



The Mental Health of Transgender Young People in Secondary Schools: A Scoping Review

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Abstract

This paper aims to summarise peer-reviewed literature into the mental health of transgender young people within a secondary schooling environment. A scoping review was conducted using literature across four databases. The search was limited to English language peer-reviewed articles that reported upon the association between school factors and the mental health outcomes of transgender young people in secondary schools. The review resulted in seven relevant studies, which reported numerous school factors related to mental health outcomes for transgender young people. The factors that related to mental health of transgender young people in schools include peer victimisation and bullying, perceived safety and a sense of school belonging or connectedness. Clinical and practical implications are provided for policy makers, educational institutions and school mental healthcare professionals. It is recommended that future research is needed to investigate the mental health services provided within the schooling environment.

Keywords Transgender · Youth mental health · Secondary schooling · Young people · Scoping review

Introduction

As with many identities, “transgender”¹ identities are complex and contested. However, in research exploring diverse gender identities there is relative consensus that a transgender person is one whose gender identity differs from that typically associated with their sex assigned at birth (Becerra-Culqui et al., 2018; Strauss et al., 2020). Although broad, this “transgender” umbrella term allows for the inclusion of a diverse variety of ways in which people can identify and describe themselves (i.e., genderqueer, genderfluid, non-binary, gender diverse, gender non-conforming, gender variant; Donatone & Rachlin, 2013).

Compared to cisgender identities (i.e., where a person’s gender identity aligns with their sex assigned at birth), transgender identities are viewed as a gender minority within modern Western society (Riggs & Sion, 2017; Schnarrs et al., 2019). Several researchers have suggested that due to this minority status, transgender people experience a significantly higher prevalence of discrimination, victimisation and peer rejection, otherwise known as minority stress (Maguen & Shipherd, 2010; Scandurra, Amodeo, & Valerio, 2017; Tebbe & Moradi, 2016; Testa et al., 2017). The literature has consistently demonstrated that minority stress is associated with negative mental health outcomes such as depression, anxiety and suicidality (Hatchel, Merrin, & Espelage, 2019a; Hunt, 2014; Scandurra et al., 2017; Tebbe & Moradi, 2016). This association between the experience of minority stress and negative mental health outcomes is known as the minority stress theory, which has been utilised by researchers to explain the poor mental health outcomes of transgender people (Hatchel et al., 2019a; Hunt, 2014; Scandurra et al., 2017; Tebbe & Moradi, 2016). However, the relationship between minority stressors and poor mental health outcomes

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¹ Square quotations are used here as the term transgender is a contested term that can mean different things to different people. It is an identity category that is not necessarily fixed or stable; thus, the meaning behind this term can be fluid or malleable for different people and communities.

is particularly apparent among transgender young people (Becerra-Culqui et al., 2018; Hatchel et al., 2019b; Veale, Watson, Peter, & Saewyc, 2017b).

Outcomes for Transgender Young People

Within transgender communities, transgender young people have been found to be most at risk of developing negative mental health outcomes when compared to other age groups (Becerra-Culqui et al., 2018; Hatchel et al., 2019a; Veale et al., 2017a, b). This has been associated with the higher prevalence of discrimination, victimisation, bullying, peer rejection and violence transgender young people experience (Hatchel et al., 2019a; Veale et al., 2017a, b). In comparison with their cisgender peers, transgender young people are significantly more likely to develop depression and anxiety and engage in suicidal behaviours (i.e., suicide ideation, suicide attempts; Becerra-Culqui et al., 2018; Reisner, Veters, & Leclerc, 2015). While the schooling environment often poses as a major source of distress, discrimination, victimisation and bullying for many young people, much research suggests the schooling environment is particularly distressing for transgender young people (Colvin, Egan, & Coulter, 2019; Day, Perez-Brumer, & Russell, 2018; Kosciw, Greytak, Giga, Vilenas, & Danischewski, 2016). In a nationwide study conducted in the USA, Kosciw et al. (2016) found that transgender young people were more than twice as likely to feel unsafe at school when compared to their cisgender peers, which was associated with an increased prevalence of gender-based discrimination and bullying. Similarly, McGuire, Anderson, Toomey and Russell (2010) found that 82% of transgender students reported frequently hearing negative gender-based comments within the schooling environment, further demonstrating the high prevalence of discrimination and victimisation experienced by transgender young people in schools. These findings are especially concerning given that young people spend a significant amount of their time in the schooling environment, which renders it their primary source of social learning and interaction (Toomey, Ryan, Diaz, Card, & Russell, 2010).

While many studies have explored factors within the schooling environment that pose a risk to the mental health of transgender young people (Colvin et al., 2019; Day et al., 2018; Kosciw et al., 2016; McGuire et al., 2010), other studies have explored potential protective factors within the schooling environment. For example, McGuire et al. (2010) found that transgender young people reported a greater sense of school safety when teachers and staff actively prevented bullying and victimisation towards transgender students. Additionally, Smith and colleagues (2014) highlighted the importance of creating a positive school climate to increase transgender students' sense of school belonging, a factor

found to potentially reduce the negative impacts of peer victimisation.

Prior LGBTQ+² Research

The literature mentioned thus far suggests that since at least 2010 research has consistently demonstrated the strong relationship certain school factors have with the mental health of transgender young people. However, it is important to note that the existing literature is becoming dated, requiring review and updating in light of rapid developments in both popular and academic knowledge about being transgender over the past decade (Telfer, Tollit, & Feldman, 2015; Valentine & Shipherd, 2018). Nonetheless, factors such as bullying and victimisation have been found to be related to increased poor mental health outcomes among transgender communities, while a sense of school belonging and positive teacher–student relationships may potentially protect against poor mental health outcomes for this population (Collier, van Beusekom, Bos, & Sandfort, 2013; Colvin et al., 2019). While a systematic review by Collier et al. (2013) provided some insight into the relationship between school factors and subsequent mental health outcomes for LGBTQ+ young people as a collective group, no reviews have synthesised up-to-date knowledge regarding the specific mental health outcomes of transgender young people in schools.

It is important to recognise the issues regarding the conflation of the LGBTQ+ acronym within the literature. The LGBTQ+ acronym comprises different sexual orientations (i.e., lesbian, gay, bisexual, queer/questioning) as well as different gender identities (i.e., transgender, queer); however, these are two very distinct concepts (Gay and Lesbian Alliance against Defamation [GLAAD], 2016; Healey, 2014; Moleiro & Pinto, 2015). By combining both sexual orientations and gender identities into one collective group, the researchers fail to recognise and understand the differences of experiences between individuals in these two groups. Transgender young people report significantly poorer mental health outcomes when compared to their lesbian, gay, bisexual and queer/questioning (LGBQ) peers (National LGBTI Health Alliance, 2020), especially in relation to suicidal behaviours (National LGBTI Health Alliance; Becerra-Culqui et al., 2018). This suggests that the impact of societal factors such as schooling likely precipitate and elicit different mental health outcomes for LGBQ young people and transgender young people.

² LGBTQ+ is an acronym used to represent multiple non-heteronormative sexualities and gender identities. It stands for lesbian, gay, bisexual, transgender, queer or questioning, and the plus sign indicates that this acronym also represents other non-heteronormative identities that do not fall under the identities already stated (GLAAD, 2016).

The Current Review

The lack of up-to-date knowledge regarding the mental health of transgender young people in schools indicates the need for a current understanding of the school experiences and the related mental health outcomes specific to transgender young people. This is further highlighted through recent research by Colvin and colleagues (2019) who explored the impact of the school climate on the mental health of LGBTQ+ young people collectively. These authors urged future researchers to investigate the experiences of transgender young people *independently* of LGBQ young people, arguing that transgender young people are likely to have unique needs, experiences and outcomes relative to their LGBQ peers.

In response to the above call from Colvin and colleagues (2019), a review is necessary to understand the mental health outcomes of transgender young people in schools. It is important that such a review should occur independently of LGBQ young people in order to understand the unique experiences and outcomes of transgender young people in the schooling environment. Collating and synthesising this literature through a review paves the way for new, updated research in this area, in order to keep up with the rapid developments in knowledge and understandings of transgender people over the past decade. Therefore, the aim of the present study is to identify the school factors that are related to the mental health of transgender young people in secondary school settings through a scoping review of the existing literature. In doing so, this study will provide important information for policy makers, educational institutions and school mental healthcare professionals to guide specific clinical and practical implications, and offer targeted recommendations for future research in this area.

Based upon the above aim, this scoping review is guided by the question: “What factors are related to the mental health outcomes of transgender young people in secondary schooling contexts?” In the following section, we detail the scoping review process, which is then followed by the findings of that process.

Method

Scoping reviews are utilised to determine the coverage of the literature on a particular topic. They provide an indication of the quantity of the literature available and offer an overview of a research topic in order to establish what is currently known (Levac, Colquhoun, & O’Brien, 2010; Munn et al., 2018). Unlike systematic reviews, which are commonly used to answer specific clinical questions about the effectiveness or feasibility of particular practices and treatments of a well-established research area, scoping reviews

are utilised when a comprehensive review has not previously been conducted in order to address clear gaps of knowledge in a research area (Arksey & O’Malley, 2005; Munn et al., 2018). Although a broader approach to the systematic review method, scoping reviews still utilise a systematic process of data collection and analysis while offering a transparent and replicable methodology (Levac et al., 2010). Through a critical appraisal of selected texts, scoping reviews are able to offer recommendations for future research, implications for policy makers and relevant bodies, and contribute to a new or developing area of knowledge (Arksey & O’Malley, 2005; Levac et al., 2010; Munn et al., 2018). Given the lack of comprehensive reviews and consequent gaps of knowledge in the area of the mental health outcomes of transgender young people in schools, a scoping review was chosen as the most appropriate method.

This scoping review utilised Arksey and O’Malley’s (2005) five-stage methodological framework. Arksey and O’Malley developed the first scoping review methodological framework, which is renowned for providing a strong foundation for scoping study methodology (Levac et al., 2010). The five stages include: (1) identifying the research question, (2) identifying the relevant studies, (3) study selection, (4) charting the data and (5) collating, summarising and reporting results. A description of each stage is provided below.

Stage 1: Identifying the Research Question

In order to guide the search strategies, it was important to consider and define the parameters of the research question “What factors are related to the mental health outcomes of transgender young people in secondary schooling contexts?”. In this paper, we define “transgender” as people whose sex assigned at birth is incongruent with their gender identity; this may also include gender variant, gender diverse, gender non-conforming, non-binary, genderfluid and genderqueer identities. While we believe this definition is most in line with the current literature (Becerra-Culqui et al., 2018; Strauss et al., 2020), we also wish to acknowledge the definitional complexity of an umbrella term such as “transgender” to precisely pin down a one-size-fits-all definition. This scoping review focused specifically on secondary schooling contexts (typically Year 7 through to Year 12, high school) as the majority of the background literature exploring the school experiences and mental health outcomes of transgender young people included high school-aged participants (Colvin et al., 2019; Day et al., 2018; Hatchel et al., 2019b; Kosciw et al., 2016; Reisner et al. 2015; Veale, Peter, Travers, & Saewyc, 2017a). Therefore, young people were defined as people aged 12–18 years in order to fit the typical high school age range. Mental health outcomes included variables measuring the psychological well-being of research participants (i.e., depressive symptoms,

self-harm, suicidality, stress), rather than broader health outcomes such as substance use, sexual behaviour and risk-taking behaviours.

Stage 2: Identifying the Relevant Studies

The literature search was conducted using four electronic databases in order to identify both psychological and educational literature: PsycINFO, ERIC, SCOPUS and ProQuest Psychology. With the initial assistance of a librarian, Mackie developed search terms aimed to identify articles that relate to the research question and its parameters. The key terms for the search were “transgender young people/youth/adolescent/teenager”, “mental health” and “schools”. The authors also used terms such as gender diverse, non-binary, trans and LGBT in an attempt to capture the wide range of terminology used in the literature when referring to people whose gender identity is incongruent with their sex assigned at birth. A full list of the final search terms is presented in “[Appendix](#)”.

Stage 3: Study Selection

The inclusion criteria were as follows: (a) includes participants who identify as transgender, (b) includes participants in secondary school or reflecting upon secondary school as adults, (c) explores school factors, (d) explores the link between school factors and mental health outcomes, (e) is published in English, (f) is published post-2010 (inclusive of 2010) and (g) is a peer-reviewed journal article. The initial exclusion criteria were (a) articles which did not include an abstract, (b) articles not available in full text and (c) articles which were not empirical studies or literature reviews (i.e., research proposals, position papers).

The initial searches were conducted by Mackie on the 20th December 2019 and the 17th January 2020. To ensure the search was up to date at the time of completion, the same searches were rerun on the 12th May 2020 with no further additions made to the original data set. In total, 5144 records were found: 192 in PsycINFO, 1565 in ERIC, 913 in SCOPUS and 2504 in ProQuest Psychology (see Fig. 1). After removing 3623 duplicates from the initial search, 1251 articles were identified and entered into a spreadsheet. The details entered into the spreadsheet included author name/s, year of publication, article title and journal title. Mackie reviewed each article title. During the title review stage, it became evident that the search term “trans*” had produced a high number of articles that were irrelevant to the research question (i.e., including terms such as transforming, transactional, school transition, translation). After removing these irrelevant titles, as well as titles which met exclusion criteria, Mackie selected 127 articles that were deemed relevant to

the research question. These 127 articles were selected for abstract review, where Mackie read each of the abstracts applying the inclusion and exclusion criteria previously mentioned. Of these 127 articles, 36 articles were deemed appropriate for full-text review.

During the full-text review stage, it was evident that many of the articles that included LGBTQ+ participants met the inclusion criteria; however, the authors of these articles did not report or discuss transgender participants’ findings independently. As these studies discussed LGBTQ+ findings collectively, it was impossible to extrapolate the findings what were relevant to only transgender participants. From this observation, all authors agreed to modify the exclusion criteria to include a fourth criterion: (d) articles which do not report upon or discuss the findings of transgender participants independent to LGBQ participants. After reviewing the 36 full-text articles under the modified exclusion criteria, five articles were deemed to meet the revised criteria and were included in the scoping review. Mackie and Lambert reviewed the reference lists of these five articles and identified another two articles that met the inclusion criteria. In total, seven articles were included in this scoping review (see Fig. 1).

Stage 4: Charting and Summarising the Data

Mackie created a data spreadsheet, which included the key characteristics from the seven included studies: author names, publication year, location of study, key aim/s, study design/s used, sample size, percentage of transgender participants, participant age range, school factor measures used and mental health outcome measures used. This information is presented in Table 1.

Results

Stage 5: Collating, Summarising and Reporting Results

Of the seven studies reviewed, five were published between 2017 and 2019 (Gower et al., 2018; Hatchel, Valido, De Pedro, Huang, & Espelage, 2019c; Perez-Brumer, Day, Russell, & Hatzenbuehler, 2017; Taliaferro, McMorris, Rider, & Eisenberg, 2019; Veale et al., 2017a), indicating that much of the literature in this area over the past decade was recent. Five of the seven were conducted in the USA (Goldblum, Testa, Hendricks, Bradford, & Bongar, 2012; Gower et al., 2018; Hatchel et al., 2019c; Perez-Brumer et al., 2017; Taliaferro et al., 2019), one in Canada (Veale et al., 2017a) and one in New Zealand (Clark et al., 2014). Thus, each of the included studies were conducted in, and used samples from, Western

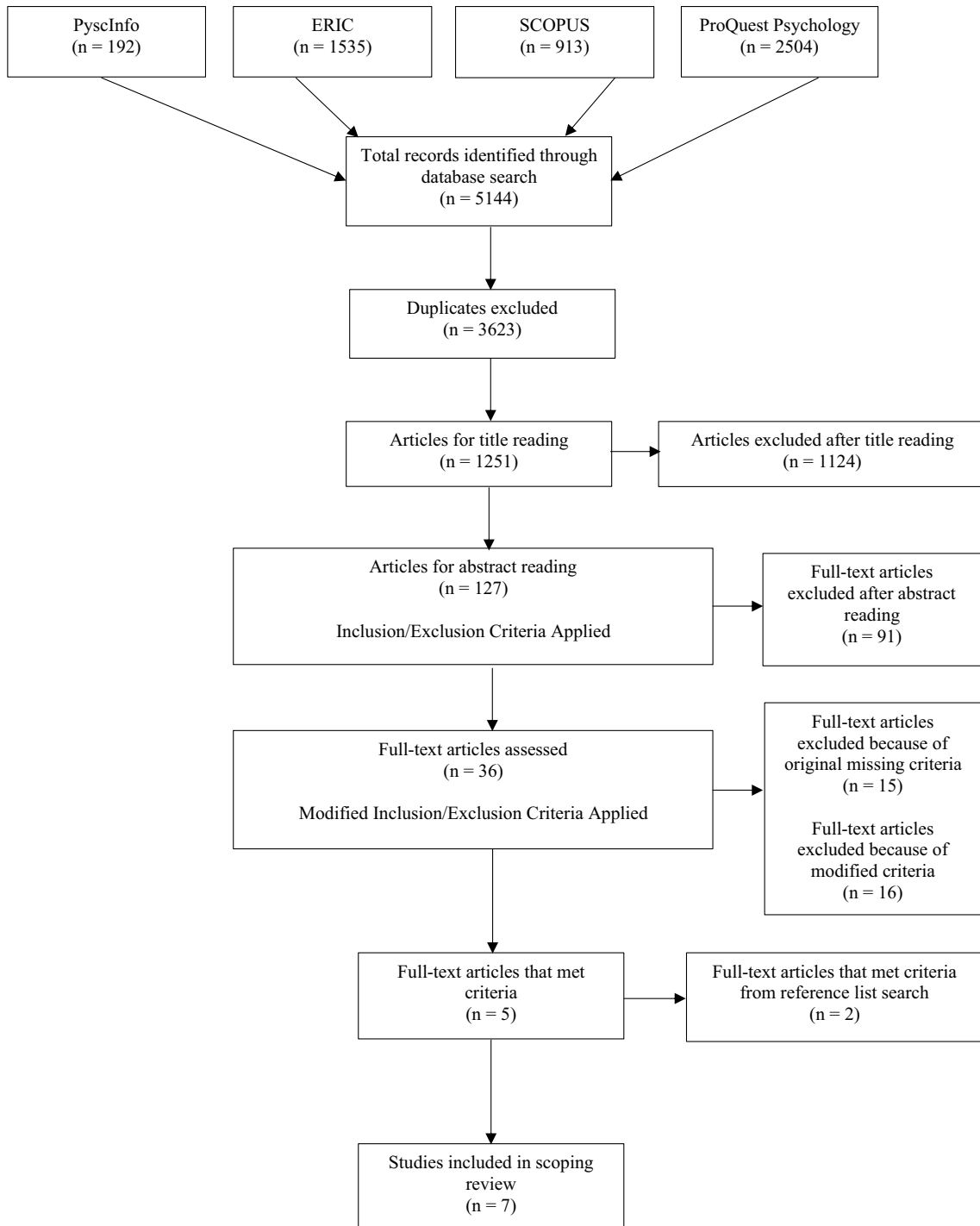


Fig. 1 PRISMA flow chart of study selection

English-speaking countries. Based upon the data collected as above, we next present findings from a review and synthesis of the seven studies in relation to common variables of relevance to the research question. These variables are

study design, gender identity measures, school measures, mental health measures, and between school and mental health measures.

Table 1 Summary of included studies

First author	Publication year	Location	Aim/s	Study design	Sample size (n)	Transgender participants (%)	Age range (years)	School factor measure/s	Mental health measure/s
Clark et al.	(2014)	New Zealand	To report the proportion of self-reported transgender high school students and to create an overview of their health and well-being	National study; sourced from subsample of the Youth'12 survey; non-experimental; correlational	8166	1.2	Not reported	School safety	Depressive symptoms; suicide attempt
Goldblum et al.	(2012)	USA	To examine the relationship between in-school gender-based victimisation and suicide attempts among transgender individuals	State-based study; sourced from Virginia Transgender Health Initiative Survey (THIS); non-experimental; correlational	290	100	18–65	In-school gender-based victimisation	History of suicide attempts
Grower et al.	(2018)	USA	To identify modifiable protective factors in the lives of transgender and gender diverse adolescents to eliminate disparities in depression, suicidality and substance use in this population	State-based study; sourced from subsample of the 2016 Minnesota Student Survey (MSS); non-experimental; cross-sectional	2168	100	14–17	Teacher–student relationship quality; school safety	Depressive symptoms; suicidal ideation; suicide attempt
Hatchel et al.	(2019a, b, c)	USA	To examine the relations among peer victimisation, mental health issues and school belonging among transgender youth	State-based study; sourced from subsample of the California Healthy Kids Survey; non-experimental; cross-sectional	4778	100	10–18	Perceived peer victimisation; school belonging	Depressive symptoms; suicide ideation

Table 1 (continued)

First author	Publication year	Location	Aim/s	Study design	Sample size (n)	Transgender participants (%)	Age range (years)	School factor measure/s	Mental health measure/s
Perez-Brumer et al.	(2017)	USA	To examine gender identity-related disparities in the prevalence of suicidal ideation among youth	State-based study; sourced from the California Healthy Kids Survey; non-experimental; correlational	601,873	2	Not reported	Peer victimisation	Depressive symptoms; suicide ideation
Taliaferro et al.	(2019)	USA	To examine both risk and protective factors that differentiate groups of transgender/ gender non-conforming youth to better understand factors that may predict involvement in self-harm behaviours in high-risk adolescents	State-based study; sourced from 2016 Minnesota Student Survey; non-experimental; cross-sectional	2168	100	14–17	Bullying; teasing; school engagement; teacher–student relationships; school safety	Depressive symptoms; self-harm; mental health problem
Veale et al.	(2017a, b)	Canada	To test the minority stress model and explore whether social supports will reduce the negative impact	National study; sourced from the Canadian Trans Youth Health Survey; non-experimental; cross-sectional	923	100	14–18	School bullying (within enacted stigma index); school connectedness	Depressive symptoms; suicidality; stress; despair

Study Design

All of the included studies utilised a non-experimental, cross-sectional or correlational study design, which led to limitations regarding the deduction of cause-and-effect relationships between variables as well as generalisability more broadly. Each of the studies drew directly upon, or took subsamples from, secondary data collected through pre-administered state- or nationwide surveys. These included the Virginia Transgender Health Initiative Survey (Goldblum et al., 2012), Minnesota Student Survey (Gower et al., 2018; Taliaferro et al., 2019), California Healthy Kids Survey (Hatchel et al., 2019c; Perez-Brumer et al., 2017), Canadian Trans Youth Health Survey (Veale et al., 2017a) and Youth'12 (Clark et al., 2014).

Goldblum et al. (2012) and Veale et al. (2017a) both utilised surveys focused exclusively on transgender participants. Gower et al. (2018), Hatchel et al. (2019c) and Taliaferro et al. (2019) also used exclusively transgender participants; however, these samples were derived from extracting a subsample from the overall survey population. This probability-based method allows for a more representative sample increasing the homogeneity of participants and ecological validity of results (Creswell & Creswell, 2017). The remaining two studies (Clark et al., 2014; Perez-Brumer et al., 2017) also included cisgender or “non-transgender” participants for comparative purposes, utilising the same subsample probability-based method for transgender participants.

The majority of the samples utilised across the seven included studies were derived from secondary school-aged students between 14 and 17 years (Clark et al., 2014; Gower et al., 2018; Hatchel et al., 2019c; Perez-Brumer et al., 2017; Taliaferro et al., 2019; Veale et al., 2017a), while Hatchel et al. included participants 10–18 years of age. Additionally, Veale et al. split their study sample into two age brackets (14–18 years and 19–25 years), allowing for data from school-aged participants to be analysed separately from older youth. Goldblum et al. (2012) were the only authors to utilise non-school-aged participants (18–65 years old). This study was the only publication which included transgender participants reflecting on previous secondary school experiences.

Gender Identity Measures

When collecting participant gender identity information, differences arose between the methods and terminology used by each of the included articles. These differences were due to the specific gender identity question/s used in the pre-administered surveys, meaning authors had no jurisdiction in either the initial construction of these questions nor associated delivery instructions. For example, in their use

of data from the California Healthy Kids Survey, Hatchel et al. (2019c) and Perez-Brumer et al. (2017) used the question “Which of the following best describes you? (Mark all that apply)” with response items including “heterosexual (straight)”, “gay or lesbian or bisexual”, “transgender”, “not sure” and “decline to respond”. In this example, no alternative terminology (e.g., gender diverse, non-binary) or explanation of what was meant by “transgender” was provided. Additionally, this example combined sexual orientation and gender identity options. Although it is a multiple response item (i.e., “mark all that apply”), it is possible that participants chose to use their sexual orientation rather than their gender identity to best describe themselves, potentially limiting the representativeness of the transgender participant sample. In a further example, Gower et al. (2018) and Taliaferro et al. (2019) used the question “Do you identify as transgender, genderqueer, genderfluid, or unsure?” with “yes” or “no” response options, thus offering a broader range of terminology. However, the dichotomous nature of the response options rendered the separation between transgender participants and those unsure of their gender identity impossible. Clark et al. (2014) used the question “Do you think you are transgender?” with “yes”, “no”, “unsure” and “do not understand” response options, also including a simple definition of transgender and using culturally specific terminology for the New Zealand Pacifica context (i.e., Queen, Fa-faffine).

For the studies which utilised exclusively transgender participants (Goldblum et al., 2012; Veale et al., 2017a), no broader transgender identities were included, as a transgender identity was already determined prior to participation. However, further gender information was collected. Veale et al. classified participants' gender using the following options: “boys/men”, “girls/women”, “non-binary (assigned female at birth)” and “non-binary (assigned male at birth)”, while Goldblum et al. classified transgender participants as either “transwomen who have transitioned or would like to transition” or “transmen who have transitioned or would like to transition”. Participants could also identify as non-binary (assigned female at birth or assigned male at birth) who are not intending to transition; however, Goldblum et al. chose to omit these groups from their final analysis due to small sample size.

School Measures

In each study, various school-related measures were included to gather data about the schooling experiences of transgender young people. These measures included peer victimisation (Goldblum et al., 2012; Hatchel et al., 2019c; Perez-Brumer et al., 2017) and peer bullying (Clark et al., 2014; Taliaferro et al., 2019; Veale et al., 2017a), school safety (Clark et al., 2014; Gower et al., 2018; Taliaferro et al., 2019),

school belonging/connectedness or engagement (Hatchel et al., 2019c; Taliaferro et al., 2019; Veale et al., 2017a) and teacher–student relationship quality (Gower et al., 2018; Taliaferro et al., 2019). Between 32% and 44% of transgender participants reported being victimised at school (Goldblum et al., 2012; Hatchel et al., 2019c; Perez-Brumer et al., 2017), while between 17% and 80% of transgender participants self-identified as victims of bullying at school (Clark et al., 2014; Taliaferro et al., 2019; Veale et al., 2017a). Perez-Brumer et al. also reported that transgender participants experienced significantly higher rates of school-based peer victimisation; however, their study did not report specific percentages. Clark et al. reported that transgender participants experienced a significantly higher prevalence of bullying (17.6%) when compared to non-transgender participants (5.8%).

Transgender participants in Clark et al.'s (2014) study also experienced a lower sense of safety within the schooling environment, reporting greater fear that someone at school would harm them (53.3%) when compared to their non-transgender peers (39.8%). Gower et al. (2018) and Taliaferro et al. (2019) also collected data from transgender participants regarding school safety; however, the results reported were unclear. Similarly, Veale et al. (2017a) and Taliaferro et al. both reported unclear descriptive statistics regarding school connectedness and engagement, whereas Hatchel et al. (2019c) did not report descriptive statistics for the school belonging measure. Likewise, unclear descriptive statistics were provided in the studies that measured teacher–student relationship quality (Gower et al., 2018; Taliaferro et al., 2019).

Mental Health Measures

In each study, various mental health measures were included to gather data about the status of transgender participants' mental health and well-being. These measures included depressive symptoms (Clark et al., 2014; Gower et al., 2018; Hatchel et al., 2019c; Perez-Brumer et al., 2017; Taliaferro et al., 2019), suicide ideation (Gower et al., 2018; Hatchel et al., 2019c; Perez-Brumer et al., 2017), suicide attempt (Clark et al., 2014; Goldblum et al., 2012; Gower et al., 2018; Taliaferro et al., 2019; Veale et al., 2017a), self-harm (Taliaferro et al., 2019), general mental health problems (Taliaferro et al., 2019), stress (Veale et al., 2017a) and despair (Veale et al., 2017a). Between 38% and 79% of transgender participants reported depressive symptoms (Clark et al., 2014; Gower et al., 2018; Hatchel et al., 2019c; Perez-Brumer et al., 2017; Taliaferro et al., 2019) varying from the present time (Clark et al., 2014), over the past 2 weeks (Gower et al., 2018; Hatchel et al., 2019c), over the past 4 weeks (Taliaferro et al., 2019) and over the past 12 months (Perez-Brumer et al., 2017).

Over the past 12 months, approximately 30%–45% of transgender participants reported suicidal ideation (Gower et al., 2018; Hatchel et al., 2019c; Perez-Brumer et al., 2017), while approximately 17%–33% reported a suicide attempt within the last 12 months (Clark et al., 2014; Gower et al., 2018; Taliaferro et al., 2019; Veale et al., 2017a). Goldblum et al. reported a life history of suicide attempts for transgender participants, finding that 28.5% of participants had attempted suicide once, while 39% of participants had attempted suicide three times or more across their life. General mental health problems (Taliaferro et al., 2019), stress and despair (Veale et al., 2017a) were also prevalent among transgender participants.

Association Between School and Mental Health Measures

Victimisation was significantly associated with higher levels of depressive symptoms and/or greater suicidality among transgender young people, as reported by Goldblum et al. (2012), Hatchel et al. (2019c) and Perez-Brumer et al. (2017). Similarly, Taliaferro et al. (2019) reported that transgender young people who were victims of bullying or victimisation were more likely to engage in self-harm behaviours and attempt suicide. Feeling safe at school was found to be related to less depressive symptoms and suicidality among transgender young people (Gower et al., 2018). Similarly, Taliaferro et al. reported that lower perceived school safety was significantly associated with greater suicide attempts among transgender young people. Clark et al. (2014) revealed that 53.5% of transgender students were fearful someone would harm them at school, while 41.3% reported significant depressive symptoms. These findings also suggest that feeling unsafe at school is likely related to poorer mental health among transgender young people.

Initially hypothesised by Gower et al. (2018) and Taliaferro et al. (2019) as a potential protective factor for the mental health outcomes of transgender young people, quality of teacher–student relationships was not found to be related to student mental health. Alternatively, Hatchel et al. (2019c), Taliaferro et al. and Veale et al. (2017a) reported that general school belonging and engagement were correlated with better mental health outcomes among transgender young people.

Discussion

The present scoping review aimed to identify the school factors related to the mental health of transgender young people in secondary schooling settings. The findings of this scoping review indicate that peer victimisation, bullying and safety concerns are prevalent for transgender young people

within the secondary schooling environment. Further, the studies consistently reported that each of these three factors are related to negative mental health outcomes for transgender students including depressive symptoms, extreme stress and despair, suicide ideation and suicide attempts. These findings expose the secondary schooling environment as a potentially discriminatory, prejudicial and unsafe setting for transgender young people, which is consistent with the previous literature (Bowers, Lewandowski, Savage, & Woitaszewski, 2015; Day et al., 2018; McGuire et al., 2010).

Based on the findings of the present review, school factors can be separated into potential risk or protective categories, depending on their association with the mental health of transgender young people. Potential risk factors (i.e., victimisation, bullying and safety concerns) are associated with depressive symptoms and suicidal behaviours, while potential protective factors (i.e., sense of school belonging and school engagement) are negatively related to these poor mental health outcomes. This is consistent with the previous research which focused on the mental health outcomes of LGBTQ+ young people in schooling environments where similar risk and protective factors have been proposed (Colvin et al., 2019; Day et al., 2018; Hatchel, Espelage, & Huang, 2018). Because the discussion of risk and protective factors are based on correlational data, it is also important that future researchers should give consideration to matters of reverse causality. For instance, a transgender young person experiencing severe depression could perceive school to be less safe.

The previous research demonstrated that exposure to negative peer interaction (McGuire et al. 2010) and the development of poor mental health outcomes (i.e., depression, anxiety, suicidality) within the schooling environment (Day et al., 2018) were both related to social isolation, school truancy and even school dropout for transgender young people. In turn, social isolation, school truancy and school dropout were often related to negative perceptions of the schooling environment for transgender young people. For example, Day et al. (2018) found that transgender young people who were truant from school were more likely to report they did not feel as though they were close to anyone at school and that others at school did not care about them. This further highlights the negative perceptions transgender young people tend to have about the schooling environment and emphasises the notion that the schooling setting is often an unwelcoming and unsafe space for transgender young people (Day et al., 2018). These findings are particularly concerning given that transgender young people spend a significant amount of their time in the schooling environment.

However, the findings also indicate that there are several factors within the secondary schooling environment that serve as potential buffers against negative mental health outcomes for transgender young people. Factors such as

a sense of school belonging and engagement with school are related to fewer negative mental health outcomes. This suggests there are factors within the schooling environment that could potentially reduce the likelihood of transgender young people developing poor mental health. Therefore, it is especially important for secondary schooling institutions and mental health professionals who work within these institutions to urgently recognise, understand and consider the relationship of a variety of school factors to the mental health of transgender young people. Below such considerations are discussed.

Implications

The findings of this scoping review offer practical and clinical implications aimed at improving the schooling environment and mental health care of transgender young people in secondary school settings. Given the poor mental health outcomes of transgender young people in schools, it is essential for school mental health professionals (i.e., psychologists, counsellors) to offer high-quality services and support to transgender young people. This may include creating safe spaces by advocating for LGBTQ+ areas or centres within the school, displaying transgender supportive posters, flyers and resources within the counselling environment and around the schoolyard, or offering transgender-based resources and information to students and staff. McGuire et al. (2010) and Smith et al. (2014) both found that acts of advocacy and support by school staff towards transgender students led students to report a greater sense of connection and rapport with staff members. This sense of connection was associated with greater feelings of school safety and belonging for these transgender young people. Therefore, the implementation of the aforementioned acts of advocacy and support for transgender students by school mental health professionals are likely to build and maintain a strong rapport between these mental health professionals and transgender students, allowing a sense of school safety and belonging to potentially develop. Additionally, delivering high-quality relevant psychological services to transgender young people provides these students with an opportunity to receive appropriate mental health care within an environment that the present scoping review has demonstrated is associated with poor mental health outcomes. School mental health professionals are likely the first point of contact for many young people as they are often an affordable and accessible option for many families.

The one-to-one-style counselling, which is the most common style of therapy offered in schools, can be effective for teenagers with mental health concerns, as it allows young people a safe space to express themselves (Carr, 2016). However, the current literature suggests that many mental health professionals lack the appropriate training and education to

work effectively with transgender people (Johnson & Federman, 2014; O'Hara, Dipenza, Brack, & Blood, 2013). For example, O'Hara and colleagues (2013) found that counsellors reported a lack of exposure to transgender training and education in their tertiary studies, which in turn led to feelings of incompetency to work with this population. Additionally, Johnson and Federman (2014) reported that 83% of the counsellors in their sample reported little to no training or education on transgender issues in their tertiary courses. Abreu, Kenny, Hall and Huff (2020) argue that counsellor training and education in transgender issues tends to lead to greater knowledge and preparedness when working with this population, further highlighting the concern with the current lack of education and training in this area.

To date, limited research has focused on the experiences of school mental health professionals working with transgender young people, as well as the school counselling experiences of transgender young people. This lack of research is particularly concerning given the negative experiences that transgender young people face within the schooling environment and the poor mental health outcomes that are related to these experiences. Researchers in this field argued that in-depth investigations of the experiences of school mental health professionals and transgender young people in school counselling are crucial (Bowers et al., 2015; Riggs & Bartholomaeus, 2015). Currently, there is a very limited understanding of the attitudes, skills, competencies, needs or even education of school mental health professionals working with transgender young people. Additionally, there is currently no insight into the needs, perspectives and opinions of transgender young people regarding their school counselling experiences. Thus, there is no indication of whether school-based mental health professionals offer adequate and effective services to transgender young people. Further research in this area may contribute to the evaluation of the role and impact of school counselling services on the mental health of transgender young people and highlight the counselling and mental health needs of transgender young people within the schooling environment.

It is important for schooling environments to become safer and more accepting of transgender young people in order to promote protective factors and the potential buffering of negative mental health outcomes. Smith and colleagues (2014), who conducted a nationwide study on the mental health and well-being of gender diverse and transgender young people in Australia, found that a positive school climate involved supportive and accepting teachers and leaders (i.e., using preferred pronouns, correct terminology), flexible gender arrangements (i.e., toilets, uniform) and anti-bullying protection (i.e., anti-bullying policies). This indicates there is a need for school ecologies to be informed and understanding of sensitive and inclusive transgender terminology, which provides practical implications for schools

to arrange and organise appropriate workshops or resources for staff and students.

By promoting the use of inclusive terminology and providing supportive resources, such as LGBTQ+ student clubs and inclusive signs and posters, positive mental health outcomes within the schooling environment may be promoted (Kosciw, Bartkiewicz, & Greytak, 2012). For example, Porta and colleagues (2017) found that the presence of a gay-straight alliance (GSA) within the schooling environment positively influenced the physical, emotional, social and academic well-being of LGBTQ+ young people. This was related to a sense of membership or belonging as well as establishing emotional connections and social support within the schooling environment; factors that have been shown to potentially reduce the negative mental health outcomes developed from bullying, victimisation and discrimination (Colvin et al., 2019; Day et al., 2018; Smith et al., 2014).

Future researchers should investigate the best methods to deliver these resources and programmes to staff and students and the ways in which schools can monitor the effect of resources and programmes on the mental health of transgender students. For example, a quasi-experimental study where researchers compare a school that implements an anti-bullying programme with a school that does not implement the programme may offer important insight into the effectiveness of this programme on improving the mental health of transgender students. This may also provide guidance for schools in how to successfully and effectively implement this programme. Furthermore, policy changes that address the inclusive needs of transgender students, such as gender-neutral bathrooms, unisex uniform policies and anti-bullying policies, may increase a sense of school belonging, which is related to positive school climates (Smith et al., 2014).

Considering the exploratory method of the current scoping review, it may also be beneficial for future researchers to conduct systematic literature reviews or meta-analyses in order to answer specific questions regarding the mental health and well-being of transgender young people in society and in schools. Once more empirical research has been established within this topic area, such review methods would provide a more robust and thorough understanding of the experiences of transgender young people within the schooling context and the implications these experiences have on mental health and well-being.

Methodological Critique

The methodology utilised across the relevant literature demonstrated several strengths, namely in the large sample sizes of transgender young people, which allowed for greater statistical reliability of results. Additionally, many

of the included studies were the first state- or nation-based publications to include a gender identity measurement in a population-based sample, increasing the visibility and awareness of transgender young people within the literature. However, one major strength identified across all of the included publications was the focus on transgender young people independently of LGBTQ+ young people.

Across the literature, L, G, B, T and Q+ people are combined into the same category reporting on LGBTQ+ findings as a collective group. Although this practice provides important insight into the lives and experiences of LGBTQ+ people as a whole, it also limits a deeper understanding of the specific and distinct needs and experiences of young people who challenge normative conceptions of gender and sexuality. This was highlighted by the 16 studies excluded from the current scoping review where a focus collectively on LGBTQ+ young people made it impossible to report on transgender only findings. While this research demonstrates that LGBTQ+ young people experience poorer mental health outcomes within the schooling environment (Colvin et al., 2019; Espelage, Merrin, & Hatchel, 2018; Heck, Flentje, & Cochran, 2011; Kosciw, Palmer, & Kull, 2015), it does not indicate whether some L, G, B, T and/or Q young people are more or less impacted. Nor does it consider if such impacts are specific to one's diverse gender and/or sexual identities. Therefore, it is timely to consider the unique and different experiences and needs of L, G, B, T and Q young people in order for schools and professionals to employ appropriate measures and actions to reduce the negative mental health outcomes for these young people.

Despite this strength of not conflating the LGBTQ+ acronym across the reviewed studies, there are several limitations to the methodologies of these studies that should be addressed. Firstly, all of the included studies utilised correlational or cross-sectional study designs, limiting the deduction of cause-and-effect relationships between school and mental health variables. Given the important findings regarding the poor mental health outcomes of transgender young people in schools, it is essential to investigate the relationship between mental health and school factors using both longitudinal and quasi-experimental study designs. This will allow for a clearer and more precise understanding of the mechanisms underlying the development of poor mental health within the schooling environment for transgender young people. This may offer specific direction and encouragement for schools and educational departments to work towards reducing the prevalence of risk factors and promoting protective factors within schooling environments for transgender young people.

Furthermore, all of the study samples were derived from large pre-administered state-based or nation-based health and well-being surveys. This led to numerous methodological weaknesses and limitations likely impacting the reliability and validity of results. One major concern was

the timeframe between the data collection and reporting. For example, Hatchel et al. (2019c) published their paper in 2019 yet used data collected between 2013 and 2015, leaving up to a six-year discrepancy. Being transgender is a rapidly developing concept, with terms, definitions, policies and laws frequently updated and modified (Telfer et al., 2015; Valentine & Shipherd, 2018). Within this six-year timeframe, there have been developments in knowledge and terminology, changing the ways in which society, research and education interacts with transgender people (Telfer et al., 2015; Valentine & Shipherd, 2018). It is important that researchers in this field utilise up-to-date data and samples to capture the most reliable and valid representation of being transgender in today's society.

The use of large pre-administered surveys also introduced potential weaknesses to the utilised measures. As these surveys formed parts of prior broader studies, authors of the reviewed studies had no jurisdiction over the measurement of variables. This led to inconsistencies with how key variables were measured, particularly in regard to gender identity. Some authors (Clark et al., 2014; Gower et al., 2018; Perez-Brumer et al., 2017) voiced uncertainty as to whether participants properly understood the gender identity questions, raising concern over the accuracy of sample demographics. This is particularly concerning given that identifying transgender participants was crucial to the aims of the majority of included studies. It is likely that potential confusion had arisen for participants given that many of the studies did not define the term "transgender" (Gower et al., 2018; Hatchel et al., 2019c; Perez-Brumer et al., 2017; Taliaferro et al., 2019). To avoid confusion and capture an accurate sample of transgender young people, researchers should aim to use appropriate gender identity measures. These measures should include a clear definition of what is meant by being transgender, which captures and provides examples of the broad range of identities that fall under this umbrella term (i.e., gender diverse, gender variant, genderfluid, gender non-conforming, non-binary). This should also include any culturally specific terms (i.e., Indigenous Australians use the terms brother-boy and sister-girl). Additionally, these gender identity measures should not conflate sexual orientation and gender identity or combine these two concepts in the same question or item.

From a theoretical standpoint, it is important to understand the ways in which the authors of the included studies utilised theory when developing their methodologies. A solid theoretical framework helps to justify methodologies which adhere to the needs of the research aims and questions. Although not all included studies referenced specific theoretical perspectives, common theoretical frameworks utilised across the majority of studies included in this scoping review were minority stress theory (Goldblum et al., 2012; Hatchel et al., 2019c; Taliaferro et al., 2019; Veale et al., 2017a) and socio-ecological theories (i.e., Bronfenbrenner's ecological

theory; Gower et al., 2018). These theories are able to identify how certain social variables are connected to mental health outcomes, yet they do not fully account for the individual variations, experiences and needs that might emerge at the intersections of complex identities.

It is therefore important to consider alternate critical theoretical perspectives which may be better able to account for the specific experiences of transgender young people in schools. For example, queer and transgender theories aim to challenge heteronormative structures and discourse by emphasising and promoting diverse identities (Denzin & Lincoln, 2017; Jagose, 1996). The concept of being transgender can be viewed as a direct challenge to heteronormative binary gender systems by demonstrating the existence of a gender spectrum with multiple possibilities and alternatives. These theoretical frameworks are best suited to qualitative methodologies, which facilitate in-depth investigations of participants' experiences, opinions and perspectives (Denzin & Lincoln, 2017). This allows for comprehensive and personal data collection methods, which give voice to populations underrepresented in the extant literature (Creswell & Creswell, 2017). This is particularly important considering the lack of the literature regarding the experiences of transgender young people and school mental health professionals in the school counselling environment. Therefore, both quantitative and qualitative studies are needed to explore the experiences and mental health of transgender young people in schooling contexts.

Limitations of Current Scoping Review

While the current scoping review provides insights into the mental health outcomes of transgender young people in secondary schooling contexts and offers useful practical implications and guidelines for future research, it also has limitations. First, the small number of included studies can be viewed as a limitation, as additional studies would have strengthened the findings and implications of the current scoping review. However, the lack of research within this niche topic area may be a significant contributing factor to this limitation. Second, the four selected databases did not identify two of the seven included studies. Although reference list screening is an accepted and valid step of study selection in scoping reviews, there is potential that the inclusion of additional relevant databases may have allowed for an even broader scope of the available literature. Third, we did not review any grey literature. This decision was made in order to guarantee the included literature was of peer-reviewed quality to ensure validity of findings. However, given the lack of published research in this area the inclusion of grey literature may have offered a broader scope of available literature, at the sacrifice of potentially lowering the quality of included studies. In regard to the included studies, there was an evident lack of variation between study

designs and data collection methods. This led to similar limitations and weaknesses across each of the publications, which were addressed and critiqued in the current scoping review.

Conclusion

The available literature highlights the potential risk and protective factors within the secondary schooling environment that are related to the mental health of transgender young people. These findings demonstrated the strong relationship factors such as bullying and victimisation can have with the mental health outcomes of transgender young people in secondary schooling contexts, including suicidality and depression. It is crucial that school personnel and staff implement appropriate changes and strategies to promote the presence of potential protective factors within the schooling environment, such as a sense of school belonging and engagement. In order to implement change and promote protective factors, school mental health professionals should work towards providing safe spaces as well as building rapport and supporting transgender young people within the schooling environment. Specifically, it is important for future researchers to better understand the experiences of mental health professionals and transgender young people in the school counselling environment in order to promote these necessary changes.

Additionally, school policy should be revised to address the inclusive needs of transgender students such as fostering a supportive school climate, utilising correct terminology, providing flexible gender policy arrangements and implementing effective anti-bullying protection. Future researchers should engage in both longitudinal and quasi-experimental research to better understand the long-term impacts of these risk and protective factors. This would also provide insight into school programmes and strategies that are most effective in reducing risk factors and promoting positive mental health outcomes among transgender students.

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Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Appendix

The final terms used for the search were [transgender OR transgender youth OR transgender adolescent* OR transgender teen* OR transgender young people OR transgender young person* OR LGBT* youth OR LGBT* adolescent* OR LGBT* young people OR LGBT* young person* OR trans* youth OR trans* adolescent* OR trans* teen* OR trans* young people OR trans* young person* OR gender diverse youth OR gender diverse adolescent* OR gender diverse teen* OR gender diverse young people OR gender diverse young person* OR non-binary youth OR non-binary adolescent* OR non-binary teen* OR non-binary young people OR non-binary young person*] AND [school* or schools] AND [mental health].

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