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Review

Attitudes and knowledge of mental health practitioners towards LGBTQ+ patients: A mixed-method systematic review

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ABSTRACT

LGBTQ+ patients exhibit higher rates of mental disorder relative to the general population. This is particularly concerning since deficiencies in mental health practitioners' skills and knowledge, along with negative attitudes and behaviors, are associated with a decreased likelihood of LGBTQ+ patients seeking mental healthcare services and an increased likelihood of reporting unmet mental healthcare needs. To address these concerns, a mixed-method systematic review was conducted to evaluate mental health practitioners' attitudes towards and knowledge of LGBTQ+ patients and the impact of these factors on service utilization. Thirty-two relevant empirical qualitative and quantitative studies were retrieved from five databases following PRISMA guidelines, for a total of $N = 13{,}110$ mental health practitioners included. The results indicated that mental health practitioners generally hold affirming attitudes towards LGBTQ+ patients. However, significant gaps in practitioners' knowledge and skills emerged, describing feelings of inadequate skill, lack of competence, low clinical preparedness in addressing specific LGBTQ+ needs, insufficient training opportunities, and desire for further education on LGBTQ+ issues. These findings underscore the need to enhance inclusivity and cultural competence at both organizational and educational levels. Such improvements are essential to better care for LGBTQ+ patients and reduce disparities in access to mental health services.

1. Introduction

LGBTQ+[1] individuals are more likely to experience elevated rates of mental health issues, including depression, anxiety, suicide attempts, and drug-related mental health problems, compared to the general population (e.g., Hatchel et al., 2021; Moore et al., 2021; Slemon et al., 2022). Notably, the increased risk and prevalence of mental health problems are observed across the spectrum of sexual orientations and gender identities, and among different age groups and geographical regions (Plöderl & Tremblay, 2015).

The *minority stress model* (Meyer, 1995, 2003) may offer substantive and theoretical insights into the mental health disparities observed for this population. According to this framework, LGBTQ+ individuals encounter unique stressors related to their marginalized status, in addition to general life stressors (Meyer, 2003). These additional stressors necessitate adaptive responses beyond those required for general stressors. Besides identifying social conditions, structures, and factors as foundational to the production of minority population stressors (e.g., internalized stigma), the minority stress model also recognizes individual factors (e.g., identity) and group-level resources (e.g., social support) that may buffer the effects of such stressors. While originally focused on lesbian, gay, and bisexual individuals, the minority stress model has recently been extended to include other minoritized sexual identities, such as transgender and queer populations (e.g., Lefevor et al., 2019; Mongelli et al., 2019; Mezza et al., 2024).

Additional insights into mental health disparities among LGBTQ+ patients can be gained through the lens of intersectionality. Rooted in Black feminist thought and critical race theory, intersectionality theory posits that various forms of oppression (e.g., racism, patriarchy, heterosexism) are interconnected and must therefore be considered together (Collins, 1991). Originally developed to emphasize the unique legal vulnerabilities of Black women within a justice system oriented

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[1] The term LGBTQ+ (lesbian, gay, bisexual, trans, queer+) will be used in the present article to refer collectively to sexual minoritized and gender diverse identities. When referring to other research and studies, the authors' original terminology for sexuality/gender will be adopted.

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towards the experiences of White individuals and men, intersectionality has since broadened its purview. It now encompasses other groups facing multiple forms of oppression, suggesting that various social categories (e.g., ethnicity, gender, sexual orientation, socioeconomic status) intersect at the individual level, reflecting multiple intertwined systems of privilege and oppression at the broader societal level (Bowleg, 2012).

For LGBTQ+ individuals, intersecting oppressions may significantly impact mental health outcomes, exacerbating feelings of isolation, discrimination, and systemic injustice (Ghabrial, 2017; Sadika et al., 2020). For example, LGBTQ+ individuals may encounter disparities attributable to not only their sexual orientation or gender identity, but also their race, socioeconomic status, or physical ability. This intersectionality of oppressions can create complex challenges for LGBTQ+ individuals, leading to heightened experiences of psychological distress and mental health issues (DeSon & Andover, 2023).

Both the minority stress model and intersectionality theory suggest that individuals who belong to multiple minoritized groups, or whose identities intersect across several minoritized categories, may experience compounded conditions such as conflict, prejudice, discrimination, and stigma, due to incongruence with dominant societal norms and structures. (Multi)minority stressors range from distal to proximal influences. Distal factors encompass instances of prejudice (e.g., discriminatory actions, microaggression, violence, interpersonal homophobia), while proximal influences involve personal perceptions and situational appraisals, such as a fear of rejection (i.e., rejection sensitivity) or the internalization of societal biases against one's sexual orientation or gender identity (i.e., internalized homophobia/biphobia/transphobia). Both proximal and distal stressors contribute to adverse mental health effects within LGBTQ+ populations. In this context, Hatzenbuehler (2009) synthesized group-specific minority stressors with general psychological mechanisms into a unified framework. The resulting framework posited that sexual minorities experience heightened stress due to societal stigma, which impairs their ability to manage emotions, navigate interpersonal conflict, and engage in cognitive processing. Consequently, these stressors elevate their risk of mental health issues. Additionally, these mechanisms may function as pathways linking stigma-induced stress to negative mental health outcomes.

Proximal and distal stress factors comprise significant barriers to accessing health services (including mental health services) for individuals with minoritized sexual identities. Within mental healthcare settings, stigma may foster a sense of mistrust towards practitioners (Ferlatte et al., 2019; Moore et al., 2020), thus forming an obstacle to accessing LGBTQ+ affirming services (Veltman & Chaimowitz, 2014). Indeed, negative interactions between LGBTQ+ patients and healthcare practitioners have been linked to the formers' decreased engagement with healthcare services, while a lack of LGBTQ+ or affirming expertise often results in suboptimal or withheld treatment (Li et al., 2015). These barriers are likely to become especially pronounced in environments characterized by high levels of anti-LGBTQ+ structural stigma, in the form of discriminatory laws, policies, and attitudes that systematically limit the opportunities of LGBTQ+ individuals (Hatzenbuehler, 2016). Importantly, research has indicated that healthcare practitioners often internalize and act upon societal biases against stigmatized groups (Van Ryn & Fu, 2003), and these biases are associated with inadequate diagnoses and treatment, as well as unfavorable outcomes (Fincher et al., 2004; Strakowski, 2003).

In healthcare settings, practitioners may inadvertently practice discriminatory behaviors, due to an underlying heterosexist/monosexist paradigm (Neville & Henrickson, 2006). Adding to this, mental health practitioners frequently exhibit a lack of awareness and knowledge regarding the specific healthcare requirements of sexual and gender minorities, stemming partly from a lack of education on these topics during their professional training (Badat et al., 2023; Carone et al., 2023; Nowaskie, 2020). Practitioners' negative attitudes towards LGBTQ+ patients and their lack of knowledge regarding LGBTQ+ needs may represent significant barriers to accessing mental health care services for LGBTQ+ individuals, thereby perpetuating healthcare disparities.

The *culturally competent compassion model* (Papadopoulos, 2018), as adapted for LGBTQ+ needs (Baiocco et al., 2021), underscores that deficiencies in skills and knowledge, as well as negative attitudes and behaviors among healthcare professionals, are linked to a reduced likelihood of LGBTQ+ patients seeking healthcare services. Papadopoulos (2018) defined culturally competent compassion as a human attribute characterized by an understanding of the suffering of others and the desire to address this suffering through culturally suitable social and healthcare interventions, while respecting individuals' cultural beliefs, behaviors, and needs. This attitude can be cultivated among healthcare and social care professionals through targeted training programs aimed at enhancing knowledge and skills.

The culturally competent compassion model examines cultural beliefs, behaviors, and needs that perpetuate discriminatory action and generate inequalities in healthcare. It emphasizes the importance of professionals': (a) cultural awareness of sexual and gender minority issues, defined as cultural *knowledge* of sexual and gender minority issues; (b) cultural *sensitivity* (including awareness of negative attitudes towards sexual and gender minority individuals); and (c) cultural *competence*, encompassing a compassionate attitude towards LGBTQ+ patients (Baiocco et al., 2021). In mental health settings, a lack of cultural awareness risks exacerbating barriers to accessing mental health services for LGBTQ+ individuals.

Given these premises, the present systematic review aimed at exploring mental health practitioners' attitudes towards LGBTQ+ patients, as well as their knowledge and skills related to LGBTQ+ needs and issues. To this end, both qualitative and quantitative studies were reviewed to capture the subjective perspectives of mental health practitioners. Although primarily explorative and descriptive, the study aimed at verifying two main hypotheses:

1) Attitudes towards LGBTQ+ individuals have improved globally over recent decades, fostering higher rates of tolerance and acceptance (Lian, 2021; Wilson, 2020). The promotion of a positive social climate appears closely associated with progressive legislation and policy, as an increasing number of states recognize civil rights for LGBTQ+ individuals, further encouraging their societal acceptance (Earle et al., 2021; ILGA, 2024). Thus, it was hypothesized that mental health practitioners would exhibit generally positive attitudes towards LGBTQ+ patients, reflecting trends observed in the general population.
2) Recently, it has been proposed that clinical science training programs lack sufficient emphasis on culturally competent education, intersectionality, and social justice. This points to the need for specific courses on diversity, supervised clinical experience with diverse populations, additional didactic training, experiential activities, and possibly cultural immersion (Benuto et al., 2019; Buchanan & Wiklund, 2020). In light of this, it was hypothesized that mental health practitioners would demonstrate a lack of knowledge regarding the specific issues and needs of LGBTQ+ patients.

2. Materials and methods

The article selection process proceeded in three main stages: initially, a predetermined search string was utilized to identify relevant publications in electronic scientific databases. Subsequently, duplicate entries were eliminated, and the remaining articles were screened against predefined inclusion and exclusion criteria. Finally, pertinent data were extracted and analyzed. The study adhered to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines for systematic reviews and meta-analyses (Salameh et al., 2020), and the selection process was conducted in accordance with the PRISMA flow diagram.

2.1. Database search strategy

A comprehensive search of electronic databases was conducted across prominent platforms in the domains of health and social science: PsycInfo, PsycArticles, Scopus, PubMed, and Web of Science. Scientific publications were sought from database inception to May 31, 2024, using the following predetermined search string: ((mental health providers OR mental health service) AND (attitudes OR concerns OR practice OR knowledge OR admit needs) AND (gay OR lesbian OR trans OR bisexual OR non-binary OR LG OR LGB OR LGBT OR LGBTQ+)). The search was applied to article titles and abstracts.

2.2. Literature search strategy and study eligibility

Following the retrieval of articles using the search string, duplicate entries were systematically removed. Subsequently, the titles and abstracts of the remaining papers were carefully reviewed to filter out irrelevant material. These articles were then assessed against predefined inclusion and exclusion criteria. The inclusion criteria were: (a) studies assessing the attitudes and knowledge gaps of mental health practitioners (i.e., psychologists, psychiatrists, mental care nurses, social workers) towards LGBTQ+ populations; and (b) qualitative and/or quantitative empirical studies. The exclusion criteria were: (a) studies focused on other healthcare practitioners; (b) studies involving university students; (c) review articles and/or meta-analyses, (d) case reports; (e) training programs not reporting pre-intervention data; (f) editorials, commentaries, conceptual articles, or recommendation articles; (g) grey literature (i.e., non–peer-reviewed literature, including unpublished data, dissertations, books, book chapters, and conference proceedings); and (h) articles not written in English.

Following the application of the inclusion and exclusion criteria, the reference lists of the retained articles were examined to identify further relevant literature. Any literature identified through this process underwent the same eligibility assessment. The entire selection process was independently conducted by two reviewers (the first and the second author), with all disagreements resolved through discussion until consensus was reached. The inter-rater agreement was strong, with Cohen's $\kappa = 0.88$.

2.3. Data extraction and study quality assessment

The following information was extracted from the articles meeting the selection criteria: (a) authors and publication year, (b) sample size and gender, (c) sample mean age, (d) sample type, (e) target population, (f) geographic area, (g) type of article, (h) measures, and (i) main results.

The quality assessment of the quantitative cross-sectional studies was evaluated using an adapted version of the Newcastle-Ottawa Scale (Wells et al., 2011), which allows for a maximum score of 10. For the qualitative studies, the quality assessment employed the Checklist for Qualitative Research by the Joanna Briggs Institute (2016), which also has a maximum score of 10. Studies incorporating both quantitative and qualitative data were assessed using both methodologies. Regarding quantitative data, they underwent a conversion process into "qualitized data", that is, a transformation into textual descriptions or narrative interpretation of the quantitative results (Lizarondo et al., 2020). A comprehensive description of the quality assessment process is provided in Table 1S and 2S for the cross-sectional studies and Table 3S for the qualitative studies, in the supplementary material.

3. Results

Initially, the search strategy identified 1469 potentially suitable articles. This number was subsequently reduced to 926 after the elimination of duplicates. Following a preliminary screening based on titles and abstracts, 405 articles underwent a full-text assessment in accordance with the inclusion and exclusion criteria. Of these, 32 studies met the predefined criteria. No additional publications were identified through reference list searches. Consequently, the systematic review was based on data extracted from 32 studies. Participant age ranged from 18 to over 65 years, although seven studies did not report this information. Overall sample sizes varied from $n = 7$ to $n = 8951$. Globally, $n = 13{,}110$ mental health practitioners were evaluated. Eleven studies included only cisgender female participants; six studies included cisgender male and female participants as well as transgender, queer, and gender fluid participants; four studies did not report gender information; and the remaining studies included cisgender male and female participants.

Regarding sexual orientation, 15 studies included heterosexual participants, 15 studies included gay and lesbian participants, 11 studies included bisexual participants, and 5 studies included queer participants. Across all studies, 1 participant identified as demisexual and 1 participant as pansexual; 15 studies did not report information about sexual orientation. The median quality score was 5 for the cross-sectional studies and 7 for the qualitative studies. Fig. 1 depicts the entire screening process, while Table 1 displays the characteristics of the included articles.

3.1. Mental health practitioners' attitudes

The retrieved studies consistently demonstrated that mental health practitioners generally maintain positive attitudes towards LGBTQ+ patients. This trend appeared stable over the time span of the reviewed literature, with even early studies demonstrating favorable attitudes towards sexual and/or gender minority individuals (Crawford et al., 1999; Ryan et al., 1999).

Across the studies, mental health practitioners expressed affirming attitudes characterized by positive and supportive beliefs, behaviors, and actions towards LGBTQ+ patients. Affirming attitudes were defined by a commitment to culturally competent and inclusive care practices, addressing the unique mental health challenges faced by LGBTQ+ patients while promoting their well-being and fostering a sense of belonging (Barrientos & González, 2022). In the context of mental health care, affirming attitudes entailed acknowledging, respecting, and validating the identities, experiences, and needs of LGBTQ+ patients (Bettergarcia et al., 2021). Mental health practitioners with affirming attitudes demonstrated acceptance, empathy, and understanding towards LGBTQ+ patients, creating an environment in which patients felt safe, respected, and valued.

For instance, the counsellors and psychologists interviewed by Bishop et al. (2023) emphasized the importance of displaying open-mindedness, understanding, and affirming attitudes to signal a safe space for LGB patients. Participants also noted that a therapist's personal attitude towards a patient from a minority cultural group could unconsciously affect the therapeutic process. Additionally, they stressed that being inclusive and compassionate required ongoing reflection on one's attitudes and inclusive intentions in work with LGB patients. Similarly, 12 counsellors interviewed by Salpietro et al. (2019) discussed the implementation of affirmative interventions when working with transgender patients. These interventions included deliberate

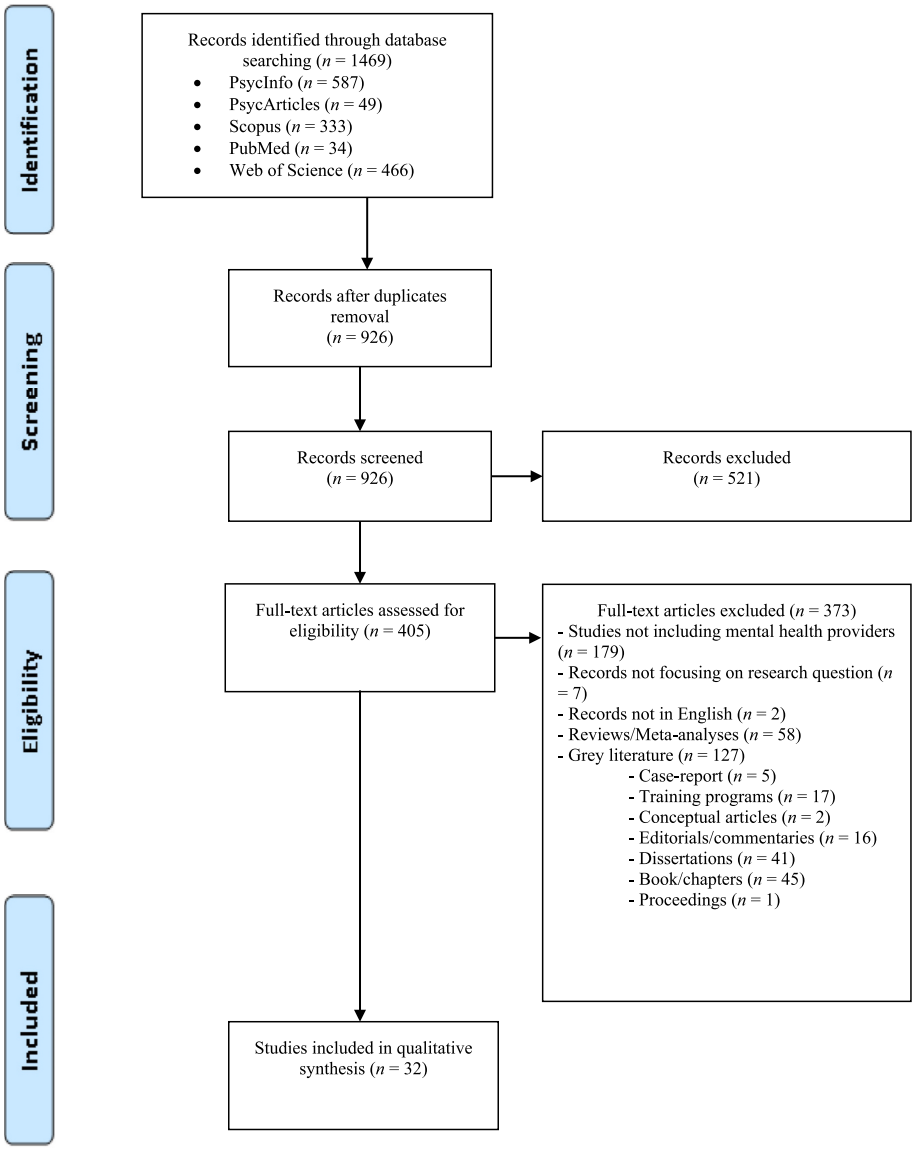

Fig. 1. PRISMA flow-chart.

efforts to establish a secure and validating environment during explorations of gender identity, encouragement of self-compassion and autonomy, demonstration of acceptance, empowerment, and efforts to instill hope.

Chiang et al. (2018) highlighted the critical importance of an affirming stance at all stages of therapy. In their study, they interviewed therapists working with young sexual and/or gender minority patients who were ethnic minority individuals. In their work with these clients, the therapists identified affirming attitudes as essential for fostering the therapeutic alliance, normalizing mental health difficulties within the framework of youth development, and identifying supportive figures within clients' family and peer groups. Similar results were reported by Israel et al. (2008) in their interviews with 14 psychotherapists working with LGBT patients. In more detail, the authors highlighted that therapists' perceptions of a good and helpful working alliance were linked to affirming attitudes, validation, acceptance, and empowerment. In particular, the therapists noted the importance of examining identity and coming-out experiences, understanding sexual orientation as a spectrum, addressing internalized homophobia, and providing helpful resources.

Affirming attitudes were also shown to positively impact various clinical processes. For instance, in the study conducted by Mackie et al. (2023), involving psychologists working with transgender young patients, participants emphasized the importance of validating and normalizing transgender identities and experiences within the therapeutic environment, noting that affirming attitudes helped patients to develop a sense of autonomy and control over their lives and experiences.

However, a few articles highlighted that some clinical settings fail to cultivate affirming attitudes, identifying barriers to the delivery of affirming care. The mental health practitioners interviewed by Dispenza et al. (2017) discussed the challenge of developing an *affirmative consciousness*, defined as a deliberate effort to critically engage with one's own worldview to challenge detrimental stereotypes and assumptions about sexual and gender minority patients. One participant highlighted the insensitivity of certain lines of inquiry by mental health professionals, as epitomized by the question: "When did you decide you were gay?" Participants underscored the necessity for practitioners to acknowledge their personal biases, be aware of cultural and value disparities, and reflect on the extent (and limits) of their awareness.

In the study by Ferrucci et al. (2023), mental health practitioners identified several barriers to successful affirming treatment for patients

Table 1
Characteristics of the Studies Included in the Systematic Review (N = 32).

Study	Sample size (gender)	Sample age	Sample sexual orientation	Sample type	Target population	Geographic area	Type of article	Measures	Quality assessment score	Main results
Alessi et al., 2023	19 (not reported)	Not reported	Not reported	LGBTQ+ forced migrant mental health providers and LGBTQ+ mental health providers	LGBTQ+	Canada	Qualitative	Interview		Three main themes emerged: - *balancing knowing and not knowing,* captured the way participants described what it was like to work with clients whose race/ethnicity, sexual orientation, gender identity, and other markers of social location were different from their own. - *making space for culture and context in affirmative practice*, reflected participant concerns when affirmative practice is not used in client-centered, culturally-specific ways. - *repairing damage done by other practitioners,* reflects participant observations of the effects of discrimination by other service providers on clients.
Argyriou, 2023	18 (10 women, 6 men, 2 non-binary)	Age between 20 and 65 (mean age not reported)	Not reported	Psychologists	Transgender people	Greece and Spain	Qualitative	Interview		Variety of conceptions of gender identity. Many participants claimed the need for adequate training, and the tendency to avoid clear formal clinical evaluation methods like standardized psychological tests or diagnostic interviews. Along with developing adequate cultural knowledge, practitioners stated that they also must deal with legal arrangements, such as the binary legal representation of gender.
Badat et al., 2023	170 (99 female, 71 male)	Mean age: 25.3 ± 2.9	153 Heterosexual 6 Homosexual 11 Other	Final-year medical students after 6-week academic rotation at dedicated psychiatric units.	LGBT	South Africa	Quantitative (cross sectional)	LGBT-DOCSS (Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale)		High attitudinal awareness but low competency in total score, clinical competency and basic knowledge subscales. Practitioners' attitudes were correlated with their gender

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Table 1 (*continued*)

Study	Sample size (gender)	Sample age	Sample sexual orientation	Sample type	Target population	Geographic area	Type of article	Measures	Quality assessment score	Main results
										(higher in females), but not with their age, self-identification as LGBTQ+, or religiosity. Practitioners' knowledge were correlated with practitioners' gender (higher in females), but not with their age, self-identification as LGBTQ+, or religiosity.
Bartlett et al., 2009	1387 (852 women)	Mean age: 51 ± 10	Not reported	Psychologists and Psychotherapists	Homosexuals	UK	Qualitative and quantitative (cross-sectional)	Open-ended and closed-ended question survey		Older professionals and male professionals were more likely to have treated patients to change their sexual orientation than younger professionals or female professionals.
Bernales et al., 2024	16 (7 females, 9 males)	Mean age 33.14 (SD not reported)	Not reported	Healthcare providers (of which, 4 psychologists)	Trans men	Chile	Qualitative	Interview		Three thematic axes emerged: - failures in the recognition of trans identity, - challenges with patient-centered care - use of other ("non-trans") health services
Bishop et al., 2023	10 (6 females, 4 males)	Not reported	8 heterosexual, 2 gay	Counsellors and psychologists	LGB	Australia	Qualitative	Interview		3 themes emerged: - initial professional training, cultural competence training and lived experience could be triangulated to assist therapists in improving their cultural competence. - cultural competence improves the therapeutic process by ensuring therapists can demonstrate affirming attitudes, knowledge about LGB people and culturally affirming skills to work effectively with LGB clients. - need for therapists to create an inclusive space for LGB clients.
Canvin et al., 2023	7 (5 females; 2 males)	Age range: 27–54	5 heterosexual, 1 demisexual, 1 did not disclose	3 Clinical Psychologists, 1 Consultant Psychiatrist, 1 Mental Health Nurse,	Trans, gender diverse or questioning people	UK	Qualitative	Interview		Four main themes emerged: - feeling inadequately skilled - fear of saying the wrong thing

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Table 1 (*continued*)

Study	Sample size (gender)	Sample age	Sample sexual orientation	Sample type	Target population	Geographic area	Type of article	Measures	Quality assessment score	Main results
				1 Social Worker, and 1 Art Therapist						- use of medicalised language - needs for new contents in trainings
Chiang et al., 2018	8 (3 females; 5 males)	Age range: 35–65	Not reported	medical practitioners, counsellors, a psychotherapist, and a social worker	Chinese Sexual and/or gender minority youth	New Zealand	Qualitative	Interview		Four major categories of mental health needs emerged: - needs for love and acceptance - migration and Chinese cultural needs - managing cis-heteronormativity and coming-out needs - intersectional needs of double rejection
Crawford et al., 1999	388 (211 male, 177 female)	Mean age = 50 y	10 Bisexual, 359 Heterosexual, 19 Homosexual	Psychologists	LG candidates seeking to adopt a child	USA	Quantitative (cross-sectional)	Questionnaire designed specifically to assess attitudes towards a couple depicted in a vignette		Participants who rated the gay male and lesbian couples with a female child were less likely to recommend custody for these couples than participants who rated the heterosexual couples. Attitudes towards same-sex parenting were associated with practitioners' religiosity.
Dispenza et al., 2017	63 (38 females; 20 males; 1 transgender; 4 gender fluid)	Mean age: 41.92 ± 11.84	30 heterosexual, 24 gay/lesbian, 5 bisexual, 4 queer	Therapists with degrees in applied psychology, counseling and counselor education, social work, and psychiatric nursing/ nurse practitioner	Sexual and gender minority people living with chronic illness and/or disability	USA	Qualitative	open-ended question survey		Four major themes emerged: - Competence in intersectionality (Appraising prejudices and biases; identifying risk factors, awareness of internalized forms of oppression, possessing adequate medical knowledge) - Affirmative consciousness (Resisting stereotypes and assumptions; self-awareness of bias; Upholding affirmative attitudes) - Social justice practice (Advocacy; Community and social support) - Ethical values (Autonomy, Fidelity, confidentiality, Nonmaleficence and beneficence)

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Table 1 (*continued*)

Study	Sample size (gender)	Sample age	Sample sexual orientation	Sample type	Target population	Geographic area	Type of article	Measures	Quality assessment score	Main results
Doraivelu et al., 2023	15 (11 female, 4 male)	Mean age: 48.8 ± 10.1	2 gay/same gender loving; 13 heterosexual	7 HIV provider, 3 Mental Health Provider, 5 Social Service Provider	Young Black gay, bisexual, and other men who have sex with men (YB-GBMSM) living with HIV	USA	Qualitative	Interview		Attitudes: Mental health stigma was described as the most pervasive barrier to service use for YB-GBMSM patients. Participants described addressing mental health stigma using additional strategies including universal screening, attention to trust and confidentiality, and use of specific, destigmatizing messaging around mental health. Concerns regarding trust and confidentiality can impede engagement in mental health care, which requires the establishment of new patient-provider relationships and additional disclosures of HIV status and other potentially sensitive issues. Providers seemed to develop this messaging to destigmatize mental health service use in these settings on their own and reported greater success in linking patients to mental health care when they avoided using medicalized terms, normalized mental health care, and reassured their patient about a continued relationship with the HIV primary care provider.
Ferrucci et al., 2023	19 (1 transgender, 17 cisgender 1 missing; 3 male, 14 female, 1 non-binary/non-conforming/ gender fluid, 1 missing)	18–30 n = 6 31–50 n = 11 51 and older n = 2	Not reported	Professionals with experience in a range of ED treatment settings and approaches	Transgender and gender diverse populations	USA	Qualitative	Semi-structured interviews		Regarding factors affecting care while in treatment, prominent subthemes included discrimination and microaggressions, gendered-centered care, traditional therapeutic techniques, and providers' lack of knowledge
Gandy et al., 2013	100 (Not reported)	Not reported	Not reported	Persons employed by a children's mental health agency	LGBTQ youths	USA	Quantitative (cross-sectional)	- Homonegativity Scale - Personal Comfort Assessment Tool		Staff attitudes towards LGBTQ youth did not differ across mental health professional categories.

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Table 1 (*continued*)

Study	Sample size (gender)	Sample age	Sample sexual orientation	Sample type	Target population	Geographic area	Type of article	Measures	Quality assessment score	Main results
								- Gay Affirmative Practice Scale Racial/Ethnic Category and Job Category		Higher levels of homonegativity predicted lower levels of gay affirmative practice techniques and vice versa.
Goetz & Wolk, 2023	9 (5 female, 1 male, 3 non-binary, trans, genderqueer)	Not reported	Not reported	5 psychologists, 1 registered dietician, 3 social workers	Transgender, non-binary, and/ or gender expansive (TNG) with eating disorders	USA	Qualitative	Semi-structured interview		Barriers to affirming care are considered by mental health practitioners as barriers to eating disorder recovery. Access to desired gender-affirming care not only increased patients' sense of agency but also led to improvements in co-morbid mental health symptoms. Social gender-affirmation measures, such as clothing, hairstyles, and pronouns, were also noted as significant factors in eating disorder recovery by reducing gender dysphoria. Practitioners stated that standardized forms of assessment and intervention developed for eating disorders are inadequate, although alternative protocols are missing.
Hillin et al., 2007	194 (142 female 52 male)	Not reported	Not reported	Mental health clinicians	Aboriginal, same-sex attracted and culturally and linguistically diverse young people.	Australia	Quantitative (cross-sectional)	learning needs and current knowledge and skills in working with people with depression and related disorders		Significant differences were found between learning needs in relation to location but no significant differences were found in relation to agency or experience. Participants ranked their learning needs as high and their knowledge and skills in working with depression and related disorders in these young people as low.
Israel et al., 2008	14 (7 females, 6 males, 1 FtoM transgender)	Median age: 25	7 heterosexual, 3 gay/lesbian, 2 bisexual, 1 queer, 1 did not disclose	Therapists with master's or doctoral degrees in social work, marriage and family therapy, psychology, health promotion,	LGBT	USA	Qualitative	Interview		Several variables, including the therapeutic relationship, therapist knowledge and attitudes towards patients' sexual orientation/ gender identity, type of presenting concern, and the therapy

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Table 1 (*continued*)

Study	Sample size (gender)	Sample age	Sample sexual orientation	Sample type	Target population	Geographic area	Type of article	Measures	Quality assessment score	Main results
				human sexuality, and counseling						environment, may affect the therapy experiences of LGBT population, either in positive and negative ways
Jimenez et al., 2018	75 (68 female, 7 males)	Mean age: 22 ± 5	68 heterosexual, 5 gay/lesbian, 2 bisexual	15 practicing psychologists and 60 undergraduate psychology students	LG	Mexico	Quantitative (cross – sectional)	- Attitudes towards Gays and Lesbians in Psychotherapy Scale - The Knowledge towards Issues and Intervention with Gays and Lesbians (KAIGL)		When analyzing the attitudes of the participants towards gays and lesbians in psychotherapy, almost all attitudes were positive. Practitioners' positive attitudes, but not knowledge, were associated with having a friend or a family member who identified as LGBTQ+
Jiménez-Barbero et al., 2023	152 (114 females, 37 males, 1 missing data)	Mean age: 34.09 ± 19.73	141 heterosexual, 7 gay/lesbian, 3 bisexual, 1 other	psychiatrists, clinical psychologists, mental health nurses, social workers, and occupational therapists	Trans people	Spain	Quantitative (cross-sectional)	-Genderism and Transphobia Scale (GTS) - Trans Negative Attitudes Scale		Gender differences were found, with higher values in genderism and sexism among males. Negative attitudes and sexism have also been associated with age and religious beliefs. Mental health nursing, psychology and social work presented more favorable attitudes towards trans people than other mental health professionals.
Kilicaslan & Petrakis, 2019	85 (56 females, 24 males, 5 missing data)	18–30 *n* = 24 31–40 n = 24 41–50 *n* = 15 51–60 *n* = 14 60+ n = 2 Missing *n* = 5	58 heterosexual, 12 gay/lesbian, 4 bisexual, 3 queer, 1 pansexual, 1 transexual, 1 rather not say, 5 missing	Mental health providers working in community clinics, residential services, acute inpatient services, service development, and research departments	LGBTQ+	Australia	Qualitative and quantitative (cross-sectional)	Open-ended and closed-ended question survey		64% of staff surveyed stated that opportunities exist in the workplace to discuss LGBTIQ+ issues. However, a desire to increase knowledge was noted by 94% of staff. The majority of respondents requested that their workplace provide training, resources, general information, and through new staff orientation in order to upskill employees and support their professional development needs
Mackie et al., 2023	7 (cisgender)	Mean age: 38.9 ± 11.00	Not reported	Psychology or counsellors practising in secondary schools	Transgender people	Australia	Qualitative	Semi structured interview		Four superordinate themes were identified: affirming agency within transgender young people, perceived competency and transgender knowledge, expectations and

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Table 1 (*continued*)

Study	Sample size (gender)	Sample age	Sample sexual orientation	Sample type	Target population	Geographic area	Type of article	Measures	Quality assessment score	Main results
										surprises, and challenges during counseling
Naal et al., 2020	37 (not reported)	Mean age: 39.46 ± 9.96	Not reported	psychiatrists, addiction counsellors, clinical psychologists	LGBT	Lebanon	Quantitative (cross-sectional)	Closed-ended question survey		Compared to non-mental health healthcare practitioners, mental health practitioners were considerably less likely to think that homosexuality is a mental illness or that it is abnormal to identify with a gender identity other than one's biological sex. Compared to non-mental health doctors, mental health clinicians were also more likely to think that homosexuality is typical on the sexual orientation spectrum and to be inclined to call transgender people by their gender pronouns. Results indicate that healthcare professionals have positive attitudes and actions towards LGBT people.
Nowaskie, 2020	304 (191 females, 102 males, 1 non-binary, 1 transgender man, 9 other)	Mean age: 30.33 ± 4.23	261 heterosexual, 12 gay/lesbian, 17 bisexual, 7 queer, 7 other	psychiatrists	LGBT	USA	Quantitative (cross-sectional)	-LGBT-Development of Clinical Skills Scale (LGBT-DOCSS -Closed-ended question survey		Psychiatry residents reported caring for many LGBT patients; They also reported very high affirming attitudinal awareness. Practitioners' positive attitudes were associated with their ethnicity (higher in white/Caucasians), and higher number of LGBT curricular hours during trainings, but not with their sexual orientation However, providers referred to have moderate knowledge, and low clinical preparedness to take care of LGBT patients. Practitioners' knowledge was associated with their self-identification as LGBTQ+, curricular and extracurricular hours dedicated to LGBTQ+

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Table 1 (*continued*)

Study	Sample size (gender)	Sample age	Sample sexual orientation	Sample type	Target population	Geographic area	Type of article	Measures	Quality assessment score	Main results
										specific needs, having worked in the past with LGBTQ+ patients but not with their age or gender.
Pachankis et al., 2021	60 LGBTQ community centers offering mental health services	–	–	–	LGBTQ	USA	Qualitative and quantitative (cross-sectional)	Open-ended and closed-ended question survey		Nearly one-third of the centers (32%) reported being well equipped to meet the mental health needs of the LGBTQ community. Nevertheless, most respondents felt that their mental health staff would desire further training in evidence-based treatment and that they would benefit from such training. Open-ended questions highlighted the negative mental health impact of the multiple marginalizations and negative societal attitudes faced by their local LGBTQ populations.
Riggs & Bartholomaeus, 2016	304 (238 females, 66 males)	Mean age: 44.64 ± 11.85	Not reported	counsellors, mental health nurses, psychiatrists, psychologists, and social workers	Trans people	Australia	Quantitative (cross-sectional)	Closed-ended question survey		Practitioners' positive attitudes were associated with having received training in LGBT issues, and lower religiosity, but not with their age or level of education. No differences in terms of comfort among psychologists, psychiatrists, counsellors, social workers, and mental health nurses when working with transgender people. Practitioners' knowledge was associated with their gender (higher in females) and having worked in the past with LGBTQ+ patients. Psychiatrists had significantly lower knowledge of transgender patients' needs and issues than psychologists, counsellors, and social workers.

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Table 1 (*continued*)

Study	Sample size (gender)	Sample age	Sample sexual orientation	Sample type	Target population	Geographic area	Type of article	Measures	Quality assessment score	Main results
Rutherford et al., 2012	8 (5 females, 3 males)	mean age: 44.4 (SD not reported)	3 gay/lesbian, 1 bisexual, 4 queer	Psychiatrists, psychologists, social workers	LGBT	Canada	Qualitative	Interview		Main themes revolved around the lacking recognition of the need for LGBT-sensitive services and the inadequacy of available training
Ryan et al., 1999	183 (78% female 22% male)	Mean age: 45.7	93% heterosexual 7% lesbian/gay/ bisexual	Social workers and counsellors	Lesbian identity	USA	Qualitative and quantitative (cross-sectional)	- Mental Health Concerns - Knowledge About Lesbians - Positive Contributions to Mental Health - Negative Contributions to Mental Health - Effect of Coming Out on Clients' Mental Health - Attitudes Towards Lesbians Conversion Therapy		Most heterosexual providers defined lesbianism in terms of sexual attraction only, while lesbian, gay and bisexual providers defined lesbianism in both behavioral (sexual) and affectional terms. Providers who thought certain mental health symptoms varied on the basis of sexual orientation generally thought lesbians experienced these more frequently. Lesbian, gay and bisexual providers reported a larger number of lesbian clients, defined lesbianism more appropriately, and understood lesbian mental health issues more clearly.
Sabin et al., 2015	8951 (7235 females, 1716 males)	Mean age: males 36.52 ± 10.97; females 33.92 ± 10.26	6607 heterosexual, 1392 gay/lesbian, 996 bisexual	Counsellors, Social Workers, Community Specialists	Lesbian women and gay men	USA	Quantitative (cross-sectional)	-Implicit Association Test -closed-ended question survey		It was shown that moderate to strong implicit preferences for straight providers over lesbian women or gay men, are widespread among heterosexual providers. Nevertheless, mental health providers generally displayed the weakest implicit preferences towards heterosexual people. Regarding explicit attitudes, heterosexual, lesbian, and gay people in almost all provider groups reported moderate to strong explicit preferences for people who shared their own sexual identity. Nevertheless, heterosexual female mental health providers explicitly reported favoring lesbian

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Study	Sample size (gender)	Sample age	Sample sexual orientation	Sample type	Target population	Geographic area	Type of article	Measures	Quality assessment score	Main results
										women and gay men over heterosexual people.
Salpietro et al., 2019	12 (10 females, 2 males)	Mean age: 40.58 ± 10.54	Not reported	Counsellors	Trans people	USA	Qualitative	Interview		Four main themes emerged from the interview coding: - Challenges in treatment (dealing with the subthemes of societal challenges, family systems challenges, healthcare challenges, superficial training, and patient distrust of counselor) - Cisgender counselor learning experiences (dealing with the subthemes of counselor personal experiences, counselor commitment to learning, self-awareness, and consultation and supervision) - Knowledge (dealing with the subthemes of gender competency, transitioning, and resources) - Skills (dealing with the subthemes of therapeutic alliance, person-centered practice, affirmative therapy, working with family systems, broaching, advocacy)
Sherman et al., 2014	202 (49 male, 121 female, 32 missing)	Age: 20–30 *n* = 28 31–40 *n* = 51 41–50 *n* = 42 51–60 n = 28 + 61 *n* = 16 Missing *n* = 37	146 Heterosexual/ straight 12 Homosexual/ gay or lesbian 4 Bisexual 2 Questioning 4 Prefer not to answer 34 Missing	38 Physician 32 Psychologist 30 Social worker 22 Nurse 22 10 Therapist/case manager 23 Mental health trainee 47 Missing	LGBT and LGBT veterans	USA	Quantitative (cross sectional)	- Providers' practices, beliefs, comfort, and attitudes about LGBT issues - Attitudes Towards Lesbians and Gay Men (ATLG) scale, short version		Practitioners' positive attitudes were associated with their knowledge of LGBTQ+ issues, ethnicity (higher in white/ Caucasians), self-identification as LGBTQ+, having a friend or a family member who identified as LGBTQ+, but not with their gender.
Smith et al., 2019	57 (39 female)	Mean age: 52 ± 13.1	Not reported	psychologists, social workers, psychiatrists, and nurses	LGBT	USA	Quantitative (cross-sectional)	Closed-ended question survey		The majority of mental health providers believed that addressing LGBT issues was pertinent to their work, and they were eager to learn. However, they reported low knowledge of evidence-based methods. They were lacking in LGBT education, and they determined that the biggest obstacles to receiving high-quality care were residents

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Study	Sample size (gender)	Sample age	Sample sexual orientation	Sample type	Target population	Geographic area	Type of article	Measures	Quality assessment score	Main results
										hiding their identities, stigma, and a lack of training.
Smith-Millman et al., 2019	157 (140 female, 17 male)	Not reported	7 LGBT and 149 no LGBT	School mental health providers	LGBTQ youths	USA	Quantitative (cross-sectional)	- knowledge of risk factors for LGBTQ students, - bias towards LGBTQ individuals - experience working with LGBTQ students, perceived barriers to serving LGBTQ youth.		Mental health providers who reported having personal experience providing services to LGBTQ youth also displayed more positive attitudes towards these students. Providers who were more keenly aware of the risks facing LGBTQ youth also perceived that there may be more barriers to providing direct and indirect services to them. Having an LGBTQ-identified friend predicted holding less bias towards LGBTQ people, having greater knowledge about the risks facing LGBTQ youth, and having more experience working with LGBTQ students. Also school level and LGBTQ identity were predictors.
Vann et al., 2021	79 (65 female, 14 male)	Mean age: 32.42 ± 10.55	Not reported	Psychologists, psychiatrists	Non-binary people	Australia	Quantitative (cross-sectional)	Closed-ended question survey		Four areas were investigated at baseline: - Perceived knowledge: higher knowledge was positively associated with better attitudes and higher confidence and comfort working with non-binary patients - Attitudes: participants showed high positive attitudes towards non-binary patients, regardless of previous experience - Confidence: Those who had previous experience reported higher confidence on average than those who did not - Comfort: past experience of specific training or therapies with non-binary people did not have an effect on providers' comfort in working with this population.

with minoritized gender identities. Notably, they identified an absence of affirming attitudes, particularly in terms of acceptance and validation, as a significant challenge, which was in turn linked to patient experiences of microaggressions from clinicians, peers undergoing treatment, and family members. These instances were observed to not only impede progress in therapy, but also significantly distress patients within the gender minority community. Similarly, Gandy et al. (2013) highlighted sexual stigma as another barrier to the delivery of affirming care. Their study of staff members from a mental health service found that higher levels of sexual stigma were negatively associated with affirming attitudes, with greater homonegativity among staff correlating with lower affirming attitudes.

In a similar vein, Goetz and Wolk (2023) interviewed mental health practitioners working with transgender, non-binary, and/or gender expansive patients suffering from eating disorders. Their study highlighted that barriers to affirming care also constituted significant obstacles to eating disorder recovery. Interviewees noted that access to the desired gender-affirming care not only enhanced patients' sense of agency but also led to improvements in comorbid mental health symptoms, thereby facilitating more effective engagement in eating disorder treatment. Many therapists emphasized that social gender-affirming measures (pertaining to, e.g., clothing, hairstyles, and pronouns) were significant factors in eating disorder recovery, reducing gender dysphoria. Thus, these measures were advocated for prioritization over traditional body acceptance approaches within treatment protocols.

Despite the evident benefits of affirming attitudes, some intrinsic limitations were also observed, particularly in work with patients with intersecting identities. Alessi et al. (2023) explored this complexity by interviewing mental health practitioners working with LGBTQ+ forced migrants. Their findings revealed several critical themes. First, the Western construction of sexual and gender identities, as presented in affirmative care, may not resonate with LGBTQ+ patients from diverse cultural backgrounds, and may even carry negative connotations. Moreover, practitioners with affirming attitudes but lacking in self-reflection may inadvertently promote the idea that coming out is universally positive and therapeutic, thereby disregarding the nuanced reality that selective disclosure may be more beneficial for maintaining familial and community bonds in certain cultural contexts.

To summarize, the reviewed literature consistently demonstrated that mental health practitioners generally maintain positive, affirming attitudes towards LGBTQ+ patients, which is likely to positively influence clinical processes, including the therapeutic alliance. Conversely, the absence of affirming attitudes was associated with significant barriers to accessing mental health services and impeding the progress of therapy. These findings underscore the necessity for mental health practitioners to adopt and promote positive attitudes characterized by affirmative consciousness, as such attitudes are strongly correlated with favorable outcomes in psychological interventions.

3.1.1. Factors associated with mental health practitioners' attitudes

The reviewed studies explored several factors with respect to their potential impact on mental health practitioners' attitudes towards LGBTQ+ patients. These factors could be broadly categorized into sociodemographic variables and factors related to personal disposition or experience. Among the sociodemographic variables, the literature examined age, gender, ethnicity, sexual orientation, and educational attainment. Regarding age, only one study (Jiménez-Barbero et al., 2023) reported a significant association between participants' age and their attitudes towards LGBTQ+ patients, with older practitioners displaying more negative attitudes compared to their younger colleagues. Conversely, no other study found a significant association between age and attitudes (Badat et al., 2023; Riggs & Bartholomaeus, 2016;Sabin et al., 2015; Sherman et al., 2014).

Gender was significantly associated with attitudes towards LGBTQ+ patients in two of the retrieved studies. Badat et al. (2023) showed that female participants exhibited higher median levels of attitudinal awareness (i.e., recognition of one's LGBT-based prejudicial attitudes) compared to male participants. Similarly, Jiménez-Barbero et al. (2023) found that female participants reported lower levels of sexism and cisgenderism towards transgender individuals than their male counterparts. However, other studies found no significant gender differences (Sherman et al., 2014; Smith-Millman et al., 2019).

Ethnicity consistently emerged as a significant factor, with White/Caucasian practitioners generally displaying more positive attitudes than those from other ethnic backgrounds (Nowaskie, 2020; Sabin et al., 2015; Sherman et al., 2014; Smith-Millman et al., 2019). Regarding sexual orientation, the findings were mixed: some studies indicated that practitioners identifying as LGBTQ+ held more positive attitudes compared to their heterosexual colleagues (Sabin et al., 2015; Sherman et al., 2014), while others reported no significant differences between these groups (Badat et al., 2023; Nowaskie, 2020; Smith-Millman et al., 2019). Educational level was not found to be significantly associated with attitudes towards LGBTQ+ individuals (Riggs & Bartholomaeus, 2016; Smith-Millman et al., 2019).

Regarding personal disposition and experience, several studies investigated the impact of specific clinical skills and knowledge related to LGBTQ+ patient needs. Nowaskie (2020) reported that a higher number of LGBT curricular hours during training was related to improved attitudinal awareness among psychiatry residents. Similarly, both Sherman et al. (2014) and Vann et al. (2021) observed more favorable attitudes among mental health practitioners who had received training on LGBT issues during their professional education. Riggs and Bartholomaeus (2016) noted that this association was specific to the duration of LGBTQ+ education, rather than the overall length of professional experience, which was not significantly associated with practitioner attitudes. Additionally, several studies indicated that positive attitudes were associated with having a friend or a family member who identified as LGBTQ+ (Jimenez et al., 2018; Sherman et al., 2014; Smith-Millman et al., 2019).

Religiosity also appeared to influence mental health practitioners' attitudes. Crawford et al. (1999) found that practitioners who regularly attended religious services expressed more concerns about children being taught appropriate values, experiencing emotional neglect, being sexually abused, and receiving high-quality parenting, and were less likely to recommend custody to gay or lesbian couples compared to practitioners who rarely attended religious services. Jiménez-Barbero et al. (2023) reported that both practicing and non-practicing practitioners with religious beliefs exhibited higher levels of negative attitudes and hostile sexism towards transgender people than non-believers. Similarly, Riggs and Bartholomaeus (2016) observed that religious practitioners tended to be less comfortable interacting with transgender individuals. However, Badat et al. (2023) found no significant association between religiosity and attitudes. Finally, only one study explored political ideology, finding no significant association with attitudes (Jiménez-Barbero et al., 2023).

In summary, the literature suggests that sociodemographic variables may be linked to practitioners' attitudes to some extent, although the findings are inconsistent and sometimes contradictory. Conversely, practitioner attitudes appear more strongly associated with factors pertaining to personal disposition and experience, such as the number of LGBT+ curricular hours during training, having LGBTQ+ friends or family members, and religiosity.

3.1.2. Attitudes among different mental health practitioner groups, and in comparison to non–mental health practitioners

Several studies investigated the hypothesis that, within the mental health profession, different practitioner groups may hold varying attitudes towards LGBTQ+ patients. Jiménez-Barbero et al. (2023) found higher scores of genderism among psychiatrists, occupational therapists, and nursing assistants, compared to psychologists, nurses, and social workers. Similarly, higher levels of transphobia and negative attitudes were observed among psychiatrists and occupational therapists relative

to other professions (Jiménez-Barbero et al., 2023). However, Riggs and Bartholomaeus (2016) found no significant differences in comfort levels when working with transgender people among various professional groups, including psychologists, psychiatrists, counsellors, social workers, and mental health nurses.

Compared to non–mental health practitioners (e.g., dermatologists, physicians, surgeons, urologists, sexologists, gynecologists), mental health practitioners were found to be more likely to demonstrate favorable attitudes and behaviors (Naal et al., 2020). However, no significant differences were observed when comparing mental health practitioners (e.g., clinically licensed psychologists, counsellors) with other staff members at a children's mental health agency (Gandy et al., 2013). Moreover, similar trends in explicit and implicit attitudes towards LGBT patients were found among mental health practitioners, other healthcare practitioners (e.g., physicians, nurses, other diagnostic practitioners), and non-practitioners (Sabin et al., 2015).

In summary, mental health practitioners tend to exhibit more positive and favorable attitudes towards LGBTQ+ patients when compared to practitioners from other healthcare fields. However, further research is needed to determine whether different professional groups within the mental health field differ significantly in this respect.

3.2. Mental health practitioners' knowledge, skills, and needs

Although mental health practitioners were shown to generally exhibit positive and affirming attitudes towards LGBTQ+ patients, the reviewed studies also revealed a notable deficiency in their self-perceived knowledge of the specific issues and needs of LGBTQ+ patients, as well as moderately low confidence in their ability to deliver appropriate care to these patients. In some cases, mental health practitioners were reported to request specialized training and education programs aimed at improving their competent and respectful care and supporting them in overcoming personal challenges and feelings of inadequacy when working with LGBTQ+ patients.

Mental health practitioners' knowledge about the specific needs of LGBTQ+ patients can be categorized into two major domains: clinical knowledge and cultural knowledge. Regarding clinical knowledge, the reviewed studies showed that practitioners reported a lack of standardized protocols, interventions, procedures, and guidelines tailored to the specific needs of LGBTQ+ individuals. Moreover, many practitioners claimed that hands-on experience was their primary means of developing clinical knowledge (Ferrucci et al., 2023; Mackie et al., 2023). Argyriou (2023) reported that, in non-clinical settings, many practitioners eschewed formal clinical evaluation methods, such as standardized psychological tests or diagnostic interviews, deeming these methods unnecessary or outdated. Conversely, psychologists in clinical settings often adhered to established protocols or developed their own, despite the lack of universal agreement on their efficacy across different countries and professional communities.

Dispenza et al. (2017) described an urgent need for practitioners to become knowledgeable about specific LGBTQ+ risk factors, medical conditions, surgical procedures, and medical treatments. Building on this, Bartlett et al. (2009) observed that a lack of relevant clinical knowledge sometimes resulted in the application of controversial and potentially harmful treatment, such as conversion therapy. The need for appropriate procedures emerged as particularly pressing for individuals with intersectional minoritized identities. For instance, standardized assessment and intervention protocols for eating disorders were reported as inadequate for transgender patients, despite the absence of alternative protocols (Ferrucci et al., 2023; Goetz & Wolk, 2023). In fact, practitioners observed that existing treatments for eating disorders often fail to address the specific needs of transgender or gender-diverse patients, and many reported feeling ill-equipped to offer treatments that are sensitive to the experiences of gender minority patients, particularly those undergoing gender-affirming medical interventions. Consequently, patients expressed distress regarding conventional treatment methods, such as body observation in mirrors, discussions promoting body positivity and acceptance, and exposure therapies. Similar difficulties in addressing mental health care, specific risk factors, and possible resources for intersectional minoritized identities were identified among mental health practitioners working with sexual and gender minority patients living with chronic illnesses and/or disabilities (Dispenza et al., 2017), Aboriginal LGBT patients (Hillin et al., 2007), LGBTQ+ forced migrants (Alessi et al., 2023), and young black, gay, and bisexual men living with HIV (Doraivelu et al., 2023).

Regarding cultural knowledge, mental health practitioners reported a lack of understanding of the diverse identities, experiences, and challenges faced by LGBTQ+ individuals, including the social, historical, and political factors that shape LGBTQ+ identities and communities, and the terminology, concepts, and issues specific to gender identity and sexual orientation. For instance, mental health practitioners interviewed by Bishop et al. (2023) emphasized the importance of several key concepts for demonstrating cultural sensitivity: distinguishing between sexuality and gender identity, understanding the impact of familial or peer rejection based on sexuality, acknowledging the invalidation of sexual orientation and same-sex relationships, recognizing polyamory, and exploring the effects of internalized homophobia on individual well-being.

In a similar vein, Bernales et al. (2024) reported that the majority of mental health practitioners they interviewed lacked training in the provision of comprehensive healthcare to transgender individuals. They frequently took a binary approach to examining the body, while failing to recognize the specific needs and more appropriate treatments for transgender patients. Additionally, they tended to emphasize biomedical interventions such as hormone therapy and surgical procedures, while neglecting the importance of emotional support. Finally, their discussions of physical transition frequently conveyed gender transition in binary terms, thereby neglecting the complexities of gender expression. Alessi et al. (2023) stressed the importance of cultural knowledge, and particularly "balancing knowing and not knowing." In more detail, their participants emphasized the necessity of balancing cultural competence with cultural humility, especially when working with patients who are sexual and gender minorities and/or hold racialized identities.

Regarding cultural knowledge, several studies highlighted the role played by social policies as both barriers and resources. For example, the sample interviewed by Argyriou (2023) reported that, in addition to developing adequate cultural knowledge, practitioners must also navigate legal frameworks, such as the binary legal representation of gender. In a study by Kilicaslan and Petrakis (2019), mental health practitioners suggested that the incorporation of policy management within broader organizational strategies could enhance gender and sexual diversity responsiveness in their services. Similarly, those interviewed by Dispenza et al. (2017) emphasized the need for mental health practitioners to act as agents of social change at both individual and community levels. This could involve communication with school systems or medical professionals, or the education of caregivers, educators, and other practitioners to promote more culturally competent care.

Several studies also revealed that mental health practitioners often experience negative feelings and concerns regarding the inadequacy of their clinical and cultural knowledge related to LGBTQ+ issues and needs. Kilicaslan and Petrakis (2019) reported that low levels of clinical and cultural knowledge were associated with lower confidence in working with LGBTQ+ patients. Moreover, several participants in Canvin et al.'s (2023) research felt inadequately skilled in their work with gender-diverse patients, resulting in discomfort due to fears of saying the wrong thing, offending patients, or appearing ignorant or unrespectful. Participants also discussed the negative impact of their fear of making mistakes, noting that excessive caution to avoid offense could inhibit openness and curiosity towards their patients. Similarly, Mackie et al. (2023) showed that mental health practitioners often displayed hesitation and uncertainty when working with transgender

individuals. However, they found that perceived knowledge and competency improved as practitioners gained more experience with this population.

The need for appropriate and competent training and education on LGBTQ+ needs consistently emerged across the literature (e.g., Argyriou, 2023; Goetz & Wolk, 2023; Kilicaslan & Petrakis, 2019; Mackie et al., 2023; Pachankis et al., 2021; Rutherford et al., 2012; Salpietro et al., 2019; Smith et al., 2019). Although mental health practitioners reported that LGBTQ+ issues were relevant to their practice and expressed a willingness to learn more (Bishop et al., 2023; Smith et al., 2019), many underlined the inadequacy of current training programs. For instance, Rutherford et al. (2012) found that, although participants had attended workshops and conferences on LGBTQ+ content or completed educational rotations in LGBT care, these opportunities had been actively sought out rather than required as mandatory components of their training or educational programs.

To summarize, mental health practitioners appear deficient in both clinical and cultural knowledge regarding the specific needs and issues of LGBTQ+ individuals. Practitioners seem aware of this deficiency and express a willingness to learn more, in order to improve their delivery of appropriate care. Consequently, mental health practitioners express a need for enhanced training and education focused on LGBTQ+ issues.

3.2.1. *Factors associated with practitioners' knowledge and skills*

Similar to the observations regarding practitioner attitudes, a few studies investigated the association between mental health practitioners' knowledge and skills and various sociodemographic and personal factors, yielding conflicting results. Concerning sociodemographic variables, age was found to be associated with practitioners' attempts to change a patient's sexual orientation during therapy, with older professionals more likely to have engaged in such practices than their younger counterparts (Bartlett et al., 2009). However, no significant associations were found between age and mental health practitioners' knowledge and skills related to LGBTQ+ issues in other studies assessing this association (Badat et al., 2023; Nowaskie, 2020).

Conflicting results were also reported concerning the association between practitioner gender and practitioner knowledge. For example, both Nowaskie (2020) and Smith-Millman et al. (2019) found no significant differences between male and female practitioners regarding knowledge about LGBT mental health issues. However, Badat et al. (2023) observed that female-identifying medical students who had completed their 6-week academic rotation at dedicated psychiatric units tended to strongly agree with a statement assessing their preparedness to care for LGBT patients with mental illness, whereas male-identifying students tended to strongly disagree. Similarly, Riggs and Bartholomaeus (2016) found that female professionals reported higher levels of accurate clinical knowledge when working with transgender patients compared to their male counterparts. Moreover, Bartlett et al. (2009) noted that men were more likely than women to have attempted to redirect patients' same-sex sexual orientation during treatment. Regarding sexual orientation, two studies (Badat et al., 2023; Nowaskie, 2020) reported a significant association between practitioners' knowledge and their sexual orientation, indicating higher knowledge among mental health practitioners self-identifying as LGBTQ+. However, Smith-Millman et al. (2019) found no significant association between practitioners' sexual orientation and their knowledge.

Another sociodemographic factor associated with knowledge of LGBTQ+ issues was educational level. Badat et al. (2023) found that, among medical students who had completed their rotations in psychiatric units, graduate students demonstrated significantly higher basic knowledge and skills compared to non-graduate medical students. Similarly, Nowaskie (2020) showed that psychiatry residents who had received a greater number of curricular and extracurricular hours dedicated to LGBTQ+ needs exhibited higher levels of knowledge. Only one study (Smith-Millman et al., 2019) explored possible associations between practitioners' knowledge and their ethnicity, revealing that White/Caucasian practitioners possessed higher knowledge than their counterparts.

Regarding personal disposition and experience, the literature consistently reported a significant association between prior experience working with LGBTQ+ patients and higher knowledge and better skills (Nowaskie, 2020; Riggs & Bartholomaeus, 2016). However, while Smith-Millman et al. (2019) observed an association between having a friend or family member who identified as LGBTQ+ and higher knowledge, this association was not observed in the sample assessed by Jimenez et al. (2018). Finally, Badat et al. (2023) found no significant association between religiosity and mental health practitioners' knowledge and skills.

In summary, similar to attitudes, the literature reveals few or inconsistent associations between mental health practitioners' knowledge and sociodemographic variables, indicating the need for further research on this topic. However, LGBTQ+ curricular hours during training and having a friend or family member who identifies as LGBTQ+ appear significantly associated with greater practitioner knowledge.

3.2.2. *Knowledge and skills among different mental health practitioner groups, and in comparison to non–mental health practitioners*

Only one study (Riggs & Bartholomaeus, 2016) explored potential differences among various groups of mental health practitioners, finding that psychiatrists had significantly lower knowledge of transgender patient needs and issues compared to psychologists, counsellors, and social workers. Additionally, only one study (Naal et al., 2020) compared the knowledge of LGBTQ+ issues between mental health practitioners and other healthcare practitioners, showing that those working in the mental health field exhibited greater knowledge and skills. The limited number of studies precludes firm conclusions from being drawn about possible differences between professional groups, highlighting the need for further research on this issue.

4. Discussion

The present mixed-method systematic review represents the first attempt to evaluate mental health practitioner attitudes towards LGBTQ+ patients, as well as their knowledge and skills related to LGBTQ+ needs and issues. As hypothesized, the retrieved literature supported the idea that mental health professionals generally maintain affirming attitudes towards LGBTQ+ patients, which positively impacts clinical processes, including the therapeutic alliance. However, the findings also revealed a significant deficit in mental health practitioners' clinical and cultural knowledge regarding the unique challenges and demands of LGBTQ+ patients. Additionally, the results underscore that mental health practitioners are cognizant of their limitations and exhibit a strong willingness to enhance their understanding, emphasizing the need for comprehensive and specialized training on LGBTQ+ issues. Nevertheless, several factors, including sociodemographic variables, personal disposition, and experiential backgrounds, appear to determine variability in practitioners' attitudes and knowledge levels. Moreover, differences were observed in attitudes and knowledge among groups of mental health practitioners (also in comparison to non–mental health practitioners), warranting further research on this topic.

It is widely recognized that significant health disparities exist among LGBTQ+ individuals, with adverse effects on not only their health outcomes, but also their perceptions of healthcare accessibility (Zeeman et al., 2019). In this context, the *health equity promotion model* (Fredriksen-Goldsen et al., 2014) may offer a comprehensive framework for understanding the multifaceted and intersecting influences on LGBTQ+ health across the continuum, with a particular emphasis on equity and resilience within the LGBTQ+ community.

This model underscores the pivotal role played by structural and environmental determinants of health (e.g., policies, social norms, institutional practices), which can either promote or impede health

equity. It also highlights the critical contributions of community- and individual-level factors (e.g., social support networks, community cohesion, individual agency) to resilience and resourcefulness in the face of adversity. Structural and environmental determinants may perpetuate individual-level inequities through microaggressions and discriminatory actions, indicating a multilevel contribution to health disparities. Within this theoretical framework, the attitudes and knowledge of mental health practitioners are conceptualized as outcomes of the dynamic interplay between individual and structural/environmental levels, thereby influencing LGBTQ+ health inequities. On the structural/environmental level, a lack of LGBTQ+ training and educational programs in universities and medical institutions may exacerbate health inequities by failing to foster practitioners' competencies in this domain. On the individual level, mental health professionals' personal characteristics, disposition, and experiences may further contribute to LGBTQ+ health inequities through the manifestation of negative and non-affirming attitudes and behaviors (Falck & Bränström, 2023).

4.1. Mental health practitioners' attitudes

Regarding mental health practitioners' attitudes, while the reviewed literature generally highlighted positive attitudes towards LGBTQ+ patients, a few studies reported that clinical settings do not consistently promote affirming attitudes, thereby creating obstacles to the provision of affirming care (Dispenza et al., 2017; Ferrucci et al., 2023). A prevalent misconception is that discrimination (e.g., racism, sexism, homophobia, transphobia) is obsolete in contemporary society because overt hostility or intentional bias against minoritized groups is becoming less frequent (Nadal et al., 2016). However, several of the investigated studies revealed that implicit bias (i.e., unconscious prejudice) remains prevalent, alongside even explicit bias (i.e., prejudice that is known and conscious).

Notably, only one study investigated the implicit attitudes of mental health practitioners towards LGBTQ+ patients, revealing comparable trends of explicit and implicit attitudes towards LGBTQ+ people (Sabin et al., 2015). This finding underscores the need for further research, as these biases may profoundly impact perceptions of and interactions with minoritized groups. In fact, negative attitudes towards LGBTQ+ patients are likely to have deleterious effects for both the targeted individuals and society, manifesting as microaggressions (Nadal et al., 2016), bullying (Orue & Calvete, 2018), stigma, and discrimination (Drabish & Theeke, 2022; Lyonga, 2021).

Furthermore, unfavorable social perceptions may result in reduced access to essential services (including healthcare), thereby further marginalizing these populations. For example, a recent review demonstrated that sexual and gender minority individuals frequently encounter discriminatory behaviors, such as stigma, denial or refusal of healthcare, and verbal or physical abuse in healthcare settings. These discriminatory actions are likely to correlate with healthcare practitioners' negative attitudes (Ayhan et al., 2020). Similarly, another review found that, although primary care practitioners generally exhibit positive attitudes, a minority display negative attitudes towards LGBTQ+ patients, which create barriers to care that adversely affect LGBTQ+ health (Aleshire et al., 2019).

The promotion of affirming attitudes is crucial, as these have been demonstrated to be associated with favorable clinical outcomes and positive therapeutic processes (Chiang et al., 2018; Israel et al., 2008; Mackie et al., 2023). Comparable findings have been observed in other clinical settings, showing that nurses' and physicians' positive attitudes tend to enhance patients' clinical outcomes (Alanazi et al., 2022; Cvengros et al., 2007; Gensichen et al., 2009; Howell & Maguire, 2023; Serchen et al., 2024). Likewise, research has shown that psychotherapists' positive attitudes towards their patients are linked to reductions in patients' psychological distress and increased therapeutic change (Sandell et al., 2007), the formation of a therapeutic alliance (Ackerman & Hilsenroth, 2001), and lower drop-out rates (Carone et al., 2023).

In the domain of mental health, the efficacy of therapeutic interventions has been strongly linked to therapists' subjective variables, which, although professionally cultivated, are often rooted in their personal experiences and attitudes (Heinonen & Nissen-Lie, 2020; Lingiardi et al., 2017). This indicates a necessity for heightened awareness and targeted interventions addressing mental health practitioners' attitudes, as these dispositions are connected to clinical outcomes.

Moreover, the present review identified that mental health practitioners' attitudes are associated with both sociodemographic variables and factors related to personal disposition and experience. The observed associations with sociodemographic variables such as age, gender, ethnicity, and sexual orientation may reflect broader societal trends indicating more favorable attitudes towards LGBTQ+ patients among younger individuals, women, White/Caucasian individuals, and those self-identifying as LGBT (Ciocca et al., 2017; Holland et al., 2013; Wilson et al., 2014). Among personal dispositions, the reviewed studies consistently linked religiosity to more negative attitudes towards LGBTQ+ patients. A recent review on religiosity and LGBTQ+ attitudes among healthcare, social care, and social work students and professionals (Westwood, 2022) corroborated these findings, highlighting significant clinical implications.

The question of whether religious professionals with faith-based objections towards LGBTQ+ patients should be mandated to provide affirmative services when their beliefs conflict with an affirmative approach poses a complex ethical dilemma. Moreover, the practical feasibility of religious practitioners adhering to professional standards while maintaining their beliefs is a critical issue. Further exploration of the strategies employed by highly religious professionals who provide successful care to LGBTQ+ patients could offer valuable insights in this regard (Westwood, 2022). Notably, the data retrieved in the present study suggest that positive attitudes towards LGBTQ+ patients are associated with an increased number of LGBTQ+ curricular hours during training and specific education on this population. This suggests that targeted training programs addressing LGBTQ+ needs and issues may mitigate the effect of other variables on practitioner attitudes.

4.2. Mental health practitioners' knowledge, skills, and needs

Regarding mental health practitioners' knowledge and skills, the present findings revealed a significant deficit in their clinical and cultural understanding of the unique demands and challenges of LGBTQ+ patients. This lack of knowledge and skills may inadvertently create barriers to accessing mental health services for LGBTQ+ individuals. Specifically, mental health practitioners may encounter obstacles such as heteronormativity (i.e., the assumption of heterosexuality as the default) and gender normativity (i.e., reinforcement of the male–female binary as the accepted norm). Moreover, practitioners may exhibit unintentional insensitivity towards LGBTQ+ patients due to a lack of awareness about the critical health needs or specific issues these individuals face. The reviewed studies linked inadequate knowledge to practitioners' unease and discomfort when discussing topics related to gender identity, sexual orientation, and other sex characteristics with LGBTQ+ patients. Knowledge deficits were also found to be associated with apprehension regarding appropriate language or terminology, resulting in decreased confidence and comfort when working with LGBTQ+ patients (Canvin et al., 2023; Kilicaslan & Petrakis, 2019; Mackie et al., 2023).

Taken together, these findings indicate that a deficiency in practitioners' clinical and cultural knowledge may adversely affect the promotion of equity within the healthcare system and negatively impact practitioners' well-being, confidence, and job satisfaction. In fact, evidence suggests that job dissatisfaction and burnout may be associated with lower institutional promotion of training and educational programs (Chaudhary & Bhaskar, 2016; Cohen & Gagin, 2005; Schmidt, 2007). In turn, job dissatisfaction and burnout may predict reduced professional

efficiency and productivity (Dewa et al., 2014; Jun et al., 2021; Patel et al., 2018). Similar trends have been observed among mental health practitioners, with elevated levels of job dissatisfaction and burnout linked to diminished patient engagement and therapeutic outcomes (Simionato et al., 2019; Van Hoy & Rzeszutek, 2022; Yang & Hayes, 2020).

These findings have significant clinical implications: the implementation of training programs and educational curricula focused on LGBTQ+ needs and issues may mitigate disparities in the provision of appropriate care to individuals with minoritized sexual and gender identities, thus promoting their access to healthcare services and enhancing their physical and mental well-being. Additionally, such educational programs may benefit mental health practitioners by acting as a protective factor against job dissatisfaction and burnout, thereby ensuring the delivery of optimal care. Importantly, mental health practitioners appear aware of their limitations regarding knowledge and skills related to LGBTQ+ issues. In particular, the reviewed studies revealed that mental health professionals are eager to learn more, in order to enhance their provision of appropriate care to LGBTQ+ patients. This highlights the need for more specialized and comprehensive training on LGBTQ+ issues.

Regarding factors associated with mental health practitioners' knowledge, the reviewed studies showed weak or no associations with sociodemographic variables. Conversely, greater knowledge was consistently observed among mental health professionals who had previously worked with LGBTQ+ patients or received LGBTQ+ curricular training, or who had friends or family members who identified as LGBTQ+. Thus, these.

aspects may be conceptualized as modifiable factors that may be enhanced and promoted to increase knowledge among mental health practitioners. In particular, this approach could counterbalance the fact that practitioners' attitudes tend to be more closely associated with non-modifiable sociodemographic factors such as gender, age, ethnicity, and sexual orientation. Indeed, as previously mentioned, the present study identified a positive association between affirming attitudes towards LGBTQ+ patients and practitioners' knowledge of LGBTQ+ issues (Nowaskie, 2020; Riggs & Bartholomaeus, 2016; Sherman et al., 2014; Vann et al., 2021).

4.3. Limitations

The present work has several limitations. The primary limitation concerns the small amount of quantitative data on mental health practitioners' attitudes and knowledge towards LGBTQ+ patients, which prevented a meta-analysis on these variables to draw more robust conclusions. Moreover, the quantitative data were heterogeneous in terms of the methods and measures employed, which further discouraged a meta-analytic approach. However, the use of a mixed-method approach allowed us to include both quantitative and qualitative data, thereby enhancing the breadth of information available and providing a comprehensive assessment of the existing literature. Furthermore, the adoption of a standardized methodological approach (i.e., PRISMA guidelines) ensured that the data were analyzed rigorously and systematically.

A second limitation pertains to the reliance on self-report questionnaires and interviews, which are inherently susceptible to self-presentation biases. Nevertheless, the selection criteria were carefully structured to ensure the inclusion of studies assessing mental health practitioners' attitudes and knowledge using implicit measures (Sabin et al., 2015). The fact that only one study employed implicit measures underscores the need for further research incorporating such methodologies to gain a deeper understanding of this issue.

Third, the exclusion of grey literature represents a limitation. Although the inclusion of non–peer-reviewed sources could have provided a broader perspective on the topic, concerns over the reliability and validity of findings from grey literature, due to less stringent quality control mechanisms compared to peer-reviewed journal articles, warranted its exclusion. Moreover, research has demonstrated that the inclusion of grey literature tends to have a negligible impact on the overall results of a systematic review (Hartling et al., 2017). Another limitation is that the majority of the included studies were conducted in Europe and North America. This geographical concentration raises questions about the generalizability of the findings to different cultural contexts, especially in regions where LGBTQ+ individuals may encounter legal persecution, arrest, or a lack of civil rights recognition. Future research should prioritize these diverse contexts to achieve a more global understanding of mental health practitioners' attitudes towards and knowledge about LGBTQ+ patients.

5. Conclusions

Notwithstanding these limitations¸ the present systematic review represents a comprehensive, state-of-the-art synthesis of mental health practitioners' attitudes towards and knowledge about LGBTQ+ patients, integrating qualitative and quantitative data through a mixed-method approach. The findings have significant clinical implications, highlighting the need for targeted training and education programs to enhance practitioners' knowledge and clinical competencies in working with patients with minoritized sexual and gender identities. Additionally, the results elucidate the association between practitioner attitudes and their clinical knowledge, underscoring the potential benefits of further education on the topic. They also emphasize the importance of considering sociodemographic, dispositional, and experiential factors when designing interventions aimed at improving the competencies of mental health practitioners working with LGBTQ+ patients.

Future research is warranted to explore the direct impact of mental health practitioners' knowledge and attitudes on the mental health outcomes of LGBTQ+ patients. In the same vein, it would be interesting to conduct studies that measure patient satisfaction, mental health improvement, and treatment adherence among LGBTQ+ individuals receiving care from practitioners with varying levels of cultural competence. Moreover, further studies are required to explore the effectiveness of various training programs in improving mental health practitioners' competence in LGBTQ+ issues and investigate long-term outcomes for LGBTQ+ patients receiving care from culturally competent practitioners.

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Declaration of competing interest

All authors have no conflicts of interest to declare with respect to the research, authorships, and publication of this article.

Data availability

Data from the present paper are available upon a reasonable request to the corresponding author.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.cpr.2024.102488.

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