Where We Stand:

NAMI believes that no one should be subject to practices that can cause or worsen mental health symptoms. NAMI supports public policies and laws to ban the discredited, discriminatory, and harmful practice of conversion therapy.

Why We Care:

NAMI advocates for the interests of all people with mental illness regardless of their age, gender, race or ethnicity, national origin, religion, disability, language, sexual orientation or gender identity. The lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ) community experience higher rates of mental illness and face more barriers to accessing mental health care.

Early intervention, comprehensive evidence-based treatment, and family support are key to supporting LGBTQ people and to help them live well with mental health conditions. However, hundreds of thousands of LGBTQ people have been subject to conversion therapy under the false premise that being LGBTQ is a mental illness.

NAMI has always advocated for evidence-based treatment for people with mental illness and fought against practices that continue to stigmatize mental illness. Conversion therapy is a discredited practice focused on changing an individual’s sexual orientation or gender identity. It is not an evidence-based treatment and is opposed by all major medical organizations. In fact, research continues to support that conversion therapy is harmful, especially for LGBTQ youth.

In 2007, the American Psychiatric Association clarified the potential risks of conversion therapy as “great, including depression, anxiety and self-destructive behavior, since therapist alignment with societal prejudices against homosexuality may reinforce self-hatred already experienced by the patient.”

NAMI supports public policies and laws to ban the discredited, discriminatory, and harmful practice of conversion therapy.

The American Academy of Pediatrics states that “therapy directed specifically at changing sexual orientation is contraindicated, since it can provoke guilt and anxiety while having little or no potential for achieving changes in orientation.”

To learn more about NAMI’s work on this issue, visit www.nami.org/Advocacy/Policy-Priorities