

REAL LIVES REAL PROGRESS REAL TIME



2000 ANNUAL REPORT

KEEPING IT REAL



TABLE OF CONTENTS

Message from NMHA Leadership	1
KEEPING IT REAL	
Advocacy	2-3
Federal Appropriations	
Surgeon General's Report	
Healthcare Reform Program	
Health Insurance Discrimination	
Managed Care	
Children's Issues	
Prevention	
Community Living	
Criminalization of People with Mental Illness	
Education	4-5
Campaign for America's Mental Health	
General Public	
News and Entertainment Media	
Children and Families	
College Students	
Minorities	
Older Adults	
Medical Community	
Research	6-7
NIH Research	
NMHA Studies	
Constituency Services	8-9
Adult Services	
Youth and Family Services	
Other Affiliate Services	
Affiliate Network	10-11
Financial Support and Recognition	12-14
Government Agencies	
Foundations	
Corporations	
Individuals	
How Individuals Can Help	
How Corporations and Foundations Can Help	
Financial Statements	15-23
NMHA Board of Directors	24

MESSAGE FROM NMHA LEADERSHIP

Dear Friends:

Keeping It Real. That's the National Mental Health Association's commitment to achieving real progress in people's lives in real time. Since we were founded more than 90 years ago by a person with a mental illness, we have won meaningful changes in how our nation addresses the mental health of its citizens. With the start of our new century, we intensified our efforts to fulfill this vital mission.

In 2000, we realized numerous benefits for Americans' mental health such as changing the way people think about mental health, reducing stigma, reforming policy, advancing research and empowering consumers and advocates. Our results included:

- Screened and educated more than 400,000 people for depression and other mental illnesses
- Helped increase funding for federal mental health programs by more than \$150 million
- Helped end insurance discrimination in five states
- Received over 12 million hits on our Web sites

For our efforts and our efficient commitment of funds to programs that serve our mission, we received recognition as a top health charity by *Smart Money* magazine, *The Chronicle of Philanthropy*, *The Nonprofit Times* and the American Institute of Philanthropy. Throughout this report, we have provided highlights of the year's accomplishments, as well as acknowledgements of our generous funders who helped make our many activities possible.

We thank you for your interest in the National Mental Health Association and commitment to our nation's mental health. With your help, we can meet the challenges and opportunities our new century holds for all Americans.

Sincerely,



Michael M. Faenza
President and CEO



Gary Tauscher
Chairman, Board of Directors



Michael M. Faenza
President and CEO



Gary Tauscher
Chairman, Board of Directors

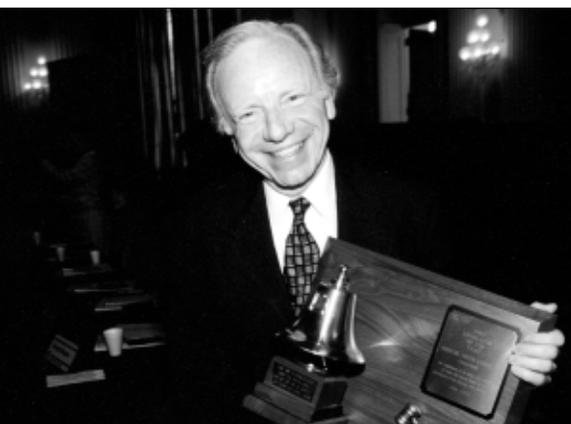
KEEPING IT REAL ADVOCACY

NMHA advocates for real changes in our nation's laws, regulations and policies to improve the lives of all Americans and specifically those individuals and families facing mental illness. Through advocacy at the federal, state and local levels, coalition-building, media outreach and grassroots activities with our nationwide network of affiliates, we successfully tackle a broad and diverse agenda for the mental health of our country.

2000 Highlights:



Justin Dart, a prominent disability rights activist, helped to ring NMHA's Bell at the March for Justice rally at the U.S. Supreme Court.



Sen. Joseph Lieberman (D-Conn.) received one of NMHA's 2000 Legislator of the Year awards for his work on legislation restricting the use of seclusion and restraint in psychiatric and residential facilities. Other recipients included Sen. Arlen Specter (R-Penn.), Rep. Rodney Frelinghuysen (R-N.J.) and Rep. George Miller (D-Calif.).

Federal Appropriations

NMHA's advocacy efforts paid off last year with unprecedented gains in funding for several critical federal programs serving children and adults. The FY 2001 Labor-HHS Appropriations Act provided significant increases—which totaled \$151 million over the previous year's funding—for mental health initiatives under the jurisdiction of the Center for Mental Health Services (CMHS). Specific initiatives included comprehensive community-based services for adults with severe mental illness and children with serious emotional disturbances (SED), school-related youth anti-violence programs, suicide prevention hotlines and homeless services.

Surgeon General's Report

Seeking to promote the messages of the landmark *Mental Health: A Report of the Surgeon General* released in late 1999, U.S. Surgeon General David Satcher called on NMHA to help organize *Taking Action*, a national Web cast and satellite broadcast. NMHA President and CEO Michael Faenza participated in the broadcast with the Surgeon General and former first lady Rosalynn Carter to help advocates translate the report into appropriate policies and services for individuals with mental illness. In conjunction with the event, several NMHA affiliates hosted satellite broadcasts and action planning sessions at sites across the country.

Healthcare Reform Program

Recognizing that healthcare decision making was increasingly happening at the state and local levels, NMHA began an initiative five years ago to strengthen the work of consumers and advocates in the reform of healthcare policies and services. The Healthcare Reform Program offers training and technical assistance to those

advocates and public officials who are committed to working aggressively for constructive mental health change. In 2000, NMHA conducted 26 grassroots advocacy trainings in 24 states with state and local MHAs. In addition, through its Advocacy Resource Center, NMHA responded to nearly 2,000 requests for assistance from advocates, legislators, state coalitions, consumers and state and local agencies. The most requested topics included managed care, consumer and disability rights, insurance discrimination, access to medications and children's issues. Through these efforts, we have improved access to state-of-the-art treatment, expanded services for children, combated insurance discrimination, and safeguarded civil liberties for people seeking mental healthcare.

Health Insurance Discrimination

Building on our past legislative victories, NMHA led the fight to completely end discrimination in health insurance plans against all people with mental illness. NMHA forcefully supported legislative action that would require coverage of mental healthcare on par with care for physical problems both for adults and children, as well as for substance abuse services. National and local efforts led to the passage of parity laws in Kentucky, Massachusetts, New Mexico, South Carolina and Utah. Significantly, because of our advocacy, these state measures included children, sending a clear message to the U.S. Congress that children must be given parity protections in federal parity legislation.

Managed Care

Improving managed care in the public and private sectors remains a significant focus of NMHA's advocacy on Capitol Hill and through our Healthcare Reform

Program. One way we addressed this issue in 2000 was through our partnership with the National Association of Mental Health Planning and Advisory Councils (NAMHPAC), which NMHA supports with trainings, materials and technical assistance. Together, NMHA and NAMHPAC sponsored *Managed Care and the Role of Mental Health Planning Councils*. This meeting explored national and state trends in managed behavioral healthcare and strategies to increase stakeholder involvement in the development and oversight of managed care in the public sector.

Children's Issues

As one of NMHA's core priorities, the often ignored issue of children's mental health took center stage in public policy debates in 2000.

Services: A major success was the passage of a federal omnibus Children's Health Act, which authorized several new mental health initiatives and sustained existing programs for children and communities. Among the many provisions were grant programs to support youth anti-violence efforts, wrap-around services for youth offenders, substance abuse prevention and treatment, mental health services for violence-related stress, youth suicide prevention and school trainings. The Act also fulfilled another NMHA advocacy goal: restricting the use of seclusion and restraints on children.

Health Insurance: NMHA continued its long leadership in ensuring that appropriate mental health and substance abuse services are covered under Medicaid and the State Children's Health Insurance Program (SCHIP) for low income children in the nation. Through trainings and technical assistance, we empowered coalitions to fight for the strongest mental health benefit possible in these key programs. We also published a report that profiled the status of SCHIP plans in all 50 states.

Unmet Needs: In the often contentious debate about children and the use of psychotropic medications, NMHA raised the broader issues related to children's mental health needs such as the vast numbers of children who go untreated for mental illness. In our meetings with federal officials and outreach to the press, we also pushed for increased research and improved access to a full array of services. During an invitation-only meeting at the White House, NMHA President and CEO Michael Faenza reiterated these concerns with first

lady Hillary Clinton, Tipper Gore and leaders of federal health agencies. Faenza also highlighted our position at a conference organized by the National Institute of Mental Health and the Food and Drug Administration, and helped develop a comprehensive action plan for children's mental health at a conference sponsored by the Surgeon General.

Prevention

NMHA secured a significant victory in its prevention agenda with the passage of the Children's Health Act, which authorized funding for several preventative services targeted at adults and children. NMHA also continued its leadership of the National Prevention Coalition (NPC). Founded by NMHA in 1987 and co-chaired with the National Association of School Psychologists, the NPC is made up of 35 national organizations, including the National Education Association, the Child Welfare League of America and the American Psychological Association. The coalition actively supported legislation for a key federal prevention effort, the *Building Mentally Healthy Communities* program, which works to increase the capacity of cities, counties and tribal governments to provide prevention and treatment services.

Community Living

NMHA believes strongly in the right of people with mental illness to live, work and receive services in their communities. We defended and celebrated this right in 2000 through a number of activities.

Employment: Recognizing the importance of employment in a person's independence, NMHA fought hard for the passage of the Ticket to Work and Work Incentives Improvement Act in 1999 and worked steadily to ensure its implementation in 2000. Intended to eliminate work disincentives, the legislation increased health insurance coverage and cash benefits for working people with disabilities by expanding Medicare and Medicaid coverage and providing vocational rehabilitation services. To realize the Act's full potential, NMHA mobilized affiliates to advocate for provisions of the legislation within their states and communities.

ADA: Along with several national disability advocacy groups, NMHA sponsored the March for Justice to demonstrate support for the Americans with Disabilities Act (ADA). A case that was before the court, *Alabama vs. Garrett*, placed

the ADA at threat. NMHA also sponsored, with the Presidential Task Force on Employment of Adults with Disabilities, a reception at the Vice President's residence to celebrate the ADA's 10-year anniversary.

Criminalization of People with Mental Illness

Concerned with the vast numbers of youth and adults with mental health problems who end up in our nation's jails and prisons, NMHA has undertaken a number of advocacy initiatives.

Juvenile Justice: To improve the juvenile justice system's response to youth with mental health needs, NMHA sponsored a series of policy forums on juvenile justice issues across the country. Organized by local affiliates, the forums brought together local juvenile justice stakeholders, community leaders and families to discuss best practices, and resolve current and ongoing issues. In 2000, forums took place in Montgomery County, Md.; Austin, Texas; Orange County, N.C.; and Niagara County, N.Y.

In addition, with the Presidential Task Force on Employment of Adults with Disabilities, NMHA convened a meeting entitled, "Addressing the Training and Employment Needs of Youth with Mental Health Disabilities in the Juvenile Justice System." The meeting yielded several recommendations to open up federal employment programs to these youth.

Mental Health Courts: As one strategy to divert adults with mental illness from prisons, NMHA supported legislation authorizing a mental health court demonstration program. These courts could place persons with mental illnesses who have been charged with a misdemeanor or nonviolent offense into judicially monitored mental health treatment programs. The legislation authorizes annual appropriations to establish up to 100 mental health court programs.

KEEPING IT REAL EDUCATION

NMHA educates the American public about mental health and mental illness to reduce stigma and prejudice, improve understanding and attitudes, and encourage people in need to seek care. Through our Campaign for America's Mental Health, media outreach, resource center, partnerships and local activities, we have significantly increased the number of people who seek and receive treatment for depression, anxiety disorders, substance abuse problems and other mental illnesses.

2000 Highlights:



Rep. Sheila Jackson Lee (D-Texas) addressed a Congressional briefing that NMHA helped sponsor to educate lawmakers about depression in minority communities.



Tom Bosley of *Happy Days* fame shares his family's experience with depression at an NMHA educational event.

Campaign for America's Mental Health

To start off the new millennium, NMHA launched its flagship educational program, the Campaign for America's Mental Health. Building on past successful initiatives on clinical depression and anxiety disorders, the new campaign works to end the centuries-old stigma attached to all mental illnesses and help children and adults receive care and lead fuller lives.

NMHA's Campaign achieved a number of successes in 2000:

- Educated nearly 350,000 people through local seminars, health fairs and trainings;
- Screened more than 50,000 people for various mental illnesses through community and national screening initiatives; and
- Generated over 150 million media impressions in *USA Today*, *Kiplinger's Personal Finance Magazine*, *Good Housekeeping* and other media.

The Campaign accomplished these goals through the work of MHA educators across the country and with the support of partner organizations such as the National Medical Association, the American Public Health Association and Business and Professional Women USA.

General Public

Internet: A key element of our educational efforts has been our online outreach. One of our Web sites, www.depression-screening.org, an outgrowth of the Campaign for America's Mental Health, has given millions of people an anonymous, confidential way to be screened for depression and receive guidance for appropriate help. During 2000, the site received more than 1 million hits per month.

Mental Health Month: As the chief sponsor of Mental Health Month in May, NMHA oversees a nationwide effort to promote mental health in the lives of all Americans. Last year, NMHA issued a powerful statement to all Americans: *Mental Health Matters*. In a continuing partnership with the National Council for Community Behavioral Healthcare, NMHA produced a comprehensive planning guide for local advocates throughout the country. Local Mental Health Associations sponsored activities in their communities reaching thousands of people.

Screening Days: In partnership with other groups, NMHA sponsors the screening day programs for depression, anxiety disorders, alcohol, eating disorders and other mental health problems. NMHA affiliates organized many of the screening sites at doctors' offices, hospitals, campuses and other locations. For National Depression Screening Day, NMHA conducted screenings on Capitol Hill for the fourth consecutive year.

Resource Center: Through our resource center and toll-free line, NMHA offers the general public free information and referrals to local services. Last year, NMHA responded to requests from tens of thousands of individuals with mental illness and family members. Our toll-free line was featured in *Good Housekeeping* and *Latina* magazines, on HBO, Lifetime and A&E cable networks, and in other media.

News and Entertainment Media

Since the media represents Americans' primary source for health information, we put a heavy emphasis on our outreach to news and entertainment organizations.

News Media Outreach: In recent years, NMHA has developed a reputation as a valuable resource for reporters covering mental health issues. Last year, our outreach led to some high-level presence in our nation's major media, including *The Washington Post*, *The New York Times Magazine*, *The Wall Street Journal*, *Newsweek*, *Psychology Today*, *Oprah Magazine*, *Parade*, *48 Hours*, NPR and ABC's *Nightline*.

Media Awards: The results of our media outreach are also evident in our annual Mental Health Media Awards competition. Held each year to promote accurate and responsible coverage of mental health and mental illness, NMHA last year received the most entries in the history of the competition. Awards for journalistic excellence in news and feature reporting were given at NMHA's annual meeting to members of 15 local and national press outlets, including *60 Minutes II*, *The Los Angeles Times*, *Dateline NBC* and *The Wall Street Journal*.

Stigma Watch: Addressing inaccurate and stigmatizing images of mental illness is a major concern for NMHA and another reason for our strategic outreach to the media. At the request of the Entertainment Industries Council, NMHA prepared a series of fact sheets for writers, actors and directors about accurate and constructive depictions of mental illness. We also protested the ABC drama *Wonderland* after talks with the show's creators about the damaging content, and ultimately helped to have the show canceled. In an international effort, NMHA formed a coalition of more than 15 organizations from Australia, Canada, Great Britain, New Zealand and the United States to protest the Jim Carrey film *Me, Myself and Irene* for its misportrayal of a person with schizophrenia.

Children and Families

Children's Mental Health: Last year, NMHA commissioned a study on public perceptions of mental health problems in children. Though the study revealed positive progress in accepting the existence of these problems among our nation's youth, it also showed that Americans underestimate the number of children affected and are not aware that treatments for ADHD, depression and anxiety disorders are effective. As a result of these findings, NMHA began preparations to launch a full-scale educational campaign in 2001 to highlight the mental health needs of children and adolescents.

Childhood Depression Awareness Day: For the fifth consecutive year, NMHA sponsored the nationwide observance, Childhood Depression Awareness Day, on May 9 to increase awareness of this under-recognized problem and the risk of suicide in children and teens. To highlight this important issue, NMHA hosted an event at the National Press Club in Washington, D.C. to present three teens with Medallions of Excellence for sharing their experiences with depression.

College Students

Last year, NMHA introduced *Finding Hope and Help*, an educational initiative directed at college students and specifically women to alert them to the issues of depression, eating disorders and other mental health problems. To lead off the program, NMHA in conjunction with the American College Counseling Association, the National Panhellenic Conference and other partners produced and distributed to five pilot campus sites a series of materials on these common problems.

Minorities

Addressing depression in minority communities was the theme of a congressional briefing organized by NMHA along with the Congressional Black Caucus, the Congressional Group on Mental Health and Health Issues, and Rep. Ciro D. Rodriguez, co-chair of the Congressional Hispanic Caucus. Despite the fact that depression can be successfully treated, minorities are less likely to seek treatment and systemic barriers keep minorities from accessing care. The briefing was well attended by members of Congress and staff.

Older Adults

An all too common myth is that depression and other mental disorders go hand in hand with older age. Yet, in fact depression among the elderly can be effectively treated and should not be accepted as a natural consequence of aging. NMHA, through its Campaign for America's Mental Health, helped to sponsor educational events in Tampa Bay and Chicago on depression and older Americans. Both events included a panel discussion with mental health experts and *Happy Days* actor Tom Bosley, who has family members with depression.

Medical Community

Through its Campaign, NMHA works to educate doctors and other members of the medical community about mental health issues to

ensure that their patients receive appropriate information and care.

Partnerships: To further our outreach to the medical community, NMHA secured the nation's largest group of primary care physicians, the American Academy of Family Physicians, as a partner in the Campaign for America's Mental Health. NMHA is working with the Academy to educate the group's 89,000 members about their patients' mental health needs. Last year, NMHA assisted the Academy with its annual clinical year initiative that focused on mental health, and an award-winning monograph, "Diagnosis and Management of Depression."

Doctors' Offices: NMHA developed a screening awareness toolkit for use by primary care practitioners in their offices to encourage the screening of patients for depression. The kit included a poster, fact sheets and brochure for patients on how to make the most of their visits with their doctor.



Dateline NBC received an NMHA Mental Health Media Award for "Luca's Story," which followed the struggles and ultimate recovery of a young man with schizophrenia. Luca (far right) was on hand to help accept the award.

KEEPING IT REAL RESEARCH

NMHA supports, conducts and disseminates research so that people with mental illness and communities benefit from new knowledge, treatments and services. With our nationwide affiliate network, we ensure that research has real-life implications and applications.

2000 Highlights:



National Institute for Mental Health Director Steve Hyman, M.D., addressed attendees at NMHA's 2000 Annual Conference, "Putting Research into Practice."

NIH Research

Budget Increases: NMHA continues to lobby for increased research funding for mental health prevention and services, with an emphasis on the budgets of the National Institute of Mental Health (NIMH) and the National Institute on Drug Abuse (NIDA). We have worked hard to ensure that resources are available to support a broad mental health research agenda in this country, including research in the areas of medicine, services and prevention. In 2000, NIMH received a 13.5 percent increase in funding and NIDA a 12 percent increase.

Priorities: To help NIMH develop their research priorities for the coming years, NMHA was selected as one of a small number of groups to host an NIMH Townhall meeting. Held during NMHA's annual conference, the Townhall gave consumers, family members and other advocates the unique opportunity to learn and share their opinions about NIMH's research agenda. NIMH leaders highlighted several areas of research, including severe mental illnesses, prevention, early identification, children's mental health, violence prevention and co-occurring disorders.

Dissemination: NMHA and its affiliates are leaders in ensuring that research has a real impact in the lives of Americans. In 2000, we focused our annual conference on the theme, "Putting Research into Practice," to educate affiliates and advocates nationwide about the latest research findings and strategies to apply them. NMHA's expertise in disseminating research was demonstrated with the selection of our affiliates in the NIMH National Constituency Outreach and Education Program. This program is a multi-year initiative that enlists state

organizations in a nationwide partnership to help speed the translation of science into mental health services. Of the 25 statewide organizations NIMH added in 2000, 13 are Mental Health Associations.

NMHA Studies

Managed Care: As part of our efforts to influence the course of healthcare reform, NMHA conducts research on various managed care policies and practices. NMHA looked at the state of beneficiary materials as part of its series on *Best and Worse Practices in Private Sector Managed Mental Healthcare*. The report focused on the information managed care organizations provide to beneficiaries explaining their programs and operations. It examined the level of detail of covered and non-covered benefits, referral processes, consumer rights, access through toll-free numbers and other key areas. Employers, consultants and managed care companies are using the report to improve their offerings.

With support from St. Luke's Charitable Health Trust, NMHA undertook a study of best practices in managed care policies in Arizona. We found that some policies designed to direct children and adolescents to the most appropriate treatment settings actually restrict their access to services. Based on these findings, NMHA recommended and negotiated some improvements with the state. In another consultation in Arizona, NMHA introduced model programs from around the country on integrated substance abuse and mental health treatment to state agencies and providers.

Media Coverage and Public Opinion: To help guide its public education efforts, NMHA commissioned a public opinion poll on the media and attitudes about mental illness. The poll yielded some troubling findings about news and entertainment coverage and intensified the need for our educational outreach. Drug addicts, alcoholics and criminals is how approximately half of Americans saw people with mental illness portrayed in entertainment programming. Only 18 percent said that they saw people with mental illness coping successfully on television shows and in movies. Three times as many people said that stories in the news portrayed people with mental illness in a negative light than said stories were generally positive. Based on what Americans have seen in the media, only one-third believe that most or almost all people can be helped with treatment, and only 42 percent think that about half of those with mental illnesses can benefit from treatment.

One silver lining was the finding that more than half believe that news coverage of mental illness over the past few years has improved the public's understanding. In addition, 74 percent said that what they have seen would make them more likely to encourage someone with mental illness to seek treatment.

Anxiety and Depression: For its annual *America's Mental Health Survey*, NMHA examined the prevalence of and treatment expectations for generalized anxiety disorder (GAD) and depression in the U.S. What we discovered is further confirmation that most people with mental health problems do not receive help and suffer needlessly. The survey found that nearly one in three American adults have experienced symptoms of either GAD or depression. Of these adults, the vast majority—80 percent—has not been diagnosed by a doctor as having either one of the illnesses.

The study also revealed a gap in understanding about the effectiveness of treatment and expectations for recovery. The majority of people surveyed did not think full recovery from GAD and depression was possible. One finding in particular better informed our outreach to consumers and doctors. Forty-two percent of people who have experienced the symptoms of clinical depression and 47 percent of those with generalized anxiety disorder (GAD) indicated that they want their primary care physicians to be more involved in their mental healthcare.

Children's Mental Health: Setting the stage for the launch of its nationwide educational campaign, NMHA conducted a survey on Americans' knowledge of children's mental health issues. While most Americans believe mental health problems such as Attention Deficit Hyperactivity Disorder (ADHD), depression and anxiety disorders can be diagnosed in children, most significantly underestimate the prevalence of these mental health problems among children. Two-thirds of Americans incorrectly believe that only one in ten children have a diagnosable mental health disorder. In fact, according to the Surgeon General, at least one in five children ages nine to 17 have a diagnosable mental or emotional impairment, and one in 10 are significantly functionally impaired by their disorder. The survey also revealed a perception among Americans that mental health problems cannot be managed as effectively as certain physical health problems. Although the majority (62 percent) felt asthma can be treated "very effectively," only 39 percent, 32 percent and 31 percent felt this was true of depression, ADHD and anxiety disorders, respectively.

Children's Services: NMHA kicked off the National Report Card on Children's Mental Health Services Project in 2000. With the support of the federal Center for Mental Health Services, Child, Adolescent and Family Branch, the project will serve as a vital tool for stakeholders, advocates and communities to assess the progress of the availability and effectiveness of services for children and youth with mental health needs.

Criminal Justice: The National Institute of Corrections awarded NMHA a grant to develop a publication on best practices in prison mental health programs with the National Commission on Correctional Healthcare. Targeted at prison officials, the publication will outline effective approaches to screening and assessment, intervention and treatment, staffing levels and training, cultural competency, transitional services, and community and aftercare linkages. It will be released in 2002.



NMHA hosted an NIMH Townhall meeting in 2000 that enabled consumers and advocates to voice their opinions about the Institute's research agenda.

KEEPING IT REAL CONSTITUENCY SERVICES

NMHA serves local advocates and groups in their efforts to empower and meet the needs of adults and children with mental health problems. Through training, technical assistance and program replication, we support the delivery of culturally competent, consumer-centric services by our affiliates and other organizations to bring real-time progress to people and communities.

2000 Highlights:



Stuart Perry (center), who lives with depression and walked 1,000 miles to raise awareness of this treatable illness, received NMHA's highest honor, the Clifford W. Beers Award.



The Bush and Gore presidential campaigns faced off at an NMHA-sponsored debate at the National Press Club.

Adult Services

Partners in CARE: NMHA devotes considerable energy and resources to improving community-based care for adults with schizophrenia and other serious mental illnesses. Through our Partners in CARE (Community Access Recovery Empowerment) program, we work to effect changes in local service systems and thereby help mental health consumers recover and live healthier, more productive lives. In conjunction with our affiliate field, we promote a variety of state-of-the-art services in employment, housing and peer support in communities throughout the country. In 2000, we welcomed 20 affiliates to the program and trained more than 180 local advocates. We also added the Vinfen housing program, an internationally-recognized supportive housing program based in Massachusetts, to our menu of services for replication.

National Consumer Supporter

Technical Assistance Center: NMHA continued to expand its outreach and assistance to organizations that support consumers in their recovery through its National Consumer Supporter Technical Assistance Center (NCSTAC). Funded by the federal Center for Mental Health Services, NCSTAC offers a wide variety of services and materials to help groups meet the needs of consumers. Topics include board development, volunteer recruitment, seclusion and restraint policies, cultural competency and media strategies. With the aim of improving cultural competency in the mental health system, NCSTAC awarded 10 grants to local organizations. Activities funded included community training sessions with the African American

community in Georgia; linguistically and culturally competent services for Asian Americans in Texas; and a Minority Community Education and Outreach Program in Pennsylvania.

Voter Empowerment:

In our effort to more fully reintegrate people with mental illness into all aspects of society, NMHA works to ensure that consumers are engaged in one of the most important rights and responsibilities in our country: voting. We further this cause by training and developing resources for local mental health organizations to register consumers and prepare them to vote. In advance of the 2000 presidential election, NMHA held four voter empowerment trainings in California, Florida, Georgia and Washington, D.C. To help educate consumers before they went to the polls, NMHA's Voter Empowerment Project also conducted a presidential and senatorial candidates survey. The results showed that all four presidential candidates supported efforts to increase mental health consumer participation in the political process and establishing some level of mental health insurance parity.

In addition, NMHA and the National Organization on Disability co-sponsored a townhall-style debate between the two main presidential campaigns, which was televised nationwide by C-SPAN. Attended by both campaign directors of outreach to the disability community, the debate featured lively discussions of candidates' positions on disability-related issues such as funding for community-based services and the Americans with Disabilities Act.

Community Corrections: As part of its efforts to improve mental health services in the justice system, NMHA held two meetings in Dallas and Houston in 2000 to look at how the state of Texas serves adults with mental illness. A report of the meeting, "Assessing the Needs of Adults with Mental Illness and Co-occurring Disorders in Community Corrections Programs: Lessons from Texas," was released in November.

Youth and Family Services

Safe Schools/Healthy Students

Action Center: As a leader in grassroots outreach, NMHA plays a key role in a federal effort to build the capacity of schools and communities to meet the mental health needs of children and families. Through the management of the federally-sponsored Safe Schools/Healthy Students Action Center, NMHA supports the efforts of school districts nationwide that seek to provide preventive mental health services for students.

The Action Center, which wrapped up its second year of operation in September, 2000, was made possible through a three-year grant awarded to NMHA and the National Association of School Psychologists for the purpose of jointly operating a technical assistance center to support the Safe Schools/Healthy Students grant sites. In 2000, the Center supported 77 grantee sites. Grants are awarded to school districts, which are required to work in conjunction with partners in education, law enforcement and mental health, as well as with other stakeholders in the community.

The Action Center assists sites in assessing local needs and identifying experts and resources best suited to address the gaps in services. In addition, the Center provides technical assistance on a range of topics, including school based mental health care, best practices in substance abuse and youth violence prevention, sustainability, parent involvement and education reform. The Center fulfills an average of 70 requests per month from sites and the general public.

Invisible Children's Project: Parents living with mental illness or co-occurring mental health and substance abuse disorders face many of the same challenges that all parents face. However, they

also must cope with challenges specific to their illness, including medications, hospitalization, stigma and relationships with helpers. In 2000, NMHA in partnership with the MHA in Orange County brought the Invisible Children's Project (ICP) to the national stage. The award-winning program supports families in which a parent has a mental illness. During its first year NMHA provided training, technical assistance and educational materials to five MHAs to replicate ICP in their communities, which are Passaic County, N.J.; Binghamton, N.Y.; Greater Knoxville, Tenn.; Columbia-Greene Counties, N.Y.; and Charlottesville-Albemarle, Va.

Children's Linkages: Through this project, NMHA promotes coordination of primary and mental healthcare for children and families. Last year, our seven demonstration sites brought together stakeholders from various fields including children's mental health, juvenile justice, public schools, child welfare, families and public health to plan better integration of children's services and systems. Resulting from these community forums were efforts to educate primary care physicians about mental health screening instruments for children; encourage policy makers to require that children's mental health intake workers consult with a child's primary care physician in the early phases of treatment; and develop a Web-based diagnosis and referral system for primary care physicians.

Other Affiliate Services

Annual Conference: As a part of our continuing service to mental health advocates, NMHA plans and organizes a multi-day annual conference in Washington, D.C. More than 400 mental health leaders and advocates gathered in the nation's capital for the 2000 conference, which focused on "Putting Research into Practice." Special highlights of the meeting included a legislative briefing along with Capitol Hill visits, award ceremonies for consumers and advocates, and a NIMH Townhall meeting. During the conference, NMHA gave its highest award, the Clifford W. Beers Award, to advocate Stuart Perry. Perry, who lives with depression and lost a father to suicide, walked 1,000 miles to increase understanding of clinical depression and to urge the American Medical Association to require routine screenings for depression in primary care settings.

Trainings: To further aid grassroots activism, NMHA staged its annual policy conference for state Mental Health Associations in the fall in preparation for state legislative sessions. Attracting MHA representatives from more than 35 states, the conference focused advocates on how they can influence emerging state-level policy debates. NMHA also held two regional trainings in Arizona and Florida to help affiliates build their organizational capacity to meet the growing needs of their communities.



With a cultural competency grant from NMHA, a local affiliate in Hawaii strengthened the efforts of its consumer speakers bureau. The speakers bureau later waged a vigorous and successful campaign to prevent the closing of a community treatment center.

NMHA and its Nationwide Network of Affiliates

One of NMHA's greatest strengths and reasons for our ongoing success is our nationwide affiliate network. This grassroots force is comprised of state and local Mental Health Associations, which advocate, educate and provide direct services to their communities. In 2000, this network continued to grow and improve its level of response to the needs of children and adults with mental health problems. To reach an affiliate in your area, call 800-969-NMHA (6642).

Affiliate Network By State:

ALABAMA

MHA in Etowah County
MHA in Madison County
MHA in Montgomery
MHA in Morgan County
MHA in Southwest Alabama
MHA in Tuscaloosa County

ALASKA

Alaska MHA

ARIZONA

MHA of Arizona
MHA of Arizona – Southern Arizona Office

ARKANSAS

MHA in Northwest Arkansas

CALIFORNIA

MHA of California
MHA of Alameda County
MHA in Los Angeles County
Riverside Mental Health Advocacy Program
MHA in Sacramento
MHA in San Diego County
MHA of San Francisco
Santa Barbara MHA
MHA of Yolo County

COLORADO

MHA in Colorado

CONNECTICUT

MHA of Connecticut

DELAWARE

MHA in Delaware

DISTRICT OF COLUMBIA

MHA of Washington, D.C.

FLORIDA

MHA of Bay County
MHA of Broward County
MHA of Central Florida
MHA of Collier County
MHA of Dade County
MHA of Indian River County
MHA in Northeast Florida, Inc.
MHA of Okaloosa & Walton Counties
MHA of Palm Beach County, Inc.
MHA of Greater Tampa Bay, Inc.
MHA of Volusia & Flagler Counties
MHA of West Florida, Inc.

GEORGIA

NMHA in Georgia
MHA of Greater Augusta, Inc.
MHA of Clayton County
MHA of Middle Flint
MHA of Newton County
MHA of North Georgia Mountains
MHA of Northeast Georgia
MHA of South Coastal Georgia
MHA of Thomas County
MHA of Wayne County

HAWAII

MHA in Hawaii
MHA in Hawaii County
MHA in Maui County

IDAHO

MHA of Idaho

ILLINOIS

MHA in Illinois
MHA of DuPage County
MHA of Fayette County
MHA of Illinois Valley, Inc.
MHA of Macon County, Inc.
MHA of McLean County
MHA of the North Shore
MHA of the Rock River Valley
MHA of Southwestern Illinois

INDIANA

MHA in Indiana
MHA in Allen County
MHA in Blackford County
MHA in Boone County
MHA in Cass County
MHA in Clark County
MHA in Clay County
MHA in Clinton County
MHA in Daviess County
MHA in Dearborn County
MHA in Dekalb County
MHA in Delaware County
MHA in Dubois County
MHA in Elkhart County
MHA in Floyd County
MHA in Franklin County
MHA in Fulton County
MHA in Gibson
MHA in Greene County
MHA in Hamilton County
MHA in Hancock County
MHA in Hendricks County
MHA in Henry County
MHA in Howard County
MHA in Jackson County
MHA in Jay County
MHA in Johnson County
MHA in Knox County
MHA in Kosciusko County
MHA in Lake County
MHA in Lawrence County
MHA in Madison County
MHA in Marion County
MHA in Marshall County
MHA in Monroe County
MHA in Morgan County
MHA in Parke County
MHA in Perry County
MHA in Porter County, Inc.
MHA in Putnam County
MHA in Randolph County
MHA in Rush County
MHA in Shelby County
MHA in Spencer County
MHA in St. Joseph County
MHA in Steuben County
MHA in Tippecanoe County
MHA in Vanderburgh County

MHA in Vigo County
MHA in Wabash County
MHA in Warrick County
MHA in Wayne County
MHA in Wells County
MHA in White County
MHA in Whitely County

IOWA

MHA in Dubuque County
MHA of Hamilton County

KANSAS

MHA of Kansas
MHA of the Heartland
MHA in Reno County
MHA of South Central Kansas

KENTUCKY

MHA of Kentucky
MHA of Northern Kentucky

LOUISIANA

MHA in Louisiana
MHA in Caddo-Bossier
MHA in Caldwell Parish
MHA in Catahoula Parish
MHA in Desoto Parish
MHA in Franklin Parish
MHA in Metropolitan New Orleans
MHA in Red River County
MHA in Southwest Louisiana

MARYLAND

MHA of Maryland
MHA of Howard County
MHA of the Lower Shore
MHA of Metropolitan Baltimore
MHA of Montgomery County
MHA of Prince George's County
Southern Maryland MHA
MHA in Talbot County
MHA of Washington County

MICHIGAN

MHA in Michigan

MISSISSIPPI

MHA of Mississippi
MHA of the Capitol Area, Inc.
MHA of Lauderdale County

MISSOURI

MHA of the Heartland
MHA of Greater St. Louis

MONTANA

MHA of Montana
MHA of Billings
MHA of Daniels County
MHA of Great Falls
MHA of Sheridan County
MHA of Sweet Grass County

NEW JERSEY

MHA in New Jersey
MHA in Atlantic County
MHA of Essex County
MHA of Monmouth County
MHA of Morris County
MHA in Passaic County
MHA in Somerset County
MHA in Southwestern New Jersey
MHA of Union County

NEW MEXICO

MHA in New Mexico

NEW YORK

MHA in New York State, Inc.
MHA in Allegany County
MHA in Cattaraugus County, Inc.
MHA in Cayuga County
MHA in Chautauqua County
MHA in Clinton County
MHA of Columbia/Green Counties
MHA of Cortland County, Inc.
MHA in Dutchess County
MHA of Erie County, Inc.
MHA in Essex County
MHA in Franklin County
MHA in Fulton/Montgomery Counties
MHA in Genesee County
Jefferson County Association for Mental Health
MHA of Nassau County, Inc.
MHA in New York City, Inc.
MHA in Niagara County, Inc.
MHA of Onondaga County
MHA in Orange County
MHA in Orleans County
Oswego County MHA
MHA in Putnam County, Inc.
MHA of Rochester/Monroe Counties, Inc.
MHA of Rockland County, Inc.
Schuyler County MHA
MHA of the Southern Tier, Inc.
MHA in Steuben County
MHA in Suffolk County
MHA in Tompkins County
MHA in Ulster County
Warren/Washington Association for Mental Health, Inc.
MHA of Westchester County, Inc.

NORTH CAROLINA

MHA in North Carolina
Outreach and Prevention Services of Alamance, Inc.
MHA in Beaufort County
MHA in Carteret County
MHA in Cleveland County
MHA in Columbus County
MHA in Craven County
MHA in Cumberland County
MHA in Davidson County
MHA in Forsyth County, Inc.
MHA in Greensboro, Inc.
MHA in High Point
MHA in Johnston County
MHA in Mecklenburg County
MHA in Nash-Rocky Mount
MHA in New Hanover County
MHA in Onslow County
MHA in Orange County
MHA in Pamlico County
MHA in Pitt County
MHA and Help Line in Randolph, Inc.
MHA of Rowan County
MHA in Rutherford County
MHA in Stanley County
MHA in Stokes County
MHA in Vance County
MHA in Wake County
MHA in Wayne County
MHA in Wilson County
MHA in Yancey

NORTH DAKOTA

MHA in North Dakota
Lake Region MHA
Missouri Valley MHA
North Valley MHA
Souris Valley MHA
South Central MHA
South Valley MHA
Southwest MHA
Tri-County MHA

OHIO

MHA of the Cincinnati Area, Inc.
MHA of Franklin County
MHA of Knox County
MHA of Licking County
MHA in Lucas County
MHA of Miami County
MHA of Ottawa County
MHA of Summit County
MHA in Union County (Ohio)

OKLAHOMA

MHA in Tulsa

OREGON

MHA of Oregon

PENNSYLVANIA

MHA of Adams County, Inc.
The Advocacy Alliance-A Mental Health Association
MHA of Allegheny County
MHA of the Central Susquehanna Valley
MHA in Cumberland, Dauphin, & Perry Counties
MHA in Franklin/Fulton Counties
MHA in Lancaster County
Lebanon County MHA
Mercer County MHA
MHA of Northwestern Pennsylvania
MHA of Reading and Berks County
MHA in Westmoreland County
MHA of York County

RHODE ISLAND

MHA of Rhode Island

SOUTH CAROLINA

MHA in South Carolina
MHA in Abbeville County
MHA in Aiken County
MHA in Anderson County
MHA in Bamberg County
MHA in Barnwell County
MHA in Beaufort/Jasper Counties
MHA in Calhoun County
MHA in Cherokee County
MHA in Chester County
MHA in Chesterfield County
MHA in Clarendon County
MHA in Colleton County
MHA in Darlington County
MHA in Florence County
MHA in Georgetown County
MHA in Greenville County
MHA in Horry County
MHA in Kershaw County
MHA in Lancaster County
MHA in Laurens County
MHA in Lee County
MHA of the Low Country
MHA in Marion County
MHA in Marlboro County
MHA in McCormick County
MHA in Mid-Carolina
MHA in Oconee County
MHA in Orangeburg County
MHA in Pickens County
MHA of the Piedmont
MHA in Saluda County
MHA in Sumter County
MHA in Union County
MHA in York County

TENNESSEE

MHA of Tennessee
MHA of Greater Knoxville
MHA of the Mid-South
MHA of Middle Tennessee

TEXAS

MHA in Texas
MHA in Abilene
MHA in Austin Area
MHA of the Bell Area
MHA in Beaumont/Jefferson Counties
MHA of Greater Dallas
MHA in El Paso
MHA in Fort Bend County
MHA of Greater Houston
MHA in Greater San Antonio
MHA in Tarrant County
MHA in Tyler
Wichita MHA

UTAH

MHA in Utah

VERMONT

Vermont Association for Mental Health

VIRGINIA

MHA of Virginia
MHA of Augusta
MHA of Charlottesville/Albemarle, Inc.
Chesterfield MHA
MHA in Danville/Pittsylvania County
MHA of Fauquier County
MHA in Fredericksburg
MHA in Halifax County
Hanover MHA, Inc.
MHA of Martinsville/Henry County
MHA of the New River Valley, Inc.
Peninsula MHA
MHA of Roanoke Valley
MHA of Rockbridge County
MHA in South Hampton Roads
MHA of Central Virginia
MHA of Warren County

WASHINGTON

MHA of Washington

WISCONSIN

MHA in Brown County
MHA in Calumet County
MHA in Milwaukee County
MHA in Sheboygan County

FINANCIAL SUPPORT AND RECOGNITION

NMHA counts on the generous support of individuals and organizations to continue our mission for America's mental health. These financial contributions reflect our ability to effect real change in people's lives. We are a wise investment for people interested in our cause, since we devote 89 cents of every dollar received to programs that serve people with mental illness. By naming us as one of the nation's top health charities, several watchdog groups and publications that review charitable organizations and their management of funds clearly agree.

We thank the following for their generous support:



The Texaco Key West Classic, an annual catch-and-release fishing tournament, has raised over \$1 million for NMHA since its start in 1989. Organized by NMHA Board of Directors member Hayden Blaylock, the event is now the largest annual fundraiser for mental health in the United States.



U.S. Surgeon General David Satcher, M.D., Ph.D., received the *Into the Light* award at NMHA's annual fundraiser dinner. Dr. Satcher was honored for being the first Surgeon General to make mental health and mental illness a priority.

Government Agencies

U.S. Department of Health and Human Services

- Substance Abuse and Mental Health Services Administration
- Center for Mental Health Services
 - Division of Knowledge Development and Systems Change
 - Child, Adolescent and Family Branch
 - Community Support Programs Branch
 - Division of State and Community Systems Development
 - Division of Program Development, Special Populations & Projects
 - Office of Managed Care

Center for Substance Abuse Prevention

National Institute of Mental Health

Health Resources and Services Administration

- Maternal and Child Health Bureau
- Division of Child, Adolescent and Family Health

U.S. Department of Justice

National Institute of Corrections

U.S. Department of Education

U.S. Department of Labor

Foundations

Bank of America Foundation
Boston Foundation, The
Bristol Myers Squibb Foundation
Annie E. Casey Foundation
John D. and Catherine T. MacArthur Foundation, The

Corporations

Abbott Laboratories
ALZA Corporation

American Movie Classics Company
AOL Time Warner
AstraZeneca Pharmaceuticals LP
AT&T Broadband
BAF, Inc.
Bank of America Direct Team Chicago
Bloomberg L.P.
Bradley Hospital
Bravo, The Film and Arts Network
Bristol Myers Squibb
CK Engineering
Clorox Company, The
Colorado Satellite Broadcasting, Inc.
Concurrent Computer Corporation
Crowell & Moring LLP
Customer Service Review
Cyberonics, Inc.
Discovery Networks
Dominion Paper Products, Inc.
Eli Lilly and Company
Eli Lilly and Company Limited
Eli Lilly Canada Inc.
Eli Lilly Export S.A.
FHC Health Systems
Forest Laboratories, Inc.
Fox Family Channel
Fox News Network, LLC
GlaxoSmithKline
Golf Channel, The
Guardian Life Insurance Company of America
Hank's Embroidery
HBO
J & N Fertilizer Co. Inc
Janssen Pharmaceutica Products, L.P.
Jones International Networks, LTD.
Lifetime Entertainment Services
Linemark Printing Inc.
Madison Square Garden, L.P.
Magellan Behavioral Health Management & Training Innovations, Inc.
Merck & Co., Inc.
Motorola, Broadband Communications Sector
MTV Networks
MuchMusic
National Cable Craft Corporation
National Council for Community Behavioral Healthcare
National Pharmaceutical Council

Organon Inc.
Outdoor Life Network L.L.C.
Pfizer Inc
Pharmacia Corporation
Phillips Broadband Networks, Inc.
Pitney Bowes, Inc.
Sage Publications, Inc.
Showtime Networks, Inc.
Solvay Pharmaceuticals, Inc.
SPECTRUM Science Public Relations,
Inc.
Speedvision Network L.L.C.
Starz Encore Group LLC
Sun Microsystems, Inc.
TechTV
Tellabs Operation, Inc.
Third Coast Wealth Advisors
Toshiba America, Inc.
Tribune Media Services
Turner Broadcasting System, Inc.
TV Guide Affiliate Sales, Inc.
Valuevision International, Inc.
Wink Communications, Inc.
Wyeth-Ayerst Pharmaceuticals
Zionsville Eyecare

Individuals Society of the Bell

Bell Ringer (\$100,000+) Estate of Doris Chase

Benefactor (\$50,000 - \$99,999)
Hayden Blaylock
Estate of Emily M. D'Antonio
Estate of Edythe May Holcroft
Jon C. Scott

Humanitarian (\$25,000 - \$49,999)
Anonymous
Abraham and Beverly Sommer
R. L. Zuhlke Charitable Trust

Ambassador (\$5,000 - \$24,999)
Areta Crowell, Ph.D.
Estate of Isadore E. Delappe '72 Trust
Angus Donnelley
Shawn M. Donnelley
Andrew E. Rubin
Gary L. Tauscher

Champion (\$2,500 - \$4,999)
Lynn Babicka
Samuel Gross
Pender R. and Kathryn D. McElroy
Gordon and Phyllis Rubin
Paula C. Sandidge, M.D.
Mr. and Mrs. David M. Theobald

Advocate (\$1,000 - \$2,499)
Charlotte G. Bryson
Mr. and Mrs. Scott R. Chestnut
Faye O. Conaway
Grace K. Culbertson Charitable
Lead Unitrust
Margaret Donnelley
J. Richard Elpers, M.D.
Jui-Ling H. Fang
Rebecca O. Goss
Estate of Annie V. Lloyd

Meghen Fitzgibbons
Winifred D. Fraser, Ph.D.
Arnold and Audrey Heimler
Eugene L. and Wanda Inman
Mr. and Mrs. Mike Kettenring
Robert O. Klepfer, Jr.
Linda and Kenneth Lay
Mr. and Mrs. Harry B. Lewis
Stella Mullins
Ann Nerad
Gary W. Nyman, M.D.
K. Patrick Okura
Gino and Paola Santini
Manfred and Patricia Schach von
Wittenau
Jon C. Scott
Mr. and Mrs. Stephen B. Sheperd
Mr. and Mrs. Joseph Sontz
Gregory M. St. John
Nancye Starnes
William F. Sum
Carolyn M. Wallace
Rena D. Wrenn
Susan Ziglinski

Friend (\$250 - \$999)

Mr. and Mrs. Richard G. Appel, III
Gerald F. and Margaret R. Ban
Mr. and Mrs. Michael Berry
Robert C. Birner
Suzanne Bishop
Albert Boscov
Ed Brandt
James A. Carruthers
Michael and Ruth Chen
Rosemary A. Cook
James and Kathleen Cornelius
Dr. Roy C. DeLamotte
Lynn Diamond
Webster R. and Hortense Dunbar
Michael L. and Juanita Eagle
Mary Jane England, M.D.
Dr. and Mrs. Garold and Joyce Faber
Harriet K. Fein
Kenneth S. Gallant
Alfred G. Gilman, M.D.
Charles and Susan Golden
Lee and Doris Greenbaum
Thomas P. Gullotta
William E. Hines
Sandra J. Isenhour
Beth Jacobs
Dr. Irving S. Johnson
Aaron P. Kahlow
Lois Kimbol
Allen R. La Liberty
Mr. and Mrs. James R. Lankton
Mr. and Mrs. John C. Lechleiter
Brad Macomber
Stephen McCaffrey and Beth A.
Karnes
Monty Moeller
Mr. and Mrs. Gregory P. Moore
Herbert C. Morss
John J. Pavlak
Yvonne Perret
Peter D. and April Bowling Phippen
Patricia Puritz, J.D.
Reymundo Rodriguez
Bradley W. Segal

Dennis L. and Joan Shears
Sidney and Kathryn Taurel
Eva Z. Tetreault
Francis J. Trombetta
Cynthia Morss Truitt, Ph.D.
Richard Van Horn
Sheldon Vidibor and Dr. Betty L.
Seidmon
Kathryn L. Ward, CFRE
Drs. August and Margaret Watanabe
Richard W. Weber
Michael Wenzler

Clifford W. Beers Legacy Society *Gifts committed and/or received through bequests and estate plans*

Our heartfelt thanks to those individuals who have notified us that NMHA is in their estate plan and to those who have made memorial and tribute gifts in honor of loved ones.

Estate of Doris Chase
Estate of Emily M. D'Antonio
Estate of Isadore E. Delappe '72 Trust
Robert and Della Ewart
Philip M. and Marian E. Ewing
Dr. Hymen C. and Mrs. Deena M.
Goldman
Muriel E. and Marvin C. Goldman
David and Eileen Hardy
James A. and Marion Hawkins
Estate of Edythe May Holcroft
Charlotte A. Humphrey
Barbara F. Hyams, Ph.D.
Estate of Annie V. Lloyd
Sandra J. McElhane
Karen Metzger
Alicia Reeve
Angela and George B. Rittenberg
Paul and Pat Romani
Andrew E. Rubin
Patricia Rutledge
Paul M. Spring
Rena Wrenn

Bequests to NMHA help us continue our legacy of service. The following statement is all you need to include NMHA in your will:

"I give, devise and bequeath to the National Mental Health Association, a tax-exempt organization, located at 1021 Prince Street, Alexandria, Virginia 22314, _____ % of my estate or the sum of \$_____ (describe stocks, bonds, life insurance or other assets), to be used for the general purpose of the Association at the discretion of its Board of Directors."

We also wish to thank those NMHA staff members who contributed through their payroll deduction plans.

NMHA Named One of the Top Health Charities

- *Smart Money* magazine: #1 health charity
 - *The Chronicle of Philanthropy*: only mental health organization in Top 400
 - *The Nonprofit Times*: one of the top 20 health-related charities.
 - American Institute of Philanthropy: "A" rating
-

HOW INDIVIDUALS CAN HELP

- **Become a member of the National Mental Health Association or your local MHA.** For only \$35, you will receive NMHA's newsletter, *The Bell*, and remain informed about the most crucial mental health issues facing our nation. Call 800-969-NMHA (6642) to join.
- **Contribute a tax-deductible gift of cash, stock or appreciated securities.** Please send in your donation today or donate online at www.nmha.org.
- **Include NMHA in your will or other tax-saving planned gift.** Help continue the legacy Clifford Beers started over 90 years ago. Request a free copy of *Directions, A Primer for Crafting a Gift of Significance*, and learn more about how you can make a difference through a bequest or other planned gift.
- **Donate in memory of a friend or family member.** Make a gift to NMHA that will memorialize a loved one. We can help you create a donor-designated memorial fund that will honor their life and memory. NMHA's Suicide Prevention Memorial Funds provide the opportunity for you to tribute those lost to suicide.
- **Ask your employer to match your gift.** Most companies already donate a portion of their income to charitable organizations, both for the tax benefits they receive and to help the causes they believe in. Why not put these dollars to work for the cause closest to YOUR heart?
- **Designate NMHA in your employee payroll deduction program.** If your employer participates in the Combined Federal Campaign or Community Health Charities, choose #0548 to donate a portion of your paycheck to NMHA.
- **Donate gifts of property.** NMHA now accepts donations of new, used or novelty in-kind items for auction on www.missionfish.com.

Please call the NMHA gift department at (800) 969-NMHA to begin making a difference today!

HOW CORPORATIONS AND FOUNDATIONS CAN HELP

NMHA welcomes programmatic and unrestricted educational grants from both corporations and foundations in support of its efforts. If your organization is interested in working with NMHA to help improve America's mental health and support those with mental illnesses, please contact our Development Team at 703-684-7722.

FINANCIAL STATEMENTS INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of the National Mental Health Association

We have audited the accompanying statement of financial position of the National Mental Health Association (the Association) as of December 31, 2000 and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from the Association's 1999 financial statements and, in our report dated May 5, 2000, we expressed an unqualified opinion on those financial statements.

We conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the National Mental Health Association as of December 31, 2000, and the changes in its net assets and its cash flows for the year then ended in conformity with generally accepted accounting principles.



Raffa & Associates, P.C.

Washington, DC
May 10, 2001

FINANCIAL STATEMENTS

STATEMENT OF FINANCIAL POSITION

December 31, 2000 (With Summarized Financial Information as of December 31, 1999)

ASSETS		2000	1999
Current Assets			
Cash and cash equivalents		\$281,610	\$377,015
Accounts receivable		229,139	147,996
Due from NAMHPAC		77,831	4,052
Grants and contracts receivable, current portion		1,729,609	1,228,137
Bequests receivable		895,575	107,439
Prepaid expenses		129,106	101,629
Inventory		171,107	155,589
Total Current Assets		3,513,977	2,121,857
Grants and contracts receivable, net of current portion		405,935	-
Bequests receivable, net of current portion		198,360	161,576
Investments		210,996	127,110
Property and equipment, net		2,553,848	2,511,098
TOTAL ASSETS		\$6,883,116	\$4,921,641
LIABILITIES AND NET ASSETS			
Current Liabilities			
Accounts payable and accrued expenses		\$1,206,387	\$169,228
Note payable, current portion		60,711	55,086
Capital lease obligations, current portion		78,910	53,174
Total Current Liabilities		1,346,008	277,488
Note payable, net of current portion		1,021,724	1,084,014
Capital lease obligations, net of current portion		248,149	245,842
Deposits held		4,708	4,708
TOTAL LIABILITIES		\$2,620,589	\$1,612,052
COMMITMENTS AND CONTINGENCIES			
Net Assets			
Unrestricted	Undesignated	668,543	502,557
	Board designated as reserve funds	326,538	170,852
	Net investment in property and equipment	1,144,354	1,072,982
	Jo Blaylock Memorial Fund	50,000	50,000
Total Unrestricted		2,189,435	1,796,391
Temporarily restricted		1,784,121	1,224,227
Permanently restricted		288,971	288,971
TOTAL NET ASSETS		\$4,262,527	\$3,309,589
TOTAL LIABILITIES AND NET ASSETS		\$6,883,116	\$4,921,641

The accompanying notes are an integral part of these financial statements.

FINANCIAL STATEMENTS STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2000 (With Summarized Financial Information for the Year Ended December 31, 1999)

	Unrestricted	Temporarily Restricted	Permanently Restricted	2000 Total	1999 Total
REVENUE AND SUPPORT					
Grants and contributions	\$4,954,236	\$4,720,000	-	\$9,674,236	\$5,434,459
Bequests	1,170,196	36,785	-	1,206,981	406,234
Affiliate support	609,226	-	-	609,226	569,481
Special events	190,414	-	-	190,414	197,291
Sales	124,840	-	-	124,840	98,875
Combined federal campaign	52,233	-	-	52,233	35,799
Investment income	19,879	13,509	-	33,388	34,651
In-kind contributions	16,735	-	-	16,735	19,344
Rental income	6,996	-	-	6,996	31,528
Subscriptions income	248	-	-	248	1,107
Net assets released from restrictions:					
Satisfaction of program restrictions	4,210,400	(4,210,400)	-	-	-
TOTAL REVENUE AND SUPPORT	11,355,403	559,894	-	11,915,297	6,828,769
EXPENSES					
Program Services					
Advocacy	1,256,376	-	-	1,256,376	794,794
Education	3,217,705	-	-	3,217,705	2,210,281
Research	1,686,082	-	-	1,686,082	545,944
Constituency services	3,803,560	-	-	3,803,560	2,073,492
Total Program Services	9,963,723	-	-	9,963,723	5,624,511
Management and general	618,760	-	-	618,760	318,225
Fundraising	379,876	-	-	379,876	316,164
TOTAL EXPENSES	\$10,962,359	-	-	\$10,962,359	\$6,258,930
Change in Net Assets	393,044	559,894	-	952,938	569,839
NET ASSETS, BEGINNING OF YEAR, AS RESTATED	1,796,391	1,224,227	288,971	3,309,589	2,739,750
NET ASSETS, END OF YEAR	\$2,189,435	\$1,784,121	\$288,971	\$4,262,527	\$3,309,589

The accompanying notes are an integral part of these financial statements.

FINANCIAL STATEMENTS

STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended December 31, 2000 (With Summarized Financial Information for the Year Ended December 31, 1999)

Program Services	Advocacy	Education	Research	Constituency Services	Total Program Services
Salaries and benefits	\$733,656	\$1,466,217	\$831,262	\$1,084,661	\$4,155,796
Conference and meetings	44,419	333,782	144,455	534,494	1,057,150
Professional fees and contract service payments	71,086	269,955	196,235	344,476	881,752
Travel	54,465	233,105	121,754	236,380	645,704
Grants	-	-	-	573,341	573,341
Outside printing and art work	17,945	176,195	45,203	83,662	323,005
Supplies	37,607	39,593	27,203	46,138	150,541
Depreciation and amortization	-	-	-	-	-
Occupancy	-	-	-	-	-
Telephone	22,104	46,941	21,662	45,029	135,736
Postage and shipping	13,317	53,562	11,036	37,326	115,241
Miscellaneous	2,991	22,796	20,238	15,321	61,346
Interest	-	-	-	-	-
Indirect costs	218,786	575,559	267,034	802,732	1,864,111
TOTAL	\$1,256,376	\$3,217,705	\$1,686,082	\$3,803,560	\$9,963,723

Supporting Services	Management and General	Fundraising	2000 Total	1999 Total
Salaries and benefits	\$1,370,065	\$230,399	\$5,756,260	\$3,291,087
Conference and meetings	72,062	2,681	1,131,893	406,235
Professional fees and contract service payments	173,892	22,072	1,077,716	282,576
Travel	69,868	21,016	736,588	320,892
Grants	-	-	573,341	770,715
Outside printing and art work	26,472	35,408	384,408	285,399
Supplies	85,599	6,923	243,063	219,551
Depreciation and amortization	239,645	-	239,645	136,863
Occupancy	233,477	-	233,477	78,637
Telephone	71,565	9,412	216,713	137,313
Postage and shipping	62,052	4,876	182,169	156,637
Miscellaneous	36,727	-	98,073	72,839
Interest	88,536	-	88,536	100,186
Indirect costs	(1,911,200)	47,089	-	-
TOTAL	\$618,760	\$379,876	\$10,962,359	\$6,258,930

The accompanying notes are an integral part of these financial statements.

FINANCIAL STATEMENTS STATEMENT OF CASH FLOWS

For the Year Ended December 31, 2000 (With Summarized Financial Information for the Year Ended December 31, 1999)
Increase (Decrease) in Cash and Cash Equivalents

	2000	1999
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$952,938	\$569,839
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	239,645	136,863
Realized loss on disposal of assets	-	68,938
Unrealized (gain) loss on investments	9,548	(3,434)
Changes in assets and liabilities		
Accounts receivable	(81,143)	(43,828)
Due from NAMHPAC	(73,779)	(4,485)
Grants and contracts receivable	(907,407)	(429,134)
Bequest receivable	(824,920)	(139,015)
Prepaid expenses	(27,477)	(78,795)
Inventory	(15,518)	(37,953)
Accounts payable and accrued expenses	1,037,159	104,096
Deposits held	-	(9,940)
NET CASH PROVIDED BY OPERATING ACTIVITIES	309,046	133,152
CASH FLOW FROM INVESTING ACTIVITIES		
Principal collected on loans receivable	-	(20,000)
Purchases of property and equipment	(175,345)	(322,193)
Proceeds from sales of certificates of deposit	-	178,000
Proceeds from sales of investments	36,295	-
Purchases of investments	(129,730)	(123,920)
NET CASH USED IN INVESTING ACTIVITIES	(268,780)	(248,113)
CASH FLOWS FROM FINANCING ACTIVITIES		
Principal payments on notes payable	(56,665)	(50,959)
Principal payments on capital lease obligation	(79,006)	(50,436)
NET CASH USED IN FINANCING ACTIVITIES	(135,671)	(101,395)
Net Decrease in Cash and Cash Equivalents	(95,405)	(216,356)
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	377,015	593,371
CASH AND CASH EQUIVALENTS, END OF YEAR	\$281,610	\$377,015
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid during the year for interest	\$88,536	\$100,189
SUPPLEMENTAL SCHEDULE OF NONCASH INVESTING AND FINANCING ACTIVITIES		
Capital lease obligation for equipment	\$107,050	\$299,016

The accompanying notes are an integral part of these financial statements.

FINANCIAL STATEMENTS

NOTES TO FINANCIAL STATEMENTS

1. Organization and Summary of Significant Accounting Policies

Organization

Organized in 1950, the National Mental Health Association, Inc. (the Association) is a private voluntary advocacy organization which promotes a wide range of mental health issues through advocacy leadership, public and professional education, community and consumer services, and ongoing research. The Association's primary sources of revenue are grants and contributions from foundations, government agencies and private industry and membership dues received from affiliated organizations nationwide.

Affiliates

Each of the Mental Health Associations affiliated with the Association elects its own board of directors, conducts service programs independent of the Association, and maintains its own financial accounts. Accordingly, the financial statements of the Association do not include the accounts of these affiliated organizations.

Cash and Cash Equivalents

The Association considers money market funds and certificates of deposit purchased with an original maturity of three months or less to be cash and cash equivalents. Money market funds held in certain investment portfolios are not considered cash and cash equivalents as these amounts are not available for the general operating purposes of the Association.

Inventory

Inventory is stated at cost on a first-in, first-out (FIFO) basis and consists of publications on hand at the end of the year.

Property and Equipment and Related Depreciation and Amortization

Land, building, building improvements, furniture and equipment are stated at cost and are depreciated or amortized using the straight-line method over the estimated useful lives of the assets as follows:

Building	45 years
Furniture and Equipment	3-5 years

Building improvements are depreciated on the straight-line basis over the remaining life of the building. Equipment purchased under capital leases is amortized on the straight-line basis over the life of the lease. Expenditures for major repairs and improvements are capitalized; expenditures for minor repairs and maintenance costs are expensed when incurred. Upon the retirement or disposal of assets, the cost and accumulated depreciation are eliminated from the respective accounts and the resulting gain or loss is included in revenue or expenses.

Investments

Investments are comprised of equity and bond mutual funds and

money market funds and are recorded in the financial statements at fair value. Investments that are part of the board designated reserve fund are classified as long-term investments.

Classification of Net Assets

The net assets of the Association are reported in three self-balancing groups as follows:

- Unrestricted net assets represent the portion of expendable funds that are available for support of the Association's operations. They also include the net assets of the reserve fund which are designated by the Board of Directors.
- Temporarily restricted net assets represent amounts that are specifically restricted by donors for various programs.
- Permanently restricted net assets represent amounts that include donor-imposed restrictions that stipulate that the resources be maintained in perpetuity and that only the interest earned on such amounts be used in the manner specified by the donor.

Revenue Recognition

The Association reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor-imposed restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

Unrestricted contributions and grants are reported as revenue in the year in which payments are received and/or unconditional promises are made. Revenue recognized on grants that have been committed to the Association, but have not been received, is reflected as grants and contracts receivable in the accompanying statement of financial position.

The Association has grants and contracts from United States government agencies. Revenue from these grants and contracts is recognized as costs are incurred on the basis of direct costs plus allowable indirect expenses at a provisional rate. Revenue recognized on grants for which billings have not been presented to or collected from grantors is reflected as grants and contracts receivable in the accompanying statement of financial position.

Affiliate support is recognized in the period to which the dues amount relates.

The Association recognizes bequests in the year the promise to give becomes unconditional, which is at the time the probate court declares the will valid and the proceeds are measurable in amount. Bequests received in the form of charitable remainder trusts that have been unconditionally promised to the Association are recorded as temporarily restricted revenue at the net present value of the expected future benefits to the Association. The Association uses

the long-term treasury rate of 10.41% to discount the net present value of the future benefit to the Association. The Association also assumes that the trust's assets will grow at a rate of 8% over the remainder of its life and that the trust will distribute to the beneficiary an amount equal to approximately 7% of the market value of the trust's assets each year. Over the term of the trust, the amortization of the discount increases the receivable balance and temporarily restricted net asset balance (unless permanently restricted by the donor). Additionally, any changes in actuarial assumptions will affect those accounts accordingly.

In-Kind Contributions

In-kind travel services are recorded as in-kind contributions and travel expenses at the fair market value of the services at the date of the contribution.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on direct costs.

Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

2. Grants and Contracts Receivable

Grants and contracts receivable include \$1,670,278 of unconditional promises to give from foundations and corporations. Also included in grants and contracts receivable is \$465,266 of net grant and contract revenue receivable from United States government agencies which represents billings that have been presented to grantors but remain unpaid at year end. All amounts are considered fully collectible. As of December 31, 2000, contributors have unconditionally promised to give the Association \$2,135,544. These contributions are due as follows:

Due in less than one year	\$1,729,609
Between one to three years	405,935

TOTAL GRANTS AND CONTRACTS RECEIVABLE	\$2,135,544
--	--------------------

3. Property and Equipment and Accumulated Depreciation and Amortization

Property and equipment are comprised of the following as of December 31, 2000:

Building and improvements	\$2,181,698
Land	545,700
Office furniture and equipment	806,281
Equipment under capital lease	397,605

TOTAL	3,931,284
Less: Accumulated depreciation and amortization	(1,377,436)

Net property and equipment	\$2,553,848
-----------------------------------	--------------------

4. Investments

Investments as of December 31, 2000 consisted of the following:

	Cost	Fair Value
Money market funds	\$129,730	\$129,730
Equity mutual funds	52,445	55,327
Bond funds	24,995	25,939

TOTAL	\$207,170	\$210,996
--------------	------------------	------------------

5. Note Payable

On May 30, 1997, the Association entered into a note payable agreement with First Virginia Bank for \$1,265,000. This loan is collateralized by a first deed of trust on the building and improvements and is repaid in monthly installments of \$12,052 of principal and interest, which accrues at 7.96% for the first five years. The interest rate will be adjusted at the end of the fifth and tenth years to a fixed rate which is 200 basis points over the five-year U.S. Treasury yield. The final payment is due May 30, 2012.

The scheduled future principal payments at December 31, 2000 are as follows:

For the Year Ending December 31,	
2001	\$60,711
2002	65,711
2003	71,366
2004	77,002
2005	83,352
Thereafter	724,293

TOTAL	\$1,082,435
--------------	--------------------

FINANCIAL STATEMENTS

NOTES TO FINANCIAL STATEMENTS

6. Capital Leases

The Association leases office equipment under six leases which expire through 2005. The leased equipment is included in property and equipment at a cost of \$397,605 with accumulated amortization of \$120,653 as of December 31, 2000.

The future minimum lease payments required for these capital leases at December 31, 2000 are as follows:

For the Year Ending December 31,	
2001	\$98,544
2002	98,544
2003	98,544
2004	75,644
2005	777
Total future minimum lease payments	372,053
Less: Amount representing interest	(44,994)
Present value of net minimum lease payments	327,059
Less: current portion	(78,910)
Long-term portion	\$248,149

7. Net Assets

Board Designated Unrestricted Net Assets

The Board of Directors of the Association has designated unrestricted net assets for the purpose of establishing a reserve fund. The Board has approved annual contributions to the fund in an amount that equals 20% of the change in unrestricted net assets before depreciation, which for the year ended December 31, 2000 totaled \$126,538. The Association's Administration Committee may also recommend to the Board annual contributions in excess of the amount prescribed by the funding policy. The ultimate objective of the reserve fund is to achieve a balance equal to six months worth of the annual general operating expenses before depreciation. Subsequent to year end, the Board of Directors designated an additional \$173,462 to the reserve fund which will be contributed in 2001.

The Board of Directors of the Association has also designated \$50,000 of unrestricted net assets to create the Jo Blaylock Memorial Fund. The fund was created to recognize Hayden and Jo Blaylock's contribution to mental health and will be used for educational purposes.

Also included in unrestricted net assets is the Association's investment in property and equipment. This amount is calculated by subtracting the amount owed on the property and equipment (i.e. the note payable and the capital lease obligations) from the net book value of total property and equipment.

Temporarily Restricted

Certain temporarily restricted net assets are available for use among the programs of the Association based on specific donor restrictions. Other amounts with donor restrictions that can be interpreted to cover more than one program were allocated to such programs based on prior years' experience. The amounts available as of December 31, 2000 are as follows:

Advocacy	\$478,743
Education	729,684
Research	178,795
Constituency services	396,899

TOTAL	\$1,784,121
--------------	--------------------

Permanently Restricted Net Assets

Permanently restricted net assets include the following:

- The Quayle Bequest which requires that the principal be invested in perpetuity and that only the income be expended to support the training and use of volunteers and/or to pay hospital attendants servicing those who are mentally ill.
- The Anna Belle Edwards Bequest which requires that the principal be invested in perpetuity and that only the income be expended to support research as to the cause and cure of mental illness giving attention to the therapeutic use of mega-vitamins for such illness.

Because the interest income earned on the above bequests is restricted for stated purposes, it is recorded as temporarily restricted revenue on the statement of activities and is released from restriction as the program restrictions are met. Interest income earned on permanently restricted net assets totaled \$13,509 for 2000.

8. Line of Credit

NMHA has an unsecured \$75,000 line of credit with First Virginia Bank to provide interim funding for payroll and operating expenses which expires June 1, 2001. Funds drawn against this line accrue interest at prime plus 1%, which as of December 31, 2000, was 10.5%. The terms of the line of credit require NMHA to maintain a depository account with First Virginia as long as the commitment is in effect. As of December 31, 2000, the Association had no outstanding balance on the line of credit.

9. Violence Prevention Coordinating Center Grant

The Association has received funding from the U.S. Department of Health and Human Services to fund the Violence Prevention Coordinating Center. The total obligated amount of the contract is \$5.6 million. As of December 31, 2000, the Association had expended \$3,863,933 under this grant.

10. Pension Plan

The Association has a noncontributory, defined contribution retirement plan which is available to all employees who have completed one year of service and attained 21 years of age. Employer contributions are made to the plan according to the employee's years of service based on percentages as defined in the plan document. Employees are vested in the employer contributions according to the employee's years of service with the Association as defined in the plan document. The Association's pension expense for the year ended December 31, 2000 totaled \$118,357 and is included in salary and benefits on the statement of functional expenses.

11. Prior Period Adjustment

During the year ended December 31, 2000, the Association restated its unrestricted net asset balance as of January 1, 1999 to remove the net assets of the National Association of Mental Health Planning and Advisory Councils, a separate 501(c)(3) organization. The effect of this adjustment on the Association's 1999 financial statements is as follows:

Cash and cash equivalents	\$ (25,563)
Due from NAMHPAC	\$ 4,052
Grants and contracts receivable	\$(126,809)
Unrestricted net assets	\$(148,320)
Grants and contributions revenue	\$(274,572)
Advocacy expenses	\$(126,685)
Change in net assets	\$(147,887)

12. Income Taxes

The Association is exempt from the payment of taxes on income other than net unrelated business income under Section 501(c)(3) of the Internal Revenue Code. No provision for income taxes is required at December 31, 2000 as the Association had no material net unrelated business income.

13. Prior Year Financial Information

The financial statements include certain prior-year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with generally accepted accounting principles. Accordingly, such information should be read in conjunction with the Association's financial statements for the year ended December 31, 1999, applying the effects of the prior period adjustment as discussed in note 11, from which the summarized information was derived.

14. Contingencies

Billings under cost reimbursable government grants are calculated using provisional rates which permit recovery of indirect costs. These rates are subject to a final audit and approval by the Federal government. For the year ended December 31, 2000, the government has not audited and issued a final approval of the Association's indirect cost rate. In the opinion of management, adjustments, if any, from such an audit will not have any material effect on the Association's financial position as of December 31, 2000 or results of operations for the year then ended.

15. Reclassifications

Certain reclassifications have been made to the 1999 financial statement amounts to conform to the 2000 financial presentation.

2000-2001 NMHA BOARD OF DIRECTORS

GARY TAUSCHER, Chairman of the Board
Hilton Head Island, SC

JANICE BEAL, ED.D.
Houston, TX

HAYDEN BLAYLOCK
Homestead, FL

CHARLOTTE BRYSON
Nashville, TN

CHERYL COLLIER
Scottsdale, AZ

RAYMOND CROWEL, PSY.D.
Baltimore, MD

ARETA CROWELL, PH.D.
Hollywood, CA

LAZARO DIAZ
Burke, VA

RICHARD ELPERS, M.D.
Woodside, CA

MARY JANE ENGLAND, M.D.
Washington, DC

HARRIET FEIN
Poughkeepsie, NY

WINIFRED FRASER, PH.D.
Northville, MI

SAMUEL GROSS
Woodbury, NY

THOMAS GULLOTTA
Glastonbury, CT

JAMES HAWKINS
Rockville, MD

RICHARD HUNTER
Ex Officio Member
Alexandria, VA

ROBYN LOUP
Greenwood Village, CO

STEPHEN McCAFFREY
Indianapolis, IN

PENDER McELROY
Charlotte, NC

MONTY MOELLER
Tulsa, OK

GARY NYMAN, M.D.
Baltimore, MD

K. PATRICK OKURA
Bethesda, MD

YVONNE PERRET
Baltimore, MD

PATRICIA PURITZ, J.D.
McLean, VA

REYMUNDO RODRIGUEZ
Austin, TX

ANDREW RUBIN
Los Angeles, CA

PAULA SANDIDGE, M.D.
Nashville, TN

YVETTE SANGSTER
Seymour, CT

SUE SMITH, ED.D.
Atlanta, GA

NANCYE STARNES
Charleston, SC

CYNTHIA MORSS TRUITT, PH.D.
Denver, CO

CYNTHIA WAINSCOTT
Marietta, GA

SUSAN ZIGLINSKI
Portland, OR

THE MEANING OF THE BELL



Nearly 50 years ago, the National Mental Health Association issued a nationwide call for chains and shackles that had been used to restrain people in asylums. NMHA then took these tools of mistreatment and forged them into a powerful beacon of freedom: the 300-pound Mental Health Bell. Today, as the symbol of NMHA and its affiliates, the Bell continues to ring out hope for the millions of individuals living with mental illnesses.



VISION

The National Mental Health Association envisions a just, humane and healthy society in which all people are accorded respect, dignity and the opportunity to achieve their full potential free from stigma and prejudice.

MISSION

The National Mental Health Association is dedicated to promoting mental health, preventing mental disorders and achieving victory over mental illnesses through advocacy, education, research and service.



1021 Prince Street
Alexandria, VA 22314-2971

Main 703-684-7722
Toll-free 800-969-NMHA (6642)
TTY 800-433-5959
Fax 703-684-5968

www.nmha.org

Federal ID Number: 13-1614906