



Changing Lives **Every Day**

National Mental Health Association

2004 Annual Report

Table of Contents

*“Just wanted to say
THANK YOU ...
how very fortunate
that I would come to
[the NMHA] Web
site! I am truly
grateful for the hope
that you all have
restored in me...that
there IS help
available for me and
that there really are
trained, caring
professionals.”*

—from a woman concerned that she
may be suicidal

1	Message From the Leadership
2	Advocacy
4	Education
6	Research & Services
8	Affiliate Network
10	Financial Support and Recognition
	Corporations, Foundations, Government Agencies and Organizations
	Individuals
	Visions of Hope Legacy Society
	Ways You Can Give
	Visions of Hope
14	Financial Statements
	Auditor’s Report
	Financial Position
	Activities
	Functional Expenses
	Cash Flows
	Notes
24	Consolidated Financial Report
25	NMHA Partners
27	NMHA 2004-05 Leadership

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 the 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.



Every day for nearly 100 years, NMHA has been hard at work changing lives—lives that may have otherwise may have been lost to despair. NMHA has always been at the forefront of a movement started in 1909 by our founder, Clifford Beers, who envisioned a society free from stigma and discrimination, where *all* people can live their lives to their full potential. By meeting these challenges head on, NMHA, with the help of tens of thousands of advocates, consumers, family members and others, brings our society that much closer to Beers' dream.

Two-thousand four presented us with some unique challenges as well as many successes that were made possible with the help of our 340 state and local affiliates, or Mental Health Associations (MHAs).

For example, despite a strong push in state legislatures in 2004 to try to balance budgets on the backs of people who have mental illnesses, we worked with MHAs to stop threatened cuts to public mental health and Medicaid programs and defeat proposed restrictions on access to treatments. Although similar budget-cutting efforts were underway at the federal level, we also worked with MHAs in convincing members of Congress to increase federal funding for mental health research, and to increase access to care and services.

Targeted public education programs were also at the core of our efforts. From our Campaign for America's Mental Health and Dialogue for Recovery program to mpower and our work on veterans' issues, we have worked tirelessly to educate the public about what mental illness is, when to seek help and what the available treatment options are.

Our success also stems from our efforts to support MHAs and other organizations in implementing high-quality services. In 2004, we continued to promote the successful outcomes of community-based services, many of which are run by MHAs, that emphasize recovery and mental health consumer self-empowerment. We also provided financial support and technical assistance to consumer-run community organizations in replicating existing successful programs.

Helping to improve lives and communities is never easy, and 2004 proved to be no different in that respect. But with the help of MHAs and others, we went beyond maintaining the status quo to advancing our great cause. We thank our supporters, partners and funders for their generous support, and look forward to working with all of our friends to achieve victory over mental illness.



Cynthia Wainscott

A handwritten signature in black ink that reads "Cynthia Wainscott". The signature is fluid and cursive.

Cynthia Wainscott
Chair of the Board

NMHA advocates for laws and policies that promote mental health, ensure access to effective care, and protect the rights of people who have mental health disorders, and their families. In alliance with our nationwide affiliate network, we fight successfully at the federal, state and local levels to overcome the social inequities that prevent people from reaching their full potential. Through grassroots activities, coalitions and outreach, our work has triggered reforms that improve the lives of all Americans and the communities in which they live.

Federal Highlights

Despite a political environment in 2004 that threatened serious cuts to services and programs, NMHA's advocacy helped win enactment of federal legislation and changes to proposals that left needed programs intact, won funding for new ones, and improved or maintained access to care.

Medicare: As part of our efforts to fight discrimination in insurance coverage, we worked aggressively to ensure comprehensive coverage of mental health medications under the new Medicare prescription drug benefit. At our urging, federal officials revised policy to ensure that drug plans cover a majority of antipsychotics, antidepressants and anticonvulsants (often used to treat bipolar disorder).

Mental Health Insurance Parity: Our unyielding advocacy to promote the passage of mental health insurance parity legislation—which would require the same health insurance coverage for mental disorders as physical disorders— attracted broad bipartisan support in 2004. Two-thirds of U.S. senators and a strong majority of House members co-sponsored parity bills in their respective chambers. However, House leaders once again refused to send the bill to the floor. In the Senate, an effort to bring the bill to a vote was blocked by several conservative opponents. Strong advocacy on this front and the depth of our support has only strengthened our resolve to end mental health insurance discrimination and achieve equity for millions of Americans.

Welfare: NMHA successfully included a provision in the Temporary Assistance to Needy Families (TANF) program reauthorization that would enable states to continue offering mental health, substance abuse and other rehabilitative services to welfare recipients beyond the six-month limit originally provided for in the bill.

Criminalization: To help reduce the huge numbers of youth and adults with mental health problems being housed in our nation's jails and prisons, NMHA helped to shape and win enactment of legislation that provides federal funding for community programs that promote collaboration between the mental health and criminal/juvenile justice systems.

Federal Appropriations: In a challenging climate in which funding levels for many public health agencies were threatened with significant cuts, our advocacy efforts helped to:

- Win 5 percent increases in FY05 funding for the Center for Mental Health Services.
- Override proposed cuts to jail diversion and seniors' programs.
- Increase funding for children's systems-of-care and PATH programs that address homelessness.
- Obtain funding for new suicide-prevention efforts.
- Defeat proposals to slash by nearly \$1.6 billion funding for the Department of Housing and Urban Development's Section 8 program.



Rep. Tim Murphy, R-Penn., was named one of NMHA's 2004 Legislators of the Year for his support of mental health issues, and the healthcare needs of veterans and children.

Community Living: Hard-hitting efforts blocked passage of a “Flexible Voucher” proposal, which would have effectively converted the Section 8 housing program into a block grant, and allowed housing agencies to increase tenant rents and place stricter limits on the amount of time an individual or family could receive housing assistance. Congress renewed all current tenant-based Section 8 vouchers under lease for FY2005 with a \$697 million funding increase over the previous year.

Schools: NMHA worked forcefully to support reauthorization of the Individuals with Disabilities Education Act (IDEA), which requires that a student’s disability be considered when levying any penalty for violation of a school’s code of conduct. This supports the idea of “positive behavioral supports,” which help strengthen good behaviors and keeps behavioral reinforcement as a component in student Individualized Education Plans.

State Highlights

In the face of proposals to dramatically cut Medicaid programs, restrict access to medications and threaten the healthcare safety net, NMHA and state mental health advocates tirelessly worked together to prevent cuts and develop solutions that protect the health of people who have mental illnesses.

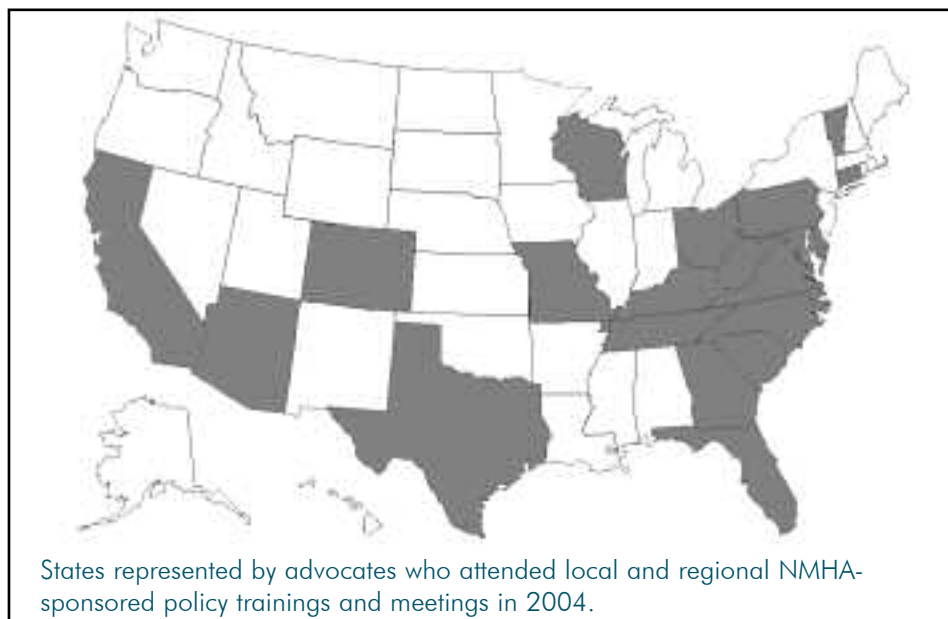
Healthcare Reform Program: Through our Healthcare Reform Program, we partner with our 340 affiliates and their partners across the country to promote access to community-based mental health services and protect consumer rights. The program offers technical assistance, training and policy resources to local coalitions to help them make needed changes to state, county and local mental health policy.

With our support, states enjoyed considerable accomplishments in 2004, including these highlights:

- Won voter approval for Proposition 63 in California, which designates a tax on millionaires to increase mental health funding in the state.
- Secured increases in mental health or Medicaid funding in Arizona, Maryland and Nebraska.
- Stopped or reduced cuts in mental health and Medicaid funding in Oregon and Missouri.
- Defeated restrictions on access to mental health medications in Colorado, New York, Pennsylvania, New Jersey, Delaware, Missouri and Virginia, while Michigan succeeded in expanding the exemption for mental health medications from the preferred drug list.
- Won enactment of mental health insurance parity legislation in Missouri.
- Succeeded in a three-year effort to enact psychiatric advance directives legislation in Pennsylvania.

Advocacy Resource Center: As part of our Healthcare Reform Program, the Advocacy Resource Center provides critical public policy information, resources, research and consultation to advocates, consumers, family members, legislators and businesses, as well as to state, local and national agencies on an array of topics. In 2004, the Center responded to nearly 5,000 technical assistance requests, and is the mental health field’s leading source of strategic consultation.

Juvenile Justice Resources: To improve the juvenile justice system’s response to youth with mental health needs, NMHA developed and distributed to advocates nationwide a groundbreaking resource series for advocates. The series includes a *Report on Privatization and Managed Care in the Juvenile Justice System*, *Best Practices in the Treatment of Mental Health Problems and Co-Occurring Disorders for Youth in the Juvenile Justice System*, and an *Advocates’ Guide to Rights Protection for Youth in the Juvenile Justice System*, developed in partnership with defenders of juveniles and public interest attorneys.



Education

NMHA educates the public about the importance of mental health, the symptoms and treatments of disorders, and the paths to recovery and full, productive lives. Through our media outreach, Resource Center, partnerships and public outreach programs—including our flagship Campaign for America’s Mental Health—we have helped reduce stigma and enabled millions of people of all ages and backgrounds to confront their mental health problems, get screened and get help.

Campaign for America’s Mental Health

At the heart of our education effort is the Campaign for America’s Mental Health, a comprehensive program we launched in 1992 to improve American’s awareness, attitudes and behaviors regarding mental health and mental illnesses. Along with 60 campaign sites and 70 national partner organizations, we conduct educational, screening and media activities around the country. The Campaign reaches out to the public, providers, employers and policymakers with information and activities on a range of mental illnesses. Highlights for 2004 include:

- Generated more than 6 billion media impressions in national markets and more than 140 million impressions in local media to reach the public with information about general mental health, depression and other topics.
- Educated in-person more than half a million people through 5,100 community events, including in-service trainings, lunchtime presentations, grand rounds and community fairs.
- Received nearly 5 million visits to our depression-screening.org Web site. The site gives people a confidential way to get screened for depression and get referrals for help.
- Reached out to more than 17,000 primary care doctors to encourage them to discuss mental health with their patients and screen them for mental health disorders.

Resource Center

Every year, NMHA’s Resource Center and its toll-free helpline respond to the calls of tens of thousands of people nationwide with free information, brochures and referrals to local services. Our toll-free line has been featured regularly in major media publications and broadcasts.

Media Education and Outreach

With Americans’ reporting that their primary resource for health information is the media, we put a tremendous emphasis on getting the word out to news and entertainment organizations.

Daily Outreach: Despite overwhelming coverage of the Iraq war and election year campaigns, NMHA continued to increase its media presence over previous years. In 2004, we had more than 23.5 billion media impressions in high-level media such as *The New York Times*, *The Wall Street Journal*, and the Today show—a 20 percent increase over last year.

Media Awards: NMHA’s annual Mental Health Media Awards competition helps demonstrate the improvements in press coverage of mental health issues and the growth of our reputation as a valuable resource for reporters. Last year’s winners hailed from 15 national and local outlets, including National Public Radio, *Los Angeles Times*, *Chicago Tribune* and ABC Primetime Monday.



Former NMHA Board Member Betty Humphrey and MHA in North Carolina Executive Director John Tote. NMHA recognized the MHA in North Carolina with the Betty Humphrey Cultural Competence Award for its innovative Hispanic/Latino outreach public education campaign.

Consumers

Through our pioneering Dialogue for Recovery program, NMHA enhances the quality of recovery and the quality of life for people with serious mental illnesses by working to improve communication between mental health consumers, their healthcare providers and family members. 2004 highlights:

- Generated more than 27 million media impressions on the program and recovery topics through local media outlets.
- Educated in-person more than 74,000 people about recovery topics through 782 local activities.

Schools and Families

Through our multi-faceted Children's Mental Health Matters initiative, we reach educators, primary care providers and families to increase awareness and action on children's mental health issues. 2004 highlights:

Anti-Bullying: NMHA worked in partnership with the federal Center for Mental Health Services on its national campaign to prevent youth and school-based violence. The program, *15+ Make Time to Listen, Take Time to Talk ... About Bullying*, provides practical guidance to parents and caregivers on how to effectively communicate and build healthy relationships with their children.

What Does Gay Mean?: Our What Does Gay Mean? program strives to improve understanding and respect for people—especially youth—who

are lesbian/gay/bisexual/transgender/questioning. NMHA distributed thousands of copies of its booklet, *What Does Gay Mean? How to Talk With Kids About Sexual Orientation and Prejudice*, to parents, schools and health professionals. We also provided grants and technical assistance to five affiliate "What Does Gay Mean?" pilot sites to support their work in raising awareness of bullying and LGBTQ issues.

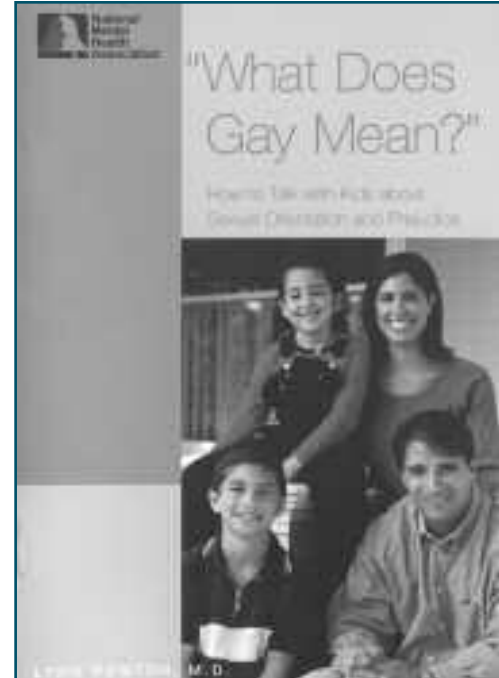
Teens and Young Adults

NMHA's primary youth outreach effort is *mpower*, a one-of-a-kind program that uses music and the powerful voices of internationally known musicians as vehicles to reach millions of youth about depression, substance abuse, suicide and other issues. Through concert tie-ins, special events, educational forums, media activities and Web outreach, the program has empowered youth across the country to take action for the good of their own mental health. 2004 highlights:

- Recorded a series of nationally aired public service announcements featuring pop musicians Michelle Branch, Third Eye Blind, Vanessa Carlton, Dakona and Dar Williams.
- Benefited from the Party for Life concert headlined by Steven Page, lead singer of the Barenaked Ladies.

Veterans

To help the thousands of troops returning from service in Iraq and Afghanistan, and their families,



NMHA developed and distributed fact sheets on how to cope with war-related stress. Fact sheet topics include: *Coping with the Stress of Ongoing Military Operations*, *Returning to Work*, *How To Get Back To "Normal,"* *Reconnecting With Your Children*, *Being a Couple Again*, and *When the Letdown Doesn't Let Up*.

Other Activities:

Mental Health Month: Each May, NMHA oversees a nationwide effort to promote mental health in the lives of all Americans. Our comprehensive planning guide, under the theme "Mental Health Matters In Your Life," featured for the first time a *Workplace Mental Health Kit* that was distributed to businesses across the country.

National Prevention Coalition: Through our leadership of the National Prevention Coalition, NMHA brings together like-minded organizations and individuals who are committed to promoting mental health and preventing mental illnesses.

Thank you for this Web site and the information—my son is gay and was bullied in school for a long time. In fact, he was bullied until he came out and then found the support group he needed—US. [NMHA's What Does Gay Mean? Information] helped me to explain my son's orientation to my 10-year-old daughter. Thank you again.

—from a mother who sought help explaining what "gay" means to her daughter

Research and Services

NMHA vigorously supports research and the delivery of services as part of our far-reaching mission to give individuals and communities access to the latest information and innovative approaches to mental health care. In a united effort with our affiliate network, we are devoted to evaluating our nation's services and identifying best practices. Through trainings, technical assistance, and programs, NMHA helps to bring effective, consumer- and family-focused services to our country's adults and children.

Quality of Care

Evidence-based Practices: The trend toward "evidence-based practices" is reshaping mental health systems across the country amid rising concerns that many so-called "proven programs" lack a focus on recovery, and exclude consumers from the design and research phases. NMHA teamed up with the NASMHPD Research Institute and NAMI to convene a diverse group of consumer advocates from across the country who explored what services work best for consumers—including emerging effective practices—and which EBPs are valued the most. Advocates across the country took to the field with their action plans to promote EBPs that are recovery-focused, and consumer- and family-centered, and to advocate for EBP-friendly policies.

Veterans Affairs: To help ensure that the Department of Veterans Affairs' mental health programs adequately serve military veterans with mental health problems, NMHA was invited to sit on the Veterans Affairs Committee on Care of Veterans with Serious Mental Illness. NMHA advises the committee on state-of-the-art community-based care and recovery-oriented systems of care, and promotes the development of new approaches to address unmet needs.

Aging: Despite common myths surrounding aging, depression and other mental illnesses are not a natural part of growing older. To help put new trends and research on older adults into

effective practices, NMHA convened a meeting of consumers, advocates, researchers and service providers representing both mental health and aging services. Participants of "Promoting Mental Health for Older Adults: Expanding a Movement" developed strategies for increasing access to effective treatment for older adults, concrete policy solutions to help improve care, and ways to enhance consumer involvement in the movement.

Systems Integration

Substance Abuse and Mental Health: A lack of coordination among mental health- and substance abuse-serving agencies is one of the biggest obstacles to quality care for those with co-occurring disorders. To help tackle this issue, NMHA, in partnership with the National Association of State Mental Health Program Directors and the National Association of State Alcohol/Drug Abuse Directors, sponsored a national meeting that brought together key stakeholders to devise provider education, financing and legislative strategies to establish coordinated services for people with co-occurring disorders. In addition, to keep our affiliates and other advocacy organizations up-to-date, NMHA also created a toolkit on proven strategies for implementing and advocating for effective services for co-occurring mental health and substance use disorders.

Trauma: Through a contract with the Substance Abuse and Mental Health



A. Kathryn Power, director of the federal Substance Abuse and Mental Health Services Administration's Center for Mental Health Services, discussed at NMHA's 2004 Annual Conference her agency's plans for transforming the nation's mental health system.

Services Administration, NMHA helped to promote and disseminate the findings from the “Women, Co-occurring Disorders and Violence” study. The data showed that women with histories of trauma and co-occurring disorders enjoy better outcomes when provided with trauma-informed mental health services.

Consumer Empowerment

Self-directed Care: Research shows that self-determination, or self-directed care, is a vital component of recovery for mental health consumers. To expand access to recovery-oriented services across the country, NMHA outlined for service agencies, advocates and consumers proven ideas for implementing and funding self-determined programs in an issue brief called *Consumer Control and Choice: An Overview of Self-Determination Initiatives for Persons with Psychiatric Disabilities*.

Employment: The ability to work and contribute to society is an integral part of recovery for people with mental illnesses. Unfortunately, many people face obstacles to employment services that would enable them to get jobs. To help lift these barriers, NMHA researched, crafted and widely disseminated a guide to understanding, promoting and implementing state-of-the-art employment services in communities. *Recovery at Work: A Guide to Implementing Effective Employment Services for Persons With Psychiatric Disabilities* describes to consumers, advocacy groups and social service agencies the various types of employment services, and why some are more effective than others.

National Consumer Supporter Technical Assistance Center:

Through our federally funded National Consumer Supporter Technical Assistance Center, NMHA helps to strengthen consumer organizations by providing technical assistance in the form of research, educational resources and financial aid. 2004 highlights:

- Awarded six mini-grants that helped consumer groups establish new, independent nonprofit organizations or helped existing ones engage in recovery-oriented systems transformation.
- Partnered with the Consumer Organization and Networking Technical Assistance Center to convene a national meeting of consumers, advocates, researchers and program administrators to explore mental health systems that are engaged in transformational activities and their trends.
- Developed a national survey of over 500 state mental health policy leaders, consumers, family members and providers in all 50 states and five territories that is helping to transform systems of adult mental health care toward services and treatments that are consumer- and family-centered and recovery-oriented.

Thank you for listening with patience. Thank you for your referrals. Thank you for your encouragement . . . none of which will be forgotten or taken for granted. On behalf of myself, my community, and the children and families I serve—God bless you!

—from a letter written by a New York City citizen who needed resources for a program for at-risk teens

Affiliate Network

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
NMHA of the Central Valley
NMHA of Greater Los Angeles
MHA in Sacramento
MHA in San Diego County
MHA of San Francisco
MHA of Santa Barbara County
NMHA in Ventura County

COLORADO

MHA of Colorado
MHA of El Paso County
MHA of Pueblo
MHA of the West Slope/
Colorado West Service Area
MHA of the West Slope/
Midwestern Service Area

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, Inc.
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 MHA
MHA of Volusia and
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 South Coastal Georgia
MHA of Wayne County

HAWAII

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

ILLINOIS

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

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 in Franklin County
MHA in 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 MHA
MHA in Jay County
MHA in Jefferson 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 in Spencer County
MHA in St. Joseph County
MHA in Steuben County
MHA in Tippecanoe County, Inc.
MHA in Vanderburgh County
MHA in Vigo County
MHA in Wabash County
MHA in Wayne County
MHA of Wells County
MHA in White County

IOWA

MHA of Dubuque County
Hamilton County MHA

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 Caldwell Parish
MHA in Catahoula Parish
MHA in Franklin Parish
MHA in Metropolitan
New Orleans
MHA in Red River County
MHA in Southwest Louisiana
Tri-Parish MHA

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

Montana MHA
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 Center
MHA of Union County

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 Clinton County
MHA of Columbia-
Greene Counties, Inc.
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 MHA, Inc.
MHA in Jefferson County, Inc.
MHA of Nassau County
MHA of New York City, Inc.
MHA in Niagara County, Inc.
MHA of Onondaga County, Inc.
MHA in Orange County, Inc.
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 and Help Line
 in Randolph, Inc.
 MHA in Beaufort
 MHA in Brunswick County
 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 &
 Warren Counties
 MHA in Greensboro, Inc.
 MHA of Halifax
 MHA in High Point
 MHA in Johnston County
 MHA of McDowell
 MHA of Nash-Rocky Mount
 MHA in New Hanover
 MHA in Onslow County
 MHA in Orange County
 MHA in Pamlico County
 MHA in Pender County
 MHA in Pitt County
 MHA of Rowan County
 MHA in Rutherford County
 MHA of South Central
 North Carolina
 MHA of Stanly County
 Stokes County MHA
 Tar River MHA
 MHA in Vance &
 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 MHA
 Missouri Valley MHA
 North Valley MHA
 Regional Office
 Souris Valley MHA
 South Central Valley MHA
 South Valley MHA
 Southwest Valley MHA
 Tri-County MHA

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, Inc.
 MHA in Union County

OKLAHOMA

MHA in Tulsa

OREGON

MHA of Oregon

PENNSYLVANIA

MHA in Pennsylvania
 The Advocacy Alliance—
 A Mental Health
 Association
 MHA of Adams County, Inc.
 MHA of Allegheny County
 MHA of the Capitol 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 of York and
 Adams Counties
 MHA in Westmoreland County

RHODE ISLAND

MHA of Rhode Island

SOUTH CAROLINA

MHA in South Carolina
 MHA in Aiken County
 MHA in Abbeville County
 MHA in Anderson County
 MHA in Bamberg County
 MHA in Barnwell
 MHA in Beaufort/Jasper Counties
 Calhoun County MHA
 MHA in Cherokee County
 MHA in Chester County
 MHA in Clarendon County
 MHA in Darlington County
 MHA in Georgetown County
 MHA of Greenville
 MHA in Greenwood
 MHA in Horry County
 MHA of Kershaw County
 MHA in Lancaster County
 MHA of Laurens County
 MHA in Lee County
 MHA in Marion County
 MHA of McCormick County
 MHA in Oconee County
 MHA in Orangeburg
 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 in Greater San Antonio
 MHA of Greater Dallas
 MHA of Greater Houston, Inc.
 MHA of Greater Tyler
 MHA in Jefferson County
 Kid Reach of the
 MHA of Greater Dallas
 MHA of Tarrant County

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, Inc.
 MHA in Calumet County
 MHA in Milwaukee County
 MHA in Sheboygan County, Inc.



Rep. Grace Napolitano, D-Calif., discussed mental health issues at NMHA's Annual Conference with (from left) NMHA Board Member Sergio Aguilar-Gaxiola, M.D., Ph.D.; NMHA Board Chair J.R. Elpers, M.D. (2002-04); and NMHA of Greater Los Angeles President and CEO Richard Van Horn.

Support and Recognition

The National Mental Health Association thanks our many donors, whose generosity makes our work possible.

Corporations, Foundations, Government Agencies and Organizations

\$700,000 and above

Eli Lilly and Company
John D. and Catherine T.
MacArthur Foundation
Pfizer Inc

\$300,000 – \$699,999

Janssen Pharmaceutica, Inc.
U.S. Department of Health and
Human Services

\$100,000 – \$299,999

AstraZeneca Pharmaceuticals, L.P.
Bristol-Myers Squibb Company
Forest Pharmaceuticals, Inc.
GlaxoSmithKline, P.L.C.
Shell Key West Challenge
Wyeth Pharmaceuticals

\$50,000 – \$99,999

U.S. Department of Justice,
Office of Juvenile Justice and
Delinquency Prevention

\$10,000 – \$49,999

Abraham and Beverly Sommer Foundation
American Institutes for Research
Ayfa, Inc.
Max T. and Anne J. Heller Foundation
Houston Texans Foundation
National Association of State Mental
Health Program Directors
National Council for the Aging Foundation
Party for Life
Pharmaceutical Researchers and
Manufacturers of America
Vinson & Eklins, L.L.P.
Weatherford US, L.P.
Westover Consultants, Inc.

\$5,000 – \$9,999

Anadarko Petroleum Corporation
Discover Financial Services
FMC Technologies, Inc.
Fulbright & Jaworski, L.L.P.
Joon Associates, Inc.
Locke Liddell & Sapp, L.L.P.
Marathon Oil Company
McNeil Consumer &
Specialty Pharmaceuticals
Oceaneering International, Inc.
Pappas Restaurants

Pharmastar, L.L.C.
Picture This Television, L.L.C.
Plains Exploration & Production Company
The Prentice Foundation, Inc.
Silver Eagle Distributors, L.P.
Simmons & Company International
The Virginia and L.E. Simmons Foundation
Southwest Bank of Texas
Triton
United Airlines Employee Giving Program
Maxine and Jack Zarrow Family Foundation

\$4,999 and below

ABB Drives and Power Products Group
Acorn Foundation, Inc.
Aeroflex/KDI, Inc.
Stanford and Joan Alexander Foundation
America's Charities, Inc.
Association of Maternal &
Child Health Programs
AT&T
The Bear Charitable Foundation
BJ Services Company
The Bouncing Souls, Inc.
Car Program, L.L.C.
Cars for Causes
Charitable Choices Partnership Escrow
Chevy Chase Bank
The Clorox Company Foundation
Community Health Charities of Alabama
Community Health Charities of Arizona
Community Health Charities of California
Community Health Charities of Florida
Community Health Charities of Kansas
and Missouri
Community Health Charities of
Louisiana and Mississippi
Community Health Charities of
Massachusetts
Community Health Charities of Minnesota
Community Health Charities of New Mexico
Community Health Charities of Oklahoma
Community Health Charities—
Oregon Branch
Community Health Charities of Pennsylvania
Community Health Charities of
Tennessee, Inc.
Community Health Charities of Wisconsin
Community Health Charities—
Washington Branch
Computer Associates International, Inc.
DB Consulting Group, Inc.
Delta Phi Fraternity
Fidelity Investments Charitable Gift Fund
First State Management Group, Inc.
Foothill
Fresno Regional Foundation

J. Paul Getty Trust
Greater Twin Cities United Way
Gymer, L.L.C.
Halliburton
Just Give
jwEinstein
Keating Investment Counselors, Inc.
MCE / KDI Triangle Corporation
The Minneapolis Foundation
Network for Good
Jane and Jon Outcalt Foundation
The Ozer Foundation
Partech International
The Pfizer Foundation
Presbyterian Church (U.S.A.) Foundation
Seekers Church
Shaker Family Charitable Foundation
Shepherd Foundation, Inc.
St. Joseph's on Capitol Hill
Unity Health Systems
Weingarten Reality Investors
Winstead Sechrest & Minick, P.C.
World Heart, Inc.
World Reach, Inc.

Individuals

\$75,000+

Estate of Helen Proctor

\$10,000 – \$19,999

James F. McIngvale

\$5,000 – \$9,999

J. Richard Elpers
Michael M. Faenza
Robert Duncan
Eugene L. Inman
Robert Loup
Diana M. McEwen

\$2,500 – \$4,999

Lea Ann Browning-McNee
Sandra Chalstrom
Areta Crowell
Arnold Heimler
Pauline June Huffman
Pender R. McElroy
John A. Morris
Paula C. Sandidge
The Alfred Sasso Memorial
Charitable Lead Trust
Gary L. Tauscher
David M. Theobald
Cynthia M. Truitt

\$1,000 – \$2,499

Dan Akens
 Michael Chen
 Edward M. Cohen
 Rosemary A. Cook
 Rathindra DasGupta
 Joseph N. De Raismes
 Angus Donnelley
 Harriet K. Fein
 Cynthia Folcarelli
 Raymond M. Gillespie
 Samuel Gross
 Stephen C. Gross
 Stevenson D. Group
 Mark J. Heyrman
 Marilyn L. Hubbard
 Paddy Kutz
 Barrie L. Kydd
 Robyn D. Loup
 Timothy S. Lucas
 Alan Maas
 Robert M. Martin
 Gertrude H. Niehans
 Alexandra Parfitt
 Jay Porter Memorial Fund
 Cyndy Porter
 Manfred Schach von Wittenau
 Cecil M. Shilstone
 Estate of Joseph Simon
 Cathy Stewart
 Nada L. Stotland
 Richard Van Horn
 Carolyn M. Wallace
 Alison H. Watkins
 Karl Wilson

\$250 – \$999

Eleanor H. Adams
 William B. Auer Memorial Fund
 Valer C. Autsin
 Yolanda J. Avella
 Laura M. Bacon
 Karen J. Barnes
 W. Robinson Beard
 Jonathan Benner-Ortega
 Michael Berry
 Roger P. Bey
 Aviv Blasbalg
 Ann Boughtin
 Charles C. Boyer
 William J. Boyes
 John N. Briggs
 Janet C. Buescher
 James A. Carruthers
 William Carter
 Hamlet H. Collina
 William Compton
 John A. Contreras
 Bradley Dennis Crouch Memorial Fund
 Lawrence E. David
 James Derickson
 Margaret Donnelley

Audrey F. Embs
 Martin Epstein
 David Brian Faria Memorial Fund
 John D. Fast
 Joel A. Feigenbaum
 Ann L. Fitch
 Danny Fowler
 Larry Fricks
 Kenneth S. Gallant
 Stephanie Garber
 Kelly Giura
 Lee Griffin
 Gordon J. Hankinson
 David W. Hart
 James A. Hawkins
 George Heimrich
 William E. Hines
 Frederick P. Hitz
 Susan R. Hodges
 Irving S. Johnson
 Helen B. Jordahl
 Sanford Kaufman
 William A. King
 William Kohl
 Douglas Larkin
 Christopher Leighton
 Michael D. Levin
 Ann Lovell
 Charles Meehan
 Inar Morics
 Julie Nowicki
 Edward O'Neill
 David B. Outcalt
 Christina M. Parker
 Yvonne Perret
 Mary M. Powlus
 Thomas M. Price
 Sayeeda Rahman
 Sean D. Reilly
 Edmundo Rivera
 Timothy C. Robinson
 Richard A. Roughton
 Andrew E. Rubin
 Lee S. Rusakow
 Womesh Sahadeo
 Jack Scanlon
 Michael E. Schiff
 Julia L. Schmidt
 Daniel R. Schikore
 Cathryn Schwing
 Martin W. Smith
 Robert H. Smith
 Michael Solloway
 Berton B. Subrin
 William F. Sum
 Peter Tamulevich
 Karen Thompson
 Francis J. Trombetta
 John F. Valley
 Carols Velas
 Sheldon Vidibor and Betty Seidmon
 Richard A. Weiss

David Welsh
 Sheila G. West
 Brian Woody

NMHA also offers its sincere thanks to thousands of individuals who have made smaller contributions in 2004.

Visions of Hope Legacy Society

Our heartfelt thanks to those individuals who have made a significant commitment to the future of mental health by including NMHA in their will, trust, or as a beneficiary for an insurance policy, or who have established a charitable gift annuity.

Suzanne Bishop
 William Bishop
 Brian and Denise Cobb
 Stephen and Margaret Corsello
 Areta Crowell, Ph.D.
 Elizabeth McGarvie Crowley
 Mr. and Mrs. Eugene Doyle
 J. Richard Elpers, M.D.
 Robert and Della Ewart
 Philip M. and Marian E. Ewing
 Hyman C. and Deena M. Goldman
 Muriel E. and Marvin C. Goldman
 David and Eileen Hardy
 James A. and Marion Hawkins
 Charlotte A. Humphrey
 Barbara F. Hyams, Ph.D.
 Udo H. and Martha D. Jansen
 Jeff Jones
 Kathy Sue Keuning and Eleanor Kohn
 Claire Laing
 Constance Langtry
 C. MacDonald
 Sara Martin
 Karen Metzger
 Sandra J. McElhaney
 Elizabeth Neim
 Page R. O'Brien
 Alicia Reeve
 Mildred M. Reynolds, Ed.D., M.S.W.
 Margaret Louise
 George B. and Angela Rittenberg
 Paul and Pat Romani
 Patricia Rutledge
 Dale and Deborah Schuerman
 Andrew E. Rubin
 Carol E. Sorensen
 Paul M. Spring
 Gloria Sosniak
 Jack Williams
 Karl Wilson, Ph.D.
 Rena Wrenn
 Robert and Ann Utley

Ways You Can Give

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

Donate online, by mail or by phone and feel secure that 91 cents of every dollar goes directly toward NMHA programs and services.

2. Participate in your employer's Charitable Giving Program.

Most employers, including the federal government, offer charitable giving through payroll deductions. Government employees can designate #0548 on their Combined Federal Campaign pledge form to give to NMHA, or simply request for their payroll deductions to be sent directly to NMHA. See your benefits manager for more information.

3. Ask your employer to match your gift to NMHA.

Many companies offer matching gift programs to encourage charitable giving among employees. Contact your benefits manager to learn how you can double or triple your gift to NMHA.

4. Become a member of NMHA.

Contribute to our many programs and services by becoming an official member of NMHA. Receive the latest mental health news and NMHA updates, and discounts on all public education materials, and learn how you can participate in fundraising events and our annual conference. Join online at www.nmha.org/membership or call 800-969-NMHA (6642).

5. Honor a loved one.

Pay tribute to the memory of a loved one through NMHA's Bell of Hope Memorial. To learn more, visit www.nmha.org/memorial.

6. 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.

7. Leave a meaningful legacy.

How would you 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 who have mental disorders as they recover their lives, and help prevent disorders in millions more. (See next page for more information.)



Some of NMHA's 2004 Media Award Winners. Media outlets represented included ABC News, the Chicago Tribune Magazine and Science.

Visions of Hope

NMHA makes it easy for you to support our mission to put recovery within reach of the more than 54 million Americans who need mental health care through our Visions of Hope program.

Bequests

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

Sample bequest language:

I hereby give, devise, and bequeath to the National Mental Health Association, IRS ID# 13-1614906, located in Alexandria, VA, 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.

For questions about supporting NMHA, the Visions of Hope program, or to become a member, contact NMHA at 800-969-NMHA (6642) or giftoffice@nmha.org, or visit www.nmha.org.

VISIONS
OF
HOPE

Financials: 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, 2004, 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 2003 financial statements and, in our report dated April 30, 2004, we expressed an unqualified opinion on those 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 financial statements referred to above present fairly, in all material respects, the financial position of the Association as of December 31, 2004, 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
March 18, 2005

Financials: Statement of Financial Position

NATIONAL MENTAL HEALTH ASSOCIATION
STATEMENT OF FINANCIAL POSITION
December 31, 2004
(With Summarized Financial Information as of December 31, 2003)

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

	2004	2003
ASSETS		
Current Assets		
Cash and cash equivalents	\$ 342,363	\$ 466,734
Accounts receivable	352,518	356,499
Grants and contracts receivable, current portion	1,375,837	1,713,069
Bequests receivable, current portion	289,177	613,449
Prepaid expenses	165,010	79,665
Inventory	215,385	288,646
Total Current Assets	2,740,290	3,518,062
Grants and contracts receivable, net of current portion	—	350,000
Bequests receivable, net of current portion	271,000	271,000
Investments	2,962,482	2,976,647
Property and equipment, net	345,978	449,792
TOTAL ASSETS	\$ 6,319,750	\$ 7,565,501
LIABILITIES AND NET ASSETS		
Current Liabilities		
Accounts payable and accrued expenses	\$ 195,425	\$ 793,495
Charitable gift annuities, current portion	11,890	11,360
Capital lease obligations, current portion	113,544	102,561
Total Current Liabilities	320,859	907,416
Line of credit	841,965	—
Charitable gift annuities, net of current portion	53,415	56,241
Capital lease obligations, net of current portion	155,614	204,877
Deposits held	47,570	14,145
TOTAL LIABILITIES	1,419,423	1,182,679
Commitments and Contingency		
Net Assets		
Unrestricted		
Undesignated	1,356,193	1,673,154
Reserve fund	675,403	675,403
Building reserve fund	1,795,697	1,795,697
Net property and equipment fund	76,820	142,354
Jo Blaylock Memorial fund	58,242	56,676
Total Unrestricted	3,962,355	4,343,284
Temporarily restricted	649,001	1,750,567
Permanently restricted	288,971	288,971
TOTAL NET ASSETS	4,900,327	6,382,822
TOTAL LIABILITIES AND NET ASSETS	\$ 6,319,750	\$ 7,565,501

Financials: Statement of Activities

NATIONAL MENTAL HEALTH ASSOCIATION STATEMENT OF ACTIVITIES

For the Year Ended December 31, 2004

(With Summarized Financial Information for the year ended December 31, 2003)

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

	Unrestricted	Temporarily Restricted	Permanently Restricted	2004 Total	2003 Total
REVENUE AND SUPPORT					
Grants, contracts and contributions	\$ 1,160,804	\$ 3,473,680	\$ —	\$ 4,634,484	\$ 9,615,585
Affiliate support	616,472	—	—	616,472	672,643
Rental income	171,710	—	—	171,710	12,845
Special events	101,000	—	—	101,000	50,000
In-kind contributions	98,730	—	—	98,730	18,714
Investment income	90,008	3,354	—	93,362	168,852
Combined federal campaign	54,287	—	—	54,287	56,225
Sales	4,367	—	—	4,367	99,903
Bequests	3,376	—	—	3,376	203,333
Net assets released from restrictions:					
Satisfaction of time restrictions	80,000	(80,000)	—	—	—
Satisfaction of program restrictions	4,498,600	(4,498,600)	—	—	—
TOTAL REVENUE AND SUPPORT	6,879,354	(1,101,566)	—	5,777,788	10,898,100
EXPENSES					
Program Services					
Constituency services	2,449,273	—	—	2,449,273	3,664,917
Education	1,979,781	—	—	1,979,781	2,702,151
Advocacy	1,008,232	—	—	1,008,232	1,211,954
Research	834,312	—	—	834,312	1,491,422
Total Program Services	6,271,598	—	—	6,271,598	9,070,444
Management and general	720,942	—	—	720,942	869,661
Fundraising	267,743	—	—	267,743	387,078
TOTAL EXPENSES	7,260,283	—	—	7,260,283	10,327,183
Change in Net Assets	(380,929)	(1,101,566)	—	(1,482,495)	570,917
NET ASSETS, BEGINNING OF YEAR	4,343,284	1,750,567	288,971	6,382,822	5,811,905
NET ASSETS, END OF YEAR	\$ 3,962,355	\$ 649,001	\$ 288,971	\$ 4,900,327	\$ 6,382,822

Financials: Statement of Functional Expenses

NATIONAL MENTAL HEALTH ASSOCIATION
STATEMENT OF FUNCTIONAL EXPENSES
For the Year Ended December 31, 2004
(With Summarized Financial Information for the year ended December 31, 2003)

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

	Constituency Services	Education	Advocacy	Research	Total Program Services
PROGRAM SERVICES					
Salaries and benefits	\$1,339,883	\$1,348,458	\$ 785,685	\$ 570,010	\$ 4,044,036
Occupancy	156,521	125,217	81,391	62,608	425,737
Grants	439,277	—	—	—	439,277
Conference and meetings	197,455	140,597	31,130	51,323	420,505
Professional fees and contract service payments	92,726	118,864	24,477	39,226	275,293
Depreciation and amortization	45,108	37,047	23,178	18,390	123,723
Travel	54,488	32,317	19,438	28,025	134,268
Supplies	49,344	62,232	4,309	12,987	128,872
Postage and shipping	31,585	16,469	15,029	28,735	91,818
Outside printing and art work	2,881	64,997	2,881	2,881	73,640
Telephone	20,201	12,072	10,888	10,355	53,516
Miscellaneous	11,479	14,851	5,498	6,442	38,270
Interest	8,325	6,660	4,328	3,330	22,643
TOTAL	\$2,449,273	\$1,979,781	\$1,008,232	\$ 834,312	\$ 6,271,598

	Management and General	Fundraising	2004 Total	2003 Total
SUPPORTING SERVICES				
Salaries and benefits	\$ 424,472	\$ 150,171	\$ 4,618,679	\$ 6,558,792
Occupancy	137,738	62,608	626,083	609,787
Grants	—	—	439,277	490,386
Conference and meetings	—	6,939	427,444	576,058
Professional fees and contract service payments	89,389	8,982	373,664	1,041,534
Depreciation and amortization	37,966	17,258	178,947	159,777
Travel	5,105	6,310	145,683	214,870
Supplies	10,375	4,195	143,442	116,214
Postage and shipping	—	6,756	98,574	125,031
Outside printing and art work	1,874	—	75,514	204,847
Telephone	6,697	—	60,213	151,988
Miscellaneous	—	1,194	39,464	70,922
Interest	7,326	3,330	33,299	6,977
TOTAL	\$ 720,942	\$ 267,743	\$7,260,283	\$10,327,183

Financials: Statement of Cash Flows

NATIONAL MENTAL HEALTH ASSOCIATION
 STATEMENT OF CASH FLOWS
 For the Year Ended December 31, 2004
 (With Summarized Financial Information for the year ended December 31, 2003)
 Increase (Decrease) in Cash and Cash Equivalents

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

	2004	2003
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$(1,482,495)	\$ 570,917
Adjustments to reconcile change in net assets to net cash used in operating activities		
Depreciation and amortization	178,947	159,777
Unrealized loss (gain) on investments	41,895	(37,705)
Realized gain on investments	(1,427)	—
Loss on disposal of other property and equipment	—	54,047
Changes in assets and liabilities:		
Accounts receivable	3,981	(10,953)
Grants and contracts receivable	687,232	(1,073,352)
Bequests receivable	324,272	(200,000)
Prepaid expenses	(85,345)	40,683
Inventory	73,261	(98,333)
Accounts payable and accrued expenses	(598,070)	129,733
Deposits held	33,425	(1,947)
NET CASH USED IN OPERATING ACTIVITIES	<u>(824,324)</u>	<u>(467,133)</u>
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment	(2,053)	(1,220)
Proceeds from sales of investments	743,675	—
Purchases of investments	(769,978)	(142,003)
NET CASH USED IN INVESTING ACTIVITIES	<u>(28,356)</u>	<u>(143,223)</u>
CASH FLOWS FROM FINANCING ACTIVITIES		
Line of credit	841,965	—
Receipt of charitable gift annuities	8,864	10,000
Payments under charitable gift annuities	(11,160)	(12,933)
Principal payments on capital lease obligations	(111,360)	(67,835)
NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES	<u>728,309</u>	<u>(70,768)</u>
NET DECREASE IN CASH AND CASH EQUIVALENTS	<u>(124,371)</u>	<u>(681,124)</u>
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>466,734</u>	<u>1,147,858</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 342,363</u>	<u>\$ 466,734</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid during the year for interest	<u>\$ 33,299</u>	<u>\$ 6,977</u>
SUPPLEMENTAL SCHEDULE OF NONCASH INVESTING AND FINANCING ACTIVITIES		
Capital lease obligations for equipment	<u>\$ 73,080</u>	<u>\$ 33,079</u>

NATIONAL MENTAL HEALTH ASSOCIATION
 NOTES TO FINANCIAL STATEMENTS
 For the Year Ended December 31, 2004

1. Organization and Summary of Significant Accounting Policies

Organization

Organized in 1950, the National Mental Health Association, Inc. (the Association) 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. The Association's primary sources of revenue are grants and contributions from foundations, government agencies and corporate 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 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, bond and equity mutual funds, equities, and money market funds and are recorded in the financial statements at fair value. Investments that are part of the board designated reserve fund, building reserve fund, the net property and equipment fund, and the Jo Blaylock Memorial Fund or that have been permanently restricted by the donor are included in long-term investments.

Property and Equipment and Related Depreciation and Amortization

Fixed assets are recorded at cost. Furniture and equipment are depreciated using the straightline method over the estimated useful lives of 3 to 7 years, with no salvage value. Equipment purchased under capital lease agreements 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 in the accompanying statement of activities.

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 7)
- Temporarily restricted net assets represent amounts that are specifically restricted by donors for various programs or use in future periods.
- 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,

Financials: Notes

NATIONAL MENTAL HEALTH ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
For the Year Ended December 31, 2004

1. Organization and Summary of Significant Accounting Policies (continued)

Revenue Recognition (continued)

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 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.

Affiliate support is recognized in the period received or a written promise has been made.

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 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.

2. Grants and Contracts Receivable

Grants and contracts receivable include \$1,100,174 of unconditional promises to give from foundations and corporations. Also included in grants and contracts receivable is \$275,663 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, 2004 consisted of the following:

	Cost	Fair Value
Government securities	\$2,334,981	\$2,324,321
Bond mutual funds	313,977	315,170
Equity mutual funds	111,706	144,410
Certificates of deposit	124,419	124,419
Money market funds	44,634	44,634
Equities	8,098	9,528
Total	<u>\$2,937,815</u>	<u>\$2,962,482</u>

4. Property and Equipment and Accumulated Depreciation and Amortization

Property and equipment are comprised of the following as of December 31, 2004:

Office furniture and equipment	\$ 869,223
Equipment under capital lease	558,580
Leasehold improvements	16,673
Total	1,444,476
Less: accumulated depreciation and amortization	(1,098,498)
Net property and equipment	<u>\$ 345,978</u>

5. Commitments

Operating Leases

The Association leases its office space under a non-cancelable operating lease that expires September 30, 2006. The lease provides for a fixed annual rental increase.

NATIONAL MENTAL HEALTH ASSOCIATION
 NOTES TO FINANCIAL STATEMENTS
 For the Year Ended December 31, 2004

5. Commitments (continued)

Operating Leases (continued)

The Association also sub-leases a portion of the office space. Revenue from this sub-lease totaled \$171,710 for the year ended December 30, 2004 and is included in rental income in the accompanying statement of activities. Total rent expense attributable to the Association's office space for the year ended December 31, 2004 was \$626,083 and is included in occupancy expense in the accompanying statement of functional expenses.

The future minimum rental payments required under this operating lease, net of sub-lease income, as of December 31, 2004 are as follows:

For the Years Ending December 31,	Total	Sublease	Net
2005	\$ 615,829	\$ 105,306	\$ 510,523
2006	<u>412,952</u>	<u>78,980</u>	<u>333,972</u>
Total	<u>\$1,028,781</u>	<u>\$ 184,286</u>	<u>\$ 844,495</u>

6. Capital Leases

The Association leases office equipment under eight capital leases which expire at various times through 2010. The leased equipment is included in property and equipment at a cost of \$558,580 with accumulated amortization of \$303,742 as of December 31, 2004.

The future minimum lease payments required for these capital leases at December 31, 2004 are as follows:

For the Year Ending December 31,	
2005	\$ 127,429
2006	71,374
2007	47,305
2008	13,608
2009	13,608
Thereafter	<u>3,402</u>
Total future minimum lease payments	276,726
Less: amount representing interest	<u>(7,568)</u>
Present value of net minimum lease payments	269,158
Less: current portion	<u>(113,544)</u>
Long-term portion	<u>\$ 155,614</u>

7. Net Assets

Board Designated Unrestricted Net Assets

The Board of Directors of the Association has designated certain unrestricted net assets for the purpose of establishing a reserve fund. The Board has approved a policy whereby the board approves annual contributions to the fund are made in an amount that equals 20% of the change in unrestricted net assets before depreciation. 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 stabilize the financial position by providing cash availability and asset growth 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, 2004.

The Association's Board has also designated the gain from the sale of its building in 2002 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, 2004 are as follows:

Financials: Notes

NATIONAL MENTAL HEALTH ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
For the Year Ended December 31, 2004

7. Net Assets (continued)

Temporarily Restricted Net Assets (continued)

Research	\$ 218,973
Advocacy	176,983
Constituency services	90,146
Time restricted for use in 2005	88,329
Education	<u>74,570</u>
Total	<u>\$ 649,001</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 in 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 \$3,354 for 2004.

8. Lines of Credit

The Association also has a \$1,000,000 line of credit with Chevy Chase bank. The interest rate is calculated based on a 90 day London Interbank offered rate (LIBOR) plus 2.15% which, as of December 31, 2004, was 5.24%. The line of credit expires on May 1, 2006. Interest expense relating to the line of credit totaled \$33,299 for the year ended December 31, 2004. As of December 31, 2004, the balance outstanding on this line of credit was \$841,965. The Association is required to meet variance covenants in accordance with the terms of the agreement. As of December 31, 2004, the Association did not meet one of the financial covenants of the agreement, but has obtained a waiver from the bank and as a result, the balance owed on the line of credit is shown as a long-term liability.

The Association has a stand-by letter of credit agreement for \$119,894 with Merrill Lynch that bears no interest and is collateralized by the Association's investments at Merrill Lynch. The line of credit expires on September 30, 2006. The letter of credit is a guarantee for the Association's landlord for its office lease. As of December 31, 2004, no balance was outstanding on this letter of credit.

During 2004, the Association obtained a line of credit agreement for \$1,862,383 with Merrill Lynch that is collateralized by the Association's investments at Merrill Lynch. Funds drawn on the line of credit bear interest at the 90 day LIBOR plus 2.15% which was 5.24%

as of December 31, 2004. As of December 31, 2004, there was no balance outstanding on this letter of credit.

9. 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. Pension expense for the year ended December 31, 2004 totaled \$49,026 and is included in salary and benefits on the accompanying statement of functional expenses

10. Hotel Contracts Contingency

The Association has entered into agreements with several hotels for the provision of conference facilities and room accommodations for its meetings through December 2005. The agreements contain various clauses whereby the Association is liable for liquidated damages in the event of cancellation or lower than anticipated attendance. As of December 31, 2004, management of the Association has estimated that the maximum possible amount of liquidated damages is approximately \$101,000. However,

NATIONAL MENTAL HEALTH ASSOCIATION
NOTES TO FINANCIAL STATEMENTS
For the Year Ended December 31, 2004

10. Hotel Contracts Contingency (continued)

management of the Association does not believe that any losses will be incurred under these contracts.

11. Income Taxes

Under Section 501(c)(3) of the Internal Revenue Code, the Association is exempt from the payment of taxes on income other than unrelated business income. For the year ended December 31, 2004 no provision for income taxes was made as the Association did not have any net unrelated business income.

12. 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, 2003, from which the summarized information was derived. Certain 2003 amounts were reclassified to conform with the 2004 presentation.

Consolidated Financial Report

NATIONAL MENTAL HEALTH ASSOCIATION CONSOLIDATED FINANCIAL REPORT OF INCOME & EXPENSE/BALANCE SHEET

This report is compiled by consolidating NMHA's and its affiliates IRS Form 990s. This is an unaudited report.

SUPPORT & REVENUE

Direct Public Support:	19,513,915
Contributions	6,995,886
Special Gifts	29,714
Grants(non-government)	59,338
Bequests	335
Membership Dues	222,984
 Indirect Public Support	9,893,950
United Way	1,907,218
CFC	621
 Government Grants	96,355,462
Federal Government Grants	227,472
State, Local Government Grants	8,662,651
 Program Service Revenue	65,086,864
Membership Dues/Assessments	1,810,555
Interest (Savings/Temp. Cash Invest.)	795,111
Dividends/Interest (Securities)	781,190
Net Rental Income	353,063
Other Investment Income	12,890
Net on Sale of Assets	455,576
Net Income/Special Events	2,899,716
Net Sales Income	123,794
Other Revenue	1,945,648
 TOTAL REVENUE	218,133,952

EXPENSES

Program Services	188,273,727
Management & General	24,767,486
Fundraising	3,119,360
Payments to Affiliates	444,010
 TOTAL EXPENSES	216,604,584

NET ASSETS

Excess or (Deficit) for Year	1,529,368
Net Assets/Fund Bal. beg. Year	102,086,706
Other Changes Net Assets/Fund Balance	457,302
Net Assets/Fun Bal. end of Year	104,073,377

- 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 Association for Geriatric Psychiatry
- 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 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 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 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, Calif.
- 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
- Indian Health Services, U.S. Department of Health and Human Services
- Institute for the Advancement of Social Work Research
- International Association of Jewish Vocational Services

NMHA Partners

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

BOARD OFFICERS

Cynthia Wainscott

Chair of the Board

Mental Health Advocate/Former Executive Director, NMHA of Georgia
Cartersville, Ga.

Sergio Aguilar-Gaxiola, M.D., Ph.D. **Chair-elect**

Visiting Professor and Director of the Center for Reducing Healthcare Disparities
University of California, Davis
Sacramento, Calif.

Karl Dennis **Vice-chair, Prevention and Children's Mental Health Services**

President, Karl Dennis & Associates
Michigan City, Ind.

J. Richard Elpers, M.D. **Immediate Past Chair of the Board**

Professor of Clinical Psychiatry & Bio-Behavioral Mental Health Sciences, Emeritus, UCLA
Woodside, Calif.

Harriet Fein **Vice-chair, Public Affairs**

Consultant, Fein Associates
Poughkeepsie, N.Y.

Larry Fricks **Vice-chair, Public Policy**

Director, Office of Consumer Affairs/Georgia Division of Mental Health
Atlanta, Ga.

Robyn Loup **Vice-chair, Financial Development**

Retired Stock Broker
Greenwood Village, Colo.

John A. Morris, M.S.W. **Secretary/Treasurer**

Professor & Director of Health Policy Studies,
Department Neuropsychiatry and Behavioral Science, USC School of Medicine
Columbia, S.C.

Cynthia Morss Truitt, Ph.D. **Vice-chair, Strategic Planning**

Human Resources Mental Health Consultant, Private Practice
Avon, Colo.

Yvonne Peret, LCSW-C **Vice-chair, Prevention and Adults Mental Health Services**

Executive Director
Advocacy & Training Center
Cumberland, Md.

Paula Sandidge, M.D. **Vice-chair, Affiliate Relations**

Retired Anesthesiologist
Nashville, Tenn.

BOARD MEMBERS

Barbara Bazron, Ph.D.

Managing Director
American Institutes for Research
Washington, D.C.

Janice Beal, ED.D. **Chair, Cultural Competence Task Force**

Psychological Counselor, Beal Counseling Associates
Houston, Texas

Ann Boughtin

AdvoCare/Magellan Behavioral Health
Franklin, Tenn.

Vivian Brown, Ph.D.

CEO, Prototypes, Centers for Innovation in Health, Mental Health and Social Services
Culver City, Calif.

Bill Compton, M.A. **Executive Committee, Member-at-Large**

Executive Director, Project Return: The Next Step
Los Angeles, Calif.

Crystal Cook

Proprietor, Sol Day Spa
Paradise Valley, Ariz.

Tim Hamilton **Chair, Substance Related & Interactive Co-occurring Disorders Task Force**

Director, Dual Recovery Empowerment Foundation
Shawnee Mission, Kan.

Mary S. Harper, R.N., Ph.D., FAAN

Consultant
Geropsychiatric Care and Research
Columbus, Ga.

James Hawkins

Retired Manager, Public Relations
Eastman Kodak Company
Rockville, Md.

Mark Heyrman, J.D.

Clinical Professor of Law & Faculty Director
University of Chicago Law School
Chicago, Ill.

Joel Hornberger

Chief Operating Officer,
Cherokee Health Systems
Talbott, Tenn.

Sen. Vincent Hughes

State Senator
Pennsylvania State Senate
Philadelphia, Penn.

DJ Ida, Ph.D.

Executive Director, National Asian American Pacific Islander Mental Health Association
Denver, Colo.

Paddy Kutz

Executive Director, MHA in Licking County
Newark, Ohio

Joseph Rogers

President & CEO
MHA of Southeastern Pennsylvania
Philadelphia, Penn.

Darrell Steinberg

Attorney/Legislator
Hanson, Bridgett, Marcus, Vlahos and Rudy, L.L.P.
Sacramento, Calif.

Nada L. Stotland, M.D., M.P.H.

Professor of Psychiatry and Obstetrics/Gynecology
Rush Medical College
Chicago, Ill.

Cynthia Turner-Graham, M.D.

Psychiatrist and Consultant
Professional Health and Wellness
Rockville, Md.

PRESIDENT AND CEO

Michael M. Faenza, M.S.S.W.
Alexandria, VA



Photos from the top, clockwise: NMHA founder Clifford Beers in 1908; NMHA's Board Chair Jeannette Rockefeller meets with President Lyndon Johnson in the mid-1960s; and NMHA's 1948-49 annual report.

The Mental Health Movement is the product of the hope and determination of a remarkable man, Clifford Beers. In 1900, 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, 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.

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.



For further information, to support NMHA or become a member contact:
National Mental Health Association
P.O. Box 16810
Alexandria, VA 22302-0810

Main 703-684-7722
Toll-free 800-969-NMHA (6642)
Fax 703-684-5968 www.nmha.org
Federal ID Number 13-1614906