Quarterly

Supporting LGBTQ+ youth

OVERVIEW
Expressing identities
with pride

REVIEW
Promoting equity
for everyone's benefit

About the Children's Health Policy Centre

We are an interdisciplinary research group in the Faculty of Health Sciences at Simon Fraser University. We focus on improving social and emotional well-being for all children, and on the public policies needed to reach these goals. To learn more about our work, please see childhealthpolicy.ca.

About the *Quarterly*

We summarize the best available research evidence on a variety of children's mental health topics, using systematic review and synthesis methods adapted from the *Cochrane Collaboration* and *Evidence-Based Mental Health*. We aim to connect research and policy to improve children's mental health. The BC Ministry of Children and Family Development funds the *Quarterly*.

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THIS ISSUE

Expressing identities with pride

All young people go through the process of developing their gender and sexual identity. LGBTQ+ youth, however, may face added challenges. We review risk factors for mental health symptoms and protective factors for well-being among sexual-minority youth.

Promoting equity for everyone's benefit

LGBTQ+ youth often face serious social inequities, including discrimination. We explore whether efforts to support these young people in schools make a difference in the victimization they face and in their emotional and social well-being.

NEXT ISSUE

Preventing childhood depression

At any given time, more than 10,000 children and youth in BC experience depression. We examine what can be done to prevent as many young people as possible from experiencing this condition.

How to Cite the *Quarterly*

We encourage you to share the *Quarterly* with others and we welcome its use as a reference (for example, in preparing educational materials for parents or community groups). Please cite this issue as follows:

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Expressing identities with pride

The term *LGBTQ+* is commonly used to describe individuals identifying as lesbian, gay, bisexual, transgender and queer or questioning — encompassing a diversity of sexual and gender expressions.[1] *Sexual orientation* is also commonly defined as one's sexual or romantic attractions, while *gender identity* is the sense of oneself as a girl or boy, irrespective of one's biological sex at birth.[1]

Parental support is espcially beneficial to LGBTQ+ youth in contributing to their well-being in young adulthoood.

Developmental pathways for sex and gender

Most children learn about sex and gender early in their development. For example, most two-year-olds can identify whether they are a girl or a boy.[1] Typically, however, until age six children do not understand that their sex remains the same regardless of whether they change their characteristics, such as hair length.[1] As well, starting in infancy, children are exposed to expectations for their behaviour and attitudes based on their gender, commonly referred to as gender socialization.[2] Yet it is commonplace for young children to engage in "gender-non-conforming behaviours," such as wearing clothes or playing with toys that some individuals may view as appropriate only for another gender (e.g., a boy wearing a skirt).[1]

Important developments related to sexual and gender identity continue throughout mid-childhood. In particular, puberty and physiological sexual maturation typically begin between ages seven and 13 — processes that often continue until the later teen years.[3] Adolescence also marks the time when most young people begin thinking about and exploring their sexuality, including acting on sexual attractions and romantic feelings. Such experimentation, which often includes some risk-taking, assists young people to become increasingly comfortable with their sexual and gender identities.[1]

When sex and gender become sources of adversity

As youth navigate adolescence, most experience some awkward moments with their sexual and gender development. LGBTQ+ youth, however, face many added challenges. For example, lesbian, gay and bisexual youth have reported greater fear around dating and more obstacles in finding suitable dating partners, compared to their heterosexual peers.[4] As well, sexual-minority youth must often decide to either hide crucial aspects of their identity or "come out" and risk rejection.[5] Stigma and exclusion are still frequent occurrences for LGBTQ+ youth — within their families, within their schools and in their larger communities.[6] Yet while sexual-minority youth frequently report lower levels of parental support regarding their sexual identity,[7] over time, most parents do become affirming of their child's identity.[5] This affirmation is the goal for schools and communities too.

For LGBTQ+ youth who experience unsupportive environments, adversities can quickly compound. Sexual-minority youth are

When dating comes with unexpected advantages

While sexual-minority youth may face added challenges in meeting someone they want to date, when they do, the benefits may exceed their expectations. This is because for lesbian, gay and bisexual youth, dating same-sex partners has been linked to improved mental health, including less substance use.[11–12] Having a romantic partner has also been shown to buffer the effects of stress on the psychological well-being of same-sex-attracted youth.[13]

overrepresented among the homeless, for instance, as many are not welcomed at home or must leave home to avoid conflict once their orientation or identity is revealed.[8] LGBTQ+ youth are also victims of violence at rates far exceeding their peers. Seven different population-based surveys from Canada and the United States have found higher rates of physical and/or sexual victimization among lesbian, gay and bisexual youth.[9] In some of these surveys, victimization rates were more than twice as high for LGBTQ+ youth.[9] Sexual-minority youth also report higher rates of forced sexual contact and dating violence and more verbal and physical sexual harassment than their heterosexual peers.[6] In addition, higher injury rates from violence at school have been documented among LGBTQ+ youth.[10]

When adversity hurts mental health

Communities count

The neighbourhoods where LGBTQ+ youth live can have a significant impact on their experiences and their well-being. Young people living in neighbourhoods with a higher concentration of LGBTQ+–motivated hate crimes face an increased risk of suicidal ideation and attempts, compared to youth residing in neighbourhoods with lower rates of these offences.[18] Conversely, LGBTQ+ youth are less likely to attempt suicide if they live in communities generally supportive of their rights, such as those with greater protections for same-sex couples and with schools that have supportive policies.[19] These findings highlight the importance of establishing laws and policies that protect sexual-minority youth.

Given the serious adversities LGBTQ+ youth often experience, it is no surprise they also face an unequal burden of mental health concerns. Higher rates of problematic substance use have been documented in this population in multiple surveys.[14–15] In addition to problematic use in general, sexual-minority adolescents have been found to have elevated rates of substance use disorders relative to youth in the general population.[5]

Higher rates of internalizing problems have also been documented for LGBTQ+ youth — including more depressive and anxiety symptoms and disorders compared to sexual-majority youth.[16] LGBTQ+ teens also experience suicidal thoughts and make suicide attempts more often than sexual-majority teens.[1, 10, 17]

Supporting diversity

Most studies investigating the experiences of LGBTQ+ youth have focused on adversities. Yet data are also now emerging on factors that protect these youth against negative outcomes. Many of these factors apply to all young people, regardless of sexual orientation or gender identity. For example, feeling connected to one's family and school and feeling safe at school have been linked to fewer suicide attempts by young people.[6]

Despite the added challenges LGBTQ+ youth face, most do not experience poor mental health outcomes – a testament to their resilience.

At the same time, several protective factors appear to be specific to sexual-minority youth. For instance, long-term involvement in the LGBTQ+ community, including support groups, has been associated with less alcohol use.[20] As well, lesbian and bisexual youth whose friendships continued after they disclosed their sexual identity had higher self-esteem, fewer depressive symptoms and fewer suicidal thoughts compared to youth whose friendships ended.[21] These three positive outcomes were also found when parents were supportive after young people disclosed.[22] Notably, while the support provided by parents, friends and the community all contributed to well-being in young adulthood, parental support was associated with the greatest benefits.[23]

Helping LGBTQ+ youth to flourish

Despite the added challenges LGBTQ+ youth face, most do not experience poor mental health outcomes — a testament to their resilience.[6] In fact, most successfully navigate their adolescence and thrive as adults.[6] Much more can nevertheless be done to support these young people to flourish. Adults can

- become more knowledgeable about LGBTQ+ issues[24]
- model acceptance in family, social and professional settings[1]
- create environments for LGBTQ+ youth that are free from bullying and harassment[24]
- support transgender youth to take steps to express their identity, including transitioning socially (i.e., adopting the name, hairstyle, clothing and pronoun associated with their affirmed gender) and exploring medical treatments where appropriate[5, 25]

Mental health practitioners can take additional steps in their work with LGBTQ+ youth and their families. They can

- use gender-neutral language, such as asking about dating partners rather than boyfriends or girlfriends[5]
- ask about risks disproportionately faced by LGBTQ+ youth, such as bullying and harassment[5]
- become informed about organizations that serve sexual-minority youth locally, nationally and internationally[26]
- educate families and engage them in affirming LGBTQ+ identities[16]

Policy-makers also have a role. They need to ensure that LGBTQ+ youth have access to mental health interventions when needed. Policy-makers can also assist by ensuring that practitioners can obtain consultations with specialists when needed.

The past two decades have seen dramatic increases in the acceptance and inclusion of LGBTQ+ people in many societies, along with legal and policy advances that have improved the human rights, lives and mental health of this population.[16] While these advances are beneficial for LGBTQ+ youth, ongoing efforts are needed to make sure they are not only maintained but also increased. 🖐

Navigating cultural divides

The celebration and inclusion of LGBTQ+ individuals has varied dramatically across cultures, regions and time periods. For example, in some Indigenous cultures in North and South America prior to European colonization, homosexual individuals were not only accepted but sometimes revered within their societies.[27] More recently, some First Nations peoples have embraced the term *two-spirit* to celebrate the diversity of sexual and gender identities experienced by individuals.[27]

In stark contrast, there are many countries where LGBTQ+ individuals still experience extreme discrimination. For example, 37.3% of United Nations member states still criminalize same-sex relations.[28] And in 6.7% of United Nations member states (or parts thereof), individuals can be subject to the death penalty for engaging in same-sex sexual acts.[28]

So how can discriminatory practices in other parts of the world affect youth in BC? Some young people will have family members who grew up in places where prejudice was commonplace. Such families may therefore be intolerant of the young person's gender or sexual orientation. This, in turn, may affect the experiences of LGBTQ+ youth both in their families and in the wider community. For example, LGBTQ+ youth who are also members of less-accepting ethnic minorities may be less likely than non-minority youth to get involved in LGBTQ+–related social activities or to feel comfortable disclosing their sexual identity.[5] Consequently, those supporting LGBTQ+ youth need to consider the unique complexities facing young people who are members of both ethnic and sexual minorities.[5]

Promoting equity for everyone's benefit

Most LGBTQ+ youth experience levels of social and emotional well-being that are comparable to their heterosexual peers — despite often experiencing serious social inequities.[6] These inequities include stigma and rejection by families, peers, schools and communities.[6] Considering the rights and mental health of LGBTQ+ youth, the need to address inequities is clear. But *how* to achieve this has been less clear.

To address this issue, we used a two-part approach. We first searched for systematic reviews on interventions for supporting LGBTQ+ youth in general. We then sought randomized controlled trials (RCTs) and observational studies in sexual-minority youth that examined mental health outcomes in particular. We built quality assessment into our inclusion criteria to ensure that we reported on the best available evidence. (For more information, please see our Methods.)

Gay-straight alliances have repeatedly been linked to LGBTQ+ youth experiencing less bullying and feeling safer at school.

Supporting LGBTQ+ youth at school

We found one systematic review that met our inclusion criteria. This systematic review focused on the impact of social clubs and organizations for LGBTQ+ youth in high schools, commonly known as gay-straight alliances. Gay-straight alliances typically provide a range of services, including

- increasing awareness of LGBTQ+ issues
- creating opportunities to discuss sexuality and gender identity
- providing social opportunities
- engaging in advocacy activities
- providing counselling and support[29]

LGBTQ+–affirmative school climates were associated with fewer drinking days at school and fewer episodes of heavy drinking for students overall.

Specifically, the systematic review set out to determine whether gay-straight alliances were associated with reduced school-based victimization for LGBTQ+ students.

The review authors accepted only original studies that assessed high-school students' self-reported victimization experiences using quantitative measures.[29] All 15 studies meeting these criteria used survey rather than RCT methods. This means that causal inferences cannot be made, but associations can nevertheless be shown. All included studies focused on American high-school students: 12 investigated only LGBTQ+ youth, and three investigated both LGBTQ+ and heterosexual youth.[29] The number of young people in each study ranged from 200 to almost 16,000.[29]

To evaluate the effects of gay-straight alliances, the authors first classified the students' victimization experiences at school into one of three categories:

- *homophobic victimization,* including physical assaults, bullying and harassment based on sexual orientation or gender non-conformity
- *safety fears,* including students' sense of security and safety in their school environment
- *homophobic remarks,* including the use of anti-gay language or gay slurs[29]

The review authors then conducted meta-analyses to quantify intervention effects across the various studies that had each measured one of more of these three forms of victimization.

Gay-straight alliances linked with less victimization

In their meta-analyses, the authors found that gay-straight alliances were associated with significantly fewer students experiencing *homophobic victimization* at school, in the studies that assessed this variable.[29] The effect size (or magnitude of the difference between schools with and without gay-straight alliances) was, however, small (g = –0.19).[29]

The presence of gay-straight alliances was also associated with fewer *safety fears* at school.[29] Among the studies that assessed this concern, gay-straight alliances were associated with significantly lower reports of fear by LGBTQ+ students.[29] The effect size for this variable was also small (g = –0.25).[29]

Finally, gay-straight alliances were associated with fewer *homophobic remarks* in schools. Among the studies that assessed this concern, students at schools with gay-straight alliances reported hearing fewer anti-gay slurs.[29] The effect size for this variable was moderate (g = –0.41).[29]

To summarize, this review provides evidence that gay-straight alliances are associated with less homophobic victimization, improved safety and fewer homophobic remarks for LGBTQ+ students. In fact, students attending a school with a gay-straight alliance had 30% lower odds of homophobic victimization, 36% lower odds of feeling unsafe at school, and 52% lower odds of hearing homophobic slurs than students attending a school with no gay-straight alliance.[29] So the findings indicate that experiences were improved for a substantial percentage of students. Although not causal evidence, this review does provide compelling evidence that gay-straight alliances are an important resource for supporting LGBTQ+ youth in schools.

Improving mental health outcomes

Because the systematic review noted above did not specifically assess mental health outcomes for LGBTQ+ youth, we took the added step of searching for original studies on this topic. We found no RCTs. But we did identify four surveys assessing representative samples of adolescents in the population, described in five publications.[10, 14–15, 17, 30] One survey combined data from eight different US states, and three surveys were at the provincial or state levels, reporting on data from BC, Wisconsin and Massachusetts. All surveys assessed the relationship between school-based LGBTQ+ interventions and either substance use or suicide ideation and attempts, or both.[10, 14–15, 17, 30]

Can school interventions reduce substance use?

Three of the surveys examined the relationship between supports for LGBTQ+ students and substance use. In the survey of more than 53,000 youth from eight American states, researchers looked at the issue of LGBTQ+–affirmative school climates. They defined this climate as schools having: gay-straight alliances or "safe spaces"; prohibiting harassment based on sexual orientation; encouraging staff professional development; providing inclusive sexual health curricula;

Updating policies, protecting rights

In 2012, all BC schools were obliged to have anti-bullying policies, according to provincial legislation. Recent changes now require all BC schools to also include sexual orientation and gender identity within in their anti-bullying policies.[31] Some BC schools have taken additional steps to ensure students' safety and security. For example, the Greater Victoria School District has a new gender identity and gender expression policy requiring all schools within the district to provide at least one gender-neutral bathroom.[32]

or facilitating access to competent health, social and psychological services outside of school.[14] Then the researchers examined students' experiences with alcohol, such as whether students engaged in heavy drinking, defined as consuming five or more drinks within a couple of hours. LGBTQ+–affirmative school climates were associated with fewer drinking days at school and fewer episodes of heavy drinking for students overall.[14] Reductions in risks for these outcomes were 29% and 20%, respectively. Notably, however, LGBTQ+–affirmative school climates were associated with fewer drinking days among heterosexual youth only.[14]

> Lesbian, gay and bisexual students attending a school with a support group had more than 70% lower odds of reporting multiple suicide attempts in the past year.

Meanwhile, the BC survey of nearly 22,000 youth examined the relationship between substance use and attending schools with gay-straight alliances or policies against homophobic bullying. The researchers also examined whether the duration of these programs and policies (less than three years versus three years or more) had any impact on students' substance use.[15] Lesbian and bisexual girls attending schools with longer-established gay-straight alliances had significantly lower odds of using any alcohol or binge drinking the previous Saturday night, as well as half the odds of reporting three or more social or legal problems arising from substance use.[15] Lesbian and bisexual girls attending schools with more recently established policies against homophobic bullying also had significantly lower odds of using alcohol on the previous Saturday, showing that even policies of shorter duration could have benefits.[15] In addition to being statistically significant, the effect sizes of these variables were substantial, producing odds ratios (ORs) ranging from 0.42 to 0.50.

The presence of gay-straight alliances and policies against homophobic bullying was also associated with less substance use and less secondary substance-related harms among heterosexual students in BC, according to the same survey. For these students, attending schools with longer-established policies against homophobic bullying was associated with lower odds of binge drinking on six or more days in the past month (OR = 0.55 for boys, 0.38 for girls).[15] As well, heterosexual boys had lower odds of reporting multiple harms from substance use if they attended schools with long-standing gay-straight alliances (OR = 0.80).[15]

The Wisconsin survey of nearly 16,000 middle- and high-school students failed to find a relationship between gay-straight alliances and alcohol use, however.[30]

Can school interventions reduce suicidal ideation and attempts?

The relationship between LGBTQ+–positive school environments and suicidality was also examined in the previously noted BC survey, with findings published in a separate article.[17] Here, the authors took a different approach in categorizing students' sexual orientation. In addition to labelling students who self-identified as lesbian, gay, bisexual or "mostly homosexual," the authors included a category where youth could self-identify as "mostly heterosexual." Gay-straight alliances were linked to reduced odds of suicidal ideation for mostly heterosexual girls only.[17] However, when analyses were limited to youth attending schools with longer-established gay-straight alliances, these alliances were associated with reduced odds of suicide ideation for lesbian, gay and bisexual boys and girls (OR = 0.07 and 0.44, respectively), as well as reduced odds of suicide attempts for lesbian, gay and bisexual girls (OR = 0.41) and heterosexual boys (OR = 0.52).[17]

This same study found that policies against homophobic bullying were associated with lower odds of suicide attempts by lesbian, gay and bisexual boys and girls (OR = 0.38 and

Burdens no one should have to bear

The survey of BC high-school students provided important information about their experiences with thoughts of suicide and suicide attempts.[17] The authors found that 35% of gay and bisexual boys had experienced serious suicidal ideation, compared to only 8% of heterosexual boys. The difference in rates for girls based on sexual orientation was similar, with 44% of lesbian and bisexual girls having experienced serious suicidal ideation, compared to only 12% of heterosexual girls. Suicide attempts were also highly concerning, with more than 25% of lesbian, gay and bisexual students making such an attempt — five times the rate for heterosexual students. These figures show that efforts to support LGBTQ+ youth need to include addressing this unequal burden of risk.

0.55, respectively). These policies were also associated with lower odds of suicidal ideation for heterosexual girls (OR = 0.84).[17] Further, when analyses were limited to youth attending schools where such policies were established for three years or longer, policies were associated with lower odds of suicidal ideation for gay and bisexual boys (OR = 0.24) as well as heterosexual boys (OR=0.72).[17]

The Wisconsin survey also examined the relationship between gay-straight alliances and suicidality. The presence of these alliances was linked to less suicidal ideation in the past month and fewer suicide attempts in the past year among both LGBTQ+ and heterosexual youth.[30]

Finally, the survey of more than 3,600 teens in Massachusetts[10] similarly found that lesbian, gay and bisexual students attending a school with a gay-straight alliance or other support group had more than 70% lower odds of reporting multiple suicide attempts in the past year (OR = 0.29).[10] This same survey found that lesbian, gay and bisexual youth who believed there was a school staff member they could talk with about a problem also had lower odds of making multiple past-year suicide attempts than those who perceived no such supports (OR = 0.34).[10] Lower rates of suicide attempts among lesbian, gay and bisexual students were also associated with other peer-support groups, anti-bullying policies, counselling services and staff training on sexual harassment.[10] Table 1 provides an overview of the findings for all four surveys, from all five publications.

> Many schools in North America are already implementing practices and policies to help LGBTQ+ youth have better experiences.

Table 1: LGBTQ+ Support Programs and Policies and Student Mental Health	
Survey Participants	**Substance Use Findings**
53,814 American Grade 9–12 students[14]	Residing in areas with more LGBTQ+-affirmative school climates associated with fewer drinking days at school and fewer episodes of heavy drinking for all youth and fewer drinking days for heterosexual youth.
21,708 BC Grade 8–12 students[15]	Gay-straight alliances and policies against homophobic bullying linked to lower levels of some types of risky alcohol use for lesbian and bisexual girls and heterosexual youth and fewer past-year harms from substance use for heterosexual boys.
15,965 Wisconsin Grade 7–12 students[30]	Gay-straight alliances were unrelated to alcohol use.
Survey Participants	**Suicide Findings**
21,708 BC Grade 8–12 students[17]	Policies against homophobic bullying linked to less suicidal ideation for heterosexual girls and boys and fewer suicide attempts by lesbian, gay and bisexual youth. Gay-straight alliances associated with fewer suicide attempts for heterosexual boys and less suicidal ideation for "mostly heterosexual" girls.
15,965 Wisconsin Grade 7–12 students[30]	Gay-straight alliances linked to less suicidal ideation and fewer suicide attempts for both LGBTQ+ and heterosexual youth.
3,637 Massachusetts high-school students[10]	Schools with support groups, counselling services, staff with sexual harassment training or anti-bullying policies associated with fewer suicide attempts among lesbian, gay and bisexual youth.

## Overall messages on supporting youth

Taken together, this systematic review and these surveys suggest there are many ways to support LGBTQ+ youth. Gay-straight alliances have repeatedly been linked to LGBTQ+ youth experiencing less bullying and feeling safer at school. These alliances have also been associated with lower levels of alcohol use for both LGBTQ+ and heterosexual youth, as well as less harm from substance use for lesbian and bisexual girls. Gay-straight alliances have even been associated with less suicidal ideation and fewer suicide attempts for both LGBTQ+ and heterosexual youth.

Yet gay-straight alliances are not the only way to support LGBTQ+ youth. Policies against homophobic bullying in schools have also been linked to less alcohol use for lesbian and bisexual girls, less binge drinking for heterosexual youth, and less harm from substance use for heterosexual boys. These policies have also been associated with less suicidal ideation for heterosexual girls as well as fewer suicide attempts for lesbian and bisexual girls and heterosexual boys.

Other interventions also have preliminary evidence of benefit. These include offering professional development activities for school staff on LGBTQ+–positive school environments, having staff members be available to support LGBTQ+ students, and providing LGBTQ+–inclusive sexual health curricula.

In addition, evidence from BC suggests that benefits from these types of interventions may build over time. Specifically, more positive findings were noted when gay-straight alliances and policies against homophobic bullying had been established in schools for three years or longer. This suggests that programs and policies aimed at supporting LGBTQ+ youth need to be sustained.[17]

This evidence provides important information on potential ways to support LGBTQ+ youth. However, both the systematic review and the individual studies were based on survey, not RCT data, so conclusions about causation cannot be made. In other words, gay-straight alliances and policies against homophobic bullying have been linked to positive school environments and positive markers of mental health, but RCT evidence is also needed to definitively demonstrate cause and effect.

Addressing discrimination is an important preventative measure as well as an ethical one.
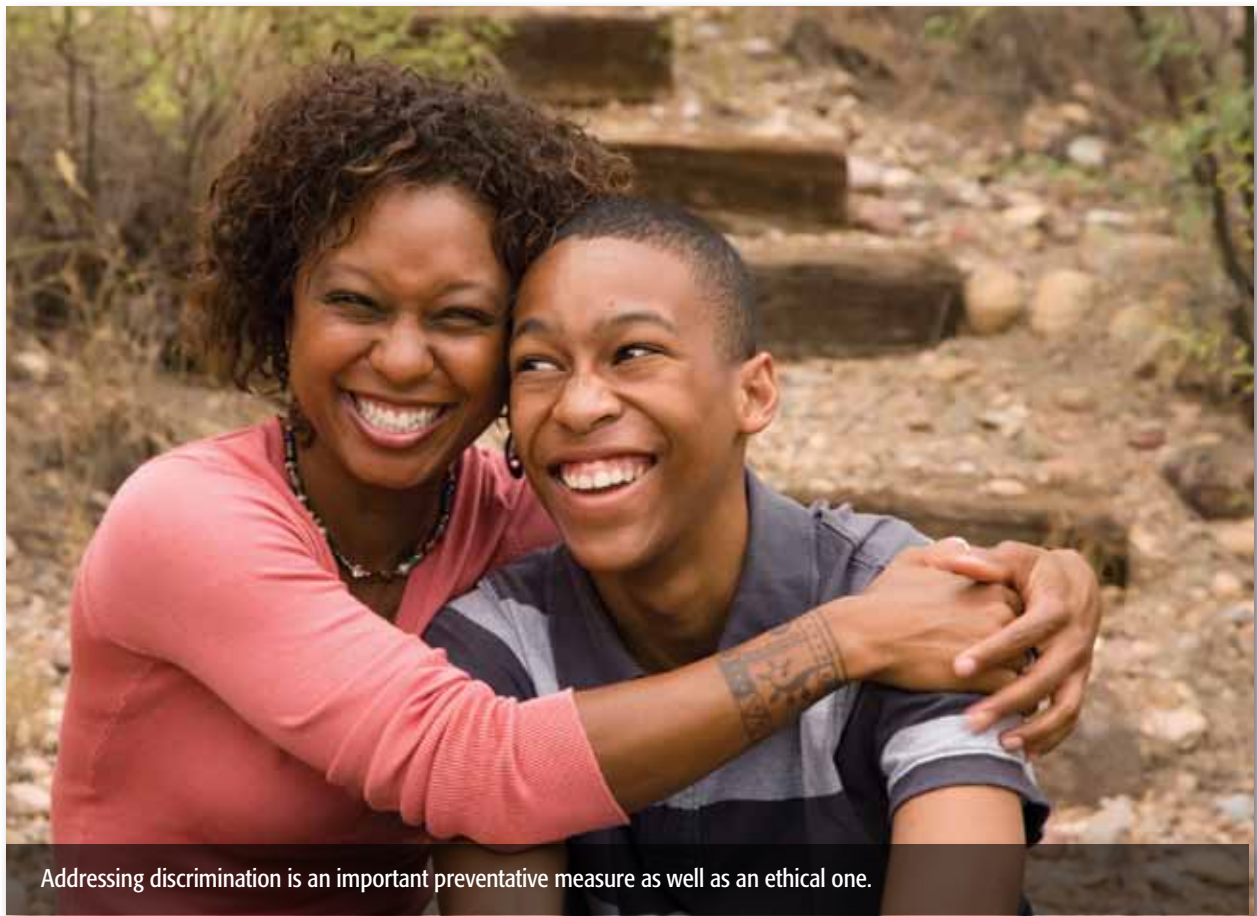
Implications for practice and policy

Our review has a number of implications for practitioners and policy-makers, enabling them to better support LGBTQ+ youth.

- *Ensure positive school environments for LGBTQ+ youth.* As highlighted in our review, many schools in North America are already implementing practices and policies to help LGBTQ+ youth have better experiences. These often include supporting gay-straight alliances, training staff and implementing policies against homophobic-bullying — initiatives that can have both immediate and long-term benefits. Practitioners and policy makers can help ensure that these initiatives are widespread and are sustained, so that all young people have supportive school environments — as is their right.

- *Address discrimination to create mental health benefits.* When discrimination against LGBTQ+ youth is addressed, there can be benefits beyond a positive school environment. Such efforts can also reduce substance use and lead to less suicidal ideation and fewer suicide attempts by these youth — important mental health benefits. So addressing discrimination is an important preventative measure as well as an ethical one.

- *Support LGBTQ+ youth for* everyone's *benefit.* Gay-straight alliances and policies against homophobic bullying may have benefits that extend beyond LGBTQ+ youth, including reductions in drinking for many within the student body. Consequently, by encouraging and supporting LGBTQ+ youth, practitioners and policy-makers likely end up assisting all youth, regardless of gender identity or sexual orientation.

  More research is needed to determine which interventions are most effective, and with which groups.

Yet these survey data on interventions for LGBTQ+ youth offer a helpful starting point, suggesting ways to support youth who have traditionally been marginalized and, in doing so, to help all youth. ✋

We conducted a search to identify high-quality research evidence on the effectiveness of interventions to support LGBTQ+ youth. We used systematic review methods adapted from the _Cochrane Collaboration_ and _Evidence-Based Mental Health_. We then applied the search strategies outlined in Tables 2 and 3. We built quality assessment into our inclusion criteria to ensure that we reported on the best available evidence. For example, we required that observational studies used representative, probability-based random sampling, as per Table 4 below.

Table 2: Search Strategy for Systematic Reviews	
Sources	• Campbell Collaboration, Cochrane Database of Systematic Reviews, Medline and PsycINFO
Search Terms	• Homosexuality, sexuality, gay, lesbian, bisexual, transgender, queer, intersex, two-spirit, LGBTQ+, _and_ prevention or promotion or intervention or program or school
Limits	• Peer-reviewed articles published in English • Child participants aged 18 years or younger • Systematic review or meta-analysis

Using this approach, we identified one systematic review that examined interventions to support LGBTQ+ youth.[29] Because this study did not assess mental health outcomes, we conducted a second search for original studies. We used the same search terms as the authors of the accepted systematic review did, which are identified in Table 3. We also hand-searched a recently published report on school-based interventions to support LGBTQ+ youth that we found in our search for systematic reviews.[33]

Table 3: Search Strategy for Original Studies	
Sources	• CINAHL, ERIC, Medline and PsycINFO
Search Terms	• Gay straight alliance _or_ gay and (club or organization) _or_ sexual minority and (club or organization)
Limits	• Peer-reviewed articles published in English • Child participants aged 18 years or younger

Using this approach, we did not find any randomized controlled trials. However, we identified 22 observational studies with potential relevance. Two team members then independently assessed each study, finding five that met all of our inclusion criteria, detailed in Table 4.

Table 4: Inclusion Criteria for Original Studies
• Clear descriptions were provided of participant characteristics, settings and interventions • Interventions were evaluated in a high-income country (according to World Bank standards), for comparability with Canadian policy and practice settings • Interventions aimed to support LGBTQ+ youth • Studies used representative, probability-based random sampling • Child outcomes included mental health variables, with levels of statistical significance reported

Data from these studies were then extracted, summarized and verified by two or more team members. Throughout our process, any differences between team members were resolved by consensus. ✋

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