) verses all others (e.g., lesbian, gay, bisexual, queer; n = 48) for mental health impact on the parent and child.

Over 50% of parents of LGBTQ youth reported a mental health impact on their children due to the LGBTQ+ political climate in Missouri and nationally.

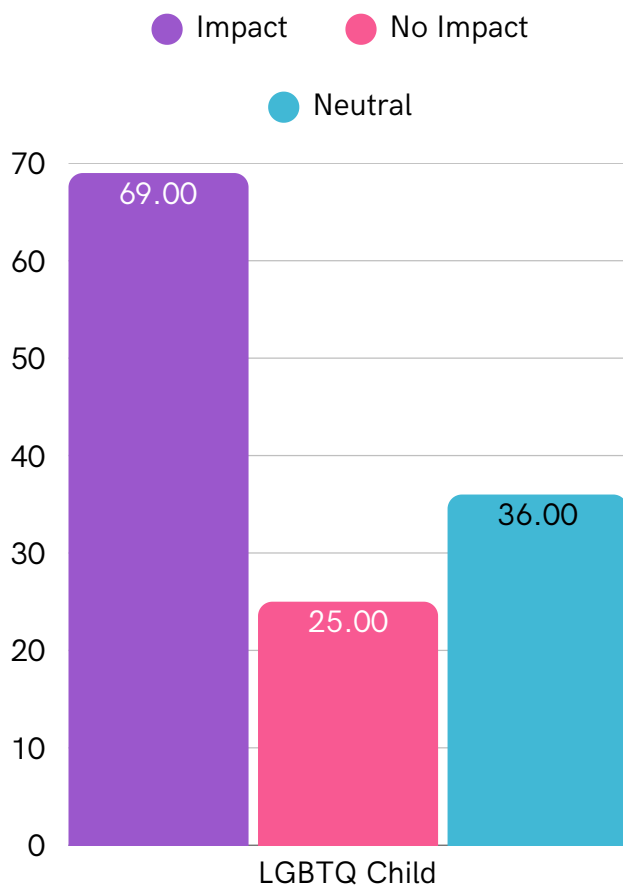


Figure 19. Mental Health Impact on LGBTQ child

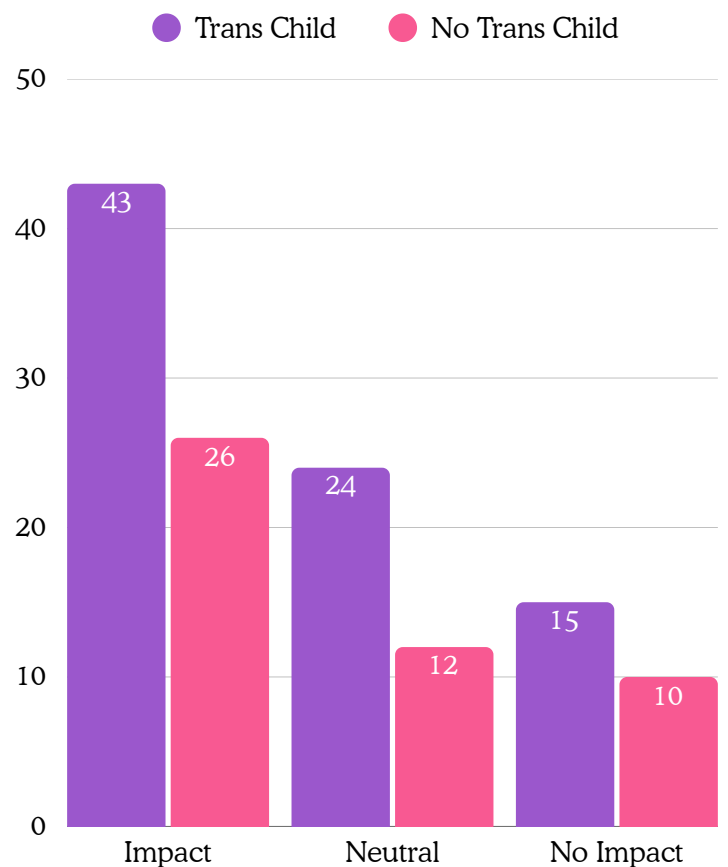


Figure 20 . Mental health impact on the child based on gender identity of the child

Parent Mental Health

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.

Parents of LGBTQ Youth Categories	Quotes
Anxiety, depression, and family conflict due to fears and stress	“I was experiencing heightened anxiety, emotional strain, or depression due to fears for the child's well-being, dealing with external judgment, or family conflicts. The stress may lead to tension, affecting overall family dynamics and mental health.” “A lot of stress and anxiety throughout our family and more so for our child.” “Stress of dealing with my daughter wanting to date others girls and our family being totally against it and having to watch and monitor her interactions with her friends.”
Emotional turmoil (“ups and downs”) impedes day to day role as parent	“The mental health issues range from sadness and emptiness to rage. We experience them interchangeably and without warning. It hampers my ability to be the mom I set out to be.”
Parent mental health impact from watching LGBTQ child exist in unsafe environment	“I fear for my daughter with all the propaganda being left everywhere by Patriot Front. It is not safe right now in Missouri for any LGBTQ+ people, it's very saddening what is happening especially in schools so now my daughter keeps to herself for fear of being targeted by those in authority. Her mental health has deteriorated a lot lately and making us want to leave the state asap.” “When your kids isn't like the other kids, it taks a toll on your health.”

Parent

Desire to Leave or Stay in Missouri

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

32.3% of Parents of LGBTQ Youth considered leaving Missouri due to the LGBTQ political climate.

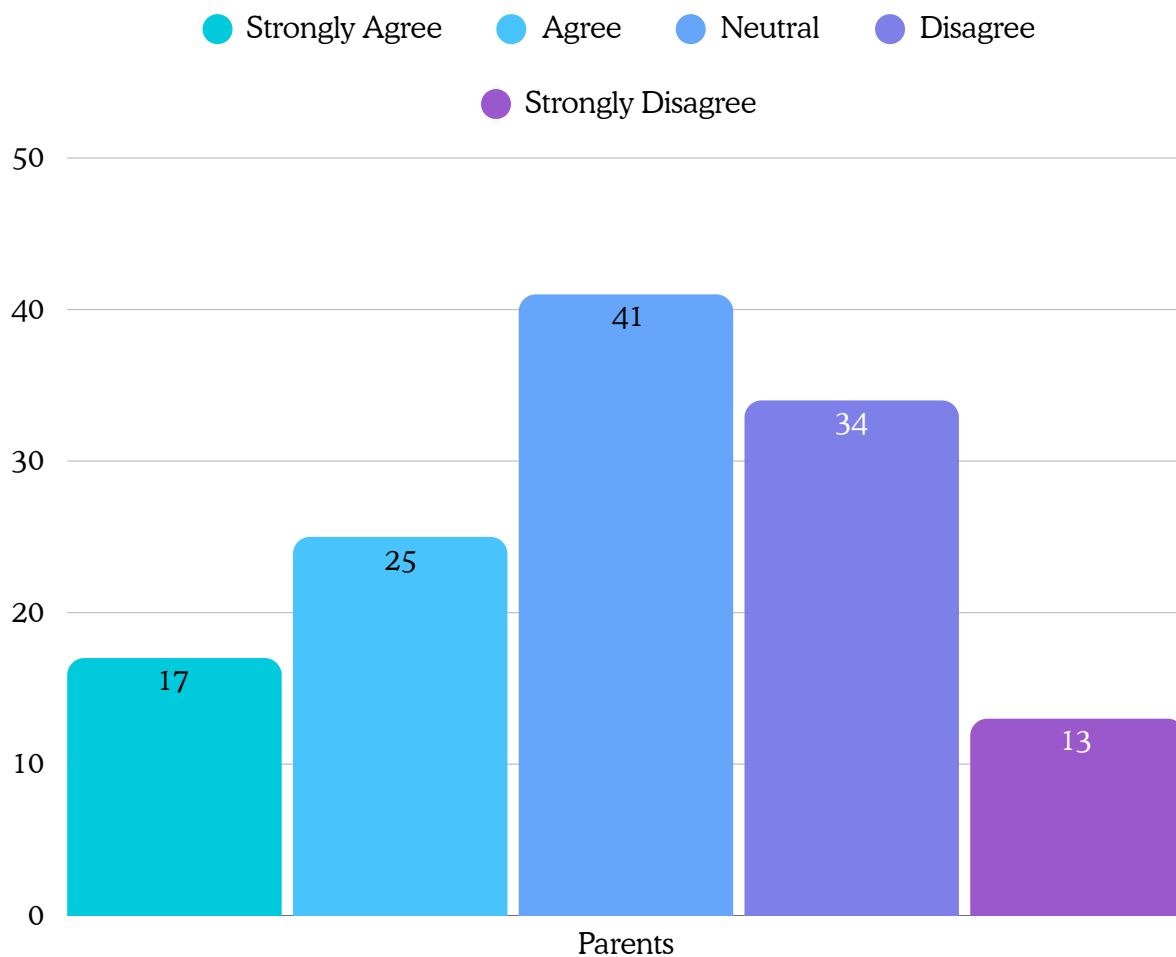


Figure 21. Considered Leaving Missouri

Parent

Desire to Leave or Stay in Missouri

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

Mental health was the most common reason to leave by 50% of participants followed by increase stress (42.3%), and fear for safety or the safety of family/friends or partner (40.0%).

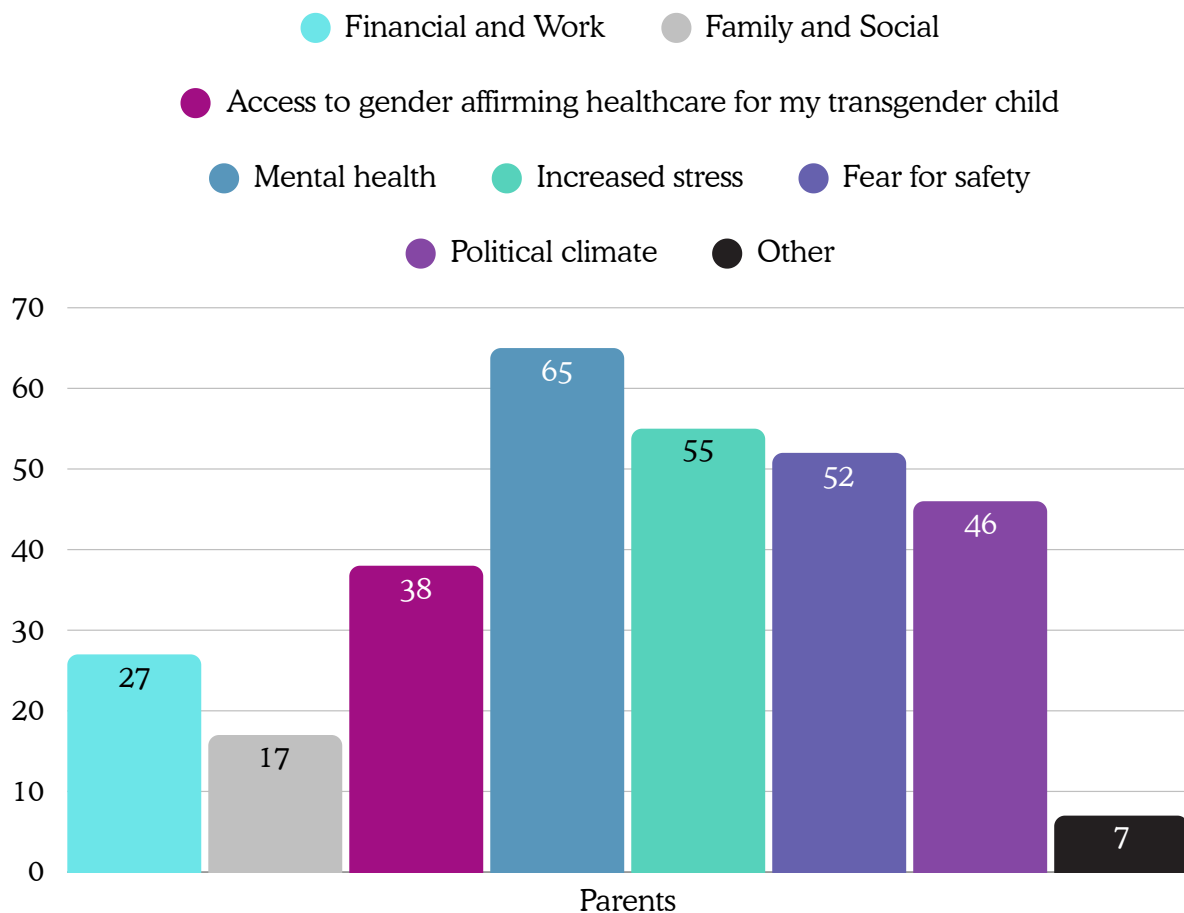


Figure 22. Reasons to Leave Missouri

Parent

Desire to Leave or Stay in Missouri

Differences in Desire to Leave

Differences in desire to leave were compared in the total sample of parents, given the state legislation targeting transgender/nonbinary youth rights in healthcare, schools, and bathrooms, with more parents with transgender/nonbinary youth indicating a desire to leave.

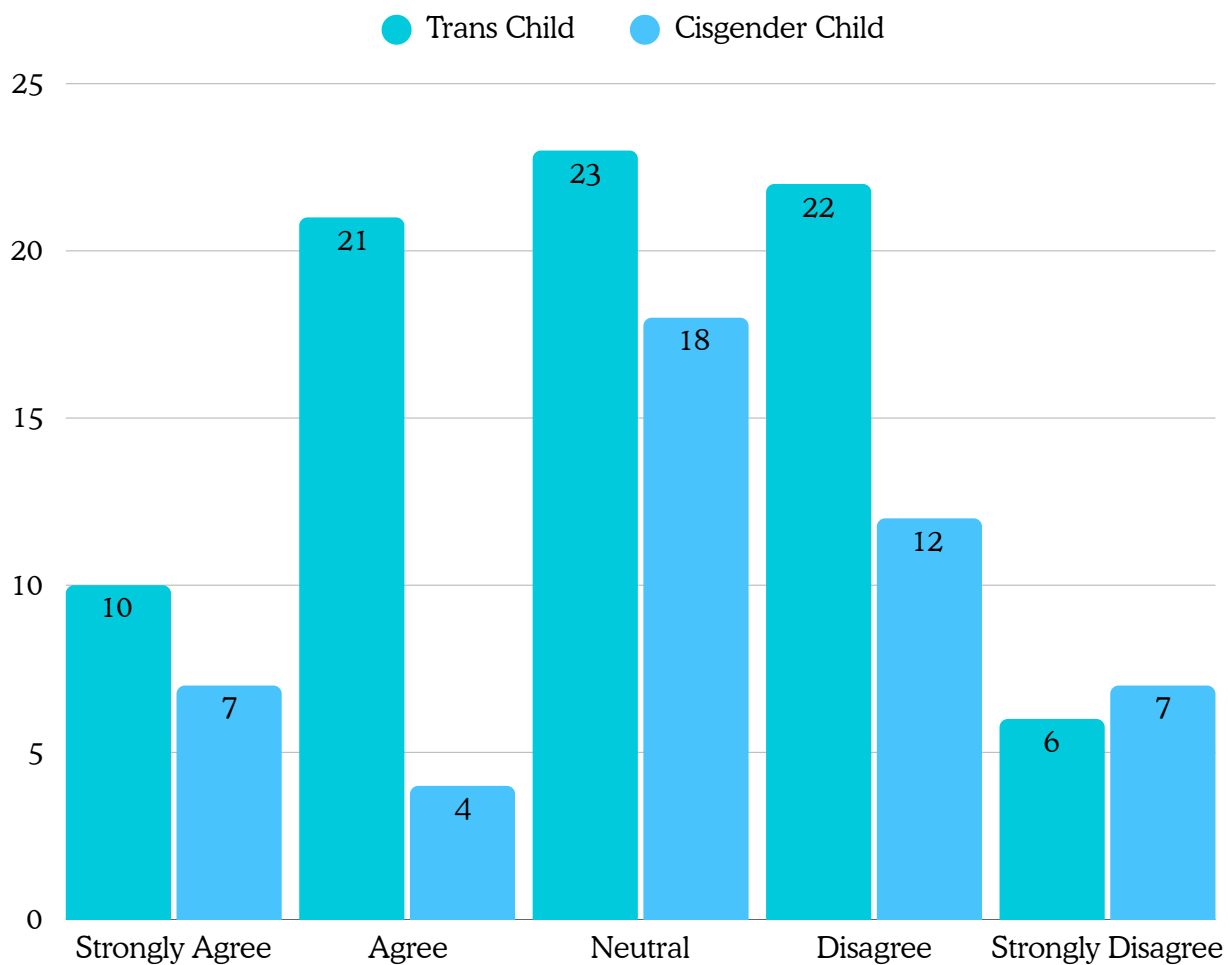


Figure 23. Analysis of parents' consideration to leave Missouri based on child's gender identity

Parent

Desire to Leave or Stay in Missouri

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

Most parents indicated a financial/work related reason (70.8% parents) and family/social connections (63.1%) as primary motivators to stay.

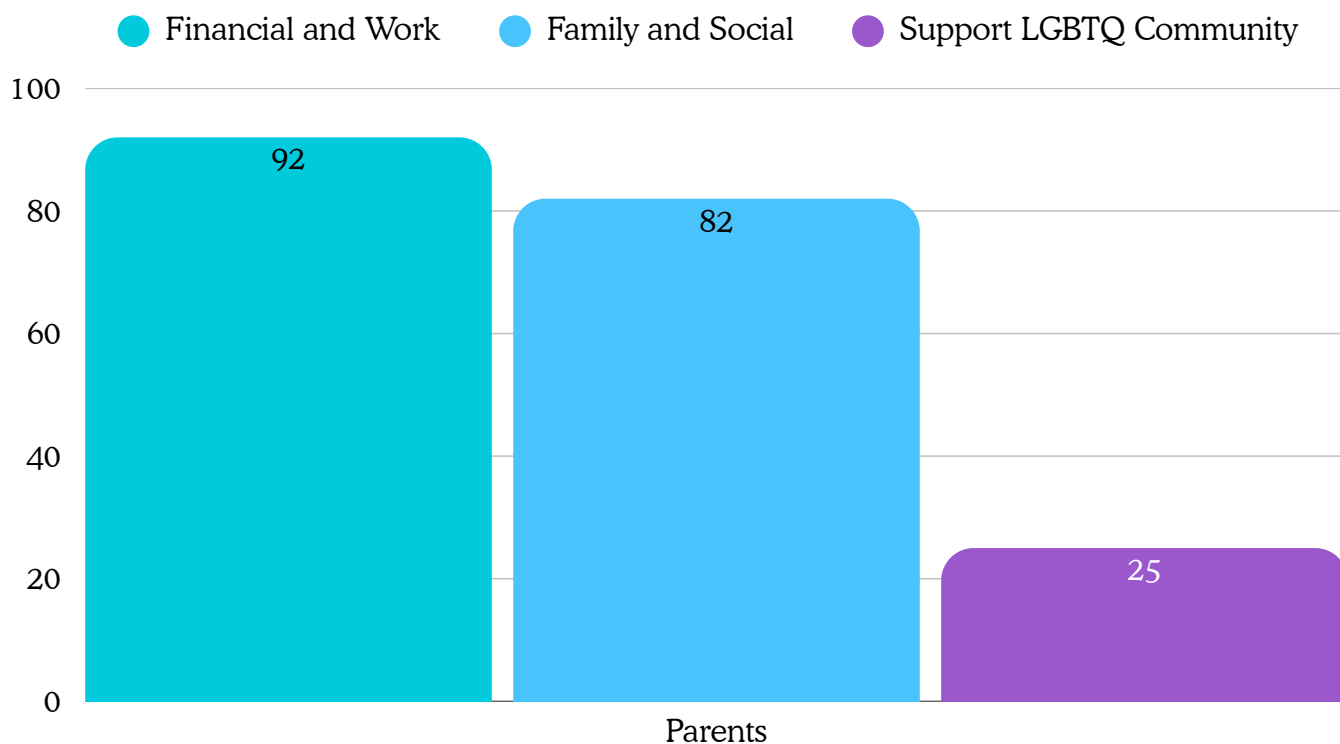
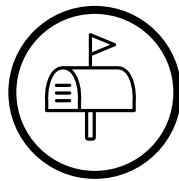


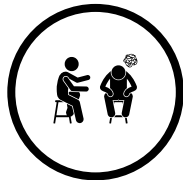
Figure 24. Reasons to Stay Missouri



Healthcare Providers



Zip codes



Professions



Stress



Mental Health



Leave or Stay.

Healthcare Provider Zip Codes

Zip Codes

Predominately, the provider participants came from the St. Louis and Kansas City areas. This is similar to the other 3 groups. In addition, various rural counties and areas are also represented.



Figure 25. Healthcare provider zip codes

Healthcare Providers

Professions Represented

Most healthcare providers were mental health professionals with state licenses and a master's degree (n = 47). Only 5 providers in the sample were physicians. Those in "another" category indicated degrees or licensing in nursing, education, PhD Candidate, physician assistant, or audiology.

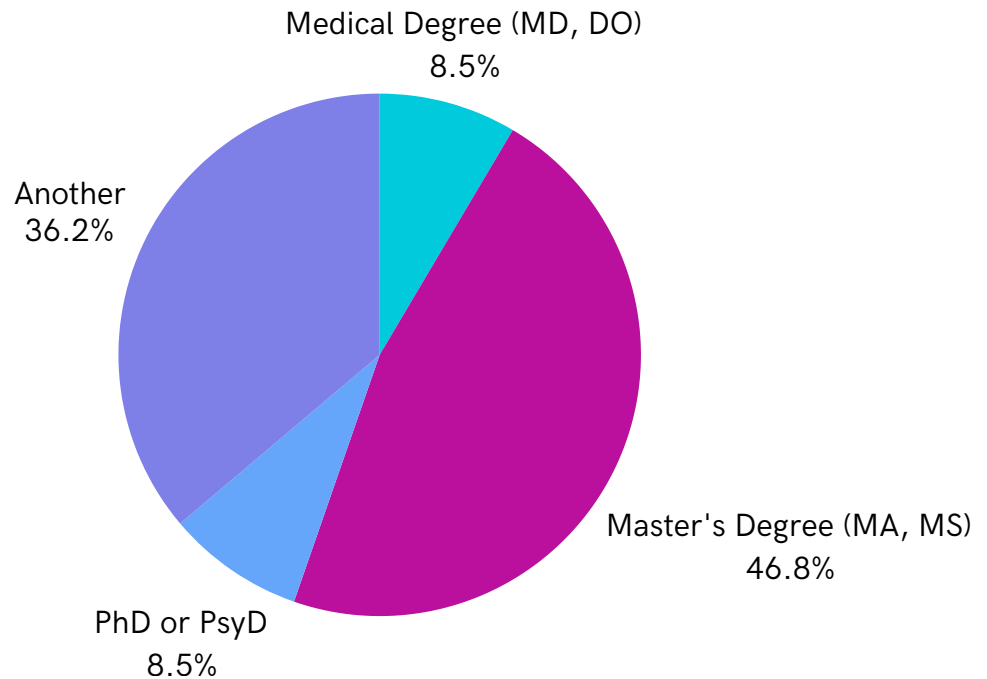


Figure 26. Provider degrees

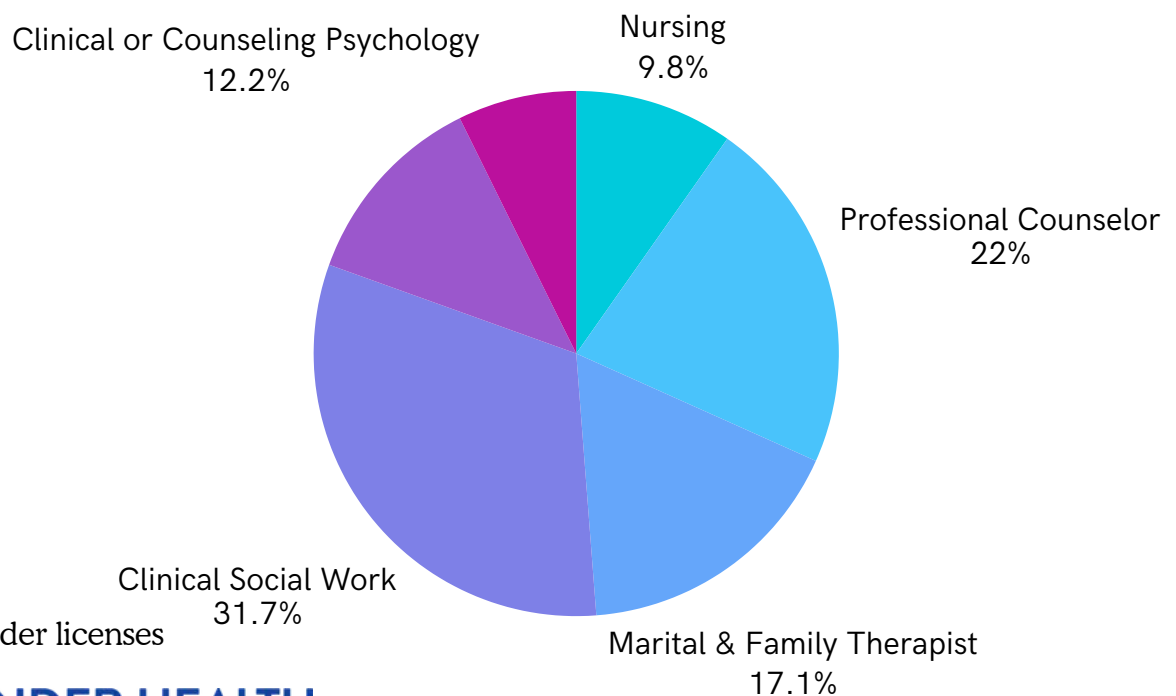


Figure 27. Provider licenses

Healthcare Providers

Professional Experience

Most healthcare providers reported 5% to 25% of their client/patient population were part of the LGBTQ community and most had worked in Missouri for 10 or less years (n = 29; 61.7%).

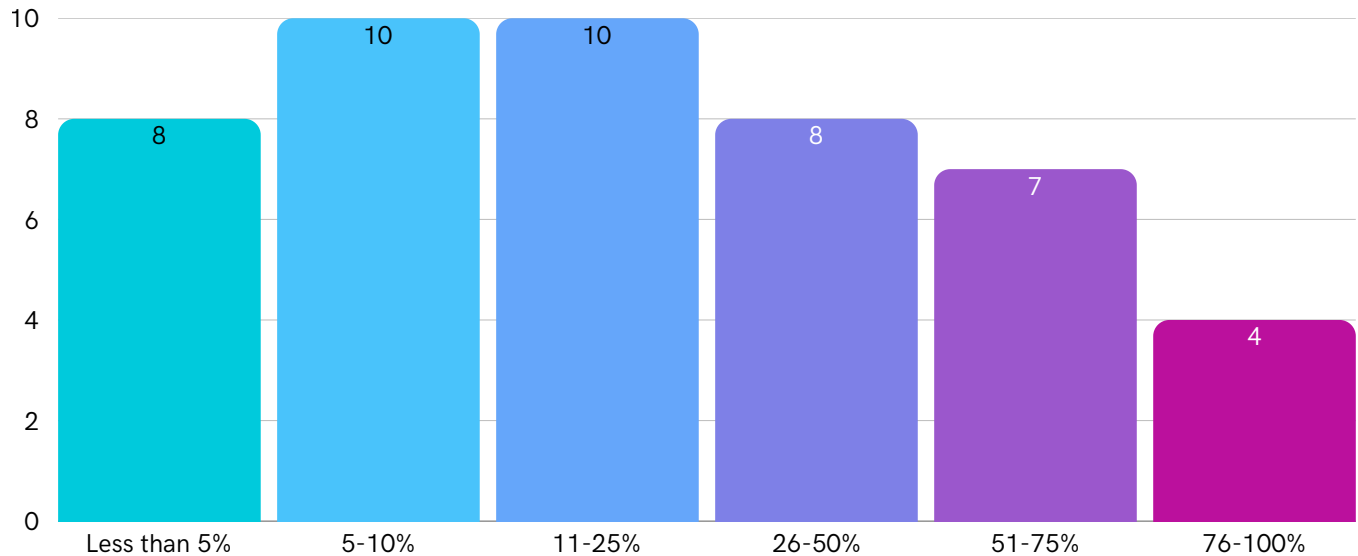


Figure 28. Percentage of clients who are LGBTQ

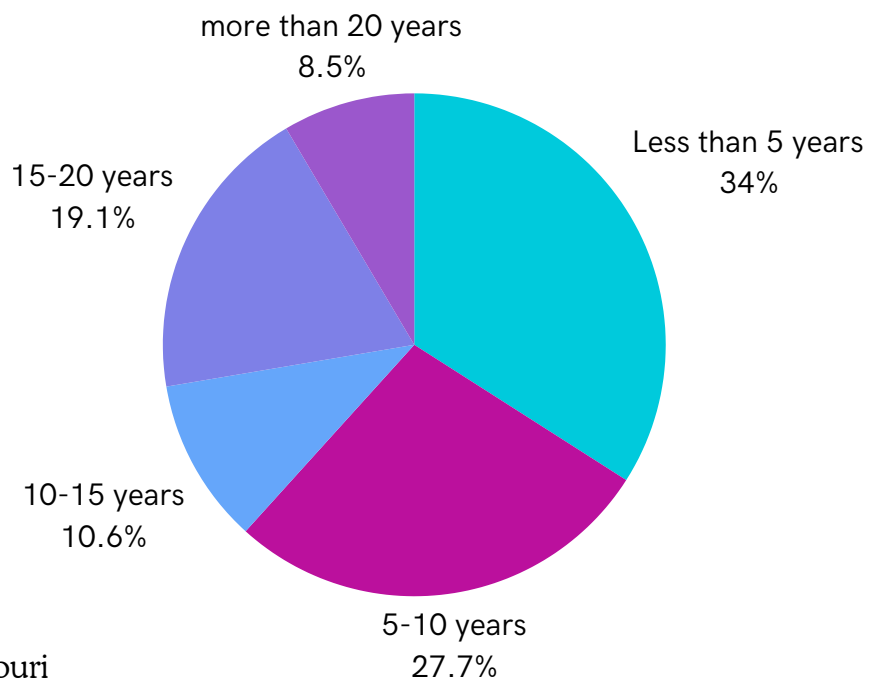
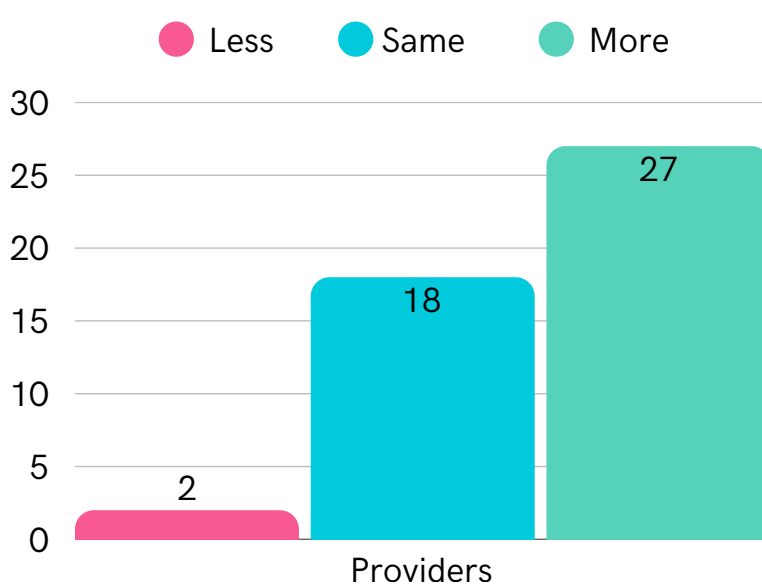


Figure 29. Years of practice in Missouri

Healthcare Provider Stress



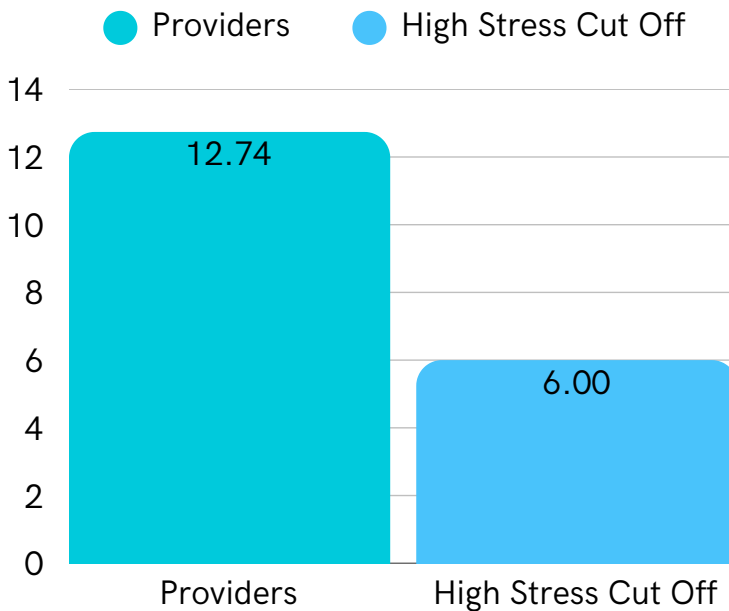
Annual Stress Item

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 (95.7%) indicated they were experiencing the same or more stress in the past year.

Figure 30. Stress Level



Perceived Stress Scale

Providers completed the brief Perceived Stress Scale (PSS-4) [12,13] 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 12.74 for providers with a range from 10 to 15. Scores over 6 have been classified as high stress based on normed population data [14].

Differences in PSS-4 were compared. LGBTQ-identified participants (n = 18) did not significantly differ in perceived stress from all others (n = 29).

Figure 31. Perceived Stress Scale

Healthcare Provider Stress

A total of 23 providers left comments about their increased stress in the past year. Comments were inductively coded and then categorized by similar topics. Below are categories and associated quotes selected.

Provider Categories	Quotes
Stress and uncertainty about continuing to work with the LGBTQ community, especially transgender youth	“Just left a position working with minors because of the stress and concern for my license and ethical obligations vs. potential laws being pushed in Jeff City and across the nation against LGBTQ+ community.” “Uncertainty about ability to offer care to the LGBTQ+ community in the future.”
Seeking to protect LGBTQ folks and helping them access needed care	“More stress related to protecting my clients rights and privacy. There's a weight on my shoulders about my documentation being pulled and being used against my client and my licensure.” “Worries about client confidentiality, specifically surrounding case notes being subpoenaed. Concerns about LGBTQ+ clients' diagnoses being used against them to acquire gender-affirming care.”
Targeted by MO state for investigation because of care given to transgender patients/client	“I was investigated by the state for writing letters of support for trans* youth. I had to hire a lawyer and answer questions. It seemed very unethical and awful that these investigators had information that should have been HIPPA protected. There has also been more fear and upset in the clinical population I see related to policy and law that is anti-trans in the state of Missouri. Clients express fear that their state does not protect them and is actively hurting them.”

Healthcare Provider Mental Health

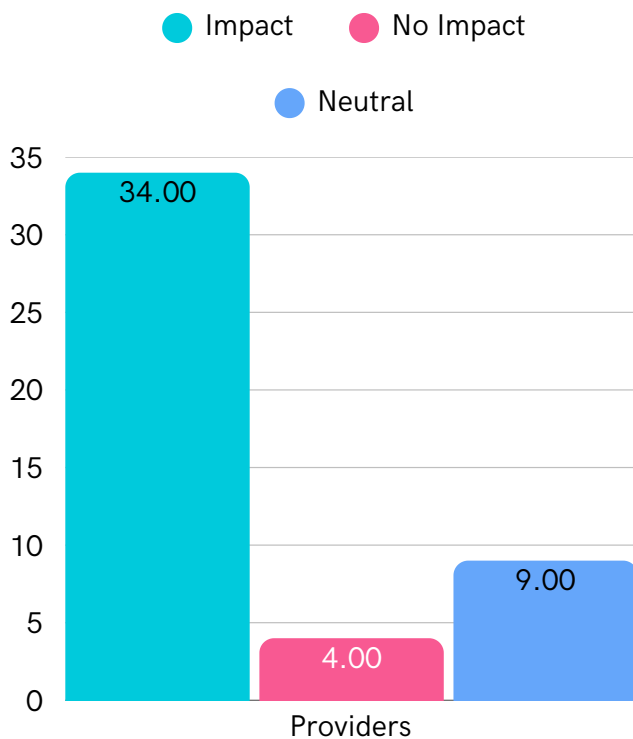


Figure 32. Mental Health Impact

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 (70.2%; who were almost all racially White) and of the all LGBTQ providers indicated their mental health has been impacted in the past year due to political climate in Missouri.

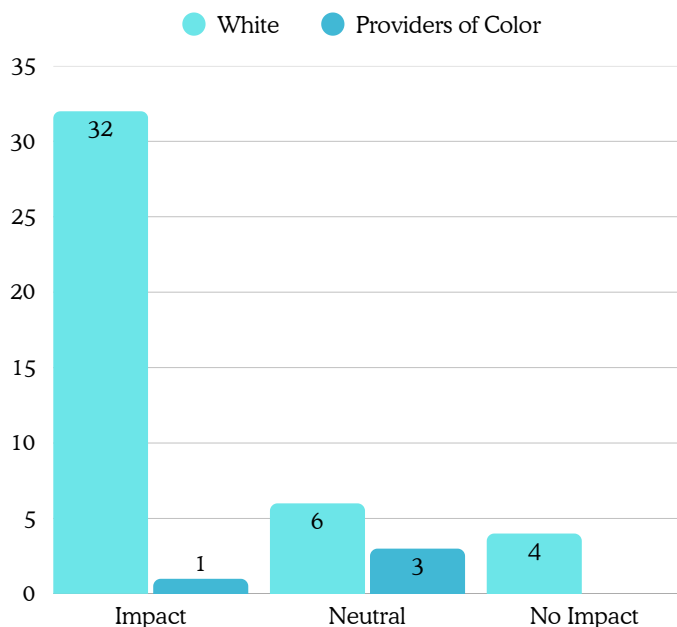


Figure 33. Mental Health Impact by race/ethnicity

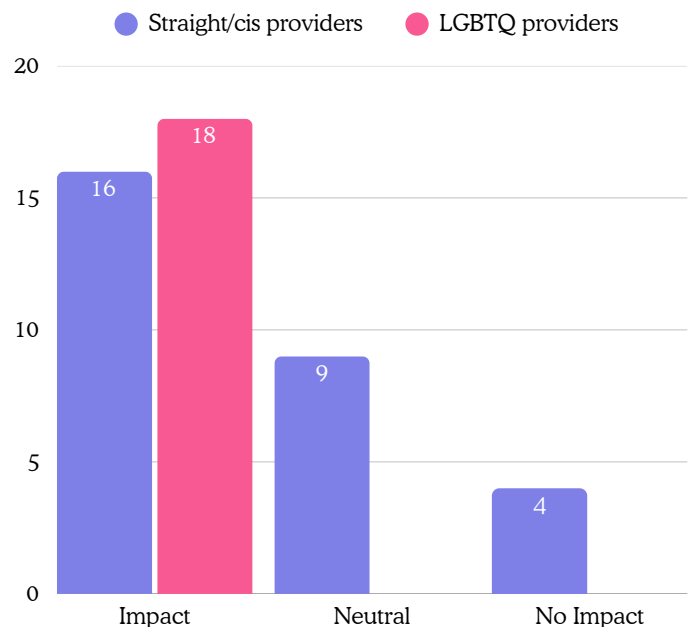


Figure 34. Mental Health Impact by sexual and gender identities

Healthcare Provider Mental Health

A total of 29 providers left comments about the mental health impact due to the political climate. Comments were inductively coded and then categorized by similar topics. Below are categories and associated quotes selected.

Provider Categories	Quotes
Ethical conflict and moral injury fueling anxiety, stress, and depression	“Recently left a position where I was experiencing a lot of anxiety and feeling helpless to make a difference and maintain my ethical and moral boundaries.” “Anxiety, panic attacks, took 5 weeks off of work to recover, I ended up transferring my entire caseload to other providers, closed my license, and left the state.” “It creates sustained moral injury when the humanity and personhood of those you care about appears up for debate. Part of my job is helping to hold hope for the future and it's difficult to do that with rhetoric and policy that actively seeks to negate that work.”
The “mental load” and liability created by the political and social hostility	“I believe I feel overwhelmed about trying to make clients feel affirmed in a hostile social system.” “The anti-trans sentiments and actions in this state and country are a primary stressor for me. Without them, my mental load would be lighter and my work with clients would be less heavy and stressful.” “Stress about writing gender affirming care letters and potential liability and risks that poses.”
LGBTQ providers feel it personally and professionally	“There is a consistent sense of unease around my human rights in Missouri. Marrying my wife this year, while triumphant, was tainted with fear that it could be taken away from me, or that someone would stop it from happening.”

Healthcare Provider

Desire to Leave or Stay in Missouri

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

More than 1 in 3 providers (38.3%) considered leaving Missouri due to the LGBTQ political climate.

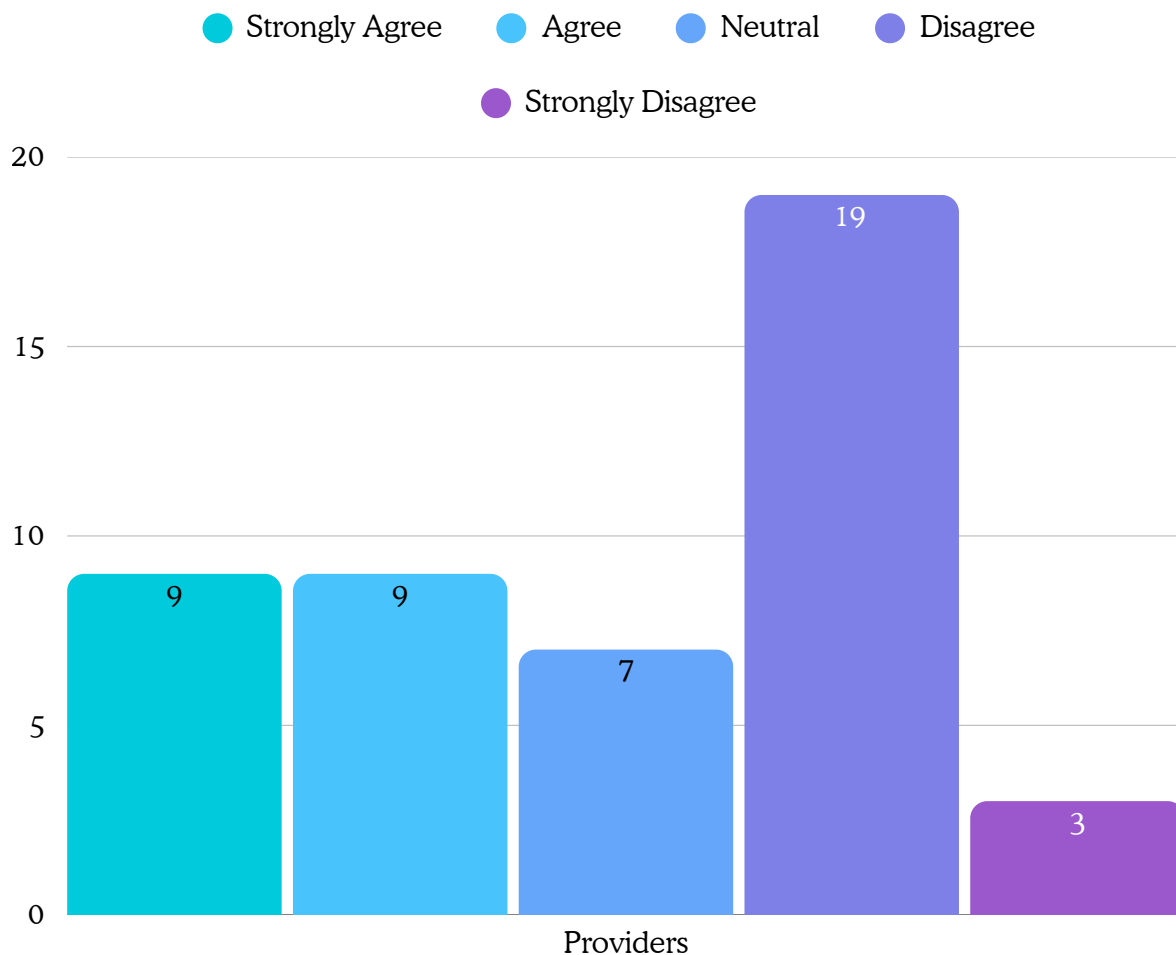


Figure 35. Considered Leaving Missouri

Healthcare Provider

Desire to Leave or Stay in Missouri

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

Current political climate was indicated as a reason to leave by 76.6% of providers.

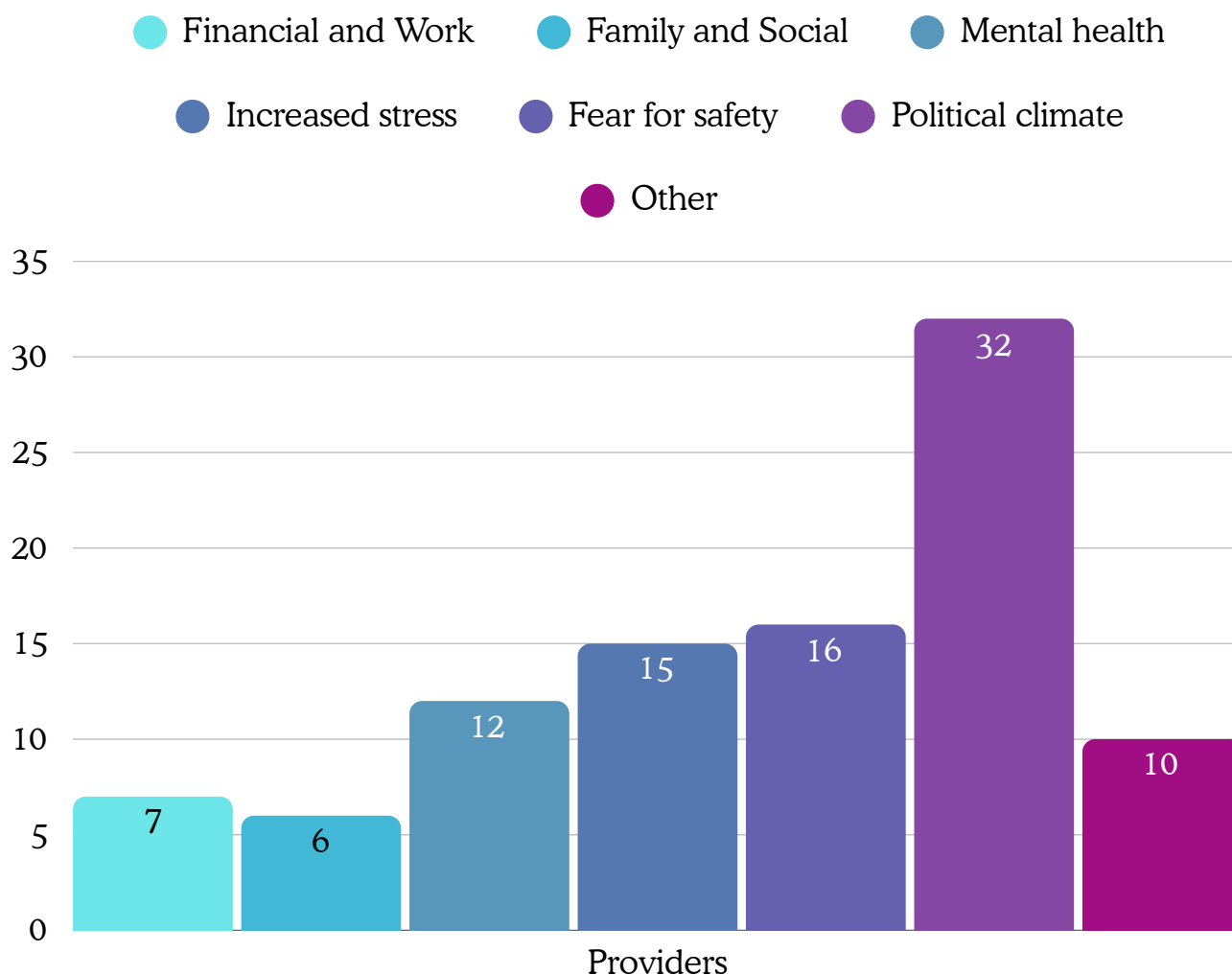


Figure 36. Reasons to Leave Missouri

Healthcare Provider

Desire to Leave or Stay in Missouri

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

Most providers indicated family/social connections (76.6%) and financial/work related reasons (68.1%) as primary motivators to stay.

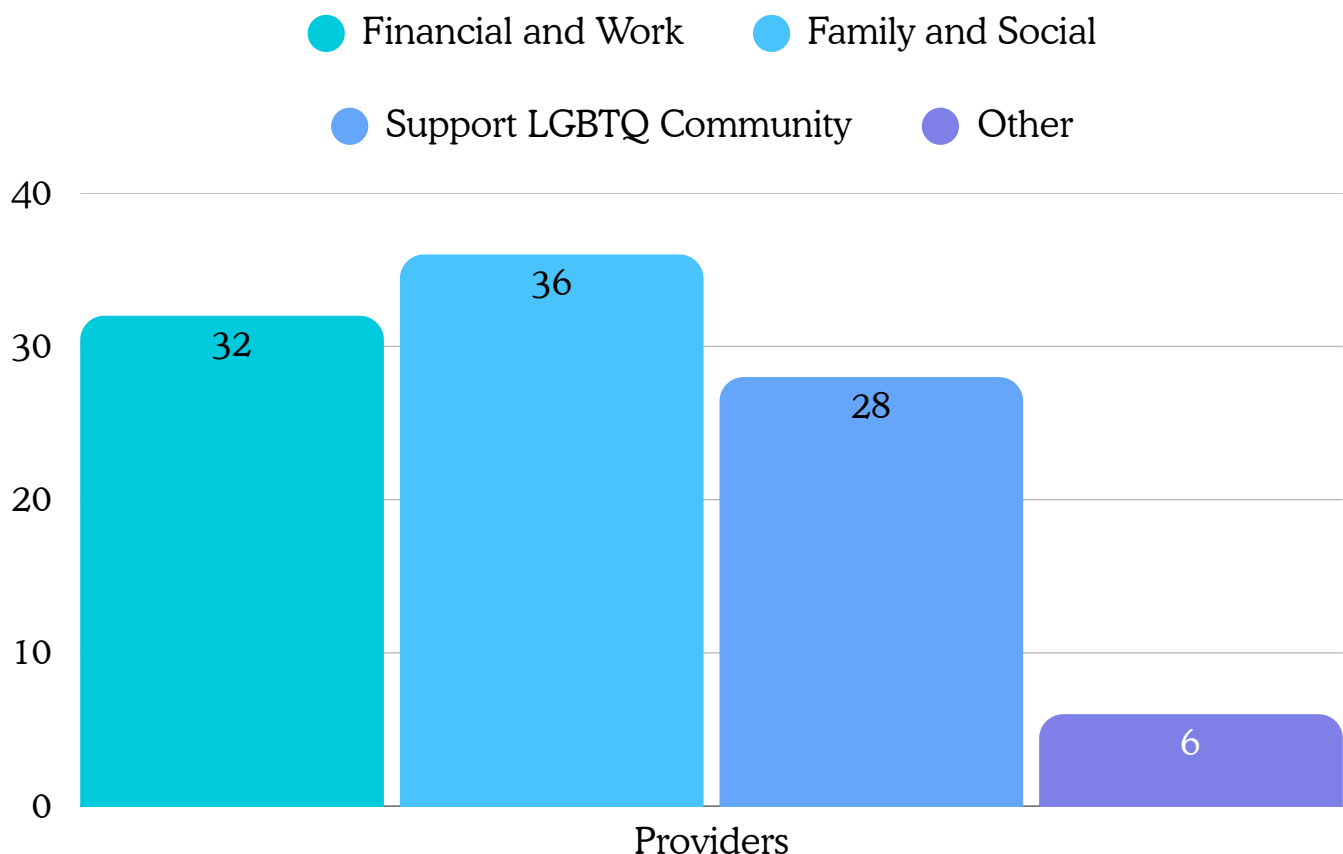


Figure 37. Reasons to Stay Missouri

Limitations

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.
- **Self selection into the sample.** Participants self-selected into the survey suggesting they care about and have a vested interest in the study outcomes. For example, most of the providers were behavioral health and social work with limited representation from medical disciplines. This could bias the findings of the study.
- **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 nationally.** As of spring 2025, the political attacks on transgender people, especially youth and minors, higher education and research, and healthcare settings are just now being realized ac



References

1. Movement Advancement Project (2025). Missouri Equality Profile. Retrieved from [https://www.lgbtmap.org/equality-maps/profile_state/MO#:~:text=City%20and%20County%20Numbers:,public%20accommodations%20\(full%20protections\).](https://www.lgbtmap.org/equality-maps/profile_state/MO#:~:text=City%20and%20County%20Numbers:,public%20accommodations%20(full%20protections).)
2. PBS News Hour (2024). Why anti-transgender political ads are dominating airwaves. Retrieved from <https://www.pbs.org/video/trans-in-america-1730579108/>
3. Williams Institute (2023). Adult LGBT Population in the United States. Retrieved from <https://williamsinstitute.law.ucla.edu/publications/adult-lgbt-pop-us/>
4. Williams Institute (2020). LGBT Youth Population in the United States. Retrieved from <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Youth-US-Pop-Sep-2020.pdf>
5. Alonso, J., (2023). Universities Halt Treatment for Trans Youth, in Inside Higher Education. Retrieved from <https://www.insidehighered.com/news/diversity/sex-gender/2023/09/15/two-missouri-universities-halt-treatments-trans-youths>
6. Londono, E. Ghorayshi, A. (2023). Fight or Flight: Transgender Care Bans Leave Families and Doctors Scrambling. Retrieved from <https://www.nytimes.com/2023/07/06/us/transgender-health-care-bans.html>
7. Schrappe, C., (2023). Missouri families with transgender kids pull up stakes as treatment ban becomes law. Retrieved from https://www.stltoday.com/news/local/metro/article_bdf46cc8-000a-11ee-97b2-2b4213030f9c.html
8. The White House (2025). Protecting Children from Surgical and Chemical Mutilation. Retrieved from <https://www.whitehouse.gov/presidential-actions/2025/01/protecting-children-from-chemical-and-surgical-mutilation/>
9. The Trevor Project (2024). 2024 U.S. National Survey on the Mental Health of LGBTQ Young People. Retrieved from <https://www.thetrevorproject.org/survey-2024/>
10. Human Resources and Services Administration. Health Workforce Shortage Areas. 2024[cited 2024 February 28]; Available from: <https://data.hrsa.gov/topics/health-workforce/shortage-areas>.
11. Eyal, P., et al., Data quality of platforms and panels for online behavioral research. Behavior Research Methods, 2021: p. 1-20.
12. Lehman, K.A., et al., Development of the brief inventory of perceived stress. Journal of clinical psychology, 2012. 68(6): p. 631-644.
13. Ingram IV, P.B., E. Clarke, and J.W. Lichtenberg, Confirmatory factor analysis of the perceived stress Scale-4 in a community sample. Stress and Health, 2016. 32(2): p. 173-176.
14. Malik, A. O., Peri-Okonny, P., Gosch, K., Thomas, M., Mena, C., Hiatt, W. R., ... & Smolderen, K. G. (2020). Association of perceived stress levels with long-term mortality in patients with peripheral artery disease. JAMA network open, 3(6), e208741-e208741.

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
- What is the zip code of your home residence?

Appendix

Stress and Mental Health Questions for All Participants

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

Appendix

Leaving or Stay Questions for All Participants

- In the past year, I have considered leaving the state of Missouri because of the political climate about LGBTQ issues in Missouri.
 - Strongly Agree
 - Agree
 - Neutral
 - Disagree
 - Strongly Disagree

- Please indicate reasons you have for wanting to STAY in the state of Missouri. Select all that apply and fill in additional reasons.
 - Financial and work related reasons
 - Family and social connections
 - I want to stay to support the LGBTQ community because of the current political climate in Missouri
 - Please fill in your reason: _____

- Please indicate reasons you have for wanting to LEAVE the state of Missouri. Select all that apply and fill in additional reasons.
 - Financial and work related reasons
 - Family and social connections
 - Mental health
 - Increased stress
 - Fear for my safety
 - Current political climate
 - Please fill in your reason: _____

Appendix

Additional Questions for Parents

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

Additional Questions for Providers

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