RESEARCH PROPOSAL

Policy Environment, Social Factors, Political Engagement, and Mental Health of Gender-Diverse People of Color

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[Adapted from ongoing research at Florida State University]

Executive Summary

Transgender and gender-diverse (TGD) individuals in the United States experience a disproportionate mental health burden compared to their cisgender peers, and research indicates that discrimination on the basis of their gender contributes significantly to this disparity. Black, Latin American, Indigenous, and Asian individuals, or People of Color (POC) in the United States also experience a great deal of discrimination on the basis of their race or ethnicity, and these experiences are also linked to adverse mental health outcomes.

TGD POC, who exist at the intersection of these marginalized identities, report high amounts of mental health burden, with particularly high rates of

suicide-related thoughts and behaviors (STBs). Adopting a systems perspective on the study of mental health of TGD POC would suggest that social determinants of health, such as socioeconomic status, play an important role in the mental health disparities TGD POC experience.

This research proposal puts forth the hypothesis that more anti-LGBTQ+ and anti-POC state policy environments will be cross-sectionally associated with greater mental distress and suicide ideation in a sample of TGD POC. I also hypothesize that discrimination experiences and socioeconomic status will partially account for the variance in these relationships. Additionally, I hypothesize that political media exposure and political participation will significantly moderate these relationships. Implications of this research are also discussed.

Background

Transgender and gender-diverse (TGD) people are people who identify their gender, in whole or in part, differently from the sex that they were assigned at birth (American Psychological Association, 2015). The past several decades of research conducted by psychologists, psychiatric epidemiologists, and other scientists have evinced that TGD individuals experience significantly elevated mental health burden compared to the general population, including depression, anxiety, eating disorders, substance use disorders, and even psychosis (Pinna et al., 2022). In the largest survey of TGD individuals to date, the 2022 U.S. Trans Survey, the investigators found that 78% of the over 80,000 respondents reported lifetime suicide ideation and 40% reported lifetime suicide attempts (Rastogi et al., 2025).

Researchers have found that these disparities can, at least in part, be attributed to the fact that TGD individuals experience a great deal of discrimination in society on the basis of their gender identities and gender presentations due to

cisgenderism or *cisnormativity,* or the ideology that one's gender identity and expression is irrevocably determined by their sex assigned at birth, and that gender is a binary, immutable characteristic (American Psychological Association, 2015). These common negative experiences can result in both distal effects on mental health through negative interpersonal experiences (e.g., non-affirmation of gender identity, verbal harassment; Rastogi et al., 2025; Stanton et al., 2025) and proximal effects through increased negative beliefs about oneself and the world (e.g., internalized transphobia; Testa et al., 2015). This pattern of effects is called minority stress theory, which was originally conceptualized to explain health disparities experienced by lesbian, gay, bisexual, and queer individuals (Brooks, 1981; Meyer, 2003), but was later expanded to be inclusive of TGD individuals (Testa et al., 2015).

Minority stress theory has also been leveraged to explain some health disparities experienced by Black, Latin American, Native American, and Asian individuals, or People of Color (POC; Frost & Meyer, 2020). POC in the United States experience a range of discriminatory experiences on the basis of their skin color, perceived race or ethnicity, and national origin (Salari et al., 2024; Shavers & Shavers, 2006). Racial discrimination in the United States has been violent from the inception of the country, with its manifestations including genocide, chattel slavery, concentration camps, and lynchings (Brown University Steering Committee on Slavery and Justice, 2021). The 20th century was also rife with less violent but nonetheless ruinous housing, employment, and education discrimination on the basis of race and ethnicity (Banaji et al., 2021).

Despite the fact that such brazen forms of racial discrimination and violence are now either illegal or no longer as prevalent, to this day, many POC report experiencing racial microaggressions, or subtle forms of racism, in their daily lives, indicating that the effects of historic racism in the United States still persist (Lloyd, 2024; Sue et al., 2007). In addition to persistent interpersonal minority stress, this history has also created what civil rights theorists describe as a "racial caste system" which materially upholds the capital gain and social mobility of

White Americans over other racial and ethnic groups in the United States (Alexander, 2010). This system has been demonstrated to have a negative impact on both physical and mental health of POC (Priest et al., 2013, Stirling et al., 2015, Pascoe & Richman, 2009, Polanco-Roman et al., 2024). Similarly to the mechanisms for TGD individuals, both proximal (e.g., internalized racism, stereotype threat) and distal (e.g., harassment) minority stressors are associated with mental health burden for POC (Carter et al., 2019; Gale et al., 2020; Sanders et al., 2024; Willis et al., 2021).

Intersectional Experiences of Transgender and Gender-Diverse People of Color

A small but expanding body of research has examined the specific mental health experiences of TGD POC. Kimberlé Crenshaw, lawyer and civil rights advocate, coined the term "intersectionality" to describe the nuanced impact of existing in society at the nexus of multiple axes of structural oppression (Crenshaw, 1991). For example, TGD POC are impacted by both transnegativity and racism, which means that their experiences of discrimination are qualitatively distinct from those of either cisgender POC or White TGD individuals. TGD POC may specifically experience transnegativity from broader society *and* their communities of color, racism from broader society *and* their TGD communities, and the unique experience of feeling alienated from multiple communities that profess acceptance of their identities (Balsam et al., 2011). Some research has indeed found that nonbinary POC experience more gender-related discrimination experiences than White nonbinary individuals (Schultz & Matsuno, 2025).

It would stand to reason that the intersectional experience of TGD POC may, then, result in quantitatively distinct health outcomes from these groups, given that they are subject to potentially double the discrimination. Researchers have disagreed on how precisely to quantify the impacts of intersectionality on health, with approaches ranging from simple addition (Meyer, 2010) to complex decision trees (Mahendran et al., 2022). In the quantitative research that exists, TGD POC have often been found to have comparable or even less severe

mental health burden than their White TGD peers (Brown & Jones, 2014; Jardas et al., 2023, Seelman et al., 2016), although suicide-related thoughts and behaviors specifically appear tend be higher amongst TGD POC than their White TGD peers (Adams & Vincent, 2019; Anderson et al., 2024; McPherson et al., 2023; Rastogi et al., 2025; Stanton et al., 2025; Wolford-Clevenger et al., 2018). This disparity could suggest that that psychiatric disorders are underdiagnosed in TGD POC due to a) lack of access to mental health care providers or b) lack of cultural competency amongst providers (Kremen et al., 2025). It could also be the case that stigma against acknowledgement of mental health in communities of color (Eylem et al., 2020) reduces insight into mental health symptoms for TGD POC. Some have also hypothesized that TGD POC could have developed resilience to minority stress through experiencing racial discrimination prior to "coming out" as TGD (Cyrus, 2017).

Additionally, Mereish and colleagues found that experiences with intersectional microaggressions (e.g., racism in LGBTQ+ communities, anti-LGBTQ+ bias in racial/ethnic minority communities) accounted for variance in depression, self-esteem, and sense of mastery in lesbian, gay, bisexual, transgender, and queer (LGBTQ+) adolescents of color over and above what was accounted for by experiences with racism and anti-LGBTQ+ discrimination (Mereish et al., 2022). King and colleagues (2024) found that transgender women of color experienced worse health outcomes in association with individual trans-affirmative policies in their states while White transgender women experienced better outcomes. These findings suggest that a merely additive, or "double discrimination," model as suggested by the minority stress model does not capture all of the variance in mental health outcomes experienced by TGD POC. In recent years, researchers have developed intersectional models that highlight the importance of examining more distal levels of oppression (e.g., structural, institutional, community) and their unique effects to better understand the mental health of TGD POC (Wesp et al., 2019; Wood, 2024).

A Systems Perspective on Intersectional Discrimination and Mental Health

The mechanisms through which mental health outcomes are impacted by these overlapping systems of power and oppression add further complexity to the picture. For example, multiple studies have found that differences between TGD POC and cisgender or TGD White individuals in depression, anxiety, and psychological distress are reduced or eliminated when socioeconomic variables are accounted for in the models (Robertson et al., 2021; Seelman et al., 2016). Therefore, beyond the interpersonal mechanisms centered in minority stress theory, broader socioeconomic factors are also likely important in understanding how the mental health of TGD POC is impacted by discrimination in society.

A large body of research has accumulated to examine the effects of interpersonal and intrapersonal minority stress on TGD individuals' mental health, but relatively less has focused on the effects of structural marginalization (Hatzenbuehler et al., 2024) – that is, "societal-level conditions, cultural norms, and institutional policies that constrain the opportunities, resources, and well-being" of socially marginalized groups (Hatzenbuehler et al., 2014). To establish some clarity with regards to terms that are often used interchangeably in the literature, I adopt Dean and Thorpe's (2022) delineation of *structural* marginalization as "the totality of ways in which multiple systems and institutions interact" to marginalize certain individuals, *institutional* marginalization as marginalization which exists within a given institution (e.g., the criminal legal system, higher education), and *systemic* marginalization as a way to describe marginalization which exists throughout a system (e.g., institutions, communities).

Under the social-ecological model, reproduced in Figure 1, health outcomes are influenced not just by interpersonal and intrapersonal factors but also by broader systems, such as the policy environment and community-level resources (Bronfenbrenner, 1992). Social determinants of health are these environmental conditions, such as socioeconomic status, insurance status, and healthcare access, which can impact health outcomes (Golden et al., 2015). For example,

previous research has indicated that education and income account for a significant amount of the disparities in health outcomes between Black and White individuals (Williams et al., 1997). Importantly, TGD individuals frequently report experiencing lower socioeconomic status and higher Medicaid enrollment than the general population, with even greater disparities for TGD POC (Carpenter et al., 2022; Rastogi et al., 2025).

With regards to the health issues facing TGD POC in particular, social determinants of health account in part for why some individuals can access health care – including prescription medication for their psychiatric disorders, evidence-based treatments provided by a licensed psychologist, gender-affirming care that may help reduce gender dysphoria, and HIV prevention measures such as pre-exposure prophylaxis and post-exposure prophylaxis – and other individuals cannot (Rastogi et al., 2025). These social determinants of health are heavily influenced by state-level policy. Underhill and colleagues (2024) put forth a succinct model, reproduced in Figure 2, to explain the way that marginalizing state-level policies in the United States serve to exacerbate health disparities experienced by marginalized groups:

> In its compliance function, law requires, subsidizes, licenses, burdens, or prohibits behaviors…In its expressive function, law codifies values regarding what, and who, deserves attention, dignity, respect, autonomy, protection, and care. […] Both the compliance and expressive functions of law can lead to environmental and behavioral impacts, and these pathways are mutually enforcing. […] Laws work through both of these pathways to shape resources, social and built environments, behavioral options, and experiences for members of marginalized groups.

In other words, a *systems perspective* on the mental health of TGD POC acknowledges that structural intersectional oppression manifests across societal, institutional, community, and interpersonal systems. Thus, such a perspective requires that researchers identify and study policies relevant to TGD POC, as

these policies have effects on the environment and the behaviors of people in the state that reinforce each other and generate downstream effects on TGD POC mental health.

For example, marginalizing policies create environments that foster interpersonal discrimination, which may push TGD POC away from schools, careers, and healthcare providers and, ultimately, impact their socioeconomic standing and access to healthcare (Celemen et al., 2024). Marginalizing policies also have direct impacts on social determinants of health by, for example, excluding even medically necessary gender-affirming care from being covered by Medicaid (Gomez et al., 2022). Said policies may force TGD POC to forego or delay desired medical transition, which could expose them to a greater amount of interpersonal minority stress due to not "passing" as their affirmed gender when they want to (Anderson et al., 2025). Some state legislatures have even eliminated scholarships and grants that were previously allotted specifically for POC, policies which will directly impact the ability of POC in those states to pursue higher education (The Feed, 2024). These policies could, then, result in POC in those states experiencing greater interpersonal minority stress on the basis of their lower education level and financial status.

Although it is worth noting that previous research has found that higher socioeconomic status has, counterintuitively, been associated with more experiences with discrimination and stress in Black adults (Stamps, 2024) and LGBQ+ POC (Shangani et al., 2020), it is not clear whether this effect will hold for TGD POC. Researchers have speculated that this effect is due to intergroup interactions (i.e., interactions between White individuals and POC) occurring more frequently and hypervisibility of POC in more educated and higher paid social environments (Hudson et al., 2020; Shangani et al., 2020). Nonetheless, previous studies have indicated a negative association between socioeconomic status and TGD-related discrimination (Bradford et al., 2013, Cruz, 2014, Shires & Jaffee, 2015). Therefore, there appears to be a partially bidirectional relationship between interpersonal minority stress experiences and

social determinants of health for TGD POC, further complicating the connection between marginalizing policies and their downstream mental health outcomes.

So, it stands to reason that state-level policies relevant to TGD POC would have downstream impacts on their mental health. Indeed, a recent review by Hatzenbuehler and colleagues (2024) found that structural anti-LGBTQ+ stigma is associated with a number of negative health outcomes in the literature, lending credence to the importance of studying these relationships. Relatedly, in an analysis of national data, Goldenberg and colleagues (2020) found that more protective overall state policy environments, but not specific policies, were associated with less healthcare avoidance in TGD adults, which underscores the importance of studying the broader effects of the political environment on health outcomes. A recent study by Price and colleagues (2024) also found that overall state-level structural transphobia was associated with higher psychological distress and suicide-related thoughts and behaviors in TGD adults. However, despite the fact that structural racism may confer similar risk for mental health burden upon POC, the specific experiences of TGD POC in relation to these state-level policy environments has largely gone unexamined, with few exceptions. One recent study found that trans-affirmative policies were only associated with greater self-reported health for White transgender women, said policies being associated with worse health for transgender women of color (King et al., 2024), highlighting the importance of also studying the impacts of race-related policies on TGD POC.

In the last ten years, a great number of bills focused on challenging the rights of LGBTQ+ people and POC have been considered in state legislatures across the United States, especially in the South (Wolf, 2025; Movement Advancement Project, 2024). Many of these bills have been signed into law; as a result, some states have limited the ability of TGD individuals to access gender-affirming care, forced TGD individuals to hide their identities at work or risk termination, restricted voting rights and civilian ballot initiatives, limited students' ability to learn about LGBTQ+ identities and structural racism in the United States, and

eliminated schools' ability to support student organizations and research efforts that focus on racism or LGBTQ+ issues (Wolf, 2025; Movement Advancement Project, 2024). In the 2022 U.S. Trans Survey, 47% of respondents considered moving to another state because of marginalizing laws passed by their state government, with 5% actually choosing to move (James et al., 2024). These laws have direct and indirect effects on mental health (Tebbe et al., 2022), as may perhaps be indicated by the fact that the disparity in mental health burden between cisgender and TGD adults has widened dramatically over the past decade (Feir & Mann, 2024). It is clear that the mental health effects of marginalizing policies passed by state governments are becoming an increasingly pressing public health issue.

The Role of Resilience Factors

Additionally, little of the literature on TGD mental health has focused on resilience factors, despite the fact that they might be important sources to draw on in the development of TGD-affirmative policies and psychological interventions to mitigate the effects of the aforementioned marginalizing policies (Expósito-Campos et al., 2023; Matsuno & Israel, 2018). The existing literature indicates that socially and medically transitioning and social support, especially from families of origin, can be protective against adverse mental health outcomes for TGD individuals (Matsuno & Israel, 2018; McCann & Brown, 2017; Rastogi et al., 2025). Social support and connection have also been found to be resilience factors specifically for Black LGBTQ+ individuals and Latine TGD adolescents (Follins et al., 2014; McPherson et al., 2023). Additionally, constructs that address self-confidence, joy, and rightness associated with one's gender identity and presentation, such as *gender euphoria* and *gender congruence,* have demonstrated significant positive associations with mental wellbeing and resilience (Kulesza et al., 2025; Reisner et al., 2023). However, research on these protective factors has been largely limited to their ability to mitigate the effects of interpersonal, rather than structural, discrimination.

Further, although the existing literature has not consistently indicated protective effects of collective action or political engagement on mental health for TGD individuals (Matsuno & Israel, 2018), this effect has not been tested for TGD POC. In previous research, it has been found that self-efficacy and personal control are resilience factors for Black LGBTQ+ people (Follins et al., 2014). It could be the case that engaging in political activism and advocacy opposing marginalizing policies at the state level could help TGD POC develop a sense of personal control or agency, which may be protective against suicide risk (Joiner et al., 2025). Additionally, even in just the last decade, the political landscape has changed dramatically. In the wake of increasing legislative attacks on the TGD community, young TGD people and their families are turning towards voting and other types of political engagement (Brandon-Friedman et al., 2024). Many TGD individuals have recently reported engaging in civic or political activity, which may be an indicator of the personal importance of self-advocacy for members of this marginalized group (Advocates for Trans Equality Education Fund, 2024; Sostre et al., 2024).

Finally, awareness about the policy environment may moderate the effect of marginalizing state policies on TGD POC's mental health. Previous literature indicates that awareness of societal stigma and violence against Black individuals is related to lower Black mental wellbeing (Curtis, 2021; Stamps, 2024). Similarly, research has found that greater exposure to news about legislation restricting the rights of TGD youth and greater perception that people in one's community support said legislation are both associated with negative mental health outcomes in TGD youth (Dhanani & Totton, 2023). Some qualitative work suggests that Black TGD activists are starting to avoid exposing themselves to political news to protect their wellbeing (Sostre et al., 2024). Notably, a previous study which utilized the Movement Advancement Project's State Policy Environment Tally to examine relationships between marginalizing policies and minority stressors in TGD individuals found no significant associations, but the vast majority of the study's participants lived a) outside of the U.S. South or b) in a

metropolitan area (Clark et al., 2025), which could suggest that living in more minority-friendly areas could insulate marginalized individuals from knowledge and experience of their state's marginalizing policy environment.

The Present Study

The present study will address a gap in the literature by virtue of examining an understudied population, and it will specifically focus on associations between the concrete, present-day policies being enacted across the United States on the depression, anxiety, posttraumatic stress symptoms, and suicide ideation of TGD POC. Additionally, the present study will include more proximal factors that may influence or explain these complex relationships, such as social determinants of health, minority stress experiences, exposure to political media, and political participation.

It is hypothesized that living in states with higher degrees of marginalizing policy environment will be associated with greater mental distress and suicide ideation. Secondarily, socioeconomic status and discrimination experiences will account for a significant amount of the shared variance between the marginalizing state-level policy environment and the intercept and these adverse mental health outcomes. Finally, exposure to political media will strengthen, and political participation will weaken, the relationships between these variables.

Methods

Participants and Procedures

600 TGD POC adults throughout the United States will be recruited through targeted online advertisements on social media sites, emails to listservs provided by community and university organizations, and community outreach via flyers if needed. Interested participants will be required to complete a screening survey via Qualtrics to determine whether they are eligible for the study and provide baseline demographic data. Participants will be eligible to participate if a) they identify as transgender or gender-diverse, which will be determined by their own self-selection on the screening survey as anything other than only "Cisgender" and "Man" or "Cisgender" and "Woman" on the gender identity question, *and* b) they identify as a Person of Color or racial minority, which will be determined by their own self-selection on the screening survey as anything other than only "White/Caucasian." Furthermore, participants must also be adults over the age of 18, residents of the United States, and English-speaking.

Individuals who are invited to participate in the study will first review an online consent document and provide informed consent by electronically signing. Next, they will be directed to complete the remainder of the Wave 1 battery via an online Qualtrics survey, which will comprise of the below battery of self-report questionnaires and four attention checks. Any participants who report non-zero suicide risk by virtue of reporting a score greater than 0 on the Depressive Symptom Index – Suicidality Subscale (Stanley et al., 2021) and the single-item suicide intent rating will be contacted by the study investigators for a suicide risk assessment and safety planning.

After completing the Wave 1 battery, passing 75% of attention checks, and responding to the study investigators for a suicide risk assessment if needed, participants will be compensated with a $5 gift card. Participants will be contacted approximately 3 months later to complete the Wave 2 battery,

which will be identical to the Wave 1 battery (including demographic information). After completing the Wave 2 battery, passing attention checks, and completing any required suicide risk assessment, participants will be compensated with a $10 gift card. Similarly, participants will be contacted again approximately 3 months after completing Wave 2 to complete the Wave 3 battery. After completing the Wave 3 battery, passing attention checks, and completing any required suicide risk assessment, participants will be compensated with a $15 gift card.

Measures

Sociodemographic questionnaire. All participants will provide their email address and phone number to enable follow-up for recruitment into the main study. Additionally, participants will provide their age, gender identity, sexual orientation, race, ethnicity, country of residence, and state of residence to determine their eligibility for inclusion in the study. Finally, participants will provide their personal and household income level, their employment status, their housing status, and their education level as part of the demographic questionnaire that will not impact their eligibility for the study.

Depressive Symptom Index - Suicidality Subscale (DSI-SS; Stanley et al., 2021). The DSI-SS is a 4-item measure assessing the severity of suicidal thoughts. For purposes of the current study, we will add an additional question (What is your current intent to make a suicide attempt in the near future from 0-10, with 0 being none at all and 10 being a definite intention?) to the end of the DSI-SS in order to better gauge need for follow-up regarding suicide risk and active vs. passive nature of ideation.

Patient Health Questionnaire (PHQ-9; Kroenke et al., 2001). The PHQ-9 is a 9-item questionnaire that measures depression symptoms as defined by the *Diagnostic and Statistical Manual of Mental Disorders*. The PHQ-9 is a well-established measure of depression symptoms with good internal consistency and validity (Kroenke et al., 2001).

Generalized Anxiety Disorder-7 (GAD-7; Spitzer et al., 2006). The GAD-7 is a 7-item questionnaire that measures Generalized Anxiety Disorder as defined by the *Diagnostic and Statistical Manual of Mental Disorders*. The GAD-7 is a well-established measure of generalized anxiety symptoms with good internal consistency and validity (Spitzer et al., 2006).

PTSD Checklist for DSM-5 (PCL-5; Weathers et al., 2013). The PCL-5 is a 20-item self-report measure that will be used to assess for PTSD symptom severity. The PCL-5 was designed to assess for symptoms across 4 symptom clusters that comprise PTSD in the *DSM-5*: re-experiencing, avoidance, hyperarousal, and negative alterations in cognition and mood. The PCL-5 has demonstrated acceptable internal consistency and good validity (Sveen et al., 2025).

The Racial Microaggressions Scale (RMAS; Torres-Harding et al., 2012). The RMAS is a 32-item self-report measure that assesses the frequency of subtle verbal and behavioral discrimination events people of color may have experienced on the basis of their race and ethnicity. It has been shown to have good internal consistency (Torres-Harding et al., 2021).

Heterosexist Harassment, Rejection, and Discrimination Scale (HHRDS; Szymanski, 2006). The HHRDS is a 14-item self-report measure that assesses discrimination and other negative events on the basis of their actual or perceived sexual orientation. The HHRDS has good internal reliability and validity (Szymanski, 2006; Smith et al., 2020).

Gender Minority Stress and Resilience Measure (GMSR; Testa et al., 2015). The GMSR is a 58-item measure of minority stress and resilience factors for transgender and gender-diverse people informed by the minority stress model (Meyer, 2003). Most of the subscales of the GMSR have demonstrated acceptable reliability and good criterion validity (Testa et al., 2015).

LGBT-POC Microaggressions Scale (LGBT-POC; Balsam et al., 2011). The LGBT-POC is an 18-item self-report scale which assesses experiences of microaggressions in people of color who also identify as part of the LGBTQ+ community. The subscales and overall scale have demonstrated strong internal consistency and criterion validity (Balsam et al., 2011).

Audio, Page, and Stream Measure. The Audio, Page, and Stream Measure (Ohme, Albæk, & de Vresse, 2016) is an 8-item self-report measure of exposure to political information through various types of media use. The measure has demonstrated good test-retest reliability (Ohme, Albæk, & de Vresse, 2016).

Political Participation Measure. The political participation measure is adapted from the 7-item questionnaire utilized by Chan (2016). The measure is comprised of yes-or-no questions asking respondents whether they have engaged in any of a range of political activities in the past 12 months (e.g., "volunteered time for a political or social organization," "contacted a public official"). For the purposes of this study, a Likert-like scale will be used for each item, ranging from "Never" to "Very Frequently."

Data-Analytic Strategy

First, I will use the Movement Advancement Project's Equality Maps, which are frequently updated records of laws and policies across the United States that are either detrimental or beneficial to LGBTQ+ individuals (Movement Advancement Project, 2025) to construct an index of transnegative and homonegative state policy environments. The methodology described in Agénor et al. (2021), which provides a typology to categorize state laws explicitly and implicitly related to structural racism across two legal domains, will be used to construct a state policy index of racist state policy environments.

Both indices will be loaded onto a latent variable called "Marginalizing Policy Environment" (MPE). Depression as measured by total scores on the PHQ-9, anxiety as measured by total scores on the GAD-7, and posttraumatic stress

symptoms as measured by total scores on the PCL-5 will be loaded onto a latent variable called "Mental Distress" (MD). The four items of the DSI-SS and the single item intent measure will be loaded onto a latent variable called "Suicide Risk" (SR) for separate analysis. The RMAS, HHRDS, GMSR, and LGBT-POC will similarly be utilized to construct a latent variable called "Discrimination," and income, education level, employment status, and housing status will comprise a latent variable called "Socioeconomic Status" (SES).

To test the primary hypothesis, structural equation modeling (SEM) will be utilized, with MPE predicting mental distress. As for the secondary hypothesis, Discrimination and SES will be entered as mediators in the model to determine whether they partially account for the relationship between MPE and mental distress. Finally, political participation and exposure to political media will be entered in separate models as proposed moderators of the aforementioned relationships. All of these analyses will be repeated with suicide risk as the outcome variable.

Significance and Implications

The present study will contribute significantly to the body of research on the mental health of TGD POC. First, by focusing specifically on TGD POC, the study will enable more granular within-group analysis of the mechanisms that contribute to TGD POC mental health burden rather than investing resources in further study of the "double discrimination" hypothesis, which does not seem to appropriately capture the experience of this diverse group in the existing literature. Second, the study adopts a more comprehensive systems perspective on the study of intersectionally marginalized individuals' mental health by examining intrapersonal and interpersonal as well as broader structural factors that may have downstream impacts on mental health in accordance with the socioecological model of health.

The findings for this study will likely prove informative for policymakers who seek to reduce mental health burden for marginalized individuals, for health researchers to expand upon in their pursuit of a better understanding of the health disparities experienced by intersectionally marginalized groups, and for mental health professionals who might benefit in their clinical practice from better understanding of the factors that might be detrimental or beneficial to their TGD POC clients' mental health. It could be the case that building a sense of agency and self-efficacy through political engagement is an effective bulwark against the negative impacts of interpersonal discrimination and socioeconomic marginalization that are maintained by policy environments antagonistic to TGD POC. If that is the case, mental health professionals and community organizers could leverage this knowledge to build more resilience within TGD POC and their communities.

Figures

Figure 1

Bronfenbrenner's Ecological Systems Theory

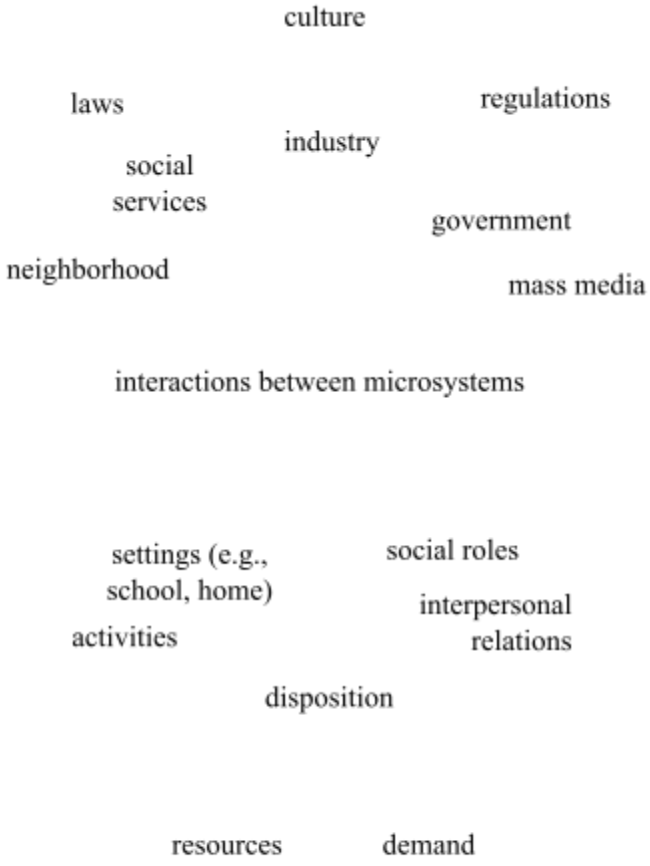
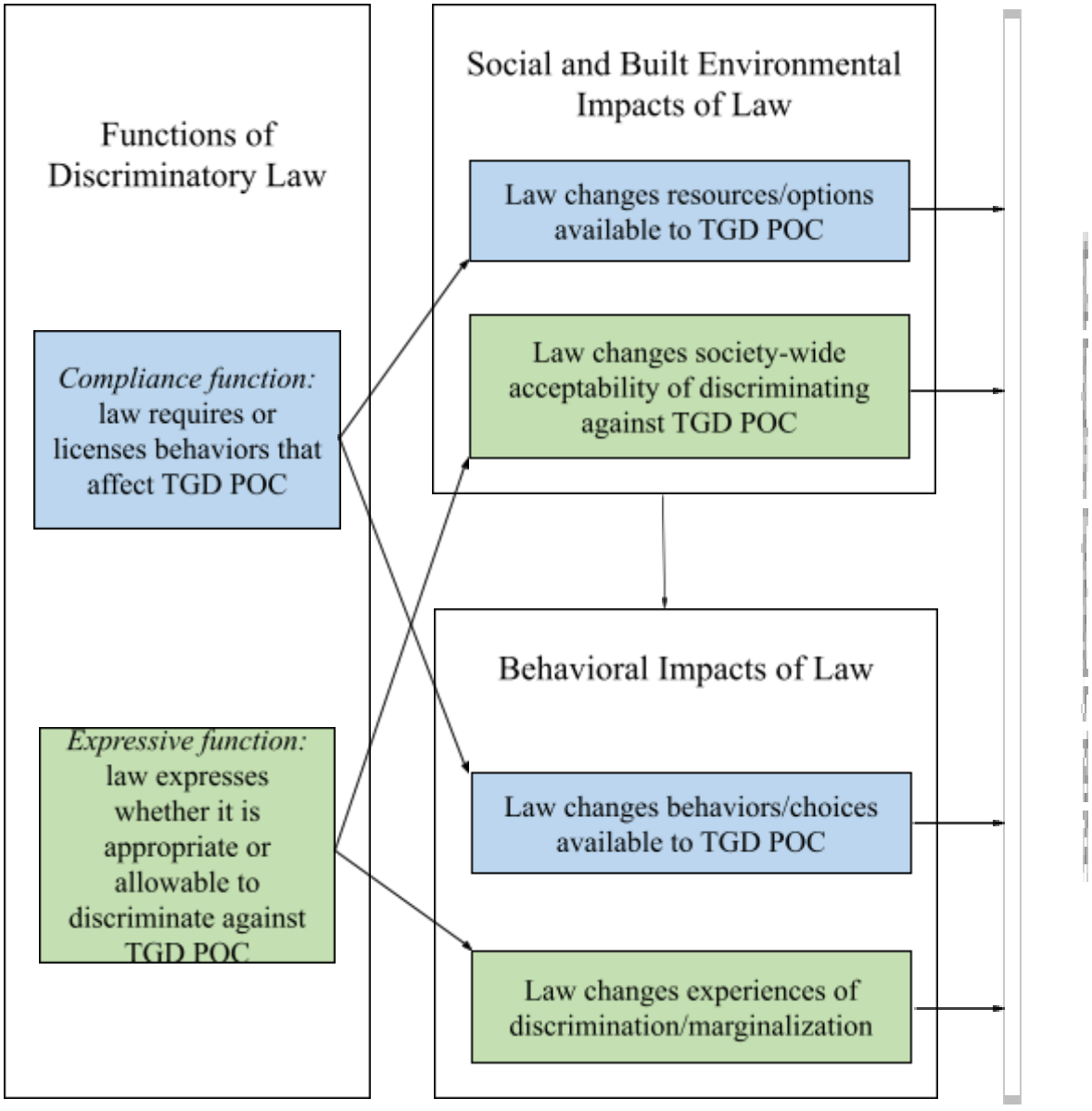


Figure 2

The Multifunctional Model of Discriminatory Law and Population Health Applied to TGD POC



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