McMaster University | Health Forum

Rapid Synthesis

Health impacts of 2SLGBTQI+ social policies and practices

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Context

- The political environment of 2SLGBTQI+ (Two-Spirit, lesbian, gay, bisexual, transgender, queer or questioning, intersex) legislation has direct impacts on health outcomes in this population, such as anxiety, depression, and suicidality associated with sexual orientation, gender identity and gender expression change efforts.
- Over the last 25 years, affirmative 2SLGBTQI+ social policies (e.g., reversing certain blood donation restrictions, amending the Criminal Code to prohibit certain activities that relate to so-called “conversion therapy,” the legalization of same-sex marriage) have been implemented in Canada, but restrictive policies have also been on the rise in recent years.(1-4)
- Because interlocking systems of power—such as colonialism, racism, ableism, classism, xenophobia, cisheterosexism and transphobia—create inequitable access to opportunities and distribution of resources among social groups, policies that aim to improve the health of 2SLGBTQI+ communities must be informed by an intersectional lens to ensure that they take into account the unique and collective impact of these systems.(5)
- This rapid synthesis assesses the best-available evidence on the health impacts of social policies and practices directed towards 2SLGBTQI+ populations and the changes in health outcomes of these populations as a result of rights-affirming or restrictive policies over time.
- Note that we use the acronym ‘2SLGBTQI+’ to align with the terminology used in the Government of Canada’s federal 2SLGBTQI+ Action Plan launched in 2022, but also acknowledge that: 1) terminology is evolving and may change over time to represent other sexual minority populations; and 2) the evidence documents cited in this rapid synthesis use different acronyms as they capture varying populations across studies.
    - Given this, when referencing specific studies, we use the acronym used in the original source.

Box 1: Evidence and other types of information

+ Global evidence drawn upon

Evidence syntheses and single studies selected based on relevance, quality, and recency of search

- Forms of domestic evidence used (🍁 = Canadian)

Qualitative insights

- No other types of information used

*** Additional notable features**

Prepared in 30 business days using an ‘all hands on deck’ approach

Question

This rapid synthesis sought to address three related questions:

1) What are the health impacts of social policies and practices directed towards 2SLGBTQI+ populations?
2) Do population-level 2SLGBTQI+ health outcomes differ in jurisdictions where 2SLGBTQI+ rights-affirming policies have been adopted as compared to jurisdictions that have fewer/less robust 2SLGBTQI+ rights-affirming policies?

3) What are the changes in population-level 2SLGBTQI+ health outcomes, if any, as a result of incremental adoption of 2SLGBTQI+ rights-affirming policies over time (e.g., pre- and post-adoption of same sex marriage legislation)?

High-level summary of key findings

- We identified 40 evidence documents (three evidence syntheses and 37 single studies) relevant to the question, of which we deemed 33 to be highly relevant and seven to be of medium relevance.
- Highly relevant evidence suggests that protective human-rights legislation at the national, provincial/state, and municipal levels can have positive impacts on health outcomes of 2SLGBTQI+ populations, but can also contribute to worsening population health outcomes if they are not fully inclusive of 2SLGBTQ+ individuals.
- According to the evidence, legalization of same-sex marriage has had positive impacts on LGBTQ+ people in Australia and ethnic minority LGB+ individuals in the United Kingdom.
    - It has also led to significant reductions in suicide attempts in United States high school students and rates of syphilis, HIV, and AIDS among sexual minorities in the U.S., driven by increased relationship commitment, greater societal tolerance, reduced risky behaviours, and expanded access to antiretroviral therapies.
- Countries with more supportive sexual and gender minority policies, such as explicit anti-bullying and anti-discrimination guidance that protect 2SLGBTQI+ students and athletes, reported fewer mental health concerns and substance-use issues.
- Evidence also showed that legal and medical gender-affirming legislation was associated with reduced discrimination, social rejection, depressive symptoms, and social anxiety among gender-diverse

Box 2: Approach and supporting materials

At the beginning of each rapid synthesis and through its development, we engage subject-matter experts who help us to scope the question and ensure relevant context is taken into account in the summary of the evidence.

We identified evidence addressing the question by searching PubMed, Web of Science, and BioRxiv to identify evidence syntheses, protocols for evidence syntheses and single studies. All searches were conducted on 11 November 2024. The search strategies used are included in Appendix 1. In contrast to our rapid evidence profile, which provides an overview and insights from relevant documents, this rapid synthesis provides an in-depth understanding of the evidence.

Some important methodological considerations are worth noting. The first is the potential that Western-based knowledge that focuses on queer health or 2SLGBTQI+ health, either for Indigenous people or First Nations, Inuit, and Métis in Canada, was missed. However, it is unclear if the lack of evidence that we have noted in this area in the report is a limitation from our process or in the availability of such evidence more generally. The other important consideration is that this evidence synthesis does not focus on identifying evidence based on Indigenous ways of knowing, which would require a separate complementary process that could meaningfully fill some of the knowledge gaps that we have identified in the report.

We appraised the methodological quality of evidence syntheses that were deemed to be highly relevant using the first version of the AMSTAR tool. AMSTAR rates overall quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality, medium-quality evidence syntheses are those with scores between four and seven, and low-quality evidence syntheses are those with scores less than four. The AMSTAR tool was developed to assess reviews focused on clinical interventions, so not all criteria apply to evidence syntheses pertaining to delivery, financial, or governance arrangements within health systems or implementation strategies.

This rapid synthesis was prepared in a 30-business-day timeline.

A separate appendix document includes:
1) methodological details (Appendix 1)
2) a summary table of key findings from highly relevant documents (Appendix 2)
3) details about each identified evidence synthesis (Appendix 3)
4) details about each identified single study (Appendix 4)
5) documents excluded at the final stages of reviewing (Appendix 5).

individuals when mediated by programs and initiatives (e.g., government-funded assistance) that support them in gender-affirming processes.

- Implementation of 2SLGBTQI+-focused strategic policy directions or action plans were difficult to directly associate with health outcomes, especially in the long-term, but a positive or neutral impact was observed in most evidence documents.
- Several evidence documents explored the association between the health of 2SLGBTQI+ individuals and structural stigma (e.g., institutional policies, societal conditions and cultural norms that constrain the opportunities, well-being and resources available to stigmatized populations), and while addressing stigmatizing and restrictive policies may have some positive impact on the health of 2SLGBTQI+ populations, changing policies alone may not be enough to improve health outcomes among sexual minorities who have experienced structural stigma.
- There were several types of social policy interventions that we did not identify evidence documents for, indicating gaps in the literature and a need for more exploration of the health impacts and outcomes of policies that are directed towards 2SLGBTQI+ populations.

Framework to organize what we looked for

- Key social policy interventions
  - Human rights legislation
  - Criminal code legislation amendments (e.g., laws focused on decriminalization, conversion therapy, and hate crime)
  - Same-sex marriage legislation
  - Changes to discriminatory policies (e.g., blood donation policies)
  - Gender-affirming legislation
  - Lifting of bans of 2SLGBTQI+ people in military service
  - Legal right to adopt children
  - Tax or employment benefits for same-sex partners
  - Development and implementation of 2SLGBTQI+-focused strategic policy directions or action plans
  - Access to/restrictions on gender-affirming procedures or therapies
  - Government apologies
  - Establishment of governance structures with a mandate to protect the health and well-being of 2SLGBTQI+ people
  - Funding programs that offer grants/contributions to 2SLGBTQI+ organizations and projects
  - Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups
  - Other
- Level of policy intervention
  - Municipal
  - Provincial/state
  - Federal/national
- 2SLGBTQI+ group(s) affected
  - Two-Spirit
  - Lesbian
  - Gay
  - Bisexual
  - Transgender
  - Queer/questioning
  - Intersex
  - Asexual
  - Non-binary
  - Gender fluid
- Other priority groups affected
  - Gender modality
    - Cisgender men

        - Cisgender women
        - Transgender men and women
        - Non-binary
    - Immigrants and refugees
    - Indigenous peoples
    - Racialized communities
    - Age groups/generations
        - Elder adults (75+)
        - Older adults (60–75)
        - Ages 30–59
        - Young adults (18–29)
        - Under 18
    - People living in rural/remote communities
- Health-related outcomes
    - Access to health services
        - Primary care
        - Mental health care
    - Unmet healthcare needs
    - Food insecurity
    - Anxiety or severe psychological distress
    - Depression
    - Self-reported mental and physical health
    - Alcohol use disorder/heavy drinking
    - Substance use
    - Suicide ideation attempt
    - Death by suicide
    - Self-harm
    - Exposure to family- and gender-based violence
    - Obesity
    - Unintended pregnancies
    - Sexually transmitted and blood-borne infections (STBBI)

What we found

We identified 40 evidence documents (three evidence syntheses and 37 single studies) relevant to the question, of which we deemed 33 to be highly relevant and seven to be of medium relevance. Please see Box 1 about important methodological considerations about the inclusion of evidence about Indigenous people or First Nations, Inuit, and Métis in Canada.

We outline in narrative form below our key findings related to the question from highly relevant evidence documents (see Box 1 for more details).

A summary table of the key findings from highly relevant evidence documents is provided in Appendix 2, while detailed data extractions from each identified evidence synthesis is provided in Appendix 3 and each identified single study is provided in Appendix 4. Hyperlinks for documents excluded at the final stage of reviewing is provided in Appendix 5.

In addition, our searches identified a number of grey literature sources that did not meet the inclusion criteria but still provide helpful resources. These are also provided in Appendix 5. A noteworthy Canadian resource is a database that tracks news and legislation updates for many countries related to 2SLGBTQI+ issues, which includes a section specific to Canada.

Coverage by and gaps in existing evidence documents

In this rapid synthesis, we identified evidence documents that addressed most of the social policy interventions listed in the organizing framework. We summarize our findings from the identified evidence syntheses and single studies in the section below.

We did not identify evidence documents that addressed the health impacts of 2SLGBTQI+ populations from several social policy interventions, namely:

- legal right to adopt children
- tax or employment benefits for same-sex partners
- government apologies
- establishment of governance structures with a mandate to protect the health and well-being of 2SLGBTQI+ people
- funding programs that offer grants/contributions to 2SLGBTQI+ organizations and projects.

We also found that most of the evidence documents were conducted within the 'Five Eyes' countries (Australia, Canada, New Zealand, U.K., and U.S.), indicating a gap in published evidence on 2SLGBTQI+-focused social policy interventions that have been implemented in other international jurisdictions (e.g., the Global South). There was also a gap in the available evidence on the health impacts of social policies and/or interventions on Two-Spirit or Indigenous groups within the 2SLGBTQI+ community, as all of the included studies indicated a focus on LGBTQ+ people without a specific acknowledgement or recognition of Indigenous peoples or specifically for First Nations, Inuit, and Métis in Canada.

Given the landscape of social policies over the last 25 years that have impacted the 2SLGBTQI+ population and the lack of evidence identified on several types of social policies, the Two-Spirit community within the 2SLGBTQI+ population, and jurisdictions outside of the 'Five Eyes' countries, there is an apparent need to increase research efforts that explore the health impacts and outcomes of policies that focus on 2SLGBTQI+ populations.

Key findings from highly relevant evidence sources

Below we summarize the key findings from the 33 evidence documents deemed highly relevant to the research question. Based on the content and volume of the evidence, we chose to summarize the findings by social policy intervention based on the organizing framework. We have also added a section that captures the significant number of evidence documents that addressed structural stigma involving multiple social policies and practices and its impacts on the health outcomes of 2SLGBTQI+ people. Details about the findings from all evidence syntheses and single studies can be found in Appendix 3 and Appendix 4, respectively.

Human rights legislation

Two single studies of high relevance were identified that examine the relationship between human rights legislation and 2SLGBTQI+ health outcomes. The first study investigated the impact of the 2024 policy landscape on transgender individuals in Washington State (United States) where protective policies have been implemented, such as the Washington Law Against Discrimination for human rights legislation.(6) The study found that awareness of protective state-level legislation decreased the likelihood of depression and anxiety symptoms, with the lowest likelihood being experienced by individuals who were not concerned about losing their rights. However, for those who were concerned about losing their rights and were not aware of the protective policies, depression and anxiety symptomology were found to persist. As a result, the authors recommend additional longitudinal research on the association between legislation and adverse mental health outcomes. The second study, based in the prison setting, suggested that human rights standards in corrections policies in both Australia and New Zealand have not adequately accounted for gender-based discrimination and human rights violations.(7) The gender-based discrimination was then linked to increased risks of mental illness, self-harm, and suicide among incarcerated transgender people. The findings suggest that protective human rights legislation at the national, provincial/state, and municipal levels can positively regulate health outcomes, but also contribute to worsening population health outcomes if the policies are not inclusive of 2SLGBTQ+ individuals.

Same-sex marriage legislation

We identified one evidence synthesis and six single studies that addressed the health impacts of same-sex marriage legislation on 2SLGBTQI+ populations. The one low-quality evidence synthesis we identified found that the social stigma associated with a lack of marriage equality in New Zealand and Australia had detrimental health impacts on lesbian, gay, bisexual, transgender, and intersex (LGBTI) people, including higher rates of depression, anxiety, and suicide among LGBTI adolescents and reduced mental health in LGBTI adults.(8) After same-sex marriage was legalized in Australia through the 2017 Marriage Law, one single study from 2020 exploring the effects of the law highlighted the significant improvement in mental health outcomes in LGBTQ+ people following approval of the legislation when compared to the mental distress observed while the legislation was being debated.(9) According to a more recent study, the legalization of same-sex marriage in the U.K. in 2014 appeared to improve the physical functioning (e.g., reduce limitations to daily activities, reduce pain and fatigue) of ethnic minority LGB+ individuals relative to ethnic heterosexual and British white LGB+ individuals over the span of five years.(10) This finding indicates that same-sex marriage legislation can have positive health impacts on ethnic LGB+ individuals and address some racial health inequalities within this population.

Several studies assessed the impact of same-sex marriage legalization in the United States (U.S.). After same-sex marriage was legalized in all U.S. states by a 2015 Supreme Court ruling, one study from 2021 found that while stigma-related concerns among sexual minority women were common across participants, they were significantly higher among participants who identified as single and as queer/something else (compared to lesbian and bisexual women), and significantly lower among married participants (compared to single or cohabiting participants).(11) Family support, which differed by race and ethnicity, was predictive of positive self-perceived health and lower odds of depression. Same-sex marriage legislation was also associated with a statistically significant decline in suicide attempts in high school students in the U.S. identifying as sexual minorities, according to a 2017 study.(12) Another more recent study found that legal access to same-sex marriage in the U.S. significantly reduced rates of syphilis, HIV, and AIDS, with the reductions driven by increased relationship commitment, greater societal tolerance, reduced risky behaviours, and expanded access to antiretroviral therapies for same-sex couples that gain access to health insurance. As emphasized in a 2017 study, and supported by the studies described above, measures that assess the personal and LGBTQ community impact, stigma-related concerns, and political and social environment resulting from legalized same-sex marriage can be useful for tracking changes in health behaviours and perceptions related to same-sex marriage.(13)

Criminal code legislation amendments/Changes to discriminatory policies

During our analysis of the findings, we found a consistent overlap between the social policy intervention categories of criminal code legislation amendments and changes to discriminatory policies. We have, therefore, summarized relevant evidence documents for these policy intervention categories together.

One low-quality evidence synthesis exploring the factors that contribute to sexual and gender minority (SGM) mental health concerns and substance use found that SGM people in the Netherlands, a country with more supportive SGM policies, reported fewer mental health concerns and substance-use issues than SGM people in other, less progressive countries.(14) Similarly in the U.S., affirming transgender-specific policies, such as explicit anti-bullying and anti-discrimination guidance and positive (e.g., inclusion of transgender athletes) or neutral (e.g., either no existing policy or transgender guidance not specified) athlete guidance, as compared to guidance that has restrictions in place for transgender student athletes, were associated with reduced depressive symptoms and cigarette use among transgender adolescents, according to a recent study.(15) Conversely, a 2022 study found that more protective state-level policy environments in the U.S. were linked to higher reports of past-year discrimination among cisgender sexual minority people and gender-expansive gender minority people, suggesting that protective policies alone do not eliminate discrimination or victimization for sexual and gender minority individuals and that these individuals may feel more comfortable reporting discrimination or victimization in states where their individual experiences are validated by policy protections.(16)

Gender-affirming legislation

We identified six single studies that were relevant to gender-affirming legislation. Gender-affirming legislation can be categorized by the systems it applies to, including legal (e.g., gender markers on government documents, name change) and medical (e.g., surgery, hormonal therapy, lack of discrimination in healthcare settings), as well as variables such as familial support.(17) The included studies investigated different components.

One study created a latent gender affirmation variable that aims to represent all components, reporting that as a whole, gender affirmation can mitigate the association between discrimination and suicide/psychological distress, as well as encourage healthcare engagement (e.g., HIV testing).(17)

Four studies investigated the impact of legal gender affirmation on health. The first study associated changed gender markers with reduced gender-based mistreatment, anxiety, depression, and psychiatric distress.(18) It was noted that education-level, completion of gender-affirming procedures (medical component), and transgender or non-binary identity impacted the likelihood of having changed gender markers. Another legal gender affirmation study investigated the impact of name changes on psychological distress and physical health for transgender and gender diverse people, suggesting that a legal name change reduces discrimination, social rejection, depressive symptoms, and social anxiety, but is also mediated by socio-demographic factors, such as income.(19) Gender-affirming medical care as an adolescent was found in a 2024 U.S.-based study to reduce the risk of severe psychological distress among transgender and non-binary adults.(20) Additionally, transgender and non-binary adults who received gender-affirming medical care as an adolescent in states with supportive legislation were less likely to avoid medical care because of fear of mistreatment. Finally, in a 2023 study that observed changes in the health outcomes of LGBTQIAPK+ (P for pansexual, K for kink) individuals in Italy pre- and post-rejection of the 2020 Zan Bill that aimed to combat discrimination based on sex, gender, sexual orientation, gender identity, and disability, researchers found that the rejection of the bill by the Senate in October 2021 triggered feelings of fear, anxiety, and depression among LGBTQIAPK+ individuals, leading to worsened overall health outcomes.(21) There were also reports of increased levels of discrimination experienced after the bill was rejected, highlighting the sensitivity of health outcomes among the LGBTQIAPK+ population to changes in discriminatory policies.

The last study focused on the medical component of gender-affirmation following the implementation of a gender identity non-discrimination law in Massachusetts, considering that the policy did not apply to public accommodations (e.g., healthcare settings, transportation, and retail establishments).(22) Those with high or moderate levels of visual gender non-conformity had a higher probability of experiencing public accommodations discrimination in the past 12 months compared to those with low visual non-conformity. In other words, those who were more easily identifiable as being transgender were at a greater risk of experiencing discrimination in public places. The study also found that experiencing public accommodations discrimination in the past 12 months was significantly associated with negative emotional (e.g. depression) and physical symptoms, as well as increased difficulty receiving medical diagnoses and a decrease in healthcare utilization linked to fear and anxiety. Long-term health effects from postponing care due to public accommodation discrimination were noted as a concern for transgender, intersex, non-binary, and gender fluid individuals.

In summary, legal and medical gender-affirming legislation support improved health outcomes amongst 2SLGBTQI+ individuals. However, intersectionality with education and income levels must be considered in the accessibility of gender-affirmation services, including gender markers, name changes, and gender-affirming medical care.

Access to/restrictions on gender-affirming procedures or therapies

One single study was identified to be of high relevance to the accessibility of gender-affirming procedures or therapies.(23) It investigated the specific context of Veterans navigating gender-affirming surgery in the U.S. Access to care was hindered by both structural and personal barriers, including limited availability of surgeons and gaps in mental health/post-operative care (structural), as well as lack of caregiving support and insufficient awareness of resources (personal). Updates to the medical benefits package for Veterans were recommended to increase accessibility of gender-affirming procedures/therapies.

Development and implementation of 2SLGBTQI+-focused strategic policy directions or action plans

Three single studies conducted in the U.S. investigated health outcomes after the implementation of 2SLGBTQI+-focused policies. Two were state-level and one investigated school-level policies in 16 schools across the U.S.

School practices and policies were defined in a 2022 study as identifying safe spaces, prohibiting harassment based on gender or sexual identity, encouraging staff to attend professional development, facilitating access to health and service providers, and providing LGBTQ-relevant curricula.(24) This could also include after-school programs, such as a gay-straight alliance (GSA) club. Encouraging staff to attend professional development courses was linked with reduced suicide related behaviours, and GSA programming reduced the likelihood of physical threats and illicit substance use for all students (heterosexual individuals and people with diverse sexual orientations). Additionally, suicide behaviours were reduced with an increase in LGBTQ-supportive policies. In summary, supportive 2SLGBTQI+ school policies appear to have psychosocial benefits for students and staff of all gender and sexual identities.

At the state level, one study investigated the association between supportive policies and HIV outcomes.(25) Free expression of sexual identity was connected to increased healthcare utilization for HIV testing, which may explain the lower HIV diagnoses, late diagnoses, and AIDS-related mortality in states with historical legal protection for sexual minorities. This study investigated the combined effects of all 2SLGBTQI+-related policies (supportive or restrictive) across 94 metropolitan statistical areas and 38 states and found an association between reduced HIV outcomes, including diagnoses, late diagnoses, and AIDS-related mortality, and states with historically greater legal protection for 2SLGBTQI+ individuals. The second state-level policy study investigated states that implemented supportive policies to ban discrimination based on gender identity between 2013 and 2016.(26) The first year after policy implementation had the most noticeable effect on mental health hospitalizations for gender minority individuals, with less significant change in hospitalizations across the full post-implementation timeline (four years). Hospitalizations were either reduced or remained stable in states with non-discrimination policies compared to states without protective legislation. Thus, state-level policies may reduce negative health outcomes and barriers to healthcare access, but with limited confidence due to the broad groupings of legislation that were investigated in these studies.

Overall, the implementation of 2SLGBTQI+-focused strategic policy directions or action plans was difficult to directly associate with health outcomes, especially in the long-term. However, a positive or neutral impact was observed in most cases, including psychosocial benefits, and reductions in negative HIV outcomes and mental health hospitalizations.

Lifting of bans on 2SLGBTQI+ people in the military

While we did not identify any evidence documents that specifically assessed the impacts of lifting bans on 2SLGBTQI+ people in the military, one single study explored the health impacts of restrictive policies for sexual minorities in the Canadian military on women who identified as lesbian.(27) Prior to 1992 when the discrimination of sexual minorities was no longer legally sanctioned in the Canadian military, women in the military who identified as lesbian were forced to adopt cognitive and behavioural coping strategies (e.g., presenting themselves as heterosexual, numbing themselves with alcohol) after being subject to relentless military surveillance and interrogations. Based on interviews with 13 lesbian women who served in the military prior to 1992, these coping strategies had short- and long-term effects on their health, including high levels of stress, depression, physical exhaustion, substance abuse, and social isolation. Although persecution of sexual minorities in Canadian military personnel has since ceased officially, this study highlights the way such persecution can impact the physical and mental health of 2SLGBTQI+ people long after it was first experienced.

Structural stigma involving multiple social policies and practices

Several of the evidence documents we identified explored the association between structural stigma and the health outcomes of 2SLGBTQI+ individuals. Structural stigma can be defined as institutional policies, societal conditions, and cultural norms that constrain the opportunities, well-being, and resources available to stigmatized populations.(28) In our summary of the relevant evidence on the impacts of structural stigma, we focused on describing specific associations between institutional policies and health impacts whenever possible.

We identified one evidence synthesis and 10 single studies that addressed the impact of structural stigma on the health outcomes of 2SLGBTQI+ people. According to a medium-quality evidence synthesis, national- and state-level policies affecting religious practices, healthcare, employment, media, and the judicial system can have a direct and significant impact on the physical and mental health outcomes of 2SLGBTQI+ populations.(28) The evidence synthesis identified several associations between objective measures of structural stigma (primarily at the national or state level) and mental, behavioural and physical health outcomes. The authors of the synthesis recommended that further research is needed to explore how structural stigma at all levels, including within local institutions and organisations, shapes LGBTQ+ health and develop measures of structural stigma specific for LGBTQ+ subgroups. Several U.S.-based single studies reported on negative health effects of higher levels of structural stigma and restrictive policies on the 2SLGBTQI+ population, including greater strain in friendships and family relationships, higher levels of loneliness when facing discrimination, significantly higher physiological stress levels, higher levels of internalized (e.g., feelings of self-consciousness or embarrassment) and externalized (e.g., rule- breaking or aggressive behaviour) stigma symptoms for LGB youth, increased problematic alcohol use, and more suicide attempts in transgender adults.(29-33) However, in U.S. states with more supportive social policies for 2SLGBTQI+ people, these negative effects were significantly reduced.(29-31) One single study emphasized that in addition to reducing discriminatory laws and policies, interventions that strengthen community resilience may help mitigate adverse mental health impacts of structural stigma in SGM populations in the U.S.(34)

Two studies investigated the effects of structural stigma within European countries. One study from 2021 recognized that European countries with lower structural stigma (e.g., supportive country-level attitudes toward sexual minorities, protective human rights legislation, and/or a lack of discriminatory legislation) were associated with better 2SLGBTQI+ mental health outcomes, such as lower reported rates of depression and suicidality.(35) Larger effects were observed with longer exposure to these low-stigma environments, even with previous exposure to high-stigma countries. The other Europe-based study found that improvements in country-level structural stigma in 28 European countries over seven years were associated with increased life satisfaction among sexual minority individuals (especially in countries with higher initial stigma), with those in relationships reporting greater improvements in life satisfaction.(36)

While addressing restrictive policies may have some impact on the health of 2SLGBTQI+ populations, changing policies alone may not be enough to improve mental health outcomes among sexual minorities who have experienced structural stigma.(37) Findings from two studies suggest that a combination of legal protections and social support may be most effective at shaping mental health outcomes of 2SLGBTQI+ populations.(16; 37)

Next steps based on identified evidence

Based on the coverage and gaps in evidence identified, next steps for enhancing the evidence on the health effects of social policies and practices directed towards 2SLGBTQI+ populations can include:

- expanding research internationally on all types of 2SLGBTQI+-related social policies and policy interventions
- addressing gaps in the collection of 2SLGBTQI+ variables when conducting population-level disease surveillance and national census surveys
- ensuring 2SLGBTQI+ policy changes are evidence-informed and considerate of intersectional identities
- increasing awareness of existing protective policies
- standardizing validated indicators of structural stigma and/or increasing clarity of the specific policies under investigation in future studies

- incorporating 2SLGBTQI+ individuals in the co-design of research and policy recommendations that impact them and their communities.

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