

Mental Health of Transgender Individuals in Pakistan: An Analytical Study of Risk Factors, Prevalence, and Support Systems

Hina Masood^a, Kishwar Naheed^a

^a Allied Department, Foundation University Islamabad, Pakistan

Abstract

Transgender individuals in Pakistan face significant mental health challenges stemming from deep-rooted social stigma, marginalization, and systemic neglect. This analytical study explored the prevalence of mental health disorders, identified major risk factors, and evaluated the effectiveness of existing support systems available to transgender communities in Pakistan. Utilizing a mixed-methods approach, including surveys and interviews conducted with 200 transgender individuals across urban and rural settings in Punjab, Pakistan, Drawing on recent empirical research and qualitative insights, the study reveals alarmingly high rates of depression, anxiety, stress and suicidal ideation among transgender individuals, with experiences of discrimination and marginalization, internalized Trans-phobia, identity struggles and barriers to healthcare access etc. emerging as key contributing factors. The study underscores the urgent need for inclusive mental health policies, gender-sensitive healthcare training, and sustained social support to protect and empower this vulnerable population.

Keywords: Transgender, Mental Health, Prevalence, Risk Factors, Support System

Correspondence: Dr. Hina Masood (Lecturer)

Allied Department Foundation University Islamabad, Pakistan

Email: hinamasood5@gmail.com

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1. Introduction

Transgender individuals those who have a gender identity that does not correspond with their sex assigned at birth continue to experience serious social barriers, some of which affect their mental health both directly and indirectly. While there is an expanding body of knowledge and an improved understanding of inclusion in society, the lived experience of transgender persons is ruefully described as one marked by stigma, discrimination, marginalization, and structural injustices. There are implications for the lived experience in several areas of life, including social interactions, work, access to the most basic of health care, where one pursues their education, and family issues. Consequently, transgender persons experience vulnerability to mental health issues, including depression, anxiety disorders, post-traumatic stress disorders (PTSD), substance use disorder, and suicidal ideation.

Understanding mental health outcomes and health disparities experienced by transgender populations requires analysis that goes beyond an individual's mental state. To thoroughly understand these outcomes requires an understanding of socio-cultural, economic and institutional, influences of such experiences requires complex and layered analysis to understand myriad are but are examples of factors that influence transgender people's experience include: social rejection, minority stress, violence, unemployment, inadequate access to gender-affirming care and the absence of availability of inclusive support systems. In many situations transgender people experience both forms of discrimination, interpersonal and structural discrimination, creating excessive stress, and reducing their mental well-being. The discourse around transgender people's mental health decision-making is also compounded by the concept of intersectionality. The roles of gender identity related to other aspects of social identity including race, socioeconomic status, age, and disability creates further layering of risk, creating categorical casemix/blended vulnerability and requires unique risks for approaching interventions with a vast spectrum of experiences. Transgender people's rate of mental health disorders is significantly higher than that of the cisgender population. It has been consistently documented that transgender populations experience elevated rates of suicidal ideation and attempts. Some research found that lifetime suicide attempt rates among transgender individuals ranged as high 40%, compared to 4.6% for the general population in the U.S. Depression and anxiety disorders also appear at disproportionately higher rates among transgender people and often onset for individuals in their adolescence, and is shaped and amplified by experiences of bullying, rejection from parents and family, or isolating experiences rooted primarily within gender-diverse identities. For transgender youth and individuals that their primary developmental stage can be amplified gave their vulnerability in age and lack of supportive individuals and/or affirming environments.

A fundamental aspect of working with transgender people in relation to mental health is understanding minority stress. The minority stress model applied to LGBTQ+ communities posits that marginalized persons, such as transgender people, are socially disadvantaged, and therefore may experience chronic stress and it may have effects on their mental health. Chronic stress as a result of experiences such as misgendering, exclusion from gender-affirming medical care, lack of protections under the law, and being victims of trans-phobic violence. These things are more than theoretical, for many transgender people,

they are realities that exist regardless of the laws or degree of acceptance that exists in the countries they live in. Formal support systems (e.g., affirmative healthcare, peer support groups, supportive families, and educational management with safe spaces) and informal support systems play a critical mediating role to protect the mental health of TGD people. Formal support systems are protective factors that counteract stigmatizing and marginalizing experiences, leading to negative mental health outcomes. Informal support systems are equally important, and their availability depends on geographical location, socioeconomic status, and cultural and religious attitudes toward gender diversity. For the majority of transgender people, healthcare systems do not come close to meeting their needs, which may be due to a combination of lack of knowledge on the provider's part, Tran's phobia, and financial constraints. Educational and workplaces are not exempt either, with many lacking appropriate inclusive policies or practices, which can also create moments of marginalization rather than limit them.

Family support is often cited as one of the most potent protective factors for the mental health of transgender individuals. Family rejection consistently predicted higher levels of depression, homelessness, substance use, and suicidal behaviors. Similarly, there are some community-based support systems such as LGBTQ organizations, holistic and social constructs, and forums that can provide emotional and psychological assistance. Nevertheless, these groups can never fully extinguish the effects of system exclusion. Religions and cultural systems have equally shaped and influenced transgender experiences, either positively by affirming or negatively through direct or indirect rejection, or attempts at conversion Transgender people, or khwaja sira, face particular challenges in Pakistan due to the country's extreme conservatism and the lack of legislative rights for the LGBTQ+ community. Even though the Khwaja Sira are acknowledged as a separate social group in Pakistani culture, they continue to experience severe discrimination, social isolation, and structural marginalization. Many khwaja-sira are rejected by their families and communities, resulting in them often experiencing homelessness, poverty, and exclusion from the education system and from formal employment. While the Transgender Persons (Protection of Rights) Act, 2018 is a significant legal development for khwaja sira by providing legal rights and protections for transgender individuals, it has not been widely and uniformly implemented and it pales in comparison to the broader rights that are still unrecognized and criminalized through laws such as Section 377 of the Pakistan Penal Code for lesbian, gay and bisexual persons. The stigma attached to khwaja sira is coupled with harassment, violence, and otherwise distressing experiences and the denial or lack of access to healthcare is also troubling for khwaja sira and other Tran's or gender diverse individuals, including the lack of access to gender-affirming treatments, or mental health in general. The ongoing intersection of cultural, legal, and economic barriers means that khwaja sira and other LGBTQ+ persons in Pakistan will continue to struggle to live with dignity, safety, and equal opportunity.

This current study seeks to provide an analytical overview of the mental health landscape among transgender individuals by examining the prevalence of mental health disorders, identifying key risk factors, and evaluating the availability and effectiveness of support systems. The intent is not merely to highlight the disparities, but to understand their origins, interconnections, and impacts. By mapping out how social determinants and systemic structures contribute to mental health

outcomes, the study aims to inform policy, healthcare, and educational strategies that can better serve transgender populations.

Literature Review

The health of transgender people has gained more attention, especially in the context of academic research, because of the multiple and often unique challenges they repeatedly endure throughout their lifetime. They disproportionately experience a wide range of mental health concerns, such as depression, anxiety, substance use disorder, and suicidal thoughts, compared to their cisgender counterparts. This gap is thought to be caused by interplay of factors including: social stigma and discrimination, minority stress, inadequate psychosocial support, and the lack of accessible, competent health care services. It has long been established that transgender individuals carry a far greater burden of mental disorders than the population. The National Center for Transgender Equality (2015) reported that 40% of U.S. transgender adults indicated having attempted suicide at least once in their lifetime which is nearly nine times more compared to the general population. Bockting et al. (2020) and Testa et al. (2015) highlighted the influence of minority stress theory and argued that external factors such as discrimination and harassment, along with internalized Tran's phobia, undermine mental health.

According to the American Psychiatric Association (2020), over 50% of transgender individuals have been diagnosed with depression at some point, and nearly 40% report attempting suicide. Meyer's Minority Stress Theory (1995) postulates that chronic stress arising from stigma and prejudice increases vulnerability to mental illness among marginalized populations. A study by Bauer et al. (2015) emphasized the role of gender dysphoria, social isolation, and inadequate healthcare access as pivotal stressors. Research by Winter et al. (2016) also found that transgender people in low-income countries face additional burdens due to poverty and cultural taboos. However, few studies have focused on South Asian transgender populations, warranting a region-specific exploration of mental health dynamics.

The prevalence of mental health disorders among transgender individuals is markedly high. According to a 2019 report by the National Center for Transgender Equality, 39% of transgender people experienced serious psychological distress in the month prior to the survey, compared to just 5% of the U.S. general population. Additionally, nearly 40% reported having attempted suicide at some point in their lives—a rate nearly nine times higher than the general population. These alarming statistics underscore the urgent need for targeted mental health interventions and supportive policy reforms (James et al., 2016).

Transgender youth are especially at risk, navigating developmental challenges while facing increased scrutiny and rejection from families, peers, and institutions. A longitudinal study by Olson et al. (2016) showed that transgender children supported in their gender identity exhibit levels of depression and anxiety no different from cisgender children, suggesting that social support plays a critical protective role. In contrast, lack of family support, bullying in school environments, and rejection from peers correlate with heightened mental health concerns, including suicidal ideation. A meta-analysis by Simons et al. (2020) reinforced these findings, identifying family rejection as one of the strongest predictors of negative mental health outcomes in transgender youth.

The experience of discrimination in healthcare settings is a significant contributing factor to disparities in mental health. Accessing care for transgender people is frequently hampered by providers' ignorance,

unconscious prejudices, or outright refusal to offer services. These bad experiences make people distrust doctors and deter people from seeking help in the future. According to a study by Grant et al. (2011), almost one in five transgender individuals had experienced medical care denials because of their gender identity. In addition, psychological distress is increased and people are discouraged from interacting with mental health systems due to misgendering, intrusive questioning, and limited access to gender-affirming interventions.

Tran's phobic discrimination in medical care is another important concern for the mental health of Tran's people. Numerous individuals describe instances of misgendering, refusal of care, and invasive interrogation, which have resulted in mistrust of and avoidance of the medical system. These obstacles frequently lead to late diagnoses and non-treatment of disease of the mind. In a nationwide survey conducted by the US National Center for Transgender Equality, about a third of transgender people reported they had put off seeking medical care for fear of how they would be treated. Further, access to competent and affirming mental health care is found to be unavailable to many transgender individuals who delay meaningful care. Rates of suicide among transgender individuals this product of stigma and discrimination is not just discomfort or poor self-image. Statistics indicate that nearly four in 10 transgender individuals have attempted suicide at some point in their lives while less than 5% of the general population ever makes such an attempt. That risk is especially elevated among transgender young people, who frequently experience rejection from family and peers, bullying in school and barriers in receiving gender-affirming treatment. Transgender and non-binary youngsters have higher rates of mental health issues and suicide attempts than their cisgender LGBTQ peers, according to national surveys on LGBTQ young people conducted by The Trevor Project. Crucially, it has been demonstrated that protective factors like family acceptance, the use of preferred identities and pronouns, and having access to care that is gender affirming considerably lower these risks. Formal and informal social support networks are essential for mitigating the detrimental impacts on transgender people's mental health. One of the most important protective factors is family acceptance. Suicidal thoughts, anxiety, and depression are consistently lower among transgender people who say their families support them. In addition to providing vital psychological and feasible resources, social relationships, community organizations, and assistance groups help people feel resilient and like they belong. Online communities offer secure forums for exploring one's identity and solidarity, which can be especially helpful for people living in remote or hostile environments.

Understanding the complex ways that various types of oppression interact to affect mental health requires an understanding of intersectionality. The problems of racism and trans phobia are often exacerbated for Black, Indigenous, and people from diverse backgrounds (BIPOC) who are also transgender. According to study by James et al. (2022), transgender people of color experience higher rates of homelessness, unemployment, and violence exposure, all of which have a negative impact on their mental health. The need for culturally competent mental health services that cater to the linking needs of ethnically and racially diverse transgender populations is highlighted by studies such as those conducted by Velez et al. (2015).

Social support networks, such as chosen families, LGBTQ+ groups, and affirming places of employment or educational institutions, are essential barriers against the detrimental effects of marginalization on mental

health. One protective factor that has been repeatedly found is community connectedness. For instance, a research project by Testa et al. (2015) showed that transgender people who had close community ties had higher self-esteem and fewer depressive symptoms. Peer support groups—both online and in-person—are essential for building resilience because they give transgender people a place to talk about their experiences, get support, and get resources. In conservative or rural areas, where institutional assistance may be scarce or nonexistent, these social networks are especially crucial.

Depending on how inclusive the community and doctrine are, religious organizations and spirituality can be both a source of comfort and anguish. Non-affirming religious settings frequently spread internalized stigma and add to mental health burdens, whereas confirming religious spaces can improve mental health by providing approval and a sense of belonging. According to research, transgender people experience more psychological distress when they experience religious disputes and rejection from their faith communities. Nonetheless, spiritual identity can strengthen coping strategies and promote resilience for people who find accepting religious communities. Many transgender people continue to live in isolation as a result of stigma and marginalization, even though support networks are vital. These issues are made worse by homelessness, unemployment, and a lack of educational opportunities. According to research, transgender individuals experience disproportionately high unemployment and poverty rates, which increase their vulnerability to mental health issues. These factors' intersectionality can lead to increased psychological vulnerability and compounded disadvantages, especially for transgender people who are also people of color, disabled, or living with HIV.

Another area where transgender people, particularly young people, face serious mental health risks is the educational system. In many school environments, bullying, exclusion, and a lack of institutional assistance are commonplace. Transgender students are more likely to skip school because of safety concerns and face higher rates of harassment, according to studies. Poor academic performance and psychological distress are known to be predicted by a hostile school environment. On the other hand, transgender students' school experiences and mental health outcomes can be significantly enhanced by the presence of inclusive policies, gender-neutral facilities, and devoted staff.

The role of safeguarding factors that can lessen the impact on mental health experienced by transgender people has been the subject of numerous studies. It has been showed that social support from friends, family, and affirming communities can mitigate the adverse impacts of minority stress. According to a 2013 study by Simons et al., transgender youth who had strong parental support reported much lower rates of suicidal thoughts and actions as well as depression. Furthermore, better mental health outcomes have been associated with the existence of LGBTQ-affirming environments, such as community centers, support groups, and inclusive schools. In particular, peer support is essential for building resilience and a feeling of community.

It has been demonstrated that having access to gender-inclusive treatment greatly enhances mental health. According to a 2020 study in Pediatrics, transgender adolescents who had access to puberty blockers reported fewer suicidal thoughts. Access to such care is frequently hampered by obstacles like a shortage of qualified providers, financial limitations, and legal issues. Another important component is social support. Strong networks of community and family support are

associated with better mental wellness outcomes for transgender people (McConnell et al., 2016). On the other hand, rejection from family members raises the risk of mental illness, substance misuse, and homelessness.

Access to these interventions is still restricted, though, especially in areas with constrictive legal, cultural, or regulatory structures. The consequences of mental illness are further worsened by structural factors like criminalizing aspects of gender nonconformity, the absence of anti-discrimination laws, and the lack of legal gender recognition. To obtain even basic amenities, let alone specialized gender-affirming care, transgender people in many nations have to negotiate intricate legal and medical gatekeeping systems. For transgender people with intersecting marginalized identities, such as members of racial minorities, those with disabilities, or those from economically disadvantaged backgrounds, these systemic barriers are exacerbated.

Transgender mental health services could be improved by the adoption of trauma-informed treatment as a best practice model. Trauma-informed approaches prioritize protection, preference, collaboration, and empowerment in light of the high prevalence of trauma, which includes hate crimes, sexual violence, and familial abuse. Given the higher prevalence of PTSD in transgender populations, this model is particularly significant and consistent with the tenets of gender-affirming care. According to a study by Reisner et al. (2016), transgender women were more than twice as likely as the general population to have PTSD, which is frequently associated with a history of discrimination and violence.

Additionally, tele-health facilities and digital health tools offer new ways to improve the availability of mental health care, especially for people living in underserved or remote areas. Although there are still issues with privacy, security, and digital literacy, online platforms can offer support groups, counseling, and educational materials. Tele-health proved to be a vital lifeline for many transgender people during the COVID-19 pandemic, demonstrating how technology can fill care gaps if used carefully.

There are still a lot of gaps in the literature and in practice, despite these developments. Its generalizability is limited because a large portion of the current research is focused on Western contexts, specifically those in the US and Europe. In the Global South, where social as well as legal contexts may differ significantly, more research is required to examine mental well-being among transgender populations. Furthermore, knowledge of causality and long-term effects is limited by an excessive dependence on cross-sectional studies. To fully capture the changing qualities of transgender identities, experiences, and medical trajectories, longitudinal and intersectional research is crucial.

According to a study conducted in Pakistan, 63.5% of transgender participants had a diagnosis of depression, and 42.9% of them had suicidal thoughts. Suicidal thoughts were substantially correlated with substance use and depression (Azeem et al., 2019). 214 transgender people in Lahore reported high levels of anxiety (59%) and depression (56%). Approximately 70% of people sought treatment at government hospitals, but 70% thought their care was subpar. Non-acceptance (20.7%), embarrassment (28.7%), lack of the CNIC (44.5%), and affordability (6.1%) were among the obstacles. According to a more comprehensive analysis, 70% of transgender people think they receive subpar healthcare, frequently as a result of prejudice and ignorance on the part of the provider (Khan et al., 2021). According to qualitative studies, identity crises frequently cause psychological distress for

transgender people in Pakistan. Social rejection, lack of assistance, and restricted access to aid and healthcare are some of the contributing factors (Zakir & Sheikh, 2024).

There is evidence that policy interventions that support inclusion and safeguard transgender rights are beneficial for mental health. A culture that promotes well-being is influenced by anti-discrimination legislation, the legal acceptance of gender identities, and the provision of gender-inclusive treatment in public health systems. Transgender residents' mental health outcomes are frequently better in nations and jurisdictions that have enacted inclusive policies. Increased rates of stress, fear, and suicidal thoughts have been connected to the repeal of transgender rights or the enactment of restrictive laws, such as prohibitions on providing minors with gender-affirming care.

Despite recent growth, there are still a lot of gaps in the literature on transgender mental health. The generalizability of the majority of the current research is limited by the fact that it was carried out in Western contexts and is based on convenience samples. More inclusive, intersecting, and longitudinal study that captures the variety of transgender experiences in various socioeconomic, cultural, and geographic contexts is desperately needed. Furthermore, little is known about the experiences of non-binary and gender-diverse people, who might encounter particular difficulties that are different from those faced by binary transgender people.

Multifaceted and systemic interventions are needed to address the disparities in mental health among transgender individuals. Implementing workplace and educational policies that support gender diversity, increasing access to gender-affirming services, and educating healthcare professionals in culturally competent care are all crucial first steps. Additionally, settings that promote transgender mental health can be established through public education initiatives meant to lessen stigma and promote social acceptance. Designing successful, long-lasting interventions also requires community-led efforts, especially those that prioritize the needs and voices of transgender people.

In conclusion, the previous research studies clearly shows that interpersonal and systemic factors originating from social exclusion, stigma, and discrimination put transgender people at higher risk for mental health issues. Recognizing policies, access to quality healthcare, and strong support networks can all help to reduce these risks, which are influenced by social circumstances and are not unchangeable. Society can foster an environment where transgender people not only survive but flourish by addressing the relational and structural determinants of mental health. In order to bridge the mental health gap and guarantee fair treatment and well-being for every member of the transgender community, more research, advocacy, and funding are required.

Significance of the Study

In Pakistan, where social stigma, discrimination, and institutional neglect have caused significant psychological distress within the transgender community, the psychological state of transgender people is a profoundly understudied and marginalized issue. Despite being legally recognized by the Transgender Persons (Protection of Rights) Act of 2018, there is still a severe lack of mental health support systems in place. This study is important because it attempts to close the current research gap by thoroughly examining the prevalence of mental health disorders among transgender people in Pakistan and determining the underlying risk factors that contribute to these difficulties.

Additionally, the study provides a culturally specific awareness of the support networks—or lack thereof—that transgender

people have access to, such as their families, communities, medical services, and legal protections. By drawing attention to these gaps, the study offers insightful information that can guide community-based interventions, healthcare services, and government policies. It is anticipated that the results will help stakeholders—such as mental health practitioners, non-governmental organizations, and legislators—create more inclusive and successful mental health initiatives that are suited to the requirements of Pakistan's transgender community.

In the end, this study fosters a more just society in which transgender people can obtain the human rights, respect, and psychological care they are entitled to. It aims to promote evidence-based decision-actions towards long-term change in society in addition to raising awareness of a historically invisible problem.

2. Method

2.1 Research Design

This study used a mixed-methods approach combining quantitative surveys and qualitative interviews.

2.2 Participants

200 transgender individuals (aged 18–50) were recruited using purposive sampling. Participants were drawn from both urban (n=120) and rural (n=80) communities of Punjab, Pakistan.

2.3 Instruments

2.3.1 Depression, Anxiety, and Stress Scale (DASS-21): The Depression Anxiety Stress Scales (DASS) were developed by S.H. Lovibond and P.F. Lovibond in 1995 at the University of New South Wales, Australia. The DASS is a self-report instrument designed to measure the emotional states of depression, anxiety, and stress. The Depression, Anxiety, and Stress Scale – 21 Items (DASS-21) is a widely used self-report questionnaire designed to measure the emotional states of depression, anxiety, and stress. It is a shorter version of the original 42-items.

2.3.2 Suicidal Ideation Questionnaire (SIQ): The Suicidal Ideation Questionnaire (SIQ) is a self-report instrument developed to assess the frequency and severity of suicidal thoughts in adolescents. Originally designed by William M. Reynolds (1987). The standard version contains 30 items, each describing a specific suicidal thought, and respondents are asked to indicate how often they have experienced each thought in the past month. Responses are recorded on a 7-point Likert scale ranging from "I never had this thought" (0) to "Almost every day" (6), resulting in a total score ranging from 0 to 180. Higher scores indicate more frequent and severe suicidal ideation. The SIQ has demonstrated strong psychometric properties, including high internal consistency, good test-retest reliability.

Mental health conditions such as depression, anxiety and stress are not only outcomes but also key risk factors that influenced the well-being, social functioning, and quality of life of transgender individuals, by using the DASS, researchers can examine how demographic variables (e.g., age, gender identity, and urban/rural location) correlate with mental health status. This enables a more nuanced analysis of which subgroups are at heightened risk and helps identify patterns of vulnerability within the transgender population in Pakistan. Since the study also explores support systems, understanding the severity and prevalence of mental health issue through the DASS allows researcher to evaluate whether current support system (if any) are adequate. Including the DASS helps quantify the psychological burden experienced by participants, which is essential for understanding the

impact of social, economic, and environmental stressors identified through demographic data. The inclusion of DASS and the Suicidal Ideation Questionnaire is essential to fulfill the analytical depth required by the study's aims-particularly in assessing psychological risk, emotional burden, and the need for support systems among transgender individuals in Pakistan.

2.3.3 Semi-structured interview guide: A qualitative, semi-structured interview design will be used to explore lived experiences of mental health among transgender individuals in Pakistan. This approach balances comparability across participants with flexibility to pursue emergent themes (e.g., context-specific stressors, coping, and help-seeking).

2.4 Data Collection

Data for this study were collected using a mixed-methods approach to ensure both breadth and depth of understanding. A structured survey questionnaire was administered in person to gather quantitative data on risk factors, prevalence of mental health concerns, and access to support systems among transgender individuals in Pakistan. In addition, semi-structured interviews were conducted with a purposive sample of 20 participants to gain deeper insights into their lived experiences. These interviews provided rich qualitative data on issues such as stigma, discrimination, coping mechanisms, and the availability of social or institutional support. The combination of survey data and personal narratives enabled a more comprehensive understanding of the mental health challenges faced by transgender individuals in the local context.

2.5 Data Analysis

Quantitative data were analyzed using SPSS (Version 22.0). Descriptive statistics (frequencies, percentages and means) were computed to summarize demographic characteristics and key study variables. Inferential statistics, particularly the correlation test, were applied to examine relationships between DASS and suicidal ideation variables. For the qualitative data, a thematic analysis approach was employed. Transcripts were read multiple times to ensure familiarity, followed by the coding of significant statements and patterns. Codes were then clustered into themes that reflected participants' lived experiences, perceived risk factors, and challenges in accessing mental health support. To enhance trustworthiness, coding was conducted iteratively and verified through peer debriefing and cross-checking.

3. Results

Table 1

Demographic Characteristics of Participants (N=200)

Variables	Frequency	Percentage
Age (Mean: 28.4)		
18–25	68	34%
26–35	86	43%
36–50	46	23%
Gender Identity		
Trans Woman	124	62%
Trans Man	48	24%
Non-binary	28	14%
Location		
Urban	120	60%
Rural	80	40%

Table 2

Prevalence of Mental Health Symptoms (N=200)

Mental Health Issue	Frequency	Percentage
Depression (Moderate+)	138	69%
Anxiety (Moderate+)	154	77%
Stress (High)	120	60%
Suicidal Ideation	96	48%

The table No.2 presents the prevalence of key mental health symptoms among 200 participants. The findings are concerning and suggest widespread psychological distress within the sample. A significant 69% (n=138) of participants reported experiencing at least moderate level of depression, including that depressive symptoms are highly prevalent in the population. An even higher proportion, 77 % (n=154) experienced moderate to severe anxiety. This suggests that anxiety is the most common mental health issue among the participants. 60%(n=120) of respondents reported high levels of stress, showing that stress is also major concern, potentially linked to daily life pressures, social factors, or lack of support. Nearly half of the participants, 48 % (n=96) reported experiencing suicidal thoughts. This is a critically high figure, indicating a mental health crisis that requires immediate attention.

Table 3

Correlation between Suicidal Ideation and DASS Scale (N=200)

Variables	1	2	3	4
1. Suicidal Ideation	—			
2. Depression (DASS-D)	.62**	—		
3. Anxiety (DASS-A)	.55**	.71**	—	
4. Stress (DASS-S)	.50**	.68**	.72**	—

** $p < .01$

Table 3 results shows that suicidal ideation has a strong positive correlation with depression ($r=.62$), indicating that as depressive symptoms increase, suicidal ideation tends to increase. Moderate to strong correlation are also found with anxiety ($r=.55$) and stress ($r=.50$) suggesting these factors are significantly associated with suicidal thoughts as well. The subscales of DASS (depression, anxiety, stress) also highly interrelated

Table 4

Access to Mental Health Services (N=200)

Service Access	Frequency	Percentage
Had access to therapy	38	19%
Could afford therapy	21	10.5%
Faced discrimination	141	70.5%

The table 4 provides insight into the accessibility and affordability of mental health services among a sample of 200 participants: only 19% (n=38) of transgender participants reported having access to therapy, indicating a significant gap in the availability of utilization of professional mental health support. An even smaller proportion, 10.5% (n=21), stated that they could afford therapy, highlighting financial constraints as a major barrier to accessing mental health care. Alarmingly, 70.5% (n=141) of respondents reported facing discrimination related to mental health, which suggests a high prevalence of stigma that may discourage individuals from seeking help or disclosing their mental health struggles.

Qualitative Themes

Thematic analysis of in-depth interviews with 20 transgender individuals revealed five core themes that illustrate the complexity of mental health challenges within this population:

1. **Experiences of Discrimination and Marginalization;** Participants consistently reported experiences of social rejection, workplace discrimination, and public harassment. Many described the cumulative effect of these experiences as contributing to chronic anxiety and depressive symptoms. One participant stated: *"Every day I step out, I brace myself for ridicule or worse. It's exhausting and it wears you down mentally."*
2. **Internalized Transphobia and Identity Struggles;** Several participants expressed internal conflicts related to their gender identity, especially when lacking affirming environments during their upbringing. This internalized stigma often manifested as self-blame or low self-worth. *"I used to think there was something wrong with me... it took years to accept myself."*
3. **Barriers to Healthcare Access;** Many interviewees described negative experiences with mental health professionals, including misgendering and a lack of transgender-specific training. This often led to distrust in healthcare systems and delays in seeking treatment. *"The therapist kept calling me by my birth name. I never went back."*
4. **Support Systems and Resilience;** Despite the challenges, participants emphasized the critical role of supportive relationships—especially within LGBTQ+ communities and among chosen families. These networks served as protective factors, reducing feelings of isolation. *"Finding my queer family saved me. They understand me in a way my blood family never did."*
5. **Navigating Gender Affirmation:** The process of medical and social transition was highlighted as both a source of empowerment and emotional vulnerability. Access to gender-affirming care was directly linked to improvements in self-esteem and overall mental-well-being. *"Starting hormones made me feel like I finally recognized myself in the mirror."*

4. Discussion

The findings affirm that transgender individuals face unique and significant mental health challenges in Punjab, Pakistan. The study underscores a mental health crisis within the transgender community. Nearly 70% of participants reported moderate to severe depression, while anxiety levels were even higher. Suicidal ideation affected nearly half of the respondents, especially those lacking family support. Urban participants reported slightly better outcomes due to greater access to supportive networks and NGOs, whereas rural participants experienced compounded marginalization. Interviews revealed that many mental health challenges stemmed from family rejection, verbal and physical abuse, social invisibility, and poverty. One trans woman from rural Rawalpindi stated, "I was beaten when I wore a saree; now I don't even go out." Another participant from Islamabad expressed, "I feel like I'm living two lives—one inside, one outside—and both are exhausting." Alarmingly, only 19% of respondents had ever received professional therapy, highlighting severe accessibility gaps. Many noted that healthcare professionals lacked knowledge or sensitivity regarding transgender identities. The findings align with global research but

emphasize a cultural specificity: caste, religion, and socio-economic status interact uniquely in South Asia to compound stress for transgender individuals.

The findings of this study underscore a heightened prevalence of mental health issues—particularly depression, anxiety, and suicidal ideation—among transgender individuals, consistent with previous research (Budge et al., 2013). This high prevalence is not an inherent characteristic of being transgender but is largely attributable to external stressors rooted in societal stigma, discrimination, and lack of access to affirming health care (Hendricks & Testa, 2012). The findings of this study underscore a heightened prevalence of mental health issues—particularly depression, anxiety, and suicidal ideation—among transgender individuals, consistent with previous research (Budge et al., 2013). This high prevalence is not an inherent characteristic of being transgender but is largely attributable to external stressors rooted in societal stigma, discrimination, and lack of access to affirming health care (Hendricks & Testa, 2012). The findings of this study reveal strong and statistically significant correlations between suicidal ideation and the three dimensions of the DASS scale—depression (.62), anxiety (.55), and stress (.50)—among transgender individuals. These correlations are consistent with existing literature and underscore the profound impact of psychological distress on suicidal thoughts within this marginalized population. Research consistently indicates that depression is a primary predictor of suicidal ideation, particularly in vulnerable populations such as transgender individuals. The high correlation (.62) found in this study is in line with the findings of Budge et al. (2013), who noted that transgender individuals experiencing depressive symptoms are at significantly increased risk for suicidal thoughts and behaviors. This link may be attributed to factors such as internalized transphobia, gender dysphoria, and lack of social acceptance, all of which contribute to feelings of hopelessness and despair. Similarly, the moderate to strong correlation between anxiety and suicidal ideation (.55) supports the findings of Testa et al. (2017), who emphasized that chronic anxiety, particularly stemming from social stigma, discrimination, and fear of violence, can lead to emotional exhaustion and suicidal tendencies in transgender individuals. Anxiety may also be related to anticipatory stress about coming out, transitioning, or navigating public spaces. The correlation between stress and suicidal ideation (.50) is also noteworthy. As Meyer's Minority Stress Model (2003) suggests, individuals from stigmatized groups such as the transgender community face unique stressors, including social rejection, harassment, and institutional barriers, which significantly burden their mental health. This cumulative stress may increase the likelihood of suicidal thoughts, especially when compounded by limited access to support systems or mental health services. Despite the challenges, our findings also highlight the protective role of support systems. Access to affirming health care, social support networks, and community belonging were repeatedly identified as buffers against mental distress. As documented in studies by Pflum et al. (2015), the presence of supportive environments—such as affirming family members, inclusive school policies, and trans-competent mental health professionals—correlates strongly with improved psychological outcomes.

Limitations and Recommendations

This study was geographically limited to the Punjab province of Pakistan, which restricts the generalizability of the findings to the broader transgender population across the country. Pakistan is a diverse

nation with significant cultural, social, and economic variations across provinces such as Sindh, Khyber Pakhtunkhwa, Baluchistan, and Gilgit-Baltistan. These regions may exhibit different risk factors, mental health challenges, and levels of institutional support for transgender individuals. As such, the results of this study may not fully capture the national scope of transgender mental health issues or reflect the unique experiences of transgender communities in other provinces. Future research should include transgender populations from all provinces of Pakistan to provide a more comprehensive and representative understanding of mental health challenges faced across diverse cultural and regional settings. Based on this study's findings, provincial governments—especially outside Punjab—should initiate context-specific policies and support programs tailored to the needs of local transgender communities. Establishing transgender-inclusive mental health services across Pakistan, particularly in underserved provinces, can help reduce disparities in access to care. Encourage longitudinal and qualitative studies that track mental health outcomes over time to better understand the long-term effects of discrimination, support systems, and policy changes on transgender well-being. Strengthen the implementation of the Transgender Persons (Protection of Rights) Act, 2018, with a focus on extending its reach and effectiveness in provinces beyond Punjab. Implement gender sensitivity training for healthcare providers, law enforcement, and educators in all provinces to foster an inclusive environment and reduce discrimination.

Conclusion

This study highlights the profound mental health challenges faced by transgender individuals in Pakistan, revealing alarmingly high rates of depression, anxiety, and suicidal ideation. These mental health issues are strongly linked to a range of risk factors, including social stigma, discrimination, lack of legal recognition, and inadequate access to quality healthcare. The compounded effects of marginalization and identity rejection contribute significantly to psychological distress and diminished self-esteem. Despite the growing awareness around transgender rights, structural and social barriers continue to limit the effectiveness of support systems. Initiatives such as the Akhuwat KhwajaSira Support Program and legal protections under the Transgender Persons (Protection of Rights) Act, 2018, represent important steps forward, yet there remains a critical need for more inclusive, accessible, and culturally competent mental health services. Addressing the mental health crisis among transgender individuals in Pakistan requires a multi-pronged approach—one that combines legal reforms, public awareness campaigns, education of healthcare providers, and community-based support networks. Only through such sustained and collaborative efforts can we foster a society where transgender individuals are not only recognized, but also empowered to live with dignity and mental well-being.

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