TRANS INDIVIDUALS AND MENTAL HEALTH IN LEBANON

UNDERSTANDING BARRIERS AND BIASES IN CARE

2025

Contents

Author's Note

This paper builds on my clinical and academic experiences and is impacted by them. As a licensed clinical psychologist and psychotherapist, I have worked intensively with trans[1] individuals and provided training for organisations and mental health professionals on trans-mental-health-related topics. Throughout my clinical and professional roles, I have been exposed to the concerns of both patients and mental health specialists regarding transness. This dual role—clinician and researcher—positions me to interpret data with both professional empathy and contextual accuracy.

Note: This text makes repeated mention of transphobic practices and incidents, as well as other tough details, which might be triggering to some people.

Abstract

It is not viable to address mental health without talking about the barriers and challenges that people face to access mental health services. This is especially true if we're speaking about the mental health of trans people. Despite the efforts of organisations and personal initiatives to make them accessible, the availability and quality of services—especially trans-inclusive mental health services—remain insufficient. The country's numerous crises have aggravated stress and compounded the complex challenges that affect people's mental health. Trans people in particular tend to struggle with discrimination, social isolation and stress, leading to added pressures on their mental health. However, it's crucial to acknowledge that being trans does not inherently equate to a life of despair. With adequate support, trans individuals lead fulfilling lives.

Accordingly, through their lived experiences as well as through mental health professionals' perspectives, this research aims to explore the complexities of trans individuals' journeys with mental health in Lebanon amidst widespread stigma and multi-layered oppression. Through a detailed inspection of societal treatment, peer support, biases of mental health professionals, and barriers to mental health services, it seeks to deepen understanding and inform practical interventions. The study upholds inclusive mental health services and systemic reforms to promote equity and social justice for trans individuals. It also helps specialists get a closer look at trans realities so that they no longer see trans people as case studies. It endeavours to prompt meaningful change and recognise the challenges and misconceptions that face the trans communities.

Keywords: Trans individuals, mental health, mental health professionals, biases, norms, peer support.

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[1]We used the term trans individual(s), and by it we mean transgender, non-conforming, and gender-diverse individuals.

Introduction

This paper aims to explore the experiences of transgender individuals in Lebanon, particularly regarding access to mental health services and the challenges they face in doing so. The research behind it was motivated by multiple complaints received by Qorras from mental health specialists and community members about the quality of mental health services and the lack of accessible and compatible mental health services and resources. It was also inspired by the concerns and questions raised by mental health professionals—psychologists and psychiatrists—who attended different training sessions that Qorras held in November 2022 and June 2023 on trans mental health. Clearly, professionals lacked the information they needed in order to conduct clinical work with trans individuals and provide gender-affirming care[2], leaving them unconfident about the services they offer.

Given these observations, we aim to provide a comprehensive analysis of the challenges that trans individuals face when seeking mental health services and to reflect on the perspectives of both community members and mental health professionals. This study is particularly significant given the lack of research on this topic within the country. Studying the accessibility and nature of available mental health services will help providers and institutions gain insights into how to improve this crucial aspect of human well-being.

The primary focus of this research is therefore to explore the mental health experiences of trans individuals in Lebanon in order to provide a deeper understanding of associated challenges. Furthermore, this study aims to raise awareness of trans individuals' mental health needs in order to foster a revisited, contextualised approach to care. Additionally, this work aims to widen mental health professionals' perspectives on the challenges faced by trans people in relation to mental health and to draw their attention to the unconscious

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[2]Gender-Affirming Care here means the medical assistance that trans individuals might seek to affirm or feel more aligned with their gender (hormones, surgeries, etc.)

biases that affect the services they provide. Finally, the research seeks to highlight the disparities in the quality and availability of mental health services. We hope that this research will inform strategies that enhance mental health services in Lebanon and make them more accessible and responsive to trans individuals' needs.

Literature Review

Although research on trans mental health is growing globally, this doesn't extend to the Middle East. In Lebanon, trans individuals encounter different challenges due in part to societal norms, systematic oppression, and cultural stigma. Yet, referring to global studies is still relevant in this research: the persecution and brutality that are faced by minority groups, their consequences, and the barriers that humans face to access mental health are common, to a certain extent. For example, the minority stress model developed by Meyer (2003), as well as the adapted minority stress model tailored for trans individuals (Hendricks & Testa 2012) are well-suited to explain why marginalised groups, especially trans individuals, often face mental health challenges. It suggests that ongoing systematic stress from rejection, stigma, and discrimination negatively affects individuals' mental health, and that these traumatic events might increase the risk of suicidal thoughts (Cogan et al., 2020). Moreover, issues like the inaccessibility of gender-affirming healthcare exacerbate these challenges (Koch et al., 2020).

Global Context

Trans individuals worldwide face mental health challenges that are compounded by intersectional factors. Common obstacles relate to healthcare, structural stigma, compliance with societal norms and internalised transphobia (Su et al. 2016). Discrimination in healthcare, employment, and housing intensifies vulnerabilities like homelessness and mental health decline (Grant et al. 2011). These challenges increase the risk of distress and isolation, particularly when trans individuals face transphobia or lack of social support. Further, studies like Scandurra et al. (2018) demonstrate how internalised transphobia mediates the relationship between discrimination and mental health outcomes, with resilience and coping strategies playing a protective role.

Lebanese Context

Considering Lebanon's sociopolitical instability, it is expected to see people's mental health deteriorating. But compared to the general population, trans individuals in Lebanon face added cultural and societal pressures that can exacerbate mental health issues. The healthcare system often requires specialists'

and/or physicians' evaluations for gender-affirming treatments[3], and there are significant barriers to mental health that stand in the way of gender-affirming care and legal recognition[4]. According to research conducted by Naal et al. (2019), mental health providers were found to be more accepting of LGBTQI+ individuals compared to their non-mental health counterparts.

In addition to being self-reported by professionals in the referred study, this acceptance is limited to a small number of specialists and isn't indicative of a broader reality.

Additionally, the research was conducted long before the regulation of practicing psychologists and psychotherapists was enforced by the Lebanese Order of Psychologists[5]. Trans people have been reporting a lot of conversion attempts both before and after the Lebanese Order of Psychologists' instructions and repeated warnings against such attempts.

Another factor that raises doubts about this study's conclusion is that violence reported by trans people after seeking medical services is typically seen or heard through physical harm, verbal abuse, or denial of services. In contrast, it would be difficult to identify violence as readily in mental health services because it may not manifest as immediately or visibly. Service recipients typically view psychologists and psychotherapists as the ones in power or the ones who know better. Such power imbalances pave the way for covert conversion efforts or psychological abuse.

There is a lack of literature on trans individuals' experiences with mental health that takes into account the particularities of our region and of Lebanon in particular. This study aims to address that gap by analysing the lived realities of trans people in Lebanon through a trans lens, with a particular emphasis on the mental health needs, barriers to care, the influence of societal attitudes, and gender-affirming care. Twenty trans individuals along with four mental health professionals in Lebanon were interviewed in order to collect qualitative data. We intended to assess how and if models like the minority stress model and intersectional and feminist theories could be applied to analyse in the Lebanese context and provide a more perspicuous picture of the experiences of trans people in Lebanon. Although we considered interviewing mental health professionals who conduct conversion efforts or refuse to work with trans people or diagnose gender dysphoria, we decided against giving these practitioners space to discriminate and harm more trans people. More information about the methodology used in this research can be found in "Behind The Scenes: Research Methodology And Reflections," a supplemental document developed by Qorras (2025).

We hope that this paper will provide insights into the specific challenges faced by trans individuals in Lebanon in relation to mental health. We also hope that this will encourage institutions to build the capacities of healthcare providers and equip them to be better prepared for dealing with trans individuals and providing gender-affirming care.

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[3]See: Accessing Legal Rights, Mental Health and Community Support A collaborative look into issues facing the trans community in Lebanon—Qorras (2021)

[4]Legal recognition is used here to indicate changing one's sex, name or both on legal documents to what aligns with one's gender identity.

[5]The Lebanese Order of Psychologists established their obligatory guidelines on who can practice as a psychologist and a psychotherapist in 2022. Before that, psychology graduates and mental health professionals in Lebanon were able to practice without guardrails or rules.

Findings and Discussion

1. Factors that Impact Trans Individuals' Mental Health

Findings refute the common narrative that trans people suffer from mental health issues due to their gender identities. Firas states that he has known he was trans since childhood, and compared to other challenges, being trans is the least of his problems. Samer says: "When therapists focus too much on my trans identity, I feel like they can't help me and are only seeing a part of me." These accounts show that social and personal issues, gender-affirming care, and sociopolitical instability all impact trans individuals' mental health.

Professionals reported that the most common motives for trans individuals to seek therapy are related to society, family, their socioeconomic level, rejection, and relationship issues. This aligns with what most trans individuals interviewed reported about the reasons for which they sought mental health services. However, not all trans people seek therapy to address a problem: some seek therapy as gender-affirming care or as a way to better understand themselves. Based on mental health professionals' observations of their peers and based on their own work, the most common issues trans individuals work on are anxiety, depression, and Post-Traumatic Stress Disorder (PTSD).

Tatiana says that when she got a decent job, her mental health improved. A Human Rights Watch report (2019) mentions that systemic discrimination against trans women in Lebanon is promoted and complicated by sectarian, patriarchal, and heteronormative social norms. Through the interviews, it became clear that all trans individuals are impacted by these norms to different degrees. This, coupled with other facets of discrimination, serves to further marginalise trans individuals.

While many trans people describe how financial stability and independence, having their own homes, and accessing gender-affirming care were factors that affected their mental health positively, Carl highlights how gender embodiment[6] factors in: "I'm no longer depressed after starting hormones. My suicidal thoughts decreased until I no longer had them." These findings confirm Hughto & Reisner's (2016) claim that hormonal treatment can improve trans individuals' mental health, but they also highlight their interconnectedness with external factors. Trans respondents mentioned how profoundly impacted their mental health was by Israeli aggressions, instability, financial inflation, violence, the loss of peers, the Beirut blast, and other issues. This suggests that the geo-socio-political context heavily influences the mental health of trans individuals. It is therefore reasonable to expect distress and disorders because of the recurring violence that trans individuals face, especially if they are without adequate support.

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[6]Gender embodiment is used in this research to refer to various kinds of medical and non-medical interventions or measures that people take to support their gender identity.

Solomon et al. (2019) reported that people subjected to more stressors, oppression, and interpersonal traumas are more likely to have mental issues, like PTSD. Accordingly, trans people—especially those with complex struggles related to nationality, class, and other facets of identity—tend to experience more stress. An intersectional approach is useful here to make sense of how multiple systems of oppression co-constitute people's lived experience, through Kimberle Crenshaw's intersectional theory (Crenshaw 2005). The intersection of multiple identities leads to compound oppression; for example, Paul and Firas's feelings of insecurity were heightened due to them being simultaneously trans and non-Lebanese.

Until these extraneous factors are diminished, mental health professionals cannot claim that trans individuals are inherently at higher risk because of their gender identities. Rather, they must reflect on how systematic oppression, class difference, and a lack of protection and justice impact mental health. These findings align with the existing literature on mental health challenges that marginalised groups face in the minority stress theory of trans individuals (Hendricks & Testa 2012).

However, if we delve a little more thoroughly, we see that this is not a "minority" issue: access to mental health and the difficult geo-socioeconomic situation are far too frequent in Lebanon to be labeled a minority concern. According to the National Mental Health Strategy (NMHS) for Lebanon, mental and physical health are collapsing and suicidality rates are on the rise among Lebanon's population. Close to 50% of households in Lebanon reported having at least one adult member affected psychologically or physically by the economic crisis. In addition, the NMHS report examines the reality and consequences of ongoing war and internal disputes, which exacerbate mental health difficulties (Ministry of Public Health 2024). We can confidently conclude that this is not a minority issue and that solid intervention is required in general, as the minority has become the major population. Trans individuals need to be treated no differently than other people, except for the specific knowledge that a professional should have regarding gender-affirming care.

Interviewed community members described dealing with this stress through coping strategies such as peer support, self-care, and therapy. Some described their methods (like substance use, self-harm and isolation) as unhealthy and explained resorting to them due to the lack of other options or better support. Peer pressure was seen both negatively and positively, with some finding it supportive while others felt burdened by constant questions. For example, Elie and Samer describe how those who started their gender-affirming care at an early age or before their peers can feel overwhelmed by peers' expectations and questions. Interviews highlighted the importance of having knowledgeable peers in one's support system, but they also revealed the importance of practicing a culture of consent and consulting with specialists in order not to increase the weight on trans peers.

2. Access to gender-affirming care

Gender embodiment and lack of access to gender-affirming care were also mentioned as primary factors that affect trans individuals' mental health. While gender-affirming care can help those who want these procedures feel better mentally and physically, it is disturbing and harmful when it is forced on people. In Lebanon, for someone to change their sex marker and be recognised legally, they often have to undergo specific medical procedures that not all trans people want. In some cases, they may want the procedures but can't afford them, may stand in the way of their legal recognition and may subject them to legal risks.

Stories of mental health progress shared by interviewees support the hypothesis that gender-affirming care helps alleviate trans individuals' mental health issues (Green et al. 2021). Firas, Tatiana and Myriam reported that starting hormone therapy had a positive impact on their mental health. However, there are various obstacles that stand in the way of trans individuals seeking gender-affirming care in Lebanon. Among them is the need for a mental health diagnosis in order to access procedures like surgeries and sometimes for hormonal replacement therapy[7]. A significant barrier mentioned by interviewees was the scarcity of informed mental health professionals capable of providing this service. This lack of access intensifies stigmatisation and impacts mental health.

3. Challenges and barriers faced by trans individuals seeking mental health

All the trans people we interviewed reported facing challenges when seeking mental health services. However, these obstacles are not restricted to trans individuals: price, geographic location, discrimination, long waiting lists, and stigma were the most repetitive barriers. Ahmad reported that he could not receive mental health services due to financial obstacles and a lack of adequate mental health professionals in his area.

Community members reported that the quality of available services was mostly not up to par. Their partial satisfaction was largely due to a lack of conversion efforts or direct judgement on the part of the mental health professional, rather than positive experiences. As for organisations, they offer limited services that restrict people to a few sessions of psychotherapy. Some specialists working at these organisations, including those who are said to be "queer-friendly", were reported to be transphobic and unprofessional.

The focus of many organisations and funds on short-term therapy, often limiting sessions to twelve or

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[7]Gender Embodiment Rules, Regulations, and Access to Services in Lebanon – Qorras and Marsa (2023)

so, raises important concerns about the effectiveness of these services, especially for trans individuals. While brief therapies can address single-based issues and single problems at a time, they often fail to support individuals with complex struggles that require longer-term care. Instead of focusing on new clients with minimal impact, why not provide more support for individuals who require it? This turns vital mental health care into a luxury. Tatiana mentioned that she sought free therapy and counselling as she couldn't afford it at some point, and while therapy helped her feel better, each time she stopped, her well-being worsened again. The need for sustained care is highlighted by individuals continuously getting incomplete and interrupted services: "Individuals report needing several sessions simply to establish trust with the therapist before they feel comfortable discussing their deeper concerns." Yet, organisations often prioritise new clients (numbers) over long-term care (actual progress).

While most interviewed specialists were aware of the barriers that trans individuals face in accessing mental health care, it was obvious that some mental health practitioners were not. This gap in understanding stands in the way of improving and acknowledging the issues present.

4. Impact of Peer Pressure and Expectations within the Trans Community

Interviewed mental health professionals recognised that societal mistreatment and pressures negatively impact trans people's mental health and autonomy by generating self-doubt and stress, eventually leading to discrimination, isolation, rejection, family estrangement, dropping out of school, and limited job opportunities. These pressures include expectations of how trans individuals should look and act, and failure to meet them puts trans people at risk of abuse. This also leads to a lack of protection and is enough to impact self-worth, especially if the person has already been treated as less.

When we speak about societal expectations and treatment, we also mean those inside the trans community. One cannot grow isolated from their surroundings, which also impacts expectations, and that's why internalised misogyny and transphobia are so common amongst trans individuals. Some trans individuals have internalised norms and roles that they don't get the chance to question or reflect on. Based on that, they may project their expectations onto their peers. Dalia, for example, mentioned her desire to wear a dress sometimes, but doing so within her queer trans circle in Beirut would lead to many interpretations that she wishes to avoid. Yet, not everyone is affected by the negative comments they get. A few trans interviewees expressed that they've never felt pressured by their peers to stick to certain norms.

Internalised gender roles and norms we take in and keep without questioning are proven to leave trans

people with mental discomfort (Su et al. 2016). These norms include assumptions about the use of colours and who can wear what, who has more sexual desire and who is supposed to be passive or active sexually (in the sex act), or why someone shouldn't undertake particular physical activities if they are capable of doing so simply because of their assigned sex.

These notions of "black or white," "good or bad," and "feminine or masculine"—the" polarised categorisation of actions and characteristics—are something that many criticise but still practice. Based on the interviews with trans individuals, we've noted the following expectations that they've been subjected to and that made them question if they're trans enough. Younes described feeling like he's in a wrestling ring, where peers compete over who has more dysphoria or who is more masculine or trans. The notion of a "checklist" was mentioned, dictating how one should sit, speak, dress, interact, or choose a partner. Failing to meet these criteria leads peers to question their identity. Additionally, some trans people may view someone who "passes" on their "checklist" as being far from having dysphoria; making the latter feel invalidated. Dysphoria can still be experienced by people even when they go through certain procedures or achieve certain traits. Brian said: "There is pressure from lesbians and gay men within the community for trans people to pass and assimilate to cisgender norms rather than being visibly trans and "clockable," which is unrealistic given that the medical interventions in Lebanon are not easily accessible."

Not only are binary trans people expected to stick to the gender binary, non-binary trans individuals mentioned that they are expected to be perfectly neutral by their peers. Whether binary or not, and with different degrees of passing, people shared having to restrict themselves from certain actions to fit in.

On the other hand, many trans interviewees were content about their relationships with their trans peers, where this notion of a checklist doesn't exist and where they share supportive and affirming experiences. In a study conducted by Garro et al. (2022), it is shown that social support positively impacts well-being. Peer support is crucial for mental health, offering non-judgemental help, respect, and financial assistance, fostering resilience.

5. Biases: why mental health specialists refrain from providing a diagnosis

The mental health specialists' interviews provide a comprehensive description of the difficulties they face in providing care to trans individuals.These were reported to result from a lack of training and references, limited resources, and difficulty navigating personal biases. Interviewed trans individuals and mental health professionals alike shared that professionals tend to blame transness predominantly on parental issues, relate it to trauma, or try to "fix it." These factors shape the quality

of care provided to trans people and the professional's approach to the issues at hand. Anzani et al. (2019) state that microaffirmations[8] are enough to help trans people have better mental health quality care and achieve results. And this is true: it has been shown that most individuals who gave positive feedback about their psychotherapeutic journeys were individuals who saw practitioners who respected them and didn't show any negative attitude towards them. Rather than being about a professional "affirming" a patient's identity, this highlights the importance of embracing a patient's identity, making them feel safe and not judged, and giving them enough space to understand and meet themself. So in conclusion, we don't need all professionals to be specialised in order to work with trans people. Rather, professionals should respect their patients and treat them with dignity. They should also work on undoing their negative biases and seek a basic level of knowledge on transness.

Based on the responses of interviewed professionals, shortcomings seem to be on the levels of academic training, professional supervision, and mentoring. Some professionals reported feeling alienated and isolated in their field with no reference or support for them on this topic. The absence of basic resources on trans mental health affects the quality of work and services provided, as well as specialists' level of confidence. Professionals' access to sufficient support networks is still restricted by the absence of inclusive policies and structural reforms. Misconceptions and biases, like thinking that gender embodiment is illegal in Lebanon or that transness is a mental illness, were found to negatively affect the understanding and treatment of trans individuals, particularly when professionals were not up to date with best practices in gender-affirming care.

Trans individuals reported their identities being rejected, judged and invalidated by specialists and being denied service. Professionals confirmed how their discomfort about certain topics like transitioning, pronouns and misgendering, the binary view of gender, etc., makes them worried about providing services to trans individuals. This hesitation, fear, or rejection, even when not expressed, affects the dynamics and quality of service provided.

These biases are said to be personal, but they do not occur in isolation from broader systemic prejudice. Systems, whether nuclear ones like parents and families or schools or bigger ones like society, educational systems and governments, influence our opinions and beliefs. That's why a mental health specialist's formation is essentially built on facing one's wounds and biases and questioning them, without which these aspects risk shaping the services they provide.

The findings of this study show the significant impact of biases, whether personal or systemic, on trans individuals and on the treatment they receive from individuals and institutions. For instance, biases have led specialists to use or suggest conversion efforts. Brian reported being subjected

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[8]Sometimes defined as a lack of a negative attitude towards a person's identity or gender embodiment

to conversion efforts by psychiatrists who prescribed androgen hormones to him due to his sexual orientation. Younes' psychiatrist urged his parents to take him to someone "that would convert him". Karen was also subjected to conversion efforts for five years by different psychotherapists who were reporting everything to her parents.

In our region, mental health professionals rarely contextualise the suffering of their clients. Instead, they tend to rely on diagnoses developed in Western contexts and in conditions that differ from our own. Interestingly, one interviewed mental health professional mentioned that if a person got beaten because they're "male wearing female clothes", then they would consider that the aggression is directly linked to the person's identity. The professional extended this logic to mental health disorders, revealing a tendency to locate the reason for aggression in the survivor's identity rather than with the aggressor. Such a reading reveals how internalised misogyny and patriarchy significantly shape one's beliefs and actions, often influencing professional judgement and behaviours. These biases, if left unchallenged, present a serious risk and require deep introspection and space for reflection, especially for mental health professionals. It is crucial to approach this issue through the lens of feminist theory, which examines the roots of oppression and violence, and not reduce violence to gender. Rather, a feminist lens pushes us to question what gives a perpetrator the perceived right and freedom to harm another person and to ask what enables someone to feel empowered enough to violate another's body.

The realm of mental health is plagued by a long history of pathologisation despite attempts to better its image through non-discrimination policies. Some professionals still rely on the outdated DSM diagnosis (DSM-4 and earlier ones) or on their personal beliefs in order to produce a diagnosis. They call gender dysphoria "gender identity disorder" and deal with it as such. Sometimes they consider it a psychotic diagnosis, claiming that this feeling is an illusion, based on their judgement of what reality is. For three years, Younes was made to take different medications that had a negative impact on him. He recounts: "The psychiatrist I saw diagnosed me with schizophrenia simply because I was trans and forced me to take antipsychotics when I was still fifteen".

These biases drive professionals to refrain from giving the diagnosis. This then stands in the way of trans people's gender affirmation processes, whether medical or legal. When asked about why they refuse to give the gender dysphoria diagnosis, mental health specialists mentioned four different reasons. First, they mention the influence of religion on their decision, which raises serious questions about professional ethics and integrity. Second, some professionals refuse to receive trans clients entirely or infantilise them for "not knowing what is best for them". The third reason was concern for their reputation among the trans community. Finally, the fourth and most common reason was fear of complications and clashes with society and religion.

One of the specialists we interviewed expressed concerns about "trans people using the diagnosis in a tricky way," and that's something we need to stop and reflect on for a moment. Hearing this repeated in different settings indicated that professionals are clueless as to the legality of gender-affirming care. They don't know what's legally permitted or how the process is structured and regulated. Therefore, in light of the lack of awareness related to the legal procedures at hand, some mental health professionals may wrongly refrain from providing their patients with medical reports though the patient or client is legally entitled to obtain a complete copy of their medical file. Further, they are unaware that providing a diagnosis that is based on a fair assessment is unequivocally legal.

This "validation" process imposes gatekeeping on trans bodies. When seeking access to the same procedures and surgeries, trans bodies are far more policed and controlled compared to cis bodies. For example, when a cis woman asks for breast reduction (or implant) surgery, she's not expected to present a paper from a mental health professional to legitimise her decision. The same applies to cis men who inject testosterone without medical advice: if the same person mentioned they were trans and asked for the same procedure. Providing a medical report to any patient derives from their recognized rights to obtain their medical file. Such a report may be necessary for trans individuals to seek legal recognition. It would also help them regain autonomy over their bodies and avoid being legally prosecuted for being who they are – especially when they apply for legal recognition, or if they are questioned about the reasons why their IDs do not conform to their gender presentation or looks[9].

Besides the legal concern, some specialists don't provide the diagnosis because they refuse to admit that transness is real or allow trans people to have more credibility. Another reason is the lack of trust in their own skills and ability to rightfully judge and diagnose someone. This is compounded by the lack of academic and professional references and modules. Paul's psychiatrist diagnosed him with a personality disorder after two sessions and immediately prescribed medication. When Paul tried to discuss the diagnosis with him, the psychiatrist insisted on the medication. Later, the same psychiatrist changed the diagnosis to ADHD and said that the initial diagnosis was incorrect.

The absence of general guidelines developed locally reinforces professionals' reliance on personal values and methods of work. International guidelines are not necessarily relatable or utilised progressively (Nadzeya 2013). On the upside, however, many professionals recognise the need for peer support and for spaces to reflect on their own biases. Unfortunately, such spaces are often non-existent or insufficient. When they do exist, like the papers and trainings made available by Qorras, specialists tend to not engage or show interest.

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[9]For more information, we suggest you review Qorras's paper on Accessing Legal Rights, Mental Health, and Community Support

Limitations

A main issue we faced was the limited number of professionals interviewed and the rarity of existing research and projects on trans mental health in Lebanon. This makes us question the readiness and availability of specialists supporting trans individuals and their mental health and how serious mental health specialists can be about dealing with transness and advocacy as a human experience and not as a hot topic. Topics raised by this study that can be further researched in the future include the personal biases of mental health professionals and gender normativity in trans communities, as well as the biased academic system and its impact on trans individuals. We anticipate this report will provide information for future research on the needs of mental health specialists on trans matters.

Conclusion

This paper provides an in-depth reflection on the mental health experiences of trans individuals in Lebanon, offering important insights into the challenges faced when seeking mental health care. The findings highlight that discrimination, financial and social barriers, biases, and norms, both societally and within healthcare systems, continue to hinder access to competent and inclusive mental health services. The research underscores the need for training and references for mental health professionals and the development of long-term, affordable care options. It also reminds mental health specialists that mental health, psychology, and psychiatry are about helping people find balance and understand themselves rather than fixing them.

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