

**RESEARCH MEMO:**  
**The Role of Public Policy and Laws in Supporting LGBTQ Communities**

LGBTQ communities, especially transgender youth and LGBTQ people of color, experience exceptionally high rates of verbal and physical harassment, sexual assault, discrimination, and homelessness ([Andersen and Blosnich 2013](#); [Corliss et al 2011](#)). Cumulative exposure to these stressors throughout the life course contributes to significantly poorer mental health ([Fuller-Thomson et al 2016](#)). Statistics show that the LGBTQ community represents a substantial portion of the general population and experience significant disparities from their cisgender counterparts.

- Approximately **10% of high school students identify as LGBTQ**. These students report substantially higher rates of bullying, perceived stigma, and depressive/anxiety disorders compared to cisgender students ([CDC 2018](#); [Hatzenbuehler 2011](#)).
- **42% of LGBTQ youth** seriously considered attempting suicide in 2020, including **more than half of transgender and nonbinary youth** ([The Trevor Project 2021](#)).
- Real or perceived stigma are strongly associated with poor mental health among LGBTQ individuals. In states that enacted laws permitting denial of services, mental distress among LGBTQ couples increased by 10.1% (a 46% relative increase) ([Raifman et al 2018](#)).
- In contrast, implementation of state nondiscrimination policies was associated with decreases in LGBTQ suicidality, prevalence of psychiatric disorders, and mental health hospitalizations ([McDowell et al 2020](#)).

**Part I**

The following studies led by faculty from the Vanderbilt LGBT Policy Lab (many of whom hold secondary appointments in the Vanderbilt Department of Health Policy) describe the health status and needs of LGBTQ populations, especially compared to straight and cisgender populations.

- LGBT people living in Nashville were **more likely to be uninsured, to have unmet medical needs due to cost, and to have frequent mental health distress** than their non-LGBT counterparts ([Gonzales et al 2021](#)).
- LGB adults living in states with limited protections (LGBTQ non-discrimination policies in education, workplace, health care, and housing settings) were **more likely to report poor/fair health** compared to those living in states with comprehensive protections ([Gonzales and Ehrenfeld 2018](#)).
- State and national-level **marriage equality increased the probability of having health insurance, having a usual source of care, and having a checkup in the past year** for LGBQ adults ([Carpenter, Eppink, Gonzales and McKay 2021](#)). A large share of LGBQ adults gained health insurance coverage and accessed health care with expanded access to marriage, but factors such as discrimination by healthcare providers remains a significant barrier to improving health outcomes for LGBQ populations.
- **21% of LGBTQ youth who died by suicide had been bullied** compared with 4% of non-LGBTQ youth ([Clark et al 2020](#)).

## **Part II**

LGBTQ youth are especially affected by policies that discriminate in health care and social environments. For LGBTQ youth, schools are an especially important social context that contributes to developmental and health outcomes. LGBTQ youth are at an increased risk for mental distress and suicidality, and the evidence suggest that state- and school-level policies play an important role in either increasing or decreasing these risks.

### Health Care

- Boston University School of Public Health researchers found that **states that permit denial of services to same-sex couples saw increases in frequent mental health distress** among LGBTQ adults ([Raifman et al 2018](#)).
- Harvard Medical School researchers found that **expanded access to gender affirming care reduced rates of suicide and psychiatric hospitalizations among transgender populations** ([McDowell et al 2020](#)). Eliminating barriers for hormone therapy, surgeries, and other gender affirming treatments (as recommended by the American Medical Association, the American Psychiatric Association, the Department of Veterans Affairs) improves the health of transgender populations.

### School

- CDC data suggest 19% of all high-school students report having considered suicide, compared to 47% of students who identify as lesbian, gay, or bisexual ([Ivey-Stephenson 2020](#)).
- Protective school climates (e.g., schools that provided safe spaces or supplementary materials for LGBTQ students) were also associated with significant reductions in suicidal ideation ([Hatzenbuehler et al 2013](#); [Hatzenbuehler and Keyes 2013](#)).
- Presence of **Gay Straight Alliance organizations, supportive educators, LGBT-inclusive curricula, and comprehensive anti-bullying/anti-harassment policies were associated with decreased absenteeism for transgender students** ([Greytak et al 2013](#)).

Transgender youth particularly experience disparities in violence victimization, substance use, suicide risk, and sexual risk compared with their cisgender peers ([Johns et al 2019](#)).

- The prevalence of reported lifetime substance uses of cocaine, heroin, methamphetamines, and prescription opioid misuse are 27.1%, 26.1%, 24.9%, and 35.9%, respectively.
- 34.6% of transgender high school students attempted suicide in 2017.
- Given that violence victimization is a documented risk factor for substance use and suicide risk (7), implementation of interventions focused on reducing the victimization of transgender adolescents might be a key strategy for improving overall health.
- Transgender students were less likely than cisgender males and cisgender females to have not ever been tested for HIV (70.0% versus 87.4% and 86.9%, respectively).

Additionally, several studies about the LGBTQ community do not include transgender individuals because there is not enough population data collected about this demographic group. Transgender people, and the issues they face, are under-studied because government and general population surveys rarely ask whether a respondent is transgender ([National Center for Transgender Equality](#)).