

MISSION

A BRIEF HISTORY OF NMHA'S

The Mental Health Movement is the product of the hope and determination of a remarkable man, Clifford Beers. In 1900, Clifford Beers, a Yale graduate and successful businessman, suffered an acute mental health breakdown that resulted in a suicide attempt and hospitalization in a Connecticut mental institution. While there, he suffered degrading treatment and abuse at the hands of untrained and incompetent providers. His experiences sparked in him a fearless and unrelenting determination to improve the quality of care for people who have mental illnesses.

Beers would change mental health care forever with the 1908 publication of his autobiography, *A Mind that Found Itself*. In his book, Beers chronicled his struggle with mental illnesses and the shameful conditions he and millions of other people withstood in facilities throughout the United States. In 1909, he launched the National Committee for Mental Hygiene, the predecessor to the National Mental Health Association.

During the past 90-plus years, the NMHA has worked diligently to shape the nation's response to the needs of people who have mental illness. All along, NMHA has led the way to reforming early psychiatric hospitals, creating community mental health centers, supporting research into treatment, passing legislation to end discrimination and educating a nation.

Today, the National Mental Health Association and its more than 340 affiliates nationwide continue to carry out their mission to reduce stigma, advocate for people who have mental illnesses and educate the public about the importance of mental health. From advocating in the halls of Congress for strong mental health policies to reaching out to millions with effective public education campaigns, NMHA and its affiliates are making a difference in the world.

The National Mental Health Association is more than just an advocacy organization. NMHA is a national movement that is working toward 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.



NMHA Founder Clifford Beers (top);



Richard Nixon with the Mental Health Bell (above)

Mamie Eisenhower with the Mental Health Bell (below)



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become a member contact:
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Health Association
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Federal ID Number: 13-1614906



2002 ANNUAL REPORT



UNITED FOR
MENTAL HEALTH
NATIONAL MENTAL HEALTH ASSOCIATION



THE MEANING OF THE BELL

Nearly 50 years ago, the National Mental Health Association (NMHA) issued a nationwide call for the 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.

NMHA'S 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.

NMHA'S 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.

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IN MEMORY OF PAUL WELLSTONE, A FRIEND AND LEADER

The National Mental Health Association grieves the loss of a great person, a great friend and one of the mental health movement's greatest champions, Senator Paul Wellstone. A dedicated and passionate advocate for the cause, Senator Wellstone commanded both attention and respect from all who knew him. He leaves behind an impressive legacy of improving the lives of millions of Americans touched who are touched by mental illness, and he is sorely missed.



MESSAGE from the Leadership

Dear Friends:

The National Mental Health Association has a nearly 100-year tradition of uniting people to promote mental health, protect access to treatment and fight the stigma that surrounds mental illness. The true strength of NMHA and our more than 340 affiliates lies in our ability to draw people from all walks of life to the cause, including consumers, legislators, families, clinicians, employers and other advocates.

We take pride in our legacy and the strides we've made in the last century to reform mental health care and raise awareness about mental illnesses. Today's federal laws, such as the Americans With Disabilities Act, help protect the rights of people who have mental illnesses. Every day, scientists are conducting invaluable research and producing more effective treatments. An increasing number of public figures are courageously speaking out about their own struggles with mental disorders. But, despite the enormous progress we have made, mental illnesses are still misunderstood, stigmatized and untreated.

Our work is cut out for us as we fight for better mental health care for our children, our siblings, our parents, our friends and ourselves. The facts are alarming: State mental health budgets are being slashed dramatically. Suicide is the third leading cause of death among people under 24 years old. In the workplace, four out of 20 people will develop a mental illness this year.

So, we continue to trumpet the message that mental illnesses are real, common and treatable; to lobby tirelessly on Capitol Hill and support grassroots efforts to improve mental health policies and services; and to expose unacceptable conditions in treatment and juvenile detention facilities.

We know that only by adding to our list of supporters, partners and generous funders can we effectively improve the quality of life in communities throughout the country. We thank you for your support, and together we will triumph over the challenges that lie ahead.

For those of you who are just learning about NMHA, we look forward to getting to know you even better. For those of you who are old friends, there is still so much more work to do—together, united for mental health.



J. Richard Elpers, MD
Chairman of the Board (top)

Michael M. Faenza, MSSW
President and CEO (bottom)

J. Richard Elpers, MD
Chairman of the Board

Michael M. Faenza, MSSW
President and CEO

ADVOCACY

UNITED FOR

Since its inception, NMHA has tenaciously promoted social justice in public health policy and sparked positive changes that have increased access to needed services across the country. Through federal, state and local advocacy, we tackle the tough issues to help protect the rights of people who have mental illnesses. NMHA and its national partners stand firmly behind those dealing with mental health problems and their families. We speak out about a range of inequities from unfair insurance practices to restrictive Medicaid policy. With strong voices and in great numbers, we advocate for real changes in our nation's laws and regulations to help ensure that all Americans have access to effective care, free from stigma and prejudice.

Improving Federal Policy

On Capitol Hill, we shape and support policies that promote mental health and consumer empowerment, safeguard consumer rights and ensure easy access to high-quality care. Much of our work is done by coalitions, and NMHA frequently leads these efforts. This year's ambitious agenda included the following policy priorities:

- Appropriate funding for public mental health services, including Medicaid, community programs and other indigent services
- Insurance parity—legislation that requires mental healthcare coverage to be on par with coverage for physical health problems
- Education rights for people with disabilities
- Mental health services under Medicare
- Access to child care for children who have special needs
- Mental health benefits for veterans
- Welfare reform
- Health, mental health and safety rights for young people in the juvenile justice system
- Medical records privacy
- Consumer protections in managed care systems
- Access to affordable housing
- Crisis and terrorism response and disaster planning

NMHA's Federal Policy Accomplishments

- Won a \$31 million increase in funding for the Center for Mental Health Services, which turned proposed cuts into increases and included an increase in the children's mental health services program.

Supporting Parity

People with seemingly "excellent" insurance coverage often don't realize how little coverage they have for mental health care—until they need to access services. Insurance parity legislation will expand benefits to a more equitable level of coverage that is on par with coverage offered for physical illnesses.

"When our son began to exhibit signs of mental illness, little did we know that our quest for adequate mental health services would turn into a difficult and painful odyssey. When we had exhausted all of the mental health coverage under my husband's employer-provided insurance policy (which did not offer parity), he felt compelled to leave his job to find one that would provide the coverage our son needed." —Robin



Bringing Resources to the Public

NMHA's Advocacy Resource Center provides public policy information, resources, research and consultation to consumers, family members, legislators, businesses, and state, local and national agencies on an array of topics. In 2002, the Center managed more than 3,300 inquiries and is becoming the mental health field's leading source of strategic consultation for mental healthcare reform.

- Stopped proposals to terminate funding for Consumer Technical Assistance Centers and Community Action Grants, and blocked a proposal to cut funding for Substance Abuse Prevention. Funding for these programs was preserved at previous levels.
- Convinced policymakers to pass the Juvenile Justice and Delinquency Prevention reauthorization measure, which protects incarcerated youth from abuse and assaults by older inmates. It also provides funds for mental health screening and to improve treatment.

Moving State and Local Policy

NMHA regularly partners with its 340 affiliates and their coalitions across the United States to shore up investment in community-based programs and protect the rights of consumers. NMHA offers technical assistance training and policy resources that help empower local coalitions to make needed changes in state and local mental health policy and improve access to services.

Mental health advocates in many states nationwide mitigated over this year's biggest policy challenge: the states' budget crisis. States faced close to a \$60 billion deficit in funding, including a \$15 billion shortfall in the Medicaid program alone.

State Policy Accomplishments

Together with support from the national office, our affiliates and their coalitions:

- Stopped all budget cuts to the Mental Health Authority in Arizona.
- Reduced a \$300 million cut to North Carolina's Health and Human Services to just \$7 million.
- Restored a proposed \$92 million cut to the state Mental Health Agency in Missouri.
- Eliminated most of a proposed \$90 million cut to mental health services in California (mainly to children's mental health services).
- Restored \$12 million to proposed mental health cuts in Illinois.
- Reduced proposed 5 percent budget cuts in Vermont's mental health services to just 1 percent.
- Won a 3 percent increase in health and human services funding in Rhode Island.

Leading Parity Successes

NMHA and its affiliates also work tirelessly to pass insurance parity legislation at the state level. This year saw advances in the parity laws of Alabama, Delaware, Illinois, Indiana, Kansas, Rhode Island and West Virginia.

Improving Access to Medication

Access to psychiatric medications, commonly called psychotropics, also surfaced as a primary concern in 2002. Many states and employers attempt to reduce mental health expenses by restricting access to needed psychotropic drugs—a shortsighted approach that increases costs in the long term. By partnering with our affiliates and their coalitions, NMHA stopped the Medicaid department from limiting access to psychotropics in Indiana, and exempted psychotropics from a series of medication restrictions in Illinois' Medicaid program.



Charles Curie, MA, ASCW, administrator, SAMHSA, speaks to attendees at NMHA's 2002 Annual conference (top)



Senator Pete Domenici at Parity Rally on Capitol Hill (bottom)

"When I switched employers, my new insurance company denied my prescription for an antidepressant I had been taking. They wanted to switch me to a cheaper drug that I had tried in the past but that had not helped me. I was desperate. I'm a single mom, and I can't function at work, let alone parent well, when my depression kicks in. NMHA staff wrote and called executives at the insurance company on my behalf and helped me get the medication I need, and the company is now reviewing its policies. I'm eternally grateful."
—Cathy

EDUCATION

UNITED FOR

Responding to the Public

Every year, NMHA's Resource Center responds to the calls of more than 15,000 people across the country for information about mental health and referrals to treatment in local communities. Here's what people have to say about the help we provide:

"I just wanted to say 'thank you' for responding so promptly. ... The information you sent to me was very helpful. I feel like I will finally get the help I need."—Donna

"As I was searching for information to share with my managers and employees about coping with the anniversary of September 11, I remembered to check your Web site. As always, you had just the information I was looking for." —Steve Cochran, director of Human Resources, HHHunt

"Thank you for the package. I finally got to see my doctor, and he told me I have bipolar disorder. All my life, I've lived in darkness—no more. I've found that the road to recovery is long and hard, but I will find happiness and live my dreams. Thank you." —David

It is basic human nature to fear the unknown, and at the start of this century, mental illnesses and their origins were a mystery. As science advanced, we learned that mental illnesses are real, common and treatable. Yet, many misperceptions and prejudices about mental disorders prevail in this country today and create barriers to treatment.

NMHA knows that we can begin to erase the stigma surrounding mental illness by finding creative ways to educate our diverse nation about the importance of mental health, the signs and symptoms of disorders, and ways to seek help and recover. We craft and deliver accurate and engaging information to an array of audiences. And, we help people across the country confront their mental health problems—and those of their loved ones—with compassion and hope, just as they do with physical health issues.

Increasing Public Awareness

NMHA's 2002 public outreach efforts have made a real difference in the lives of people across the country. We have seen positive changes in how people perceive mental health and mental illnesses, and enabled hundreds of thousands to seek and receive appropriate care. Our message is clear: Mental illnesses are real, common, and treatable. And America is listening.

Did You Know? ...

- One in every five Americans experiences a mental disorder in any given year, but only 15 percent seek care due to the stigma and misperceptions surrounding mental disorders and their treatment.
- The treatment success rates for disorders such as depression, panic disorder and schizophrenia far surpass those of other medical conditions such as heart disease.
- Bullying interferes with all children's mental health, education and relationships.
- Suicide is the third leading cause of death among people age 24 and under after accidents and homicide.
- Depression is not a normal part of aging.
- People who have mental illnesses are no more violent than people in the general population.

These are just a few of the facts NMHA addresses in its mental health education and outreach efforts. Along with our 340 affiliates, every day we help improve public awareness of mental health issues and build support systems for people seeking care.

Reaching Out With the Campaign for America's Mental Health

At the core of our efforts is our nationwide Campaign for America's Mental Health. Launched in 1992, this growing initiative organizes media, screening, advocacy and culturally competent education activities in thousands of communities across the country. The Campaign reaches out to consumers and primary care providers alike with prevention tips and information on a range of mental illnesses. It also works with other national organizations to coordinate local education initiatives.

We create our brochures in partnership with groups that represent diverse populations, and offer specific resources for women, African-Americans, Latinos, gays and lesbians, older adults, college-age youth and

caregivers. Together with our Campaign partners, our goal is to ensure that those most at risk for disorders get timely and effective treatment.

Putting a Stop to Bullying

A highlight of NMHA’s diverse 2002 public education campaign was the release of our anti-bullying initiative called “What Does Gay Mean?” We implemented this innovative program in school systems and communities nationwide to help foster understanding about and respect for youth who are gay, lesbian, bisexual or transgender. The initiative is designed to help eliminate the regular taunting and violence that GLBT youth face in their schools every day, which interferes with their academic performance, relationships and overall mental health. The program’s keystone is a popular and sensitively written brochure that offers guidance to parents on how to talk with their children about sexual orientation and prejudice.

Promoting Recovery

The year also saw the launch of NMHA’s Dialogue for Recovery program. This groundbreaking initiative enhances communication between providers and patients on such vital issues as treatment goals, medication side effects and other quality-of-life issues that affect people who are diagnosed with serious mental illnesses. In the program’s first year, NMHA and its affiliates reached more than 50,000 people with literature designed to involve psychiatrists and consumers in the program.

Working to Prevent Suicide

Did you know that a young person between the ages of 15 and 24 commits suicide about every two hours? To promote suicide prevention and change this sad statistic, NMHA teamed up with Lifetime Television to launch an educational campaign around a Lifetime original movie that deals with the complex issue of teen suicide. As part of this 2002 campaign, we developed and distributed educational kits to all U.S. junior high and middle schools to help open minds and guide class discussion on the topic. Teachers and teens also used the kit to learn how to identify the signs of depression and suicide in young people, and where to seek help.

More Public Education Accomplishments

- Generated nearly 14 billion media impressions in major outlets such as USA Today, Newsweek, CNN, NPR and NBC Nightly News.
- Educated more than 500,000 people through direct outreach and literature on a wide range of mental health topics.
- Screened more than 180,000 people for mental illnesses in public schools, at health fairs, at workplaces and online.
- Provided technical assistance to more than 140,000 government agencies, corporations, managed care organizations and religious institutions.
- Provided more than 15,000 people with treatment and other referrals to a network of more than 7,000 partner organizations nationwide.

“Six years ago I went to your October screening for depression. I was well on my way to killing myself, and almost did. . . . I am so very proud how I have come back from the brink of killing myself. I might even say I am happier than I ever have been. It was a long and hard road. Please let people know there is no shame. Thank you.”
—Sheryl



NMHA’s 2002 Media Award Winners



RESEARCH

UNITED FOR

NMHA knows that the quality of mental health services is where the “rubber meets the road,” and nothing can help improve our country’s services more than identifying best practices that offer innovative approaches to mental healthcare. To that end, NMHA is dedicated to replicating community-based treatments, and studying programs and services that address the mental health needs of all Americans.

This year, our broad research agenda focused on:

- The special treatment needs of children and seniors; a lack of trained specialists for these populations; and ethical considerations unique to caring for the young and old.
- The study of evidenced-based responses to mental health needs in times of crises, including terrorism and natural disasters.
- Research into the cultural disparities that affect prevention, access to care and the presentation of symptoms.
- The study of progressive treatment approaches, including coordination of care and linking primary care providers with mental health programs for better outcomes.

Our research and services efforts aggressively promote strong treatment and systems research agendas at the federal, state and university levels. As new research and scientific findings come to light, NMHA works closely with its affiliates and their coalitions to produce easy-to-read updates for advocates, lawmakers and consumers that help move public policy and improve the state of mental health care in this country.

Replicating Success With Partners in CARE

A mainstay of our work in research and services is NMHA’s Partners in CARE program (Community, Access, Recovery and Empowerment), which replicates model programs in local communities throughout the nation. These include job training, peer support, integrated care, treatment management and housing programs that enable people who have serious mental illnesses to be healthier, happier and more productive.

2002 Partners in Care Accomplishments

- Helped 23 people who have serious mental illnesses find meaningful jobs in northern Kentucky by helping the MHA in Northern Kentucky to replicate a model employment services program called Fast Track to Employment.
- Opened an eight-unit apartment complex in Kansas City for people who have serious mental illnesses using a model-housing program, and received funding to construct an additional building.
- Implemented a mental health crisis response system that operates throughout the state of Maryland.
- Obtained funding for new outreach services to minority groups and underserved populations in Allegheny County, Pa.

& SERVICES

Keeping Schools Safe and Healthy

The Safe Schools Healthy Students Action Center, led by NMHA and the National Association of School Psychologists, continued to use new and creative solutions to prevent school violence and promote mental health in America's youth. In 2002, we provided technical support to more than 160 sites throughout the nation, serving countless students, families, teachers, administrators and advocates.

Advocating for Juvenile Justice

Most juvenile offenders are not convicted of violent crimes but are found guilty of nonviolent offenses such as theft, drug use and truancy. NMHA advocates that children should not be judged and punished by the same standards as adults. NMHA, its affiliates and coalition partners lobbied hard in 2002 to successfully convince state governors, pardon boards and courts to stay the executions of three offenders who committed their crimes when they were teens and who suffer from mental illnesses.

Checking Up on Justice Facilities

To prompt community action on behalf of juvenile offenders who have mental illnesses, NMHA and select affiliates organized tours of detention facilities in five states. This ongoing program gives community leaders a first-hand look at the horrible conditions young people endure every day in detention centers, and encourages advocates to find ways to divert youths who have mental health problems to more appropriate treatment settings. NMHA also developed and widely disseminated a best practices guide based on this program called *Checking Up on Juvenile Justice Facilities* and conducted numerous onsite grassroots trainings on the program in 2002.



"I'm a parent of a child with clinical depression. My daughter does not have violent tendencies, but the school knows about her illness, and I am concerned about how they support and treat her during the day. I also worry about her safety around other kids who might be violent. The Safe Schools/Healthy Students Action Center gave me resources to be a more effective advocate on behalf of my child—as well as her classmates."
—Janet



Ricardo Perez works at the Village's Deli 456, in California (top)

Marian Wright Edelman, 2002's Tipper Gore "Remember the Children" Award winner with recipients of the Children's Medals of Excellence and NMHA's Jane Tobler (left)

"I work in the juvenile justice system, and I am deeply saddened by most of the kids I see here. Many could have been spared incarceration if they had received the mental health treatment they needed upfront, before the problems developed. And now they are housed in a system that doesn't have the resources to care for them properly, let alone treat and rehabilitate them. NMHA is promoting all the right messages in terms of what we need in prevention and juvenile justice reform." —Bridget

AFFILIATE



Supporters at 2002 Parity Rally
on Capitol Hill

ALABAMA

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

ALASKA

MHA in Alaska

ARIZONA

MHA of Arizona
MHA of Arizona – Southern Arizona Office

ARKANSAS

MHA in Northwest Arkansas

CALIFORNIA

MHA in California
MHA of Alameda County
MHA in Los Angeles County
MHA in Sacramento
MHA in San Diego County
MHA of San Francisco
MHA of Santa Barbara County

COLORADO

MHA of Colorado
MHA of El Paso County
MHA of Pueblo
MHA of the West Slope

CONNECTICUT

MHA of Connecticut

DELAWARE

MHA in Delaware

DISTRICT OF COLUMBIA

MHA of the District of Columbia

FLORIDA

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

GEORGIA

NMHA of Georgia
NMHA of Augusta
MHA of Clayton County
MHA of Middle Flint
MHA of Newton County
MHA of Northeast Georgia
MHA of North Georgia Mountains
MHA of South Coastal Georgia
MHA of Wayne County

HAWAII

MHA in Hawaii
MHA in Hawaii County
MHA in Kauai
MHA in Maui County

ILLINOIS

MHA in Illinois
MHA of DuPage County
MHA of Illinois Valley, Inc.
MHA of Macon County, Inc.
MHA in 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 Dekalb County
MHA in Delaware County
MHA in Dubois County
MHA in Elkhart County
MHA in Floyd County
MHA of Franklin County
MHA of Fulton County
MHA in Gibson County
MHA in Greene County
MHA in Hamilton County
MHA in Hancock County
MHA in Hendricks County
MHA in Henry County
MHA in Howard County
Jackson County Mental Health Association
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 Marion County
MHA in Marshall County
Mental Health Alliance of Monroe County, Inc.
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 of Spencer County
MHA in St. Joseph County
MHA in Steuben County
MHA in Tippecanoe County
MHA in Vanderburgh County
MHA in Vigo County
MHA of Wabash County
MHA in Wayne County
MHA of Wells County
MHA in White County

IOWA

MHA of Dubuque County
Hamilton County Mental Health Association

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 Acadiana
MHA in Caddo-Bossier
Caldwell Parish Mental Health Association
MHA in Catahoula Parish
MHA in Franklin Parish
MHA in Metropolitan New Orleans
MHA in Red River County
MHA in Southwest Louisiana
Tri-Parish Mental Health Association

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
MHA of Southern Maryland
MHA in Talbot County
MHA of Washington County

MICHIGAN

MHA in Michigan

MISSISSIPPI

MHA of Mississippi

MISSOURI

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/Stillwater Counties

NEBRASKA

MHA of Nebraska

NEW JERSEY

MHA in New Jersey
MHA in Atlantic County
MHA of Essex County
MHA in Hudson County
MHA of Monmouth County
MHA of Morris County
MHA of Ocean County
MHA in Passaic County
MHA in Southwestern New Jersey
Trenton Advocacy Office
MHA of Union County

NETWORK

NEW MEXICO

MHA in New Mexico
MHA of New Mexico

NEW YORK

MHA in New York State, Inc.
MHA in Allegany County
MHA of the Capital Region
MHA in Cattaraugus County, Inc.
MHA in Cayuga County
MHA in Chautauqua County
MHA of Columbia/Greene Counties
MHA of Cortland County, Inc.
MHA in Dutchess County
MHA of Erie County, Inc.
MHA in Essex County, Inc.
MHA in Franklin County
MHA in Fulton and Montgomery Counties
Genesee County Mental Health Association, Inc.
MHA in Jefferson County
MHA of Nassau County
MHA in New York City, Inc.
MHA in Niagara County, Inc.
MHA of Onondaga County, Inc.
MHA in Orange County
MHA in Orleans County
MHA of Oswego County, Inc.
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, Inc.
Warren-Washington Association
for Mental Health, Inc.
MHA of Westchester County, Inc.

NORTH CAROLINA

MHA in North Carolina
MHA of Alamance
MHA in Beaufort
MHA in Carteret County
MHA of Central Carolinas, Inc.
MHA in Cleveland County
MHA in Columbus County
MHA in Craven County
MHA in Cumberland County
MHA in Davidson County
MHA of Durham
MHA in Forsyth County, Inc.
MHA of Franklin and Warren Counties
MHA in Greensboro, Inc.
MHA in Halifax
MHA in High Point
MHA in Johnston County
MHA of McDowell
MHA in Nash-Rocky Mount
MHA in New Hanover
MHA in Onslow County
MHA in Orange County
MHA in Pamlico County
MHA in Pitt County
MHA and Help Line in Randolph
MHA of Rowan County
MHA in Rutherford County
MHA of South Central North Carolina
MHA of Stanly County
MHA of Stokes
MHA in Vance and Granville Counties
MHA in Wake County

MHA in Wayne County
MHA in Wilson County
MHA in Yadkin County
MHA in Yancey

NORTH DAKOTA

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

OHIO

MHA of the Cincinnati Area, Inc.
MHA of Franklin County
MHA of Knox County
MHA of Licking County
MHA of Lucas and Ottawa Counties
MHA of Miami County
MHA of Summit County
MHA in Union County

OKLAHOMA

MHA in Tulsa

PENNSYLVANIA

MHA in Pennsylvania
MHA of Adams County, Inc.
The Advocacy Alliance-A Mental Health Association
MHA of Allegheny County
MHA of the Capital Region
MHA of the Central Susquehanna Valley
MHA of Franklin/Fulton Counties
MHA in Lancaster County
MHA of Lebanon County
MHA of Mercer County, Inc.
MHA of Northwest Pennsylvania
MHA of Reading and Berks County
MHA of Southeastern Pennsylvania
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 Barnberg County
MHA in Barnwell
MHA in Beaufort/Jasper Counties
MHA in Calhoun
MHA in Cherokee County
MHA in Chester County
MHA in Clarendon County
MHA in Darlington County
MHA of Florence County
MHA in Georgetown County
MHA in Greenwood
MHA of Greenville
MHA in Harry County
MHA of Kershaw County
MHA in Lancaster County
MHA of Laurens County
MHA in Lee County
MHA in Marion County

MHA of McCormick
MHA in Mid-Carolina
MHA in Oconee County
MHA in Orangeburg County
MHA in Pickens
MHA of the Piedmont, Inc.
MHA in Saluda County
MHA in Sumter County
MHA in Union

TENNESSEE

MHA of Tennessee
MHA of East Tennessee, Inc.
MHA of Middle Tennessee

TEXAS

MHA in Texas
MHA in Abilene
MHA of Fort Bend County
MHA of Greater Dallas
MHA of Greater Houston
MHA in Greater San Antonio
MHA in Jefferson County
MHA of Tarrant County
MHA in Tyler

UTAH

MHA in Utah

VERMONT

Vermont Association for Mental Health

VIRGINIA

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

WEST VIRGINIA

MHA in the Greater Kanawha Valley, Inc.
MHA in Monongalia County

WISCONSIN

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



Affiliates at Capitol Hill
reception

SUPPORT &

FINANCIAL

GOVERNMENT AGENCIES, FOUNDATIONS, CORPORATIONS AND ORGANIZATIONS

\$700,000 AND ABOVE

Center for Mental Health Services
Eli Lilly and Company
Pfizer Inc

\$500,000-699,999

BP Foundation
The John D. and Catherine T. MacArthur
Foundation

\$300,000-499,999

Bristol-Myers Squibb Company
The E.H.A. Foundation, Inc.
Janssen Pharmaceutica Products, L.P.
Wyeth

\$100,000-299,999

AstraZeneca
The Annie E. Casey Foundation
Combined Federal Campaign
Forest Laboratories, Inc.
GlaxoSmithKline
The Evelyn and Walter Haas, Jr. Fund
Maternal and Child Health Bureau
McNeil Consumer & Specialty
Pharmaceuticals
Organon, Inc. USA

\$50,000-99,999

W.K. Kellogg Foundation
Key West Classic Anglers Tournament,
Inc.
Eli Lilly and Company Foundation

\$10,000-49,999

Merck & Company, Inc.
National Institute of Mental Health
Pharmaceutical Research and
Manufacturers of America
Target

\$5,000-9,999

The Nick Traina Foundation
United Airlines Employee Giving
Program

\$4,999 AND BELOW

Acorn Foundation Inc.
American Express Employee Giving
Program
Angevine & Partners, LLC
Arter & Hadden, LLP
Henry W. Bull Foundation

Henry Schein, Inc.
Chamberlain Communications Group,
Inc.

Dominion Paper Products, Inc.
First Virginia Bank
GAP Employee Giving Program
Gaylord and Dorothy Donnelley
Foundation
Hewlett Packard Employee Giving
Program
Inventory Locator Service, LLC
Norton Healthcare
Oxygen Media
Party for Life
Penford Corporation
Time Warner Cable

INDIVIDUALS

SUSTAINER

(\$100,000 +)
Elsie H. Langstroth Interim Trust
Estate of Doris Carolyn Vaughn
Mrs. Carol E. Sorensen

BENEFACTOR

(\$50,000-99,999)
Mr. Hayden Blaylock
R. L. Zuhlke Charitable Trust

HUMANITARIAN

(\$25,000-49,999)
Mildred M. Reynolds, Ed.D., MSW

AMBASSADOR

(\$5,000-24,999)
Ms. Lynn Babicka
Areta Crowell, Ph.D.
Mr. and Mrs. Udo H. and
Martha D. Jansen
Mrs. Robyn D. Loup
Estate of Dorothy M. Perry
Mr. and Mrs. Alan and Lynette Maas
Mr. and Mrs. Pender R. McElroy
Mr. Andrew E. Rubin
Mr. and Mrs. David M. Theobald

CHAMPION

(\$2,500-4,999)
Mr. David Keith Donaldson
Mr. Angus Donnelley
J. Richard Elpers, M.D.
Estate of Claude E. Wess, Sr.
Mr. Michael M. Faenza
Ms. Betty J. Holloway

Paula C. Sandidge, M.D.
Mr. Gary L. Tauscher

ADVOCATE

(\$1,000-2,499)
The Honorable H. K. Allen
Dr. and Mrs. David Bear
Mr. Henry Bloch
Mr. and Mrs. Robert H. and
Janet C. Buescher
Ms. Rosemary A. Cook
Ms. Felisa Corteza
Mrs. Sidney W. Croff
Mrs. Jui-Ling H. Fang
Estate of Robert C. Fischer
Mr. Raymond M. Gillespie
Mr. Samuel G. Gross
Mr. and Mrs. Neal C. Hansen
Mr. James A. Hawkins
Mr. Ronald Hency
Mr. and Mrs. Steven L. Holland
Ms. Elizabeth Jacobs
Mr. Carlisle Kirkpatrick
Mrs. Bonnie Lourie-Smith
Ms. Sarah Mead
Mr. David Nelson
Mrs. Ann Nerad
Mr. John O'Sullivan
Mr. J. Robert Peterson
Ms. Aurora Pichardo
Mr. Clarence Powers
Mr. and Mrs. Jim and
Elizabeth Preminger
Ms. Alicia V. Reeve
Mrs. Gail Z. Richards
Mr. Jack Scanlon
Mr. and Mrs. Manfred and
Patricia Schach von Wittenau
Mr. Stephen B. Shepherd
Mr. Mark Stein
Col. Frederick R. Stephen
Mr. and Mrs. Richard Van Horn
Ms. Cynthia A. Wainscott
Ms. Carolyn M. Wallace
Ms. Kathryn L. Ward, CFRE
Ms. Roma R. Wehde

FRIEND

(\$250-999)
Sergio Aguilar-Gaxiola, M.D., Ph.D.
Anonymous (2)
Ms. Allie-Joy Batterham
Janice M. Beal, Ed.D.
Mr. and Mrs. Paul and Debra Berger
Mr. and Mrs. Stanley and Marion
Bergman
Mr. and Mrs. Michael and Ruth Berry



Bell ringing ceremony at
NMHA's 2002 Annual
Conference

RECOGNITION

NMHA

BOOK

Mr. Roger P. Bey
 Mr. Robert C. Birner
 Mr. and Mrs. William and Linda Blade
 Mr. and Mrs. Charles C. Boyer
 Ms. Christine C. Bryan
 Mr. James A. Carruthers
 Mr. and Mrs. Michael Chen
 Mr. Edward M. Cohen
 Mr. and Mrs. Joseph and
 Mary Joan Collison
 Mr. William Compton
 Mr. Raymond Crowel
 Mr. Lawrence E. David
 Dr. Roy C. DeLamotte
 Mr. and Mrs. Thomas J. Eggers
 Mary Jane England, M.D.
 Mr. Martin Epstein
 Mr. and Mrs. Richard and Harriet Fein
 Mr. Benjamin Fitzpatrick
 Mr. Mark S. Leone and
 Mrs. Karen J. Gaffney
 Mr. Kenneth S. Gallant
 Thomas T. Giduz, M.D.
 Mr. and Mrs. Mark and Kelly Giura
 Mr. and Mrs. Raymond L. Gordon
 Mrs. Brenda R. Grinnell
 Dr. Joseph H. Groveman
 Mr. Gordon J. Hankinson
 Mr. William E. Hines
 Dr. Annette Hollander and
 Mr. Myron M. Kaplan
 Tracy Hughes
 Dr. Priscilla Ilem
 Dr. Irving S. Johnson
 Mr. Paul Kasper
 Gregory and Paulette Keeley
 Mr. and Mrs. Ronald Killough
 Mr. William M. Kunz
 Mr. Allen R. La Liberty
 Evelyn Lee, Ed.D., LCSW
 Mr. and Mrs. Web Lewis
 Mrs. Cheryl J. Loose
 Mr. Russell A. Mark
 Ms. Maria Masotta and
 Mr. Todd Panicali
 Mr. and Mrs. Steve and Beth McCaffrey
 Mr. and Mrs. Mark D. McLaren
 Mr. and Mrs. Richard M. Melnicoff
 Mr. Monty Moeller
 Mr. Edward Mooney and
 Ms. Tina Williams
 Mr. and Mrs. Gregory P. Moore
 Ms. Abigail D. O'Neill
 Mr. Edward O'Neill
 Ms. Yvonne Perret
 Mr. and Mrs. Jennifer and
 Stanley Porter
 Mr. and Mrs. Jerold Powers

Mr. Gordon Raley
 Mr. Eric Rangell
 Mr. Sean D. Reilly
 Mr. Richard A. Roughton
 Mr. Lee S. Rusakow
 Ms. Kathleen A. Schaub
 Mr. Michael E. Schiff
 Ms. and Mr. Julia L. Schmidt
 Ms. Cathryn Schwing
 Mr. Jon C. Scott
 Mr. Bradley W. Segal
 Mr. Sheldon Vidibor and
 Dr. Betty L. Seidmon
 Mr. and Mrs. Mukesh and Paru Shah
 Ms. Hilary C. Siebens
 Nada L. Stotland, M.D., M.P.H.
 Ms. Ardis A. Sussell
 Mr. Francis J. Trombetta
 Mr. Tom Valentine
 Mr. James E. Warjone
 Mr. Lee M. Wollrab
 Mr. Lawson Wulsin
 Ms. Maggie Zonck

BELL OF HOPE MEMORIAL

NMHA wishes to acknowledge the following memorial funds and offer thanks to the families and friends who have contributed in honor of their loved ones:

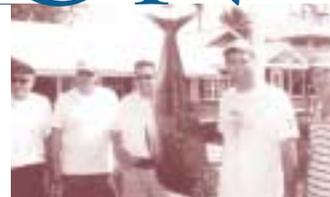
Daniel Patrick Basaman Suicide
 Prevention Memorial Fund
 Nathan Burton Suicide Prevention
 Memorial Fund
 Myrtle Claxton Memorial Fund
 Dr. Alvin D. Groman Memorial Fund
 Caryl L. Herfort Suicide Prevention
 Memorial Fund
 Sean Keeley Suicide Prevention
 Memorial Fund
 Diane LaHood Memorial Fund
 Howard T. Ludin, Jr. Memorial Fund
 Joanne Meyrose Memorial Fund
 Brian Wagner Memorial Fund
 Jenny Yandell Suicide Prevention
 Memorial Fund

VISIONS OF HOPE LEGACY SOCIETY

Our heartfelt thanks to those individuals who have included NMHA in their will or estate plan.

Mrs. Suzanne Bishop
 Mr. William Bishop
 Mr. and Mrs. Stephen and
 Margaret Corsello

Areta Crowell, Ph.D.
 Elizabeth McGarvie Crowley
 Mr. and Mrs. Eugene Doyle
 Mr. and Mrs. Robert and Della Ewart
 Mr. and Mrs. Philip M. and
 Marian E. Ewing
 Dr. and Mrs. Hyman C. and
 Deena M. Goldman
 Mr. and Mrs. Muriel E. and
 Marvin C. Goldman
 Mr. and Mrs. David and Eileen Hardy
 Mr. and Mrs. James A. and
 Marion Hawkins
 Mrs. Charlotte A. Humphrey
 Barbara F. Hyams, Ph.D.
 Udo H. and Martha D. Jansen
 Mr. Jeff Jones
 Ms. Kathy Sue Keuning and
 Mrs. Eleanor Kohn
 Mrs. Claire Laing
 Mrs. Constance Langtry
 Mrs. C. MacDonald
 Mr. Russell A. Mark
 Ms. Sara Martin
 Ms. Karen Metzger
 Mrs. Sandra J. McElhaney
 Ms. Page R. O'Brien
 Mrs. Alicia Reeve
 Mildred M. Reynolds, Ed.D., MSW
 Mr. and Mrs. George B. and
 Angela Rittenberg
 Mr. and Mrs. Paul and Pat Romani
 Mr. Andrew E. Rubin
 Ms. Patricia Rutledge
 Mr. and Mrs. Dale and
 Deborah Schuerman
 Ms. Jennifer A. Sharp
 Ms. Carol E. Sorensen
 Mr. Paul M. Spring
 Mrs. Gloria Sosniak
 Mr. Jack Williams
 Mrs. Rena Wrenn
 Mrs. Anne Ulm
 Mrs. Ann K. Utley



Participants at the Classic (top)

Hayden Blaylock presents
 NMHA's Gary Taucher,
 Michael Faenza and JR Elpers
 (shown above right to left)
 with the donation from
 the Key West Classic

Special thanks to the Shell Key West Classic, an annual catch-and-release fishing tournament, which has raised more than \$1 million since its inception in 1989. NMHA Board member Hayden Blaylock and the Key West Classic Board of Directors have made this tournament the largest annual fund-raiser for mental health in the United States. For more information, visit www.shellkeywestclassic.com



GIVE

WAYS YOU CAN

Become a member of the National Mental Health Association

Choose from one of five membership levels to join an advocacy tradition that protects and promotes America's mental health. Membership benefits include free subscriptions to our quarterly newsletter and latest mental health reports, and generous price breaks on our literature. Join online at www.nmha.org/membership or call 800-969-NMHA (6642).

Contribute a tax-deductible gift of cash, stock or appreciated securities.

Donate today by mail, phone or online and make a difference in someone's life.

Donate in memory of a friend or family member.

Pay tribute to the memory of a loved one through NMHA's Bell of Hope Memorial. Create a Memorial Fund or a Suicide Prevention Memorial Fund to honor the life of your loved one and support our work to improve the lives of millions affected by mental illness. To learn more, visit www.nmha.org/memorial.

Donate a vehicle.

Donate a used car, truck, boat, RV or a trailer to support NMHA and its mission to ensure access to mental health care for all Americans.

Participate in Your Employer's Payroll Deduction Charitable Giving Program.

Most employers, including the federal government, offer charitable giving through payroll deductions. You can designate #0548 on your Combined Federal Campaign or payroll deduction pledge form, or just enter our name on the forms.

Ask your employer to match your gift to NMHA.

Most companies offer matching gift programs to encourage charitable giving among their employees. Contact your Human Resources department to learn how you can double or triple your gift to NMHA.



ESTABLISH a legacy that can last a lifetime

NMHA

FOR

HOPE

TO

HELP

OTHER

PEOPLE

WITH

MENTAL

HEALTH

DISORDERS

AND

ADDICTION

AND

RELATED

CONDITIONS

AND

TO

IMPROVE

THE

QUALITY

How you would like to be remembered? NMHA's Visions of Hope planned giving program offers several ways for you to help save lives, leave behind a meaningful legacy, and obtain significant tax savings for you and your loved ones. Making a gift through NMHA's Visions of Hope program will help give hope to people with mental disorders as they recover their lives, and help prevent disorders in millions more. NMHA makes it easy for you to support our mission to put recovery in reach of over 54 million Americans who need mental health care.

Bequests

Providing for NMHA in your will is easy. Simply ask your attorney to include a charitable bequest to NMHA in your will.

I hereby give, devise, and bequeath to the National Mental Health Association, IRS ID# 13-1614906, located at 2001 North Beauregard Street, 12th Floor, in Alexandria, VA 22311, all of the residue of my estate (or ___ % of my residuary estate, or the sum of \$___, or the following property [include description of the property, size, and improvements] located at [provide exact location]). This is an unrestricted gift and may be used to further the objectives and purposes of the National Mental Health Association.

Charitable Gift Annuity

Establishing a Charitable Gift Annuity with NMHA is a smart way to improve your financial security and maintain an income for life while doing something good for the mental health of America. Benefits include high rates of return, a fixed income for life, a charitable income tax deduction and capital gains tax savings.

NMHA as Beneficiary

By designating NMHA as a beneficiary of your life insurance policy, IRA, retirement plan or a trust, you can make a significant charitable gift and receive a tax deduction. You retain the option of changing the beneficiary at any time and may designate all or a percentage of your assets to NMHA. NMHA will receive the designated assets upon your death. Contact your financial advisor for more information.

VISIONS
OF
HOPE



FINANCIALS

INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of the
National Mental Health Association

We have audited the accompanying consolidated statement of financial position of the National Mental Health Association (NMHA) and subsidiary (collectively referred to as the Association) as of December 31, 2002, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended. These consolidated financial statements are the responsibility of the Association's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit. The prior year summarized comparative information has been derived from the Association's 2001 consolidated financial statements and, in our report dated May 8, 2002, we expressed an unqualified opinion on those consolidated financial statements.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. 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 consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Association as of December 31, 2002, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Raffa, P.C.

Washington, DC
April 25, 2003

FINANCIALS

NMHA

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

December 31, 2002

(With Summarized Financial Information as of December 31, 2001)

	2002	2001
ASSETS		
Current Assets		
Cash and cash equivalents	\$ 1,147,858	\$ 317,401
Accounts receivable	345,546	202,184
Grants and contracts receivable, current portion	989,717	918,971
Bequests receivable	413,449	629,218
Prepaid expenses	120,348	182,321
Inventory	<u>190,313</u>	<u>160,088</u>
Total Current Assets	3,207,231	2,410,183
Grants and contracts receivable, net of current portion	-	77,000
Bequests receivable, net of current portion	271,000	271,000
Investments	2,796,939	484,460
Property and equipment, net	<u>629,317</u>	<u>2,348,822</u>
TOTAL ASSETS	<u>\$ 6,904,487</u>	<u>\$5,591,465</u>
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable and accrued expenses	\$ 663,762	\$ 563,669
Charitable gift annuity	10,500	-
Note payable, current portion	-	65,711
Capital lease obligations, current portion	<u>99,649</u>	<u>84,180</u>
Total Current Liabilities	773,911	713,560
Charitable gift annuity	60,034	-
Note payable, net of current portion	-	955,757
Capital lease obligations, net of current portion	242,545	162,211
Deposits held	<u>16,092</u>	<u>16,833</u>
TOTAL LIABILITIES	<u>1,092,582</u>	<u>1,848,361</u>
Commitments, Risks and Contingencies		
Net Assets		
Unrestricted		
Undesignated	1,519,868	660,493
Reserve fund	632,438	586,386
Building reserve fund	1,795,697	-
Net property and equipment fund	287,123	1,080,963
Jo Blaylock Memorial fund	<u>53,110</u>	<u>52,055</u>
Total Unrestricted	4,288,236	2,379,897
Temporarily restricted	1,234,698	1,074,236
Permanently restricted	<u>288,971</u>	<u>288,971</u>
TOTAL NET ASSETS	<u>5,811,905</u>	<u>3,743,104</u>
TOTAL LIABILITIES AND NET ASSETS	<u>\$ 6,904,487</u>	<u>\$ 5,591,465</u>

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

FINANCIALS

CONSOLIDATED STATEMENT OF CASH FLOWS

For the Year Ended December 31, 2002

(With Summarized Financial Information for the Year Ended December 31, 2001)

Increase (Decrease) in Cash and Cash Equivalents

	2002	2001
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 2,068,801	\$ (519,423)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	117,616	237,868
Unrealized loss (gain) on investments	(3,680)	2,165
Realized loss on investments	-	1,471
Gain on sale of building	(1,969,684)	-
Gain on disposal of other property and equipment	(27,077)	-
Changes in assets and liabilities:		
Accounts receivable	(143,362)	26,955
Due from NAMHPAC	-	77,831
Grants and contracts receivable	6,254	1,139,573
Bequests receivable	215,769	193,717
Prepaid expenses	61,973	(53,215)
Inventory	(30,225)	11,019
Accounts payable and accrued expenses	100,093	(642,718)
Deposits held	<u>(741)</u>	<u>12,125</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES	<u>395,737</u>	<u>487,368</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment	(36,194)	(32,842)
Proceeds from the sale of building	2,786,881	-
Proceeds from sales of investments	259,019	210,930
Purchases of investments	<u>(2,567,818)</u>	<u>(299,059)</u>
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES	<u>441,888</u>	<u>(120,971)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Principal payments on notes payable	(8,347)	(60,967)
Receipt of charitable gift annuity	71,829	-
Payments under charitable gift annuity	(1,295)	-
Principal payments on capital lease obligations	<u>(69,355)</u>	<u>(80,668)</u>
NET CASH USED IN FINANCING ACTIVITIES	<u>(7,168)</u>	<u>(141,635)</u>
NET INCREASE IN CASH AND CASH EQUIVALENTS	830,457	224,762
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>317,401</u>	<u>92,639</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 1,147,858</u>	<u>\$ 317,401</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid during the year for interest	<u>\$ 34,251</u>	<u>\$ 83,633</u>
SUPPLEMENTAL SCHEDULE OF NONCASH INVESTING AND FINANCING ACTIVITIES		
Capital lease obligation for equipment	<u>\$ 307,262</u>	<u>\$ -</u>
Early termination of capital leased equipment	<u>\$ 142,104</u>	<u>\$ -</u>
Pay-off of note payable from proceeds of sale of building	<u>\$ 1,013,119</u>	<u>\$ -</u>

FINANCIALS

NMHA

CONSOLIDATED STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2002

(With Summarized Financial Information for the Year Ended December 31, 2001)

	Unrestricted	Temporarily Restricted	Permanently Restricted	2002 Total	2001 Total
OPERATING REVENUE AND SUPPORT					
Grants and contributions	\$ 4,624,168	\$ 5,405,028	\$ -	\$10,029,196	\$ 9,842,822
Affiliate support	676,743	-	-	676,743	713,925
Sales	202,311	-	-	202,311	123,845
Special events	170,941	-	-	170,941	109,750
Combined federal campaign	58,903	-	-	58,903	52,382
Investment income	31,755	2,911	-	34,666	15,553
In-kind contributions	26,764	-	-	26,764	57,759
Rental income	9,175	-	-	9,175	7,800
Bequests	1,300	-	-	1,300	729,490
Subscriptions income	-	-	-	-	1,910
Net assets released from restrictions:					
Satisfaction of program restrictions	<u>5,247,477</u>	<u>(5,247,477)</u>	<u>-</u>	<u>-</u>	<u>-</u>
TOTAL OPERATING REVENUE AND SUPPORT	<u>11,049,537</u>	<u>160,462</u>	<u>-</u>	<u>11,209,999</u>	<u>11,655,236</u>
OPERATING EXPENSES					
Program Services					
Constituency services	4,272,316	-	-	4,272,316	4,911,715
Education	2,553,301	-	-	2,553,301	3,244,960
Research	1,755,093	-	-	1,755,093	1,651,932
Advocacy	<u>1,162,239</u>	<u>-</u>	<u>-</u>	<u>1,162,239</u>	<u>1,351,005</u>
Total Program Services	<u>9,742,949</u>	<u>-</u>	<u>-</u>	<u>9,742,949</u>	<u>11,159,612</u>
Management and general	771,874	-	-	771,874	689,294
Fundraising	<u>422,072</u>	<u>-</u>	<u>-</u>	<u>422,072</u>	<u>325,753</u>
TOTAL OPERATING EXPENSES	<u>10,936,895</u>	<u>-</u>	<u>-</u>	<u>10,936,895</u>	<u>12,174,659</u>
Change in Net Assets from Operations	112,642	160,462	-	273,104	(519,423)
OTHER CHANGES					
Net gain on sale of building	<u>1,795,697</u>	<u>-</u>	<u>-</u>	<u>1,795,697</u>	<u>-</u>
Change in Net Assets	1,908,339	160,462	-	2,068,801	(519,423)
NET ASSETS,					
BEGINNING OF YEAR	<u>2,379,897</u>	<u>1,074,236</u>	<u>288,971</u>	<u>3,743,104</u>	<u>4,262,527</u>
NET ASSETS, END OF YEAR	<u>\$ 4,288,236</u>	<u>\$ 1,234,698</u>	<u>288,971</u>	<u>\$ 5,811,905</u>	<u>\$ 3,743,104</u>

FINANCIALS

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended December 31, 2002

(With Summarized Financial Information for the Year Ended December 31, 2001)

	Constituency Services	Education	Research	Advocacy	Total Program Services
Program Services					
Salaries and benefits	\$2,656,560	\$1,780,048	\$1,250,152	\$ 918,870	\$6,605,630
Conference and meetings	315,112	210,972	171,522	14,746	712,352
Professional fees and contract service payments	229,863	113,595	109,245	13,305	466,008
Grants	481,199	1,633	-	-	482,832
Occupancy	118,106	94,485	47,242	61,415	321,248
Travel	204,457	38,673	51,694	44,039	338,863
Outside printing and art work	33,625	195,330	428	31,494	260,877
Telephone	69,213	29,419	41,511	20,825	160,968
Postage and shipping	53,660	26,985	33,777	25,128	139,550
Depreciation and amortization	29,404	23,523	11,762	15,290	79,979
Supplies	55,667	13,088	13,876	4,601	87,232
Miscellaneous	16,887	18,700	20,459	8,073	64,119
Interest	<u>8,563</u>	<u>6,850</u>	<u>3,425</u>	<u>4,453</u>	<u>23,291</u>
TOTAL	<u>\$4,272,316</u>	<u>\$2,553,301</u>	<u>\$1,755,093</u>	<u>\$1,162,239</u>	<u>\$9,742,949</u>

	Management and General	Fundraising	2002 Total	2001 Total
Supporting Services				
Salaries and benefits	\$ 494,501	\$ 262,143	\$7,362,274	\$ 7,931,019
Conference and meetings	-	2,426	714,778	722,106
Professional fees and contract service payments	104,012	33,855	603,875	893,053
Grants	-	-	482,832	611,550
Occupancy	103,933	47,242	472,423	331,040
Travel	7,715	20,376	366,954	415,162
Outside printing and art work	2,314	26,820	290,011	381,018
Telephone	12,495	2,262	175,725	225,823
Postage and shipping	6,455	2,655	148,660	147,465
Depreciation and amortization	25,875	11,762	117,616	237,868
Supplies	6,445	5,236	98,913	113,997
Miscellaneous	594	3,870	68,583	80,895
Interest	<u>7,535</u>	<u>3,425</u>	<u>34,251</u>	<u>83,663</u>
TOTAL	<u>\$ 771,874</u>	<u>\$ 422,072</u>	<u>\$10,936,895</u>	<u>\$12,174,659</u>

FINANCIALS

National Mental Health Association and Subsidiary Notes to Consolidated Financial Statements

1. Organization and Summary of Significant Accounting Policies

Organization

Organized in 1950, the National Mental Health Association, Inc. (NMHA) is a private voluntary health and human services 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. NMHA's primary sources of revenue are grants and contributions from foundations, government agencies and private industry and membership dues received from affiliated organizations nationwide.

The Musicians for Mental Health, LLC is a limited liability corporation incorporated in Virginia by NMHA in 2001. The Musicians for Mental Health, LLC is organized to raise awareness of mental health through concerts and other special events.

Principles of Consolidation

The consolidated financial statements include the account balances of NMHA and the Musicians for Mental Health, LLC (collectively referred to as the Association). NMHA and the Musicians for Mental Health, LLC have been consolidated due to the presence of common control and economic interest as required under accounting principles generally accepted in the United States of America. All significant intercompany balances and transactions have been eliminated in the consolidation.

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 and activities 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.

Investments

Investments are comprised of government securities, equity and bond mutual funds and money market funds and are recorded in the consolidated financial statements at fair value. Investments that are part of the board designated reserve fund, building reserve fund and the net property and equipment fund or that have been permanently restricted by the donor are classified as long-term investments.

Property and Equipment and Related Depreciation and Amortization

Fixed assets are recorded at cost. Furniture and equipment are depreciated using the straight-line method over the estimated useful lives of 3 to 7 years, with no salvage value. Equipment purchased under capital leases is amortized on the straight-line basis over the life of the lease. Leasehold improvements are amortized over the shorter of the remaining term of the lease or the useful life of the improvements. 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.

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. It also includes the net assets of the reserve fund, the building reserve fund, the net property and equipment fund and the Jo Blaylock Memorial fund which have all been designated by the Board of Directors. (See Note 8)
- 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 earnings 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 accompanying consolidated statement of activities as net assets released from restrictions.

FINANCIALS

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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 consolidated statement of financial position.

The Association has grants and contracts from U.S. 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 consolidated statement of financial position.

Affiliate support is recognized in the period received.

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.

In-Kind Contributions

Donated materials, services and facilities are recorded as in-kind contributions at the estimated fair market value as of the date of the donation.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the accompanying consolidated 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 accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Definition of Operations

Operating revenue and expenses generally reflect those activities which management can influence and exclude the net gain from the sale of the Association's building.

2. Grants and Contracts Receivable

Grants and contracts receivable include \$656,125 of unconditional promises to give from foundations and corporations. Also included in grants and contracts receivable is \$333,592 of grant and contract revenue receivable from U.S. government agencies which represents billings that have been presented to grantors but remain unpaid at year end. All amounts are considered fully collectible and are due within one year.

3. Investments

Investments as of December 31, 2002 consisted of the following:

	Cost	Fair Value
Government securities	\$2,322,423	\$2,339,065
Bond mutual funds	325,242	334,754
Equity mutual funds	108,063	95,860
Money market funds	<u>27,260</u>	<u>27,260</u>
Total	<u>\$2,783,288</u>	<u>\$2,796,939</u>

4. Property and Equipment and Accumulated Depreciation and Amortization

Property and equipment are comprised of the following as of December 31, 2002:

Office furniture and equipment	\$1,083,566
Leasehold improvements	16,673
Equipment under capital lease	<u>500,401</u>
Total	1,600,640
Less: accumulated depreciation and amortization	<u>(971,323)</u>
Net property and equipment	<u>\$ 629,317</u>

5. Sale of Building

On May 2, 2002, the Association sold its building at 1021 Prince Street for \$3,800,000 resulting in a gain on the sale of the building of \$1,969,684. The Association incurred expenses totaling \$173,987 in relocating its offices and other costs associated with the move. Management has invested the remaining portion of the proceeds, \$1,795,697, in U.S. government securities. The Board has directed that these net proceeds be invested and later used to purchase a new building. The Association considers the gain on the sale of the building to be non-operating revenue on the accompanying consolidated statement of activities.

6. Commitments

Operating Leases

The Association leases its current office space under a non-cancelable operating lease that expires September 30, 2006. The lease provides for a fixed annual rental increase. The future minimum rental payments required under this operating lease as of December 31, 2002 are as follows:

For the Year Ending

December 31,	
2003	\$ 486,771
2004	501,374
2005	516,415
2006	<u>396,965</u>
Total	<u>\$1,901,525</u>

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NMHA

7. Capital Leases

NMHA leases office equipment under seven leases which expire at various times through 2007. The leased equipment is included in property and equipment at a cost of \$500,401 with accumulated amortization of \$159,783 as of December 31, 2002.

The future minimum lease payments required for these capital leases at December 31, 2002 are as follows:

For the Year Ending

December 31,	
2003	\$109,817
2004	103,165
2005	63,108
2006	58,448
2007	<u>34,095</u>
Total future minimum lease payments	368,633
Less: amount representing interest	<u>(26,439)</u>
Present value of net minimum lease payments	342,194
Less: current portion	<u>(99,649)</u>
Long-term portion	<u>\$242,545</u>

8. 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, 2002 totaled \$46,052. The Board of Directors may approve annual contributions in excess of the amount prescribed by the funding policy. The objective of the reserve fund is to meet expenses occurring during times of financial shortfall and to provide a method of funding programs not supported by other funding sources. No additional contributions were approved by the Board of Directors for the year ended December 31, 2002.

The Association's Board has also designated the gain from the sale of the building to be invested and used to purchase a new building in the future.

Also included in unrestricted net assets is a fund designated by the Board for property and equipment. This amount is calculated by subtracting the amount owed on property and equipment (i.e. the capital lease obligations) from the net book value of total property and equipment.

The Board of the Association has also designated unrestricted net assets to create the Jo Blaylock Memorial Fund. The fund was created to recognize Mr. and Mrs. Blaylock's contribution to mental health. The \$50,000 initially designated plus any investment earnings thereon are to be used for educational purposes.

Temporarily Restricted Net Assets

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, 2002 are as follows:

Constituency services	\$519,584
Advocacy	337,550
Education	275,009
Research	<u>102,555</u>
Total	<u>\$1,234,698</u>

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 accompanying statement of activities and is released from restriction as the program restrictions are met. Interest income earned on permanently restricted net assets totaled \$2,911 for 2002.

9. Line of Credit

The Association has an unsecured \$600,000 line of credit with First Virginia Bank to provide interim funding for payroll and operating expenses which expires September 17, 2003. Funds drawn against this line accrue interest at the bank's prime rate, which as of December 31, 2002 was 4.25%. The terms of the line of credit require the Association to maintain a depository account with First Virginia as long as the commitment is in effect. As of December 31, 2002, the Association had no outstanding balance on the line of credit.

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

FINANCIALS

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employer contributions according to the employee's years of service with the Association as defined in the plan document. During the year ended December 31, 2002, the Association amended the Plan to change the year end to December 31 and to change the Trustee of the Plan to First Virginia Bank. The amendment is effective January 1, 2003. Pension expense for the year ended December 31, 2002 totaled \$285,297 and is included in salary and benefits on the accompanying consolidated statement of functional expenses.

11. Risks and Contingencies

Cash

Cash is comprised of amounts in accounts at various financial institutions. While the amount at a given bank at times exceeds the amount guaranteed by the Federal Deposit Insurance Corporation (FDIC) and, therefore, bears some risk, the Association has not experienced, nor does it anticipate any loss of funds. As of December 31, 2002, the amount in excess of the FDIC limit was \$808,634.

Indirect cost

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, 2002, 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, 2002 or results of operations for the year then ended.

12. Musicians for Mental Health, LLC

The Musicians for Mental Health, LLC, was incorporated during the year ended December 31, 2001. The financial statements of the Musicians for Mental Health, LLC prior to the elimination of intercompany balances, as of and for the year ended December 31, 2002 are as follows:

Balance Sheet

Assets	\$ -
Liabilities	\$1,144
Accumulated Deficit	(1,144)
Total	<u>\$ -</u>

Statement of Operations

Revenue	\$179,038
Expenses	<u>100,883</u>
Net Income	<u>\$ 78,155</u>

13. Income Taxes

Under Section 501(c)(3) of the Internal Revenue Code, NMHA is exempt from the payment of taxes on income other than unrelated business income. The Musicians for Mental Health, LLC is considered a disregarded entity by the Internal Revenue Service for tax purposes and therefore any net unrelated business income is reported on NMHA's tax returns. For the year ended December 31, 2002 no provision for income taxes was made as neither NMHA nor the Musicians for Mental Health, LLC had any net unrelated business income.

14. 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 accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Association's financial statements for the year ended December 31, 2001, from which the summarized information was derived.

15. Reclassifications

Certain 2001 amounts have been reclassified to conform with the 2002 presentation.

PARTNERS



NMHA thanks the following partners for joining our advocacy and education efforts!

Advocates for Youth
Alliance for Aging Research
Alliance for Children and Families
Alliance for Mental Health
Consumers Rights
Alzheimer's Association
American Academy of Child and Adolescent Psychiatry
American Association of Children's Residential Centers
American Association of Community Psychiatrists
American Academy of Family Physicians
American Association for Geriatric Psychiatrists
American Association for Marriage and Family Therapy
American Association on Mental Retardation
American Academy of Neurology
American Association of Pastoral Counselors
American Academy of Pediatrics
American Academy of Physicians Assistants
American Academy of Physical Medicine and Rehabilitation
American Academy of Physician Assistants
American Association of Practicing Psychiatrists
American Association for Psychosocial Rehabilitation
American Association of School Administrators
American Association of Suicidology
American Association for World Health
American Board of Examiners in Clinical Social Work
American College Counseling Association
American College Health Association
American College of Medical Genetics
American College of Mental Health Administration
American College of Nurse-Midwives
American College Personnel Association
American College of Physicians
American Congress of Community Supports and Employment Services (ACCSES)
American Counseling Association
American Diabetes Association

American Family Foundation
American Federation of State, County and Municipal Employees
American Federation of Teachers
American Foundation for Suicide Prevention
American Group Psychotherapy Association
American Heart Association
American Hospice Foundation
American Hospital Association
American Humane Association
American Jail Association
American Managed Behavioral Healthcare Association
American Medical Association
American Medical Rehabilitation Providers Association
American Medical Student Association
American Mental Health Counselors Association
American Music Therapy Association
American Network of Community Options and Resources
American Nurses Association
American Occupational Therapy Association
American Orthopsychiatric Association
American Osteopathic Association
American Pediatric Society
American Political Science Association
American Psychiatric Association
American Psychiatric Nurses Association
American Psychoanalytic Association
American Psychotherapy Association
American Psychological Association
American Public Health Association
American Red Cross
American School Health Association
American School Counselor Association
American Society on Aging
American Society for Adolescent Psychiatry
American Society of Addiction Medicine
American Society of Clinical Pharmacology
American Therapeutic Recreation Association
American Thoracic Society
America's Health Together
Anna Westin Foundation
Anorexia Nervosa and Related Eating Disorders, Inc.
Anxiety Disorders Association of America
Association for the Advancement of Psychology
Association for Addiction Professionals

Association for Ambulatory Behavioral Healthcare
Association of Asian Pacific Community Health Organizations
Association to Benefit Children
Association of Clinicians for the Underserved
Association for Clinical Pastoral Education, Inc.
Association of Jewish Aging Services of North America
Association of Jewish Family & Children's Agencies
Association of Maternal and Child Health Programs
Association of Medical School Pediatric Department Chairs
Association for Science in Autism Treatment
Association of University Centers on Disabilities
Attention Deficit Disorders Association
Autism Society of America
Bacchus and Gamma Peer Education
Barbara Schneider Foundation
Bazelon Center for Mental Health Law
Black Psychiatrists of America
Business and Professional Women/USA
Brady Center to Prevent Gun Violence
Brain Injury Association of America, Inc.
Camp Fire USA
The Carter Center
Catholic Charities USA
Central Conference of American Rabbis
Center for the Advancement of Children's Mental Health
Center for the Advancement of Health
Center on Disability and Health
Center on Juvenile and Criminal Justice
Center for Mental Health Services
Center of Substance Abuse Prevention
Center for Women Policy Studies
Child and Adolescent Bipolar Foundation
Child Welfare League of America
Children and Adults with Attention Deficit/Hyperactivity Disorder
Children's Defense Fund
Children's Healthcare Is a Legal Duty
Children's Hospital Boston
Chicago Public Schools
Christopher Reeve Paralysis Foundation
Church of the Brethren Washington Office
Clinical Social Work Federation
Coalition for Juvenile Justice
College of Psychiatric and Neurologic Pharmacists

Compeer, Inc.
Commission on Social Action of Reform Judaism
Corporation for the Advancement of Psychiatry
Council for Exceptional Children
Council of State Administrators of Vocational Rehabilitation
Council on Social Work Education
County of Santa Clara, CA
Cure Autism Now
Dads and Daughters
Depression and Bipolar Support Alliance
Delta Sigma Theta Sorority, Inc.
Disability Rights Education and Defense Fund, Inc.
Disability Service Providers of America
Division for Learning Disabilities (DLD) of the Council for Exceptional Children
Easter Seals
Eating Disorders Coalition for Research, Policy & Action
Employee Assistance Professionals Association
Epilepsy Foundation
Families for Depression Awareness
Families USA
Family Violence Prevention Fund
Family Voices
Federation of American Hospitals
Federation of Behavioral, Psychological & Cognitive Sciences
Federation of Families for Children's Mental Health
Freedom from Fear
Friends Committee on National Legislation (Quaker)
Generations United
Head Start Bureau, U.S. Department of Health and Human Services
Harvard Eating Disorders Center
Human Rights Campaign
Inclusion Research Institute
Institute for the Advancement of Social Work Research
International Association of Jewish Vocational Services
Indian Health Services, U.S. Department of Health and Human Services
International Association for Psychosocial Rehabilitation Services
International Community Corrections Association
International Dyslexia Association
International Society of Psychiatric-Mental Health Nurses
Iris Alliance Fund

PARTNERS

- Jewish Federation of Metropolitan Chicago
Johnson Institute Kids Project
Kristen Watt Foundation for Eating Disorder Awareness
Latino Behavioral Health Association
Learning Disabilities Association of America
Legal Action Center
Lutheran Services in America
Mental Health AMERICA, Inc.
National Advocacy Center of the Sisters of the Good Shepherd
National Alliance for Autism Research
National Alliance to End Homelessness
National Alliance for the Mentally Ill
National Alliance for Research on Schizophrenia and Depression (NARSAD)
National Asian American Pacific Islander Mental Health Association
National Asian Women's Health Organizations
National Assembly of Health and Human Service Organizations
National Association for the Advancement of Colored People (NAACP)
National Association for the Advancement of Orthotics & Prosthetics
National Association of Anorexia Nervosa and Associated Disorders – ANAD
National Association for Children's Behavioral Health
National Association of Case Management
National Association of Children's Hospitals
National Association of Community Health Centers
National Association of Counties
National Association of County Behavioral Health Directors
National Association of County and City Health Officials
National Association of Developmental Disabilities Councils
National Association for the Dually Diagnosed
National Association of Elementary School Principals
National Association for Health and Fitness
National Association of Mental Health Planning & Advisory Councils
National Association of Pediatric Nurse Practitioners
National Association of Protection and Advocacy Systems
National Association of Psychiatric Health Systems
National Association of Psychiatric Treatment Centers for Children
National Association of School Nurses
National Association of School Psychologists
National Association of Social Workers
National Association of State Directors of Special Education
National Association of State Mental Health Program Directors
National Association for Rural Mental Health
National Black Nurses Association
National Boys and Girls Clubs of America
National Center for Policy Research for Women & Families
National Center on Institutions and Alternatives
National Coalition Against Domestic Violence
National Coalition for the Homeless
National Council of Negro Women
National Council of La Raza
National Council for Community Behavioral Healthcare
National Coalition of Mental Health Consumers and Professionals
National Committee to Preserve Social Security and Medicare
National Council of Jewish Women
National Council on the Aging
National Council on Alcoholism and Drug Dependence
National Council on Family Relations
National Council on Problem Gambling
National Council on Suicide Prevention
National Down Syndrome Congress
National Down Syndrome Society
National Eating Disorders Association
National Educational Alliance for Borderline Personality Disorder
National Education Association
National Education Association Health Information Network
National Exchange Club Foundation
National Foundation for Depressive Illness
National Health Council
National Health Law Program
National Hispanic Medical Association
National Hopeline Network
National Housing Conference
National Interfaith Coalition for Spiritual Healthcare
National Institute of Mental Health
National Latino Behavioral Health Association
National Law Center on Homelessness & Poverty
National Leadership on African American Behavioral Health
National League of Cities
National Medical Association
National Mental Health Awareness Campaign
National Mental Health Consumers' Self-Help Clearinghouse
National Multiple Sclerosis Society
National Network for Youth
National Organization for Rare Disorders
National Organization of People of Color Against Suicide
National Osteoporosis Foundation
National Partnership for Women and Families
National Parent Teachers Association
National Panhellenic Conference
National Recreation and Park Association
National Rural Health Association
National Schizophrenia Foundation
National Senior Citizens Law Center
National Therapeutic Recreation Society
National Treatment and Research Advancements Association for Personality Disorder
Native American Counseling, Inc.
NETWORK, a Catholic Social Justice Lobby
NISH (National Industries for the Severely Handicapped)
New York University Child Study Center
Obsessive Compulsive Foundation
OWL- The Voice of Mid-Life and Older Women
Obsessive Compulsive Foundation Office & Professional Employees International Union
Older Adult Consumer Mental Health Alliance
Organization of Student Social Workers
Partnership for Recovery
Presbyterian Church (USA), Washington Office
Prevent Child Abuse America
Rebecca Project for Human Rights
Renfrew Center Foundation
Samaritans Suicide Prevention Center
Screening for Mental Health, Inc.
School Social Work Association of America
Service Employees International Union
Shaken Baby Alliance
Sjogren's Syndrome Foundation
Society for Adolescent Medicine
Society for Pediatric Research
Society for Personality Assessment
Society for Public Health Education
Society for Prevention Research
Society for Research on Child Development
Society for Social Work Research
Society for Women's Health Research
Society of Professors of Child and Adolescent Psychiatry
STOP IT NOW!
Suicide Awareness Voices of Education
Suicide Prevention Advocacy Network
The Arc of the United States
Title II Community AIDS National Network
Tourette Syndrome Association
Treatment and Research Advancements Association for Personality Disorder
Union of American Hebrew Congregations
Unitarian Universalist Association of Congregations
United Cerebral Palsy Association
United Church of Christ, Justice and Witness Ministry
United Jewish Communities
United Methodist General Board of Church and Society
Volunteers of America
Washington Business Group on Health
Wellstone Action
Working Assets
Women of Reform Judaism
Yellow Ribbon Suicide Prevention Program
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