McMaster University | Health Forum

Rapid Synthesis Appendices

Health impacts of 2SLGBTQI+ social policies and practices

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Appendices

Appendix 1: Methodological details

Background to the rapid synthesis

This rapid synthesis mobilizes both global and local research evidence about a question submitted to the McMaster Health Forum's Rapid Response program. Whenever possible, the rapid synthesis summarizes evidence drawn from existing evidence syntheses and from single research studies in areas not covered by existing evidence syntheses and/or if existing evidence syntheses are old or the science is moving fast. A systematic review is a summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and appraise research studies, and to synthesize data from the included studies. The rapid synthesis does not contain recommendations, which would have required the authors to make judgments based on their personal values and preferences.

The Forum produces timely and demand-driven contextualized evidence syntheses such as this one that address pressing health and social system issues faced by decision-makers (see our website for more details and examples). This includes evidence syntheses produced within:

- days (e.g., rapid evidence profiles or living evidence profiles)
- weeks (e.g., rapid syntheses that at a minimum include a policy analysis of the best-available evidence which can be requested in a 10-, 30-, 60- or 90-business-day timeframe)
- months (e.g., full evidence syntheses or living evidence syntheses with updates and enhancements over time).

This rapid synthesis was prepared over a 30-business-day timeframe and involved the following steps:

1) submission of a question from a policymaker or stakeholder (in this case, the Public Health Agency of Canada (PHAC)
2) engaging subject-matter experts
3) identifying, selecting, appraising, and synthesizing relevant research evidence about the question
4) drafting the rapid synthesis in such a way as to present concisely and in accessible language the research evidence.

Engaging subject matter experts

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

Identification, selection, quality appraisal, and synthesis of evidence

For this rapid synthesis, we searched PubMed, Web of Science, and BioRxiv for:
1) evidence syntheses
2) protocols for evidence syntheses that are underway
3) single studies.

We engaged a library scientist from the Health Information Research Unit at McMaster University to conduct keyword searches in PubMed, Web of Science and BioRxiv and identify potentially relevant documents using the terms 'social policy,' 'legislation,' 2SLGBTQI+ identities, 'health outcomes' (including mental health, alcohol/substance use, suicidality, STIs, gender-based violence, etc.), 'primary care,' and related terms. All searches were done in French and English. The full search strategy, including the returned number of results for each database, can be made available upon request.

Covidence software was used to manage citation and full-text screening. A final inclusion assessment was performed by the lead authors of the rapid synthesis, with disagreements resolved by consensus or with the input of a third reviewer on the team. Our team used a dedicated virtual channel to discuss and iteratively refine inclusion/exclusion criteria throughout the process, which provided a running list of considerations that all members could consult during the first stages of assessment.

For each included evidence synthesis, we documented the dimension of the organizing framework with which it aligns, key findings, living status, methodological quality (using AMSTAR), last year the literature was searched (as an indicator of how recently it was conducted), availability of GRADE profile, and equity considerations using PROGRESS+.

Two reviewers independently appraised the methodological quality of evidence syntheses that were deemed to be highly relevant using the first version of the AMSTAR tool. Two reviewers independently appraised each synthesis, and disagreements were resolved by consensus with a third reviewer if needed. AMSTAR rates overall methodological quality on a scale of 0 to 11, where 11/11 represents a review of the highest quality. High-quality evidence syntheses are those with scores of eight or higher out of a possible 11, medium-quality evidence syntheses are those with scores between four and seven, and low-quality evidence syntheses are those with scores less than four. It is important to note that the AMSTAR tool was developed to assess evidence syntheses focused on clinical interventions, so not all criteria apply to those pertaining to health-system arrangements or implementation strategies. Furthermore, we apply the AMSTAR criteria to evidence syntheses addressing all types of questions, not just those addressing questions about effectiveness, and some of these evidence syntheses addressing other types of questions are syntheses of qualitative studies. While AMSTAR does not account for some of the key attributes of syntheses of qualitative studies, such as whether and how citizens and subject-matter experts were involved, researchers' competency, and how reflexivity was approached, it remains the best general quality-assessment tool of which we're aware. Where the denominator is not 11, an aspect of the tool was considered not relevant by the raters. In comparing ratings, it is therefore important to keep both parts of the score (i.e., the numerator and denominator) in mind. For example, an evidence synthesis that scores 8/8 is generally of comparable quality to another scoring 11/11; both ratings are considered 'high scores.' A high score signals that readers of the evidence synthesis can have a high level of confidence in its findings. A low score, on the other hand, does not mean that the evidence synthesis should be discarded, merely that less confidence can be placed in its findings and that it needs to be examined closely to identify its limitations. (Lewin S, Oxman AD, Lavis JN, Fretheim A. SUPPORT Tools for evidence-informed health Policymaking (STP): 8. Deciding how much confidence to place in a systematic review. *Health Research Policy and Systems* 2009; 7 (Suppl1): S8.)

For each identified single study, we documented the dimension of the organizing framework with which it aligns, study characteristics (publication date, jurisdiction studied, methods used), declarative title and key findings, and equity considerations using PROGRESS+. We then used this extracted information to develop a synthesis of the key findings from the included syntheses and primary studies.

We do not exclude documents based on the language of a document. However, we are not able to extract key findings from documents that are written in languages other than Chinese, English, French, Portuguese, or Spanish. We provide any documents that do not have content available in these languages in an appendix containing documents excluded at the final stages of reviewing. We excluded documents that did not directly address the research questions and the relevant organizing framework. All of the information provided in the appendix tables was taken into account by the authors in describing the findings in the rapid synthesis.

Additional evidence searches of grey literature sources

For additional context on the research questions, we searched relevant government and stakeholder websites, including ILGA World, World Health Organization (WHO), and the UN Independent Expert on sexual orientation and gender identity. IGLA World is the International Lesbian, Gay, Bisexual, Trans, and Intersex Association, an evidence-based global advocacy group and an ECOSOC consultant for the UN on 2SLGBTQI+ human rights. Their database compiles laws and news about sexual orientation, gender identity and expression, and sex characteristics (SOGIESC) issues around the globe. WHO resources on SOGIESC health considerations, as well as the Independent Experts' reports in the last 10 years, were also consulted. In Canada, a similar approach was used, which involved searching the websites of Egale (the leading 2SLGBTQI+ advocacy and education organization in Canada), Community-Based Research Centre (a Vancouver research centre focused on the diversity of gender and sexualities), and a special collection of publications on 2SLGBTQI+ policy/health called *Advancing 2S/LGBTQ+ Health Equity: A Call for Structural Action*. The selection of relevant government and stakeholder websites was informed by recommendations from subject matter experts to ensure the searches were comprehensive. These resources, as well as returned searches that did not meet the inclusion criteria, have been listed in Appendix 5 as valuable contextual information.

Appendix 2: Key findings from highly relevant evidence documents on 2SLGBTQI+ social policies and practices

2SLGBTQI+ social policy intervention	Key findings from evidence documents
Human rights legislation	• Awareness of protective legislation in Washington State, United States (U.S.) (e.g., Washington Law Against Discrimination) decreased the likelihood of depression and anxiety symptoms in transgender individuals, especially if they were not concerned about losing their rights (1) • Human rights standards in corrections policies in both Australia and New Zealand have not adequately accounted for gender-based discrimination and human rights violations, which have been linked to increased risks of mental illness, self-harm, and suicide among incarcerated transgender people; the findings suggest that protective human rights legislation can positively regulate health outcomes but can also contribute to worsening population health outcomes if they are too restrictive or not inclusive of transgender individuals at all (2)
Same-sex marriage legislation	• 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 (3) (low-quality evidence synthesis) • After same-sex marriage was legalised in Australia through the 2017 Marriage Law, one 2020 study highlighted the significant improvement in mental health outcomes in lesbian, gay, bisexual, transgender, and queer (LGBTQ+) people following approval of the legislation when compared to the mental distress observed while the legislation was being debated (4) • The legalisation of same-sex marriage in the U.K. in 2014 appeared to improve the physical functioning of ethnic minority lesbian, gay, bisexual, and other (LGB+) individuals relative to ethnic heterosexual and British white LGB+ individuals over the span of five years, suggesting that same-sex marriage legislation may address racial health inequalities within this population (5) • After same-sex marriage was legalized in all U.S. states, stigma-related concerns among sexual minority women were significantly higher among participants who identified as single and as queer/something else, and family support, which differed by race and ethnicity, was predictive of self-perceived health and lower odds of depression (6) • Same-sex marriage legislation was associated with a statistically significant decline in suicide attempts in high school students in the U.S. identifying as sexual minorities (7) • Legalisation of same-sex marriage in the U.S. was reported to significantly reduce 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 (8)

2SLGBTQI+ social policy intervention	Key findings from evidence documents
	• 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 (9)
Criminal code legislation amendments/changes to discriminatory policies	• Sexual and gender minority (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 (10) (low-quality evidence synthesis) • In the U.S., affirming transgender-specific policies, such as explicit anti-bullying and anti-discrimination guidance and positive or neutral athlete guidance, were associated with reduced depressive symptoms and cigarette use among transgender adolescents (11) • 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 (12)
Gender-affirming legislation	• Rejection of the 2020 Zan Bill that aimed to combat discrimination based on sex, gender, sexual orientation, gender identity, and disability by the Senate in October 2021 triggered feelings of fear, anxiety, and depression among LGBTQIAPK+ (P for pansexual, K for kink) individuals, leading to worsened overall health outcomes; 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 (13) • A latent gender affirmation variable was created that aimed to represent all components of gender affirmation, and it was found 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) (14) • Gender markers were associated with reduced gender-based mistreatment, anxiety, depression, and psychiatric distress, and the likelihood of having changed gender markers was impacted by education-level, completion of gender-affirming procedures (medical component), and transgender or non-binary identity (15) • A legal name change may reduce discrimination, social rejection, depressive symptoms, and social anxiety for transgender and gender diverse people, but it can also be mediated by sociodemographic factors (income) (16) • Following the implementation of a gender identity non-discrimination law in Massachusetts that did not apply to public accommodations (such as healthcare settings), the likelihood of public accommodation discrimination was increased with visual gender non-conformity and was associated with greater 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 (17)

2SLGBTQI+ social policy intervention	Key findings from evidence documents
Development and implementation of 2SLGBTQI+-focused strategic policy directions or action plans	• Supportive school practices and policies is associated with better psychosocial outcomes in both heterosexual and sexually diverse adolescents and staff (18) • State-level non-discrimination policies were associated with reductions or no change in suicidality and mental health hospitalizations among gender minority individuals, suggesting these policies may help reduce barriers to care and mitigate discrimination (19) • State level policy that provides protection on sexual orientation can improve HIV outcomes, including diagnoses, late diagnoses, and AIDS mortality (20)
Access to/restrictions on gender-affirming procedures or therapies	• Access to care for Veterans navigating gender-affirming surgery in the U.S. 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 (21)
Lifting of bans of 2SLGBTQI+ people in military service	• Prior to 1992 when discrimination of sexual minorities was no longer legally sanctioned in the Canadian military, women 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; these coping strategies led to short- and long-term health effects, including stress, depression, physical exhaustion, substance abuse, and social isolation (22)
Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups	• Structural stigma affects how a person shapes their identity and the resources available to them in that federal and state 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 (23) (medium-quality evidence synthesis) • Sexual minorities living in U.S. states with higher levels of structural stigma experienced greater strain in friendships and family relationships, and higher levels of loneliness when facing discrimination, while for those in states with more supportive policies, these negative effects were significantly reduced (24) • State-level structural transphobia in the U.S., in the form of discriminatory laws and policies, is associated with greater psychological distress, suicidal thoughts, suicide plans, and suicide attempts in transgender adults (25) • Sexual minority men in U.S. states with high structural stigma and increased right- and protection-limited policies had significantly higher physiological stress levels compared to sexual minority men in low structural stigma states, but no association was found for sexual minority women (26) • Higher state-level structural stigma, including lack of sexual orientation–inclusive state laws, is associated with higher levels of internalized and externalized stigma symptoms for LGB youth, whereas this association is not seen in U.S. states with low levels of state-level structural stigma (27)

2SLGBTQI+ social policy intervention	Key findings from evidence documents
	• Factors such as state policies and ethnic density can positively or negatively influence the daily experiences of Latino sexual minority men in the U.S., with interaction between friend support and the size of the Latino population being associated with increased problematic alcohol use while partner support combined with supportive LGBTQ+ policies was associated with reduced problematic drinking (28) • 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. (29) • European environments 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; larger effects were observed with longer exposure to these low-stigma environments, even with previous exposure to high-stigma countries (30) • 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 (31) • 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 (32) • More protective state-level policies were linked to higher reports of past-year discrimination among cisgender sexual minority people and gender-expansive gender minority people, but protective policies alone do not eliminate discrimination or victimization for sexual and gender minority (12)

Appendix 3: Detailed data extractions from each identified evidence synthesis

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations

• Key social policy interventions
  ○ Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups
• Level of policy intervention
  ○ Provincial/state
  ○ Federal/national
• 2SLGBTQI+ group(s) affected
  ○ Two-Spirit
  ○ Lesbian
  ○ Gay
  ○ Bisexual
  ○ Transgender
  ○ Queer/questioning
  ○ Intersex
  ○ Asexual
  ○ Non-binary
  ○ Gender fluid
• Health-related outcomes
  ○ Access to health services
	Structural stigma is associated with adverse health effects by affecting the resources available to lesbian, gay, bisexual, transgender, and queer (LGBTQ+) groups through their environment; additional research is needed to better understand these mechanisms and how they can be mitigated (23)
	• This study explored the consequences of LGBTQ+ structural stigma and identified that federal and state policies affecting religious practices, healthcare, employment, media, and the judicial system directly affect the health of the LGBTQ+ populations
	• 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
	• There is insufficient research quantifying or exploring the mechanisms on how structural stigma at all levels, including within local institutions and organisations, directly and indirectly affect the health of LGBTQ+ people and what measures of structural stigma need to be developed that are specific for LGBTQ+ subgroups
	• Possible mechanisms include internalized stigma, hesitancy or fear in seeking healthcare services, biopsychosocial risk factors (social isolation), earning capacity, and family structures
		High	No	5/9 (AMSTAR rating by McMaster Health Forum)	Not stated	No	• Gender/sex

• Key social policy interventions
  ○ Same-sex marriage legislation
• Level of policy intervention
  ○ Provincial/state
  ○ Federal/national
• 2SLGBTQI+ group(s) affected
  ○ Two-Spirit
  ○ Lesbian
  ○ Gay
  ○ Bisexual
	The legalization of same-sex marriage in New Zealand and Australia was associated with better physical and mental health outcomes among lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals (3)
	• Marriage influences positive health outcomes, including less distress for same-sex and heterosexual married couples
	• The social stigma associated with a lack of marriage equality has detrimental health impacts
	  ○ Stigma against LGBTI people is reflected in higher rates of depression, anxiety, and suicide among LGBTI adolescents in addition to reduced mental health in LGBTI adults
		High	No	1/9 (AMSTAR rating by McMaster Health Forum)	2015	No	• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Living status	Quality (AMSTAR)	Last year literature searched	Availability of GRADE profile	Equity considerations
○ Transgender ○ Intersex • Health-related outcomes ○ Anxiety or severe psychological distress ○ Depression ○ Self-reported mental and physical health ○ Suicide ideation attempt ○ Death by suicide ○ Sexually transmitted and blood-borne infections (STBBI)	○ Higher rates of psychiatric disorders were observed among lesbian, gay, and bisexual adults in U.S. states that banned same-sex marriage ○ Higher incidence of HIV and syphilis was also observed						
• Key social policy interventions ○ Criminal code legislation amendments ○ Changes to discriminatory policies • Level of policy intervention ○ Federal/national • 2SLGBTQI+ group(s) affected ○ Lesbian ○ Gay ○ Bisexual ○ Transgender • Other priority groups affected ○ Age groups/generations ▪ Elder adults (75+) ▪ Older adults (60–75) ▪ Ages 30-59 ▪ Young adults (18–29) ▪ Under 18 • Health-related outcomes ○ Anxiety or severe psychological distress ○ depression ○ Self-reported mental and physical health ○ Substance use	In the Netherlands, a sexual and gender minority (SGM)–friendly country, SGM people report fewer mental health concerns and substance use issues than SGM people in other less progressive countries, although they still experience higher rates compared to heterosexual individuals (10) • The review examined the factors that contribute to sexual and gender minority (SGM) mental health concerns and substance use in Netherlands, which has a long history of SGM supportive policies • The review found that there is some evidence suggesting that SGM people in the Netherlands report fewer mental health concerns and lower substance use compared to SGM people in less progressive countries ○ However, mental health concerns and substance use was higher overall in SGM people compared to heterosexual people • The researchers highlight the need for more research for underrepresented population groups to provide guidance to improve the health of SGM people	High	No	3/9 (AMSTAR rating by McMaster Health Forum)	2022	No	• Gender/sex

Appendix 4: Detailed data extractions from each identified single study

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations

• Key social policy interventions
  ○ Same-sex marriage legislation
• Level of policy intervention
  ○ 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
  ○ Racialized communities
  ○ Age groups/generations
  ▪ Elder adults (75+)
  ▪ Older adults (60–75)
  ▪ Ages 30–59
  ▪ Young adults (18–29)
  ▪ Under 18
• Health-related outcomes
  ○ Access to health services
  ▪ Primary care
  ▪ Mental health care
  ○ Anxiety or severe psychological distress
	In the U.K., same-sex marriage legislation appeared to improve the physical functioning of ethnic minority lesbian, gay, bisexual, and other (LGB+) individuals relative to ethnic heterosexual and British white LGB+ individuals over the span of five years, indicating that same-sex marriage legislation can have positive health impacts on ethnic LGB+ individuals and address racial health inequalities within this population (5)
	• The Marriage Act, which legalized same-sex marriage, came into effect in England and Wales on 29 March 2014 and subsequently, same-sex marriage was legalized in Scotland (December 2014) and North Ireland (January 2020)
	• Data was collected between 2011 and 2019 involving participants ages 16 years and older who identified as heterosexual, gay, bisexual, or other
	  ○ Treatment group: ethnic minority, non-heterosexual (LGB+) individuals
	  ○ Control groups: 1) ethnic minority heterosexual individuals, 2) British white LGB+ individuals
	• Overall, same-sex marriage legislation was shown to improve the physical health of the treatment group relative to the two control groups over the span of five years, but there were no differences observed in longstanding illness and psychological distress
	• The researchers concluded that the health improvements observed likely reflected the immediate effects of legal recognition and societal shifts in LGBTQ+ acceptance
		High	*Publication date*: September 2024
			
			Jurisdiction studied: United Kingdom
			
			Methods used: Quasi-experimental study
				• Race/ ethnicity/ culture/ language
				• Gender/sex

• Key social policy interventions
  ○ Same-sex marriage legislation
• Level of policy intervention
  ○ Federal/national
	Measures that assess the personal and lesbian, gay, bisexual, transgender, and queer (LGBTQ) community impact, stigma-related concerns, and political and social environment resulting from legalized same-sex marriage among sexual minority women can be useful for	High	*Publication date:* June 2021
			
			Jurisdiction studied: United States
				• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations

• 2SLGBTQI+ group(s) affected
  ○ Lesbian
  ○ Gay
  ○ Bisexual
  ○ Transgender
  ○ Queer/questioning
• Other priority groups affected
  ○ Gender modality
  ▪ Transgender men and women
  ▪ Non-binary
  ○ Racialized communities
	tracking changes in health behaviours and perceptions related to same-sex marriage (9)
	• This study aimed to develop the psychometric properties of measures to assess how legalized same-sex marriage has impacted sexual minority women (SMW)
	  ○ Psychometric properties of measures were assessed in a sample of 446 SMW from a parent study of 732 participants 18 years or older who identified as lesbian, bisexual, queer, or female were included
	  ○ Item development was informed by in-depth interviews and a national online survey
	• Based on interviews and survey results, five domains were developed, and psychometric properties of these domains were assessed: 1) personal impact, 2) couple impact, 3) stigma-related concerns, 4) LGBTQ community impact, and 5) political and social environment
	• The strongest scales measured perceived personal impact of legalized same-sex marriage and concerns about structural stigma (i.e. personal impact, stigma-related concerns, and political and social environmental scales)
			Methods used: Qualitative interviews and survey	

• Key social policy interventions
  ○ Same-sex marriage legislation
• Level of policy intervention
  ○ Federal/national
• 2SLGBTQI+ group(s) affected
  ○ Lesbian
  ○ Gay
  ○ Bisexual
  ○ Transgender
  ○ Queer/questioning
  ○ Intersex
• Other priority groups affected
  ○ Gender modality
  ▪ Transgender men and women
  ▪ Non-binary
  ○ Racialized communities
  ○ Age groups/generations
  ▪ Elder adults (75+)
  ▪ Older adults (60–75)
  ▪ Ages 30–59
  ▪ Young adults (18–29)
• Health-related outcomes
	Following the legalization of same-sex marriage in the U.S., the perception of sexual minority women differed by relationship status and sexual identity with stigma-related concerns reportedly being significantly higher among participants who identified as single and as queer/something else, and family support, which differed by race and ethnicity, being predictive of self-perceived health and lower odds of depression (6)
	• This study examined the perceptions of the impact of legalized same-sex marriage among sexual minority women after same-sex marriage was legalized in all U.S. states by a 2015 Supreme Court ruling
	  ○ Study survey participants (n = 446) were recruited from a parent study of 732 SMW focusing on a number of health outcomes (same survey group as study above)
	• Among survey participants, perceptions differed by relationship and sexual identity across the six socio-ecological domains developed, i.e. 1) personal impact, 2) couple impact, 3) stigma-related concerns, 4) family support, 5) work/school impact, and 6) social climate towards LGBTQ community
	• Family support differed by race and ethnicity and was predictive of self-perceived health and lower odds of depression
	• Stigma-related concerns were significantly higher among participants who identified as single and as queer/something else, and were associated with greater odds of depression
		High	*Publication date:* September 2021
			
			Jurisdiction studied: United States
			
			Methods used: Qualitative survey
				• Gender/sex
				• Race/ ethnicity/ culture/ language

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
○ 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 ○ Sexually transmitted and blood-borne infections (STBBI)	• Participants who perceived having increased work/school supports after legalized same-sex marriage had greater odds of alcohol use disorder			
• Key social policy interventions ○ Gender-affirming legislation • 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 ○ Age groups/generations ▪ Elder adults (75+) ▪ Older adults (60–75) ▪ Ages 30–59 ▪ Young adults (18–29) • Health-related outcomes ○ Access to health services ▪ Primary care ▪ Mental health care ○ Unmet healthcare needs ○ Anxiety or severe psychological distress ○ Depression ○ Self-reported mental and physical health ○ Substance use	Gender affirmation on the structural and interpersonal level was significantly associated with higher odds of past-year HIV testing and healthcare engagement and lower odds of past-year psychological distress and suicidal ideation (14) • Using data captured in a 2015 U.S. transgender survey, this study assessed the impacts of attaining certain aspects of gender affirmation on health ○ The survey included 27,715 participants who were 18 years or older, identified as transgender, non-binary, genderqueer, and other identities on the transgender spectrum, and resided in 50 states, the District of Columbia, Puerto Rico, U.S. military bases overseas, Samoa, and Guam • Given that gender affirmation may encompass multiple domains, such as legal documentation, surgery, familial support, and hormonal therapy, the study created a latent gender affirmation variable and tested whether this construct is associated with psychological and behavioural health outcomes • Results showed that gender affirmation mitigated the association between discrimination and suicide	High	*Publication date:* July 2020 *Jurisdiction studied:* United States *Methods used:* Mixed methods – qualitative survey, literature search	• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
○ Suicide ideation attempt ○ Death by suicide ○ Sexually transmitted and blood-borne infections (STBBI)				
• Key social policy interventions ○ Development and implementation of 2SLGBTQI+-focused strategic policy directions or action plans • Level of policy intervention ○ Provincial/state • 2SLGBTQI+ group(s) affected ○ Transgender • Other priority groups affected ○ Gender modality ▪ Transgender men and women ○ People living in rural/remote communities • Health-related outcomes ○ Access to health services ▪ Primary care ▪ Mental health care ○ Anxiety or severe psychological distress ○ Depression ○ Self-reported mental and physical health ○ Suicide ideation attempt ○ Death by suicide ○ Self-harm	State-level non-discrimination policies were associated with reductions or no change in suicidality and mental health hospitalizations among gender minority individuals, suggesting these policies may help reduce barriers to care and mitigate discrimination (19) • Suicidality significantly decreased in the first year after policy implementation for the 2014, 2015, and 2016 policy cohorts, with reductions persisting into the second year for the 2014 cohort • However, no significant changes in suicidality were observed for the 2013 policy cohort across four years post-implementation • Across cohorts, mental health hospitalization rates either decreased or remained stable for individuals living in states with non-discrimination policies compared to those in comparison states • Policy cohorts included 2013: the District of Columbia and six states (California, Colorado, Connecticut, Delaware, Oregon, and Vermont; 2014: Massachusetts, New York, and Washington; 2015: Illinois, Minnesota, Nevada, and Rhode Island; 2016: Hawaii, Maryland, Michigan, Montana, and Pennsylvania) • Comparison states had a higher percentage of gender minority individuals living in rural areas (10% vs. 4–7%)	High	*Publication date:* 2020 *Jurisdiction studied:* United States *Methods used:* Quasi-experimental – cohort study using difference-in-differences	• Gender/sex
• Key social policy interventions ○ Changes to discriminatory policies ○ Development and implementation of 2SLGBTQI+-focused strategic policy directions or action plans ○ Other • Level of policy intervention ○ Provincial/state • 2SLGBTQI+ group(s) affected ○ Transgender • Other priority groups affected ○ Gender modality ▪ Transgender men and women ○ Age groups/generations ▪ Under 18	Affirming transgender-specific policies, such as explicit anti-bullying and anti-discrimination guidance and positive or neutral athlete guidance, were associated with reduced depressive symptoms and cigarette use among transgender adolescents, highlighting their protective role in improving health outcomes (11) • Transgender adolescents comprised 1.7% of the sample and were more likely than cisgender adolescents to report adverse health outcomes, including depression, suicidal ideation, and substance use • States with explicit transgender guidance in anti-discrimination laws were linked to lower odds of depressive symptoms among transgender adolescents • Transgender adolescents in states with positive or neutral athlete guidance were less likely to report cigarette use in the past 30 days	High	*Publication date:* 2023 *Jurisdiction studied:* United States *Methods used:* Observational, comparative cross-sectional study	• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations

• Health-related outcomes
  ○ Depression
  ○ Alcohol use disorder/heavy drinking
  ○ Substance use
  ○ Suicide ideation attempt
  ○ Self-harm				

• Key social policy interventions
  ○ Same-sex marriage legislation
• Level of policy intervention
  ○ Provincial/state
• 2SLGBTQI+ group(s) affected
  ○ Lesbian
  ○ Gay
• Health-related outcomes
	Legal access to same-sex marriage in the United States 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, yielding substantial public health and economic benefits (8)
	• Men who have sex with men experience the most significant health improvements, particularly in reduced AIDS rates, due to increased partner commitment and access to preventive care
	• Marriage equality legislation fosters societal tolerance, encouraging safer partner search behaviours and reducing stigma around seeking preventive care, benefiting both men who have sex with women and women who have sex with men
	• Cost savings from reduced STI prevalence are substantial, with HIV-related savings estimated at $6.2 billion USD annually and AIDS-related savings at $1.1 billion USD in lifetime medical costs
	• The economic and health benefits of marriage equality policies may be understated, as additional analysis suggests even greater positive impacts than initially estimated
		High	*Publication date:* 2023
			
			Jurisdiction studied: United States
			
			Methods used: Quasi-experimental, longitudinal difference-in-differences
				• Gender/sex

• Key social policy interventions
  ○ Human rights legislation
  ○ Criminal code legislation amendments
  ○ Same-sex marriage legislation
  ○ Changes to discriminatory policies
  ○ Gender-affirming legislation
  ○ Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups
• Level of policy intervention
  ○ Federal/national
• 2SLGBTQI+ group(s) affected
  ○ Gay
  ○ Bisexual
• Other priority groups affected
  ○ Immigrants and refugees
• Health-related outcomes
	Lower structural stigma in country of birth or a receiving country is associated with significantly reduced depression and suicidality among sexual minority men, highlighting the importance of legal protections and social attitudes in shaping mental health outcomes (30)
	• Structural stigma was measured as a composite index of 15 laws and policies related to sexual orientation (e.g., legal discrimination, recognition, and protection), as well as country-level attitudes toward sexual minorities
	• The link between higher structural stigma and increased depression and suicidality appeared to be mediated through internalized homonegativity and social isolation
	• Sexual minority men who had moved from high- to low-stigma countries experienced lower levels of psychosocial risk factors, such as concealment and internalized homonegativity
	• Longer exposure (≥5 years) to lower stigma environments was associated with significantly better mental health outcomes compared to more recent arrivals
		High	*Publication date:* 2021
			
			Jurisdiction studied: International (48 countries)
			
			Methods used: Observational – longitudinal survey data
				• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
○ Depression ○ Suicide ideation attempt ○ Self-harm				
• Key social policy interventions ○ Criminal code legislation amendments ○ Changes to discriminatory policy ○ Same-sex marriage legislation ○ Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups • Level of policy intervention ○ Federal/national • 2SLGBTQI+ group(s) affected ○ Lesbian ○ Gay ○ Bisexual • Health-related outcomes ○ Anxiety or severe psychological distress	Changing discriminatory policies alone may not be enough to improve mental health outcomes among sexual minorities, highlighting the need to also address broader sources of stigma beyond legal policies (32) • Sexual minorities (individuals reporting same-sex or both-sex attraction) experience higher levels of anxiety symptoms compared to those with opposite-sex attraction • There was no significant interaction effect between structural stigma (e.g., marriage inequality, criminalization of same-sex acts) and sexual orientation on generalized anxiety disorder (GAD) symptoms • However, differential concealment of sexual orientation or stigma from non-policy sources may explain the lack of observed interaction effects	High	*Publication date:* 2021 *Jurisdiction studied:* International *Methods used:* Observational, cross-sectional study	• Gender/sex
• Key social policy interventions ○ Development and implementation of 2SLGBTQI+-focused strategic policy directions or action plans ○ Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups • Level of policy intervention ○ Provincial/state • 2SLGBTQI+ group(s) affected ○ Two-Spirit ○ Lesbian ○ Gay ○ Bisexual ○ Transgender ○ Queer/questioning ○ Intersex ○ Asexual ○ Non-binary ○ Gender fluid • Other priority groups affected ○ Gender modality ▪ Transgender men and women	In addition to reducing discriminatory laws and policies, interventions that strengthen community resilience may help mitigate adverse mental health impacts of structural stigma, such as suicidality, in sexual and gender minorities (SGM) populations (29) • Structural stigma, particularly in the form of discriminatory laws like transgender sports bans, is linked to increased suicidality in SGM individuals • Community resilience significantly moderated the relationship between familiarity with transgender sports bans and suicidality ($p = 0.0002$) • Individual resilience did not significantly moderate this relationship ($p = 0.0664$)	High	*Publication date:* 2022 *Jurisdiction studied:* United States *Methods used:* Observational, cross-sectional survey	• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
▪ Non-binary • Health-related outcomes o Substance use o Suicide ideation attempt o Self-harm				
• Key social policy interventions o Criminal code legislation amendments o Same-sex marriage legislation o Changes to discriminatory policies o Gender-affirming legislation o Lifting of bans of 2SLGBTQI+ people in military service o Legal right to adopt children o Tax or employment benefits for same-sex partners o Development and implementation of 2SLGBTQI+-focused strategic policy directions or action plans o Access to/restrictions on gender-affirming procedures or therapies o Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups • Level of policy intervention o Provincial/state • 2SLGBTQI+ group(s) affected o Transgender • Other priority groups affected o Gender modality ▪ Transgender men and women • Health-related outcomes o Anxiety or severe psychological distress o Depression o Self-reported mental and physical health o Suicide ideation attempt o Death by suicide o Self-harm	State structural transphobia, in the form of discriminatory laws and policies, is associated with greater psychological distress, suicidal thoughts, suicide plans, and suicide attempts in transgender adults living in the United States (25) • This study explored the relationship between structural transphobia and psychological stress in transgender adults • Structural transphobia includes discriminatory laws and policies • The types of laws investigated included relationships and parental recognition, non-discrimination, religion, youth laws, healthcare, criminal justice, and identity documentation • Higher levels of state-level transphobia were associated with greater psychological distress, suicidal thoughts, suicide plans, and suicide attempts	High	*Publication date:* 28 September 2022 *Jurisdiction studied:* United States *Methods used:* Cross-sectional	• Gender/sex
• Key social policy interventions o Gender-affirming legislation • Level of policy intervention o Provincial/state	Legal gender affirmation and name change is associated with less societal stigma and may indirectly prevent against psychological distress (16)	High	*Publication date*: 7 May 2024	• Gender/sex • Socioeconomic status

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations

• 2SLGBTQI+ group(s) affected
  ○ Transgender
  ○ Gender fluid
• Other priority groups affected
  ○ Gender modality
  ▪ Transgender men and women
• Health-related outcomes
  ○ Anxiety or severe psychological distress
  ○ Depression
  ○ Self-reported mental and physical health
	• This study examined the association between legal gender-affirming care, psychological distress, and physical health in transgender and gender diverse people
	• Data was collected between September 2019 to March 2020
	• Legal gender affirmation was associated with less discrimination, social rejection, depressive symptoms, and social anxiety
	• Income was associated with legal name change, as individuals with lower incomes were less likely to change their names
	• The ability to change one's name may reduce marginalization and help individuals navigate legislation barriers in their environments
			Jurisdiction studied: United States
			
			Methods used:
			Mixed methods	

• Key social policy interventions
  ○ Same-sex marriage legislation
• Level of policy intervention
  ○ Federal/national
• 2SLGBTQI+ group(s) affected
  ○ Two-Spirit
  ○ Lesbian
  ○ Gay
  ○ Bisexual
  ○ Transgender
  ○ Queer/questioning
  ○ Intersex
  ○ Asexual
  ○ Non-binary
  ○ Gender fluid
• Other priority groups affected
  ○ Age groups/generations
  ▪ Under 18
• Health-related outcomes
  ○ Suicide ideation attempt
	Same-sex marriage legislation was associated with a statistically significant decline in suicide attempts in high school students identifying as sexual minorities, even two years post announcement (7)
	• This study examined the association between same-sex marriage policies and adolescent suicide attempts
	• This study used data from the Youth Risk Behaviour Surveillance System from January 1999 to December 2015
		High	*Publication date:* 1 April 2017
			
			Jurisdiction studied: United States
			
			Methods used:
			Cross-sectional
				• Gender/sex

• Key social policy interventions
  ○ Gender-affirming legislation
  ○ Other
• Level of policy intervention
  ○ Provincial/state
• 2SLGBTQI+ group(s) affected
  ○ Transgender
  ○ Intersex
  ○ Non-binary
  ○ Gender fluid
	Medical gender affirmation can have a protective effect by reducing discrimination in public accommodations to improve long-term physical and mental health management (17)
	• This study examined the association between discrimination in healthcare and health indicators, following the 2012 Massachusetts gender identity non-discrimination law
	• Medical gender affirmation was associated with a lower chance of discrimination in public accommodations, displaying a protective effect
		High	*Publication date:*
			September 2015
			
			Jurisdiction studied:
			Massachusetts, United States
			
			Methods used:
			Cross-sectional
				• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations

• Health-related outcomes
  ○ Access to health services
  ▪ Primary care
  ▪ Mental health care
  ○ Anxiety or severe psychological distress
  ○ Depression
  ○ Self-reported mental and physical health
	• Individuals with high or moderate expression of visual gender non-conformation displayed a higher probability of public accommodation discrimination
	• Public accommodation discrimination was associated with health indicators
	  ○ Negative stress response
	  ○ Greater emotional symptoms and depression
	  ○ Greater physical symptoms
	  ○ Difficulty receiving medical diagnoses
	• Discrimination in public accommodation was associated with healthcare utilization as gender minority participants describe fear and anxiety to seek care
	  ○ This resulted in approximately 24% of participants reporting postponing care, which could have negative long term health effects			

• Key social policy interventions
  ○ Gender-affirming legislation
• Level of policy intervention
  ○ Provincial/state
• 2SLGBTQI+ group(s) affected
  ○ Transgender
  ○ Intersex
  ○ Non-binary
  ○ Gender fluid
• Other priority groups affected
  ○ Gender modality
  ▪ Transgender men and women
• Health-related outcomes
  ○ Access to health services
  ▪ Primary care
  ▪ Mental health care
  ○ Anxiety or severe psychological distress
  ○ Depression
  ○ Self-reported mental and physical health
	Gender affirmation through changed gender marks and names on government documents was associated with less gender-based mistreatment and psychological distress; however, there are socio-demographic barriers which hinder individuals from pursuing gender affirmation (15)
	• This study examined the association between legal gender affirmation and psychological outcomes
	• Examples of legal gender affirmation was changed names on government documents
	• Participants who legally changed their gender marker on government documents experienced less gender-based mistreatment than those who did not
	• Participants who changed their names on government documents had lower odds of experiencing gender-based mistreatment, depression, anxiety, and global psychiatric distress
	• Results are more significant when individuals have their gender marker and names changed on all documents, rather than just one
	• Over half of participants had changed their gender marker and names; however, barriers to not doing so included the high cost of fees and challenges with navigating systems
	• Individuals who were transgender, non-binary, had lower education, or who had not completed medical gender-affirming procedures were less likely to have changed their gender marker and name
		High	*Publication date:* 11 May 2020
			
			Jurisdiction studied: Massachusetts and Rhode Island, United States
			
			Methods used: Cross-sectional
				• Gender/sex
				• Socioeconomic status

• Key social policy interventions	Supportive school practices and policies is associated with better psychosocial outcomes in both heterosexual and sexually diverse adolescents and staff (18)	High	*Publication date:* 12 April 2022	• Place of residence • Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
○ Development and implementation of 2SLGBTQI+-focused strategic policy directions or action plans • Level of policy intervention ○ Provincial/state • 2SLGBTQI+ group(s) affected ○ Two-Spirit ○ Lesbian ○ Gay ○ Bisexual ○ Transgender ○ Queer/questioning • Other priority groups affected ○ Gender modality ▪ Cisgender men ▪ Cisgender women ▪ Transgender men and women ▪ Non-binary ○ Age groups/generations ▪ Young adults (18–29) • Health-related outcomes ○ Access to health services ▪ Primary care ▪ Mental health care ○ Substance use ○ Suicide ideation attempt ○ Death by suicide	• This study explored the association between lesbian, gay, bisexual, transgender, and questioning supportive school practices and policies and psychosocial outcomes • Supportive school policies included 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 • This study used data from the 2015 and 2016 School Health Administration • After school programs, such as a gay student alliance, is associated with decreased odds being physically threatened and use of illicit substances • Encouragement of professional development courses could reduce suicide related behaviours in school staff • Increasing LGBTQ supportive policies was associated with reduced suicide behaviours • The above findings were consistent in both heterosexual and sexually diverse individuals		*Jurisdiction studied:* United States *Methods used:* Qualitative	
• Key social policy interventions ○ Human rights legislation • 2SLGBTQI+ group(s) affected ○ Transgender • Health-related outcomes ○ Anxiety or severe psychological distress ○ Depression	Trans individuals in Washington state who were worried about having their rights taken away had significantly higher odds of experiencing depression and anxiety symptoms (1) • This study examined whether awareness of and concerns about the current policy landscape affecting trans individuals are linked to symptoms of depression and anxiety among trans adults • Among 797 participants, the majority screened positive for current symptoms of depression and anxiety • Trans individuals concerned about losing their rights were more likely to experience these symptoms, while those aware of state-level protective legislation were less likely • The lowest likelihood of depression and anxiety was observed in individuals aware of protective policies and unconcerned about losing their rights	High	*Publication date:* August 2024 *Jurisdiction studied:* Washington, United States *Methods used:* Cross-sectional	• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations

• Key social policy interventions
  ○ Development and implementation of 2SLGBTQI+-focused strategic policy directions or action plans
  ○ Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups
• Level of policy intervention
  ○ Provincial/state
• 2SLGBTQI+ group(s) affected
  ○ Two-Spirit
  ○ Gay
  ○ Bisexual
  ○ Transgender
  ○ Queer/questioning
  ○ Intersex
  ○ Asexual
  ○ Non-binary
  ○ Gender fluid
• Other priority groups affected
  ○ Racialized communities
• Health-related outcomes
  ○ Anxiety or severe psychological distress
  ○ Depression
  ○ Alcohol use disorder/heavy drinking
	There is a connection between state-level contextual factors and the social support and mental health of partnered Latino sexual minority men; factors such as state policies and ethnic density can positively or negatively influence their daily experiences and well-being (28)
	• This study explores the relationship between state-level factors and social support and mental health outcomes among Latino sexual minority men in the U.S.
	• The interaction between friend support and supportive LGBTQ+ policies was linked to anxiety and depression
	• The interaction between friend support and the size of the Latino population was associated with increased problematic alcohol use, while partner support combined with supportive LGBTQ+ policies was associated with reduced problematic drinking
		High	*Publication date:* June 2024
			
			Jurisdiction studied: United States
			
			Methods used: Cross-sectional
				• Race/ethnicity/culture/ language
				• Gender/sex

• Key social policy interventions
  ○ Changes to discriminatory policies
  ○ Gender-affirming legislation
• Level of policy intervention
  ○ Federal/national
• 2SLGBTQI+ group(s) affected
  ○ Bisexual
• Health-related outcomes
  ○ Anxiety or severe psychological distress
  ○ Depression
	A comparison of health outcomes pre- and post-rejection of the Zan Bill reveals a general decrease of well-being and ability to cope with stress related to stigma, particularly structural stigma among Italian bisexual+ community (13)
	• To address hate crimes against LGBTQIAPK+ (P for pansexual, K for kink) individuals, Italian deputy Alessandro Zan proposed the “Zan Bill” on 4 November 2020, aiming to combat discrimination based on sex, gender, sexual orientation, gender identity, and disability
	• The Bill was rejected by the Senate on 27 October 2021
	• This study examined changes in mental health among bisexual+ individuals before and after the Zan Bill’s rejection, comparing data from 299 participants post-rejection to 381 participants pre-rejection
	• The rejection of a law perceived as protective triggered feelings of fear, anxiety, and depression among bisexual+ individuals, leading to worsened overall health outcomes
		High	*Publication date:* January 2023
			
			Jurisdiction studied: Italy
			
			Methods used: Cross-sectional
				• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
	• Comparing conditions before and after the rejection, there was an increase in the levels of discrimination experienced			

• Key social policy interventions
  ○ Development and implementation of 2SLGBTQI+-focused strategic policy directions or action plans
• Level of policy intervention
  ○ Provincial/state
• 2SLGBTQI+ group(s) affected
  ○ Two-Spirit
  ○ Lesbian
  ○ Gay
  ○ Bisexual
  ○ Queer/questioning
• Other priority groups affected
  ○ Gender modality
  ▪ Cisgender men
• Health-related outcomes
  ○ Access to health services
  ▪ Primary care
  ○ Unmet healthcare needs
  ○ Sexually transmitted and blood-borne infections (STBBI)
	State-level policy that provides protection on sexual orientation can improve HIV outcomes related to diagnoses, late diagnoses, and AIDS mortality (20)
	• This study explored trends in state level policy and HIV outcomes in sexual minorities
	• Data from the Metropolitan Statistical Areas between 2008 to 2014 was collected
	• States with increasing policy support showed lowered HIV outcomes including diagnoses, late diagnoses, and AIDS-related mortality
	• States with the highest level of policy support showed: 39% decrease in HIV diagnoses, 31% in late diagnoses, and 14% in AIDS mortality
	• The authors suggest that in states that allow individuals to freely express their sexual identities, individuals are more likely to seek HIV testing and adequate care
		High	*Publication date:* 1 September 2020
			
			Jurisdiction studied: United States
			
			Methods used: Longitudinal study
				• Gender/sex

• Key social policy interventions
  ○ Same-sex marriage legislation
• Level of policy intervention
  ○ Federal/national
• 2SLGBTQI+ group(s) affected
  ○ Two-Spirit
  ○ Lesbian
  ○ Gay
  ○ Bisexual
  ○ Transgender
  ○ Queer/questioning
  ○ Intersex
  ○ Asexual
  ○ Non-binary
• Health-related outcomes
  ○ Anxiety or severe psychological distress
  ○ Depression
  ○ Self-reported mental and physical health
	Debates regarding the legislation of same sex marriage in Australia increased mental distress, while the approved legislation improved mental health outcomes in LGBTQ+ persons, suggesting additional mental health supports are needed for this population during social disputes of LGBTQ+ rights (4)
	• This study examined the effects of the 2017 marriage law in Australia on mental health outcomes in lesbian, gay, bisexual, transgender, and queer people
		High	*Publication date:* 2020
			
			Jurisdiction studied: Australia
			
			Methods used: Longitudinal study
				• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations

• Key social policy interventions
  ○ Criminal code legislation amendments
  ○ Changes to discriminatory policies
  ○ Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups
• Level of policy intervention
  ○ Provincial/state
• 2SLGBTQI+ group(s) affected
  ○ Lesbian
  ○ Gay
  ○ Bisexual
  ○ Queer/questioning
• Other priority groups affected
  ○ Age groups/generations
  ▪ Under 18
• Health-related outcomes
  ○ Self-reported mental and physical health
	High levels of state-level structural stigma, including lack of sexual orientation–inclusive state laws, are associated with higher levels of internalized (e.g., feelings of self-consciousness and embarrassment) and externalized (e.g., rule breaking or aggressive behaviour) stigma symptoms for lesbian, gay, and bisexual (LGB) youth, whereas this association is not seen in states with low levels of state-level structural stigma, according to data from a United States longitudinal study (27)
	• The study examined the impact of structural stigma, including state laws relating to sexual orientation and the proportion of openly LGBTQ officials, on the internalized/externalized stigma and mental health outcomes for LGB youth
	• Data was collected from the Adolescent Brain and Cognitive Development (ABCD) longitudinal study in the United States
	  ○ Analyzed data from 10,414 youth collected from 2018-2021
	  ○ 704 participants identified as LGB
	• Structural stigma specific to sexual orientation was measured using factors including state laws relating to sexual orientation, proportion of LGBTQ state officials, social attitudes relating to laws, and prevalence of gay-straight alliances (GSAs) in schools
	• Internalized stigma symptoms (e.g., feelings of self-consciousness and embarrassment) were measured using self-reported mental health surveys and externalized stigma symptoms (e.g., rule breaking or aggressive behaviour) were measured using parent-reported symptoms checklists
	• The study found that LGB youth in high-structural stigma states experienced significantly higher levels of internalized and externalized stigma symptoms
	  ○ No effect was observed among heterosexual youth in heterosexual, with the observed association being specific to LGB youth
	  ○ This association with LGB was not seen in low-structural stigma states
		High	*Publication date:* November 2023
			
			Jurisdiction studied: United States
			
			Methods used: Cross-sectional study
				• Gender/sex

• Key social policy interventions
  ○ Criminal code legislation amendments
  ○ Same-sex marriage legislation
  ○ Changes to discriminatory policies
  ○ Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups
• Level of policy intervention
  ○ Provincial/state
	Sexual minority men in high structural stigma states with limited protective policies had significantly higher physiological stress levels compared to men in low structural stigma states, while no association was found for sexual minority women, according to a United States study (26)
	• The study analyzed whether structural stigma, including state-level policies related to sexual orientation, is associated with allostatic load representing physiological dysregulations in LGB individuals in the United States
		High	*Publication date:* April 2024
			
			Jurisdiction studied: United States
			
			Methods used: Cross-sectional study
				• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations

• 2SLGBTQI+ group(s) affected
  ○ Lesbian
  ○ Gay
  ○ Bisexual
• Other priority groups affected
  ○ Age groups/generations
  ▪ Ages 30–59
  ▪ Young adults (18–29)
• Health-related outcomes
  ○ Other (allostatic load based on 11 biomarkers)
	• The study utilized data from the National Health and Nutrition Examination Survey (NHANES) from 2001 to 2014
	  ○ 21,774 participants were included including 864 LGB individuals aged 20–59
	• Structural stigma was measured using state-level policies that expanded or limited rights and protections of sexual minority populations in the United States, and states were classified as high or low stigma based on the presence of protective policies
	• Allostatic load was measured using 11 biomarkers including cardiovascular, metabolic, and immune biomarkers
	• The study found that sexual minority men in high structural stigma states had significantly higher allostatic load (physiological stress) compared to those living in low structural stigma states, which suggests a protective health effect for supportive LGB policies
	• No significant association was found for sexual minority women			

• Key social policy interventions
  ○ Access to/restrictions on gender-affirming procedures or therapies
• Level of policy intervention
  ○ Federal/national
• 2SLGBTQI+ group(s) affected
  ○ Transgender
• Health-related outcomes
  ○ Access to health services
  ▪ Mental health care
  ○ Unmet healthcare needs
  ○ Self-reported mental and physical health
	While care coordination and peer networks helped some transgender and gender-diverse Veterans access gender-affirming surgery through the Veterans Health Administration, barriers like limited availability of surgeons, lack of caregiving support, insufficient awareness of resources, and gaps in mental health and post-operative care hindered access (21)	High	*Publication date:* 2023
			
			Jurisdiction studied: United States
			
			Methods used: Qualitative interviews
				• Gender/sex

• Key social policy interventions
  ○ Criminal code legislation amendments
  ○ Changes to discriminatory policies
  ○ Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups
• Level of policy intervention
  ○ Federal/national
• 2SLGBTQI+ group(s) affected
  ○ Lesbian
  ○ Gay
  ○ Bisexual
  ○ Transgender
	Improvements in country-level structural stigma over seven years were associated with increased life satisfaction among sexual minority individuals, especially in countries with higher initial stigma in 2012, with those in relationships reporting greater improvements in life satisfaction (31)
	• The effect of structural stigma on life satisfaction was consistent across various demographic groups such as sex assigned at birth, ethnicity, education, and age
		High	*Publication date:* 2023
			
			Jurisdiction studied: 28 European countries
			
			Methods used: Repeated cross-sectional design
				• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations

• Health-related outcomes
  ○ Anxiety or severe psychological distress
  ○ Depression
  ○ Self-reported mental and physical health				

• Key social policy interventions
  ○ Criminal code legislation amendments
  ○ Changes to discriminatory policies
• Level of policy intervention
  ○ Provincial/state
• 2SLGBTQI+ group(s) affected
  ○ Lesbian
  ○ Gay
  ○ Bisexual
  ○ Transgender
  ○ Non-binary
• Other priority groups affected
  ○ Gender modality
  ▪ Cisgender men
  ▪ Cisgender women
  ▪ Transgender men and women
• Health-related outcomes
  ○ Access to health services
  ▪ Mental health care
  ○ Anxiety or severe psychological distress
  ○ Depression
  ○ Suicide ideation attempt
  ○ Exposure to family- and gender-based violence
	More protective state-level policies were linked to higher reports of past-year discrimination among cisgender sexual minority people and the gender-expansive subgroup of gender minority people (12)
	• Protective policies alone do not eliminate discrimination or victimization for sexual and gender minority individuals
		High	*Publication date:* 2022
			
			Jurisdiction studied: United States
			
			Methods used: Analysis of survey data
				• Gender/sex

• Key social policy interventions
  ○ Human rights legislation
  ○ Changes to discriminatory policies
• Other priority groups affected
  ○ Indigenous peoples
• Health-related outcomes
  ○ Access to health services
  ▪ Mental health care
  ○ Unmet healthcare needs
  ○ Self-reported mental and physical health
	Gender-based discrimination in prisons in Australia and New Zealand were linked to increased risks of mental illness, self-harm, and suicide among transgender people due to inadequate support and exclusionary practices (2)
	• In Australia and New Zealand, corrections policies have become more aligned with human rights standards over the last five years, but gender-based discrimination and human rights violations were discovered in corrections policies of all jurisdictions in these countries
	• Comprehensive reforms such as having national policies and staff training are essential for trans-inclusive correctional environments
		High	*Publication date:* 2024
			
			Jurisdiction studied: Australia and New Zealand
			
			Methods used: Mixed methods design
				• Gender/sex
				• Place of residence

• Key social policy interventions ○ Same-sex marriage legislation	Sexual minorities living in states with higher structural stigma experienced greater strain in friendships and family relationships, as well as higher	High	*Publication date:* 2015	• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
○ Changes to discriminatory policies ○ Development and implementation of 2SLGBTQI+-focused strategic policy directions or action plans ○ Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups • Level of policy intervention ○ Provincial/state ○ Federal/national • 2SLGBTQI+ group(s) affected ○ Lesbian ○ Gay • Health-related outcomes ○ Anxiety or severe psychological distress ○ Self-reported mental and physical health ○ Exposure to family- and gender-based violence	levels of loneliness, when facing discrimination; however, in states with more supportive policies, these negative effects were significantly reduced, suggesting that inclusive public policies can buffer against the harmful social impacts of discrimination (24)		*Jurisdiction studied:* United States *Methods used:* Multilevel modeling was applied to survey data collected online (Study 1) and in person at community events (Study 2)	
• Key social policy interventions ○ Gender-affirming legislation ○ Access to/restrictions on gender-affirming procedures or therapies • Level of policy intervention ○ Provincial/state • 2SLGBTQI+ group(s) affected ○ Transgender ○ Intersex ○ Non-binary ○ Gender fluid • Other priority groups affected ○ Gender modality ▪ Transgender men and women ▪ Non-binary ○ Age groups/generations ▪ Elder adults (75+) ▪ Older adults (60–75) ▪ Ages 30–59 ▪ Young adults (18–29) ▪ Under 18 • Health-related outcomes ○ Unmet healthcare needs	Gender affirming medical care (GAMC) as an adolescent is associated with reduced risk of severe psychological distress in adult transgender and non-binary individuals, and those living in states with more supportive GAMC legislation were less likely to avoid medical care as an adult (33) • Data was extracted from the U.S. Transgender Survey conducted in August–September 2015 ○ Participants were adults who identified as transgender, trans, genderqueer, non-binary, or within the transgender identity spectrum • Respondents with access to GAMC as an adolescent were significantly less likely to experience severe psychological distress as an adult • State-level legislations that were supportive of GAMC reduced the risk of severe psychological distress and poor general health • Respondents who received GAMC as an adolescent were more likely to avoid medical care as an adult because of possible mistreatment • However, supportive legislation additionally modified the likelihood of respondents to be avoidant of healthcare as an adult, such that respondents from less supportive states were more avoidant	High	*Publication date:* February–March 2024 *Jurisdiction studied:* United States *Methods used:* Cross-sectional survey	• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
• Anxiety or severe psychological distress				

• Key social policy interventions
  ○ Lifting of bans on 2SLGTBQI+ people in the military
• 2SLGBTQI+ group(s) affected
  ○ Lesbian
• Health-related outcomes
  ○ Anxiety or severe psychological distress
  ○ Depression
  ○ Self-reported mental and physical health
  ○ Alcohol use disorder/heavy drinking
	Prior to 1992 when 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; these coping strategies led to stress, depression, physical exhaustion, substance abuse, and social isolation (22)
	• This study examined the short- and long-term physical, psychological, and social health effects of pre-1992 investigations and subsequent discharge of lesbian women in the Canadian military
	• Based on information gathered from interviews of thirteen lesbian women who served in the Canadian military between 1976 and 1988, the study researchers reported that the study participants were subject to relentless military surveillance and risk evaluations (e.g., interrogation sessions) and forced to adopt a number of cognitive and behavioural coping strategies (e.g., presenting themselves as heterosexual, numbing themselves with alcohol) to hide their sexual orientation
	• 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
	• Prior to 1992, military policy was in place that made soldiers' failure to report suspected same-sex sexual activity a violation of military law
		High	Publication date: November 2009
			
			Jurisdiction studies: Canada
			
			Methods used: Qualitative
				• Gender/sex

• Key social policy interventions
  ○ Development and implementation of 2SLGBTQI+-focused strategic policy directions or action plans
• 2SLGBTQI+ group(s) affected
  ○ Two-Spirit
  ○ Lesbian
  ○ Gay
  ○ Bisexual
  ○ Transgender
  ○ Queer/questioning
  ○ Intersex
  ○ Asexual
  ○ Non-binary
  ○ Gender fluid
	Stigma, politics, and crises can undermine efforts to improve school support and services, but they can also create opportunities, including renewed interest or urgency in addressing LGBTQ+ student needs (34)
	• This study examined the implementation of LGBTQ-supportive evidence-informed practices (EIPs) in New Mexico high schools
	• The analysis identified three outer-context determinants that shaped implementation challenges and opportunities:
	  ○ Social barriers related to heterocentrism, cisgenderism, and religious conservatism
	  ○ Policy and political discourse at local, state, and national levels
		Medium	*Publication date:* April 2024
			
			Jurisdiction studied: New Mexico, United States
			
			Methods used: Qualitative
				• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations

• Key social policy interventions
  ○ Human rights legislation
• Level of policy intervention
  ○ Provincial/state
• 2SLGBTQI+ group(s) affected
  ○ Transgender
  ○ Non-binary
	Anti-discrimination laws are linked to better health outcomes for trans individuals, as they appear to reduce both active discrimination, such as assault, and passive discrimination (e.g., refusal to use correct pronouns, shows of discomfort, misgender) in daily life (35)
	• This study explored the impact of anti-discriminatory policies by comparing state-level trans and non-binary (TNB) protection policies and religiosity to the daily experiences of discrimination reported by 101 TNB individuals
	• Greater policy protection at both the state and city levels is linked to fewer anti-trans events experienced by TNB residents
	• States with stronger gender identity protections reported fewer overall and passive (e.g., refusal to use correct pronouns, shows of discomfort, misgendered) discriminatory events
	• Participants in cities without anti-discrimination policies were more likely to report community-level and passive discrimination
	• Regions with higher religiosity levels were associated with more passive and active discriminatory events
		Medium	*Publication date:* September 2022
			
			Jurisdiction studied: United States
			
			Methods used: Cross-sectional
				• Gender/sex

• Key social policy interventions
  ○ Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups
  ○ Other
• Level of policy intervention
  ○ Federal/national
• 2SLGBTQI+ group(s) affected
  ○ Transgender
• Other priority groups affected
  ○ Gender modality
  ▪ Transgender men and women
• Health-related outcomes
  ○ Access to health services
  ▪ Primary care
  ▪ Mental health care
	Legal gender assignment can affect individuals access and treatment in social opportunities, employment, and healthcare settings (36)
	• Some individuals described not having their gender respected in healthcare settings if it did not match their sex assigned at birth
	• Individuals described being denied opportunities or being unwelcomed in spaces if their presenting identity did not match their legal documents
	• Individuals described pressure to conform to traditional gender expectations in order to be fairly and kindly treated by others
		Medium	*Publication date:* April 2024
			
			Jurisdiction studied: Thailand
			
			Methods used: Qualitative
				• Place of residence
				• Gender/sex

• Key social policy interventions
  ○ Same-sex marriage legislation
• Level of policy intervention
  ○ Provincial/state
  ○ Federal/national
• 2SLGBTQI+ group(s) affected
  ○ Two-Spirit
  ○ Lesbian
	In states where same-sex marriage was legal, there were no significant differences observed in health and quality of life indicators between married same-sex couples and unmarried partnered same-sex couples aged 50 or older, though both groups reported better health and quality of life than single LGBT older adults (37)
	• In 2013, the United States Supreme Court reversed sections of the Defense of Marriage Act, granting federal recognition to same-sex marriages performed in states where same-sex marriage was
		Medium	*Publication date:* February 2017
			
			Jurisdiction studied: United States
				• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
○ Gay ○ Bisexual ○ Transgender ○ Queer/questioning • Other priority groups affected ○ Gender modality ▪ Cisgender men ▪ Cisgender women ▪ Transgender men and women ▪ Non-binary ○ Age groups/generations ▪ Elder adults (75+) ▪ Older adults (60–75) ▪ Ages 30–59 • Health-related outcomes • Self-reported mental and physical health	permitted; by 1 November 2014 same-sex marriage was legal in 32 states and the District of Columbia • This study analyzed 2014 data from a national survey distributed on 1 November 2014 to LGBT+ individuals aged 50 or older ○ This study included data from participants living in states where same-sex marriage was legal who identified as gay, lesbian, or bisexual, self-identified as male or female, and were in a same-sex couple (if they were partnered) • Findings indicated that there was no significant difference in health and quality of life (QOL) indicators for legally married LGBT couples compared to unmarried partners • Single LGBT men and women had lower health and QOL indicators than partnered or married individuals • Married women had better social QOL indicators than unmarried partnered women • Married men had better general health, physical, and environmental QOL indicators than unmarried partnered men		*Methods used:* Cross-sectional analysis with data from a longitudinal survey	
• Key social policy interventions ○ Other • Level of policy intervention ○ 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 ○ Indigenous peoples ○ Racialized communities ○ Age groups/generations	LGBTQ+ adults in same-sex relationships in the United States reported negative psychological impacts driven by increased anti-LGBTQ+ sentiment from the federal administration and the general public during Donald Trump's first presidential term (38) • This study examines the lived experiences of LGBTQ+ adults in same-sex relationships in the United States following Donald Trump's election in 2016 through a national online survey administered over a four-year period (2017–2020) • Findings demonstrated five themes including: anti-LGBTQ+ rhetoric from the administration, regression of LGBTQ+ rights, increased anti-LGBTQ+ sentiment in the general public, increased psychological distress related to the anti-LGBTQ+ rhetoric/sentiment, and fear of diminished LGBTQ+ equality in the future • Participants reported negative psychological impacts including chronic stress, anxiety, fear, and sadness • Some perceived a rise in violence towards LGBTQ+ people and increased suicide rates	Medium	*Publication date:* July 2023 *Jurisdiction studied:* United States *Methods used:* Longitudinal survey	• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
▪ Elder adults (75+) ▪ Older adults (60–75) ▪ Ages 30–59 ▪ Young adults (18–29) • Health-related outcomes o Anxiety or severe psychological distress o Self-reported mental and physical health o Suicide ideation attempt o Death by suicide				
• Key social policy interventions o Human rights legislation o Criminal code legislation amendments o Same-sex marriage legislation o Changes to discriminatory policies o Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups • Level of policy intervention o Provincial/state • 2SLGBTQI+ group(s) affected o Lesbian o Gay o Bisexual • Other priority groups affected o Age groups/generations ▪ Elder adults (75+) ▪ Older adults (60–75) ▪ Ages 30–59 ▪ Young adults (18–29) • Health-related outcomes o Substance use	Structural stigma was strongly associated with higher probability of smoking for both sexual minority and heterosexual adults, but the change in probability was more pronounced among sexual minority adults (39) • Data was gathered from the National Adult Tobacco Survey covering the period 2012–2014 o These are the years directly prior to national same-sex marriage legalization o At the state level, the number of states where same-sex marriage was legal increased from 6 to 35 from January 2012 to December 2014 o Sexual minorities considered were those who identified as LGB • Weighted prevalence of current smoking was 28% among LGB adults compared to 17% among heterosexuals • Higher prevalence ratios of smoking were found to be associated with higher levels of structural stigma (e.g., same-sex marriage policy, public opinion towards same-sex marriage) for both heterosexual and LGB adults o The level of association was stronger for LGB individuals • Structural stigma was associated with higher levels of smoking in a curvilinear manner, with both the highest and lowest levels of stigma associated with lowest levels of smoking for LGB and heterosexual adults	Medium	*Publication date:* June 2021 *Jurisdiction studied:* United States *Methods used:* Longitudinal survey; prevalence ratios estimated with Poisson regression models	• Gender/sex
• Key social policy interventions o Human rights legislation o Criminal code legislation amendments o Same-sex marriage legislation o Gender-affirming legislation o Multiple or cross-cutting social policies that affect structural stigma towards 2SLGBTQI+ groups • Level of policy intervention o Municipal	A model investigated the within-country association between community participation and depression, mediated by individual, interpersonal, and contextual factors—specifically identity disclosure, victimization, and structural stigma, respectively—in 28 European countries, suggesting that the consideration of structural stigma is needed to effectively understand the relationship between the degree of community participation predicting depression severity (40) • Community participation alone had unaccounted for effect variation on the outcome of lower levels of depression associated with low-stigma countries	Medium	*Publication date*: November 2022 *Jurisdiction studied*: Europe (28 countries) *Methods used*: Cross-sectional data to inform a multi-modal model	• Gender/sex

Dimension of organizing framework	Declarative title and key findings	Relevance rating	Study characteristics	Equity considerations
○ Provincial/state ○ Federal/national • 2SLGBTQI+ group(s) affected ○ Lesbian ○ Gay ○ Bisexual ○ Transgender ○ Non-binary ○ Gender fluid • Other priority groups affected ○ Gender modality ▪ Cisgender men ▪ Cisgender women ▪ Transgender men and women ▪ Non-binary ○ Age groups/generations ▪ Older adults (60–75) ▪ Ages 30–59 ▪ Young adults (18–29) • Health-related outcomes ○ Depression ○ Self-reported mental and physical health	• Structural stigma was defined as "discriminatory state laws, social policies, and public attitudes" restricting the human rights of 2SLGBTQI+ individuals; it was an indirect effect moderator since higher community participation was reported to predict high identity disclosure and thus lower levels of depression, but at the same time, higher levels of depression through higher exposure to victimization ○ The assumption is that the victimization increases if identity disclosure results in a loss of assumed privilege (e.g., cisgender man disclosing sexual orientation other than heterosexual in high-stigma countries), whereas sexual minority women and gender minorities, who have less assumed privilege, have less to lose from identity disclosure; thus, structural stigma was a non-significant moderator for these populations because elevated identity disclosure and victimization would be experienced regardless of country-level stigma ○ Gender minority populations had community participation with a negative association to depression, and this appeared to remain true regardless of the country's stigma-level; reasoning for this was not within the scope of this study; the higher reliance on systemic structures for access to gender-affirming care was hypothesized as an influential factor ○ At an individual level, community participation and thus a greater likelihood of identity disclosure has positive impacts on depression/mental health; however, at an interpersonal level, community participation (through identity disclosure) seemed to be connected to higher levels of victimization, having a negative impact on mental health; thus, for sexual minority men and women it was advised to consider contextual factors such as structural stigma levels within the country to determine personal choices and privilege dynamics about community participation • No causal or temporal relations could be deduced due to the study design			

Appendix 5: Documents excluded at the final stage of reviewing

Document type	Hyperlinked title
Journal article	Self-concealment, discrimination, and mental health in Macedonia: Disparities experienced by sexual and gender minorities
Journal article	How LGBT-supportive workplace policies shape the experience of lesbian, gay men, and bisexual employees
Journal article	Between resilience and agency: A systematic review of protective factors and positive experiences of LGBTQ+ students

Database	LGBTI rights in Canada (ILGA)
Journal article	A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities (Independent Expert)
Report	Frequently asked questions on sexual and gender diversity, health and human rights – An introduction to key concepts (WHO)
Journal article	A narrative synthesis review of legislation banning gender-affirming care
Journal article	Transgender adolescents and legal reform: How improved access to healthcare was achieved through medical, legal and community collaboration
Journal article	Legislation, medicine, and politics: Care for gender diverse youth
Journal article	The impact of the legal landscape on LGBTQ + students and their school psychologists
Journal article	Stigma and minority stress as social determinants of health among lesbian, gay, bisexual, and transgender youth: Research evidence and clinical implications
Journal article	Assessing the effects of anti-homosexuality legislation in Uganda on HIV prevention, treatment, and care services
Journal article	Beyond the guidelines: Challenges, controversies, and unanswered questions
Journal article	The rise of anti-trans laws and the role of public health advocacy
Journal article	Exclusionary health policy: Responding to the risk of poor health among sexual minority youth in Canada
Journal article	Social factors as determinants of mental health disparities in LGB populations: Implications for public policy
Journal article	The long arm of oppression: How structural stigma against marginalized communities perpetuates within-group health disparities
Journal article	Medical aspects of transgender military service
Report	Charting progress: A comparative analysis of national LGBTQI equality action plans in the EU
Report	Standing Senate Committee on Human Rights – Report on the human rights of federally-sentenced persons
Narrative review	Reckoning with queer history: The Canadian 'LGBT Purge' case and the limits of forgiveness
Descriptive article	The Gay Agenda: A short history of queer rights in Canada (1969–2018)
Report	2024 GLAAD ALERT desk report

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