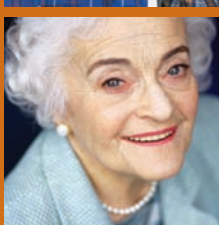




changing minds. *changing lives.*

mental health america

annual report 2007



MHA
Mental Health America

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Who Are We?

Mental Health America (formerly the National Mental Health Association) is the country's leading nonprofit dedicated to helping all people live mentally healthier lives. With our more than 320 affiliates nationwide, we represent a growing movement of Americans who promote mental wellness for the health and well-being of the nation—every day and in times of crisis.

Mental Health America Vision

Mental Health America 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.

Mental Health America Mission

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

www.mentalhealthamerica.net

Welcome to our 2007 Annual Report

The strength of Mental Health America is evidenced in so many ways throughout our 300-plus affiliate network. Each and every year, our affiliates provide critical and ongoing support to millions of mental health consumers and their families. Recognizing shifting and changing attitudes, Mental Health America is charting a vital course and we are determined that by educating communities and affecting significant life improvements, we can and we are ***“Changing Minds. Changing Lives.”***

To understand the scope of our affiliates’ contributions and dedication, in both large and small communities throughout the United States, in this 2007 Annual Report we are highlighting three affiliate signature programs as well as profiles of mental health consumers whose lives have been vastly improved by the participation in these affiliate programs. These individual profiles help emphasize our sense of urgency to reach out to a greater number of persons with mental health and substance use conditions.

2007 witnessed exceptional progress on the legislative front. Mental Health America worked with Congressmen Patrick Kennedy and Jim Ramstad, who sponsored mental health parity legislation in the U.S. House of Representatives, and with affiliates across the country to mount a series of field hearings to document the need and support for a federal insurance parity bill. Thanks to the efforts of our Mental Health America affiliates, these hearings galvanized support and gave the Paul Wellstone Mental Health and Addiction Equity Act, H.R. 1424, a powerful launch that paved the way for a historic first vote in the House on a comprehensive mental health/addiction parity bill. In early 2008, this landmark legislation passed the House of Representatives by a vote of 268 to 148. Mental Health America also helped to shape and win support for S. 558, the Senate parity bill, which chamber passed unanimously in September 2007.

In late 2007, Mental Health America called for significant policy changes with the release of its new report, “Ranking America’s Mental Health: An Analysis of Depression Across the States,” which for the first time linked each state’s mental health status and suicide rates to the ability of its residents to access care.

Through our national office staff’s concerted and strategic efforts as well as our affiliates’ innovative grass-roots programs “– from healthcare policy, to access to individualized care and appropriate treatment – we will continue on our unwavering path to ***“Changing Minds. Changing Lives.”***”

David L. Shern, PhD
President and CEO



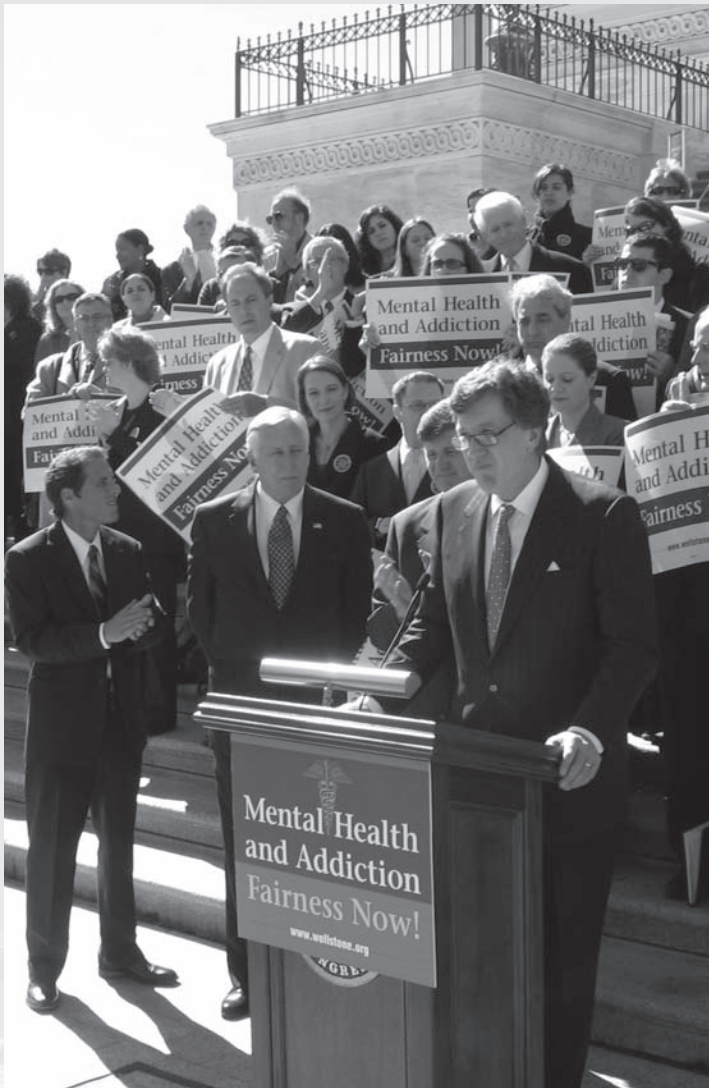
Sergio Aguilar-Gaxiola, MD, PhD
Chair of the Board



Advocacy

Public Policy and Advocacy

Mental Health America works at the federal and state levels to advocate for access to effective care and to end discrimination against people with mental and addictive disorders. We do this through community systems change and direct advocacy. Nationally, Mental Health America utilizes direct advocacy and coalition partnerships and broad public grassroots campaigns to shape the tone and content of federal policies affecting mental health issues, and redirect the national debate to embrace mental health as one of the top public health issues. Mental Health America's Healthcare Reform Advocacy Training works with state and local affiliates to provide issue education, fosters cross-germination of strategies and model policies, and builds coalitions that are broad-based and supported through the planning and execution of targeted action plans around specific issues.

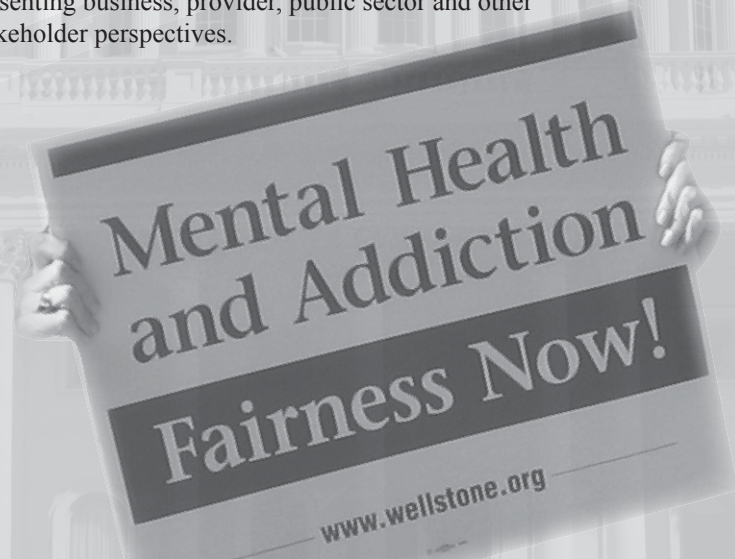


Mental Health Parity

Congressional Field Hearings

Reflecting the strength and depth of our affiliate field, Mental Health America worked with Congressmen Patrick Kennedy and Jim Ramstad, who sponsored mental health parity legislation in the House of Representatives, and with affiliates across the country to mount a series of field hearings to document the need and support for such legislation. The hearings – which took place early in 2007 – set the stage for Congressional committees to consider parity legislation with an eye to its passage in the 110th Congress.

The hearings took place over three months in virtually all regions of the country, with particular emphasis on key media markets and important legislative districts. Mental Health America affiliates – working with Mental Health America, local congressional offices, and community partners – participated in all phases of planning, from identifying witnesses and developing testimony to securing venues and publicizing the event. Each hearing was unique in highlighting poignant consumer accounts, profiling local needs, documenting the cost of not providing parity, and presenting business, provider, public sector and other stakeholder perspectives.



In addition, the hearings gave visibility to the leadership and coalition-building roles of the local Mental Health America affiliates, and further cemented ties between Mental Health America, local congressional offices, media and others.

Thanks to the efforts of our Mental Health America network, these hearings gave the Paul Wellstone Mental Health and Addiction Equity Act, H.R. 1424, a powerful launch and paved the way for a historic first vote in the House of Representatives on a comprehensive mental health/addiction parity bill. This landmark legislation passed the U.S. House of Representatives on March 5, 2008, by a vote of 268 to 148.

Mental Health America also played an active part in helping shape and winning support for S. 558, the Senate parity bill, which chamber passed unanimously in September 2007.

Parity—State Children’s Health Insurance Program (SCHIP)

Mental Health America led the charge to include a mental health parity requirement in SCHIP plans, highlighting the fact that many states impose discriminatory benefit limits on mental health services in their State Children’s Health Insurance Program (SCHIP) plans – including limits on inpatient care and outpatient visits. This advocacy effort, which was mounted in the context of a broader effort to reauthorize SCHIP, was very successful. Final SCHIP reauthorizing legislation that passed the House and Senate in 2007 incorporated this new ban on discriminatory limits on mental health care for children.

Unfortunately, President George W. Bush vetoed the reauthorization bill, and Congress was unsuccessful in overriding that veto. However, as a result of Congress including this provision in the bill it passed, we are very well positioned to see mental health parity again included when Congress resumes consideration of SCHIP.

Medicare

Mental Health America has also been a leader in calling for legislation to repeal Medicare’s 50-percent coinsurance rate for outpatient mental health services. The higher out-of-pocket cost constitutes a substantial barrier for many Medicare beneficiaries in need of mental health services. Research by Substance Abuse and Mental Health Services Administration indicates that as a result of this obstacle to accessing outpatient services, Medicare beneficiaries are more likely to utilize costly inpatient care. We advanced our goal last year when the House passed Medicare legislation that reduced the 50-percent coinsurance rate to the 20-percent rate that generally applies to outpatient services. Here too, advocacy has moved the ball further than ever, providing a greater foundation for overturning this inequitable provision in future Medicare bills.

In 2007, the passage and/or implementation of strong parity legislation in New York, Ohio, Colorado, and North Carolina significantly expanded access to mental health insurance coverage.

This is a growing awareness and acceptance that all people in America should have a right to health care benefits, including needed behavioral health services.

FY 2008 Mental Health Funding

Among the advocacy challenges we faced in 2007 was maintaining adequate federal funding for mental health programs in the face of an Administration budget that proposed severe cuts in 2008. As a leader in the broader public health (Coalition for Health Funding Board Member) and disability communities (Consortium for Citizens with Disabilities Board Member), Mental Health America helped spearhead efforts that opposed those deep cuts and pressed Congress to increase funding for mental health supports and services, and other public health discretionary spending. These efforts included mounting congressional briefings, drafting “Dear Colleague” letters on behalf of congressional champions, generating coalition letters signed by a large swath of the broader public health and disability communities, and engaging our affiliates to weigh in with their elected officials. For example, Mental Health America helped draft a letter that was ultimately endorsed by over one thousand groups in support of the congressional funding levels. Although the House and Senate passed Labor, Health and Human Services Appropriations bills, which funds the bulk of mental health services and supports, by overwhelming margins (66 percent of the House and 75 percent of the Senate supported their bills), the President vetoed this bill and the House failed to override the veto by one vote.

In the end, the final FY 2008 funding package averted the steep cuts we had fought. Although the initial advocacy gains in human services were derailed by a veto that came within one vote of being overridden, they nevertheless have helped build a base of support for important programs among members of the House and Senate for future budget and appropriations.

Improving Veterans’ Access to Mental Health Services

For years, Mental Health America and its affiliates have been at the forefront of advocacy for meeting the mental health needs of returning service-members. In April 2007, Mental Health America



testified on this issue at a hearing before the Senate Committee on Veterans' Affairs. Our testimony offered a series of specific recommendations that were ultimately reflected in the Mental Health Improvements Act of 2007 (S. 2162) adopted by the Committee in November 2007.

Mental Health America also moderated a Senate Mental Health Caucus-sponsored briefing and, building on the recommendations reflected in our Senate testimony, worked with Senator Pete Domenici to develop legislation to improve veterans' access to mental health services. That legislation, the Veterans' Mental Health Outreach and Access Act, S. 38, calls for the Department of Veterans Affairs (VA) to establish a national program for training returning veterans to provide outreach and peer-support services to other returning veterans, and to contract with community mental health centers in areas where returning veterans cannot reasonably access VA mental health care. Working with leaders of the House Committee on Veterans' Affairs, Mental Health America won adoption of these provisions, which were included in House-passed Veterans' Health Care Improvement Act, H.R. 2874.

Mental Health America's call for the VA to foster the use of peer-outreach services and partnerships with community providers was supported by a number of major national veterans' organizations, and was reflected in congressional appropriations' report language.

Across the country Mental Health America affiliates are working with state legislatures who want to be there for returning veterans and their families who need help. Most bills addressed funding for prevention outreach and service activities to fill the gap for veterans who are geographically isolated from VA services. A special area of interest is with returning members of the National Guard. Affiliates like the Mental Health America of North Carolina were active in gaining support for the Citizen-Soldier Support Program, a community-based initiative aimed at mobilizing community organizations and services to support and strengthen local citizen soldiers, their families and loved ones.

Protecting Access to Mental Health in Medicaid

In 2007, a growing number of new federal and state policies sought to reduce health care costs and extend limited coverage to the uninsured. The trend led to the increased use of Medicaid waivers, and new options under the Deficit Reduction Act reduced access to vital mental health services. There was a clear need to provide Mental Health America affiliates and other mental health advocates with the tools to influence reform discussions before mental health and addiction treatment services were scaled back.

In response, Mental Health America's Healthcare Reform Department facilitated multiple state-level strategy meetings and technical assistance to help advocates across the country successfully educate and engage policy leaders on how to protect access to mental health services. Mental Health America worked with advocates in Louisiana, Indiana, West Virginia, California and elsewhere to develop and support sensible reforms of the Medicaid benefit.

In fact, West Virginia stakeholders were so empowered to communicate Medicaid reform concerns to the public and policy leaders that their efforts led to an inclusion of mental health services in new benefit packages.

By assisting states in advocating for mental health, Mental Health America has contributed to the growing capacity of the field to address increasingly complex reforms and to build and sustain relationships that will enable us to bring mental health to the forefront of the healthcare debate.

In Washington DC, Mental Health America and other advocates – facing the prospect of severe Medicaid cutbacks – succeeded in pushing Congress to delay implementation of dramatic Administration-initiated regulatory changes to Medicaid reimbursement policy for rehabilitative and school-based administrative services. The proposed regulations on rehabilitative services would have limited access to community-based care for children and adults with mental health conditions. In addition, school personnel could no longer help low-income children with mental health needs sign up for Medicaid or help coordinate their care across multiple agencies. An intensive education and advocacy effort resulted in Congress halting implementation of these regulations for six months. That important action was included in legislation that also averted cuts to Medicare physician payments, and provided advocates needed time to prevent lasting damage to this important program.

Building our Grassroots Movement

In 2007, Mental Health America undertook a major initiative to develop an online community to promote awareness of mental health issues and increase constituent participation in federal and state advocacy campaigns. The end result, the Advocacy Network, provides a venue for individuals who want to know more about mental health and wellness, who understand the issues confronting our nation and communities and who want to take action to help everyone's mental health and wellness.

In 2007, Mental Health America engaged a growing movement of advocates to take action on federal and state advocacy campaigns. More than 4,300 Americans signed the *Vision for Change* petition calling on Congress to make mental health a priority, over 321,000 emails and faxes were sent to Congress and state legislatures, and Mental Health America grew its constituency by 66 percent.

In addition to organizing national advocacy, Mental Health America is establishing State Advocacy Networks that allow affiliates to grow the number of individuals taking action on state level policy issues. Mental Health America is providing affiliates with state of the art tools, intensive technical assistance and resources to guide the development of state sites through strategic content consultation, technical design, and project planning. Working together with our affiliate field, Mental Health America continues to grow and engage the grassroots community in support of mental health and wellness for the entire country.

Evidence-Based Healthcare

Mental Health America is leading efforts to ensure more powerful consumer involvement in national and state initiatives designed to improve quality of care. A core activity of many of these initia-



THE NATIONAL WORKING GROUP ON EVIDENCE-BASED HEALTH CARE

tives is the review, interpretation, and dissemination of information about scientific research that consumers, clinicians and policymakers use to make decisions about health care delivery and coverage. Comprised of more than 40 consumer, caregiver, practitioner and researcher organizations, **the National Working Group on Evidence-Based Healthcare** (the Working Group) is committed to promoting accurate and appropriate evidence-based policies and practices that improve the quality of healthcare services in the United States.

In 2007, Mental Health America successfully promoted wider recognition of the patient/consumer perspective and the importance of consumer and clinician inclusion in all dialogues about evidence-based healthcare including:

- A patient/consumer-focused forum, “Nothing About Us Without Us: Patient / Consumer Participation in Evidence-Based Health Care,” to highlight international and U.S. models for including patient/consumer perspectives in the development, review and dissemination of evidence about effectiveness, safety and benefits and risks of health care interventions.
- A white paper titled “Rebalancing Evidence-Based Healthcare: The Central Role of Patients and Consumers.”
- Congressional testimony and comment on patient/consumer concerns in comparative effectiveness research.
- Media messages and Power Point presentations to enable participating organizations to communicate with their constituencies about this complex topic.

Mental Health America and the Working Group’s efforts have yielded important results, including wider recognition of the patient perspective and the importance of inclusion and ensuring that patient perspectives are represented in research, academic and policy dialogues about evidence-based healthcare.

Strategic Technical Assistance

During 2007, Mental Health America continued to inform and coalesce mental health stakeholders across the country to articulate alternative policies, identify financing mechanisms, and implement community-led strategies that promote a quality-focused system of health care for children, youth, adults, older adults and families. Mental Health America’s strategic technical assistance offers a “war room” of rapid support to grassroots coalitions fighting advocacy battles across the country. Examples of direct technical assistance include analysis of legislation, fact sheets, assistance developing talking points or testimony, research and model legislation. Strategic response technical assistance continues to demonstrate positive outcome successes.

As the pressure and ability to innovate at the state and local policy levels increases, mental health advocates continue to confront challenges in sustaining a steady program of education, outreach and engagement tools that keep policymakers focused on mental health as a priority issue. The Healthcare Reform Program will continue to meet the challenge with a concerted initiative focused on policymaker education and engagement.

Public Education

Driven by a passion to improve the mental well-being of all Americans, Mental Health America works tirelessly to effect positive nationwide change in knowledge, attitudes and behaviors of mental health issues. Our communications and educational campaigns focus on directing individuals to appropriate mental health services, informing all Americans of the need for quality mental health care and constantly battling the stigma of mental health issues that hinder millions of Americans from seeking needed treatment.

Through our educational efforts, Mental Health America integrates the message of “mental wellness for a lifetime” into all its public educational activities. We strive to create an enlightened environment in which people feel comfortable seeking help, providers are able to deliver quality services and policymakers will have the knowledge and will to support pro-mental health measures. Mental Health America is committed to achieving mental health for everyone, every day and in times of crisis. Every step of the way, we are “Changing Minds. Changing Lives.”

2007 Mental Health Month

For more than 50 years, our country has celebrated Mental Health Month in May to raise awareness about the importance of mental wellness for all and to educate the public about mental illnesses.

A number of activities were held by the national office to recognize the Mental Health Month observance, including aggressive national media outreach and participation in a Children’s Mental Health Awareness Day event on May 8 on Capitol Hill. Mental Health America developed a variety of public education, media and advocacy materials for affiliate organizations and the general public. Select publications include a poster highlighting the detrimental effects of stress on the body, new fact sheets, including Staying Well When You Have a Mental Illness and Managing Life’s Challenges, and print and radio Public Service Announcements.

Mental Health America also developed A Guide to Effective Public Education Programming, which features a program planning framework, planning and evaluation tools, outreach ideas, media outreach tips and other resources to help organizations plan Mental Health Month and year-round activities.

What Does Gay Mean?

In 2002, Mental Health America embarked on an effort to address the significant mental health impact of anti-gay prejudice. “What Does Gay Mean?” was an initiative developed to raise awareness about the damaging mental health effects of bullying and help parents teach their children tolerance and respect for all people.

As part of this initiative, Mental Health America developed the booklet, “What Does Gay Mean?”, a resource for parents looking for guidance on how to talk to their children about diversity in a sensitive, age-appropriate manner.



The theme for the 2007 observance was MIND Your Health with a focus on three objectives: (1) Raise awareness about the potential health implications of severe mental illness among consumers (as well as families and providers) and the importance of adopting a recovery and wellness lifestyle; (2) Build broad public recognition around the role of mental health to overall health and the factors that promote mental wellness; and (3) Highlight the importance of developing community-based approaches to addressing children’s health and wellness.

In 2007, in an effort to reach culturally-diverse audiences, the program focused specifically on outreach to Latino communities. Mental Health America developed a Spanish adaptation of the booklet, "What Does Gay Mean?" The new publication, "Qué Significa Ser Gay?" was distributed to Mental Health America's affiliates, partner organizations and to the general public through Mental Health America's Resource Center.

As part of this effort, Mental Health America issued grants to three Mental Health America affiliates actively working with the Latino community in their areas to support community events, such as parent education workshops and skills building sessions, in addition to media outreach. Grantees included:

- **Mental Health Association in North Carolina** held workshops for Latino women on the topic of bullying, particularly around issues of sexual orientation. They also held a workshop on bullying at their Annual Latino Women's Conference, with attendance of over 150 participants.

- **Mental Health Association of Montgomery County, MD** conducted educational workshops for Latino parents and youth to address the damaging mental health effects of bullying, to foster the mental wellness of youth who are victims of bullying, to improve understanding and respect for youth who are gay/lesbian/bisexual/transgender, and to help parents discuss issues of sexual orientation in an appropriate way.

- **Mental Health Association of New York City** held workshops for Latino parents to address issues related to bullying of gay youth and offered workshops for Latino parents of lesbian, gay, bisexual and transgender youth to focus on how parents can help their children who have been bullied because of sexual orientation and protections offered to their children under New York City and State Law.

Mental Health America also conducted a national public opinion survey of over 500 Latino parents to better understand their attitudes and communication with their children about bullying, sexual orientation and prejudice. Mental Health America conducted media outreach and held a media telephone briefing to highlight the findings from the survey. The teleconference featured Mental Health America Board Chair Dr. Sergio Aguilar-Gaxiola and Jesus Sanchez, project manager at Youth in Focus in California, who spoke during the conference about his personal experiences growing up a gay Chicano youth.

Post-Traumatic Stress Disorder (PTSD) Fact Sheet

Mental Health America developed a new online resource on Post-Traumatic Stress Disorder. This publication includes information on the signs and symptoms of PTSD, treatment, helping a

family member who has PTSD, personal stories and an "Ask the Expert" column featuring David Riggs, PhD, an expert on trauma and PTSD and Executive Director of the Center for Deployment Psychology at the Uniformed Services University of the Health Sciences.

Campaign for America's Mental Health

The Campaign for America's Mental Health (Campaign) is Mental Health America's comprehensive effort to improve Americans' awareness, attitudes and behaviors regarding mental health and mental health conditions. In 2007, Mental Health America worked closely with nearly 60 affiliate Campaign sites to organize and conduct local educational, screening and media activities, which resulted in more than 90 million local media impressions and more than 2 million people educated at 3,926 events.

In addition to local outreach, Mental Health America embarked on a comprehensive research effort to inform the development of a new focus for the Campaign, to roll out in 2008. Mental Health America based its research strategy on key principles of social marketing and sought to determine:

- How wellness is understood
- How individuals perceive wellness in relation to mental health and overall health
- What words, phrases and ideas have meaning when communicating about mental health in a wellness framework
- What people do (or plan/try to do) on a daily/regular basis to stay/feel well

Phase one research activities include an environmental scan; literature review of medical, public health, and social sciences journals; 28 in-depth interviews with Mental Health America and affiliate staff, Board Members, consumers and external experts; two focus groups; and an online survey. From this research, Mental Health America identified the Campaign's target audience as people who are experiencing extreme life stress, are concerned about their mental health and may be seeking solutions to improve it. Phase two of the research was designed to test message concepts and appeals and involved four additional focus groups; two phone discussions with affiliates; and two online surveys. This research revealed the need for a Campaign with an empowering, positive focus on resiliency and wellness to overcome individuals' reluctance to address mental health concerns. Campaign development will continue in 2008.

2007 Public Education Institute

In January 2007, Mental Health America held its annual Public Education Institute, Building a Culture of Mental Wellness, a training conference for affiliates designed to strengthen efforts

around mental health promotion and prevention. The conference – attended by nearly 100 participants – featured renowned experts and advocates from around the country, including representatives from the Centers for Disease Control and Prevention, the Lance Armstrong Foundation and the University of Medicine and Dentistry of New Jersey, Robert Wood Johnson Medical School. Highlights of topics covered include social marketing, message development and consumer wellness and recovery.

Dialogue for Recovery

Through the Dialogue for Recovery (DFR) educational initiative, Mental Health America seeks to enhance recovery, health and quality-of-life for individuals with severe mental health conditions. The program works to improve communication between mental health consumers, their healthcare providers, family members and others to support an individual's empowerment and recovery. Through DFR, Mental Health America and its affiliates in 2007 generated over 85 million local media impressions and educated more than 1.5 million people at over 3,800 local educational events.

Dialogue for Recovery Video

In 2007, Mental Health America worked with Horizons TV, Inc. through a grant from the Shelby Cullom Davis Foundation to produce a 20-minute documentary DVD featuring the real stories and experiences of four consumers in recovery. Mental Health America staff recruited local consumers with severe mental illnesses and asked them to share their experiences with recovery through one-on-one on-camera interviews. The resulting 20-minute video is designed to promote the message that recovery is possible and is intended for use in recovery-focused workshops and trainings, presentations and at conferences. The b-roll footage may also be used in public service announcements and in other media outreach.

Smoking Cessation

In 2007, Mental Health America, through a grant from the Smoking Cessation Leadership Center, surveyed its affiliate field to determine the readiness of Mental Health America and its affiliates to adopt smoking cessation as a programming priority. The online survey was designed to assess affiliates' awareness and attitudes about the issues of smoking and smoking cessation among people with severe mental health conditions.

The online survey revealed that Mental Health America's affiliates are interested and supportive of smoking cessation and prevention, and are open to adopting these areas given the right information and resources. In addition to the survey, Mental

Health America developed a myths and facts fact sheet for its affiliates to shed light on the magnitude of the issue of smoking among consumers. The final survey report and fact sheet will be released in 2008.



Mpower Awards

Mpower is a youth outreach initiative of Mental Health America that uses the power and influence of music to talk about mental health in a language that truly resonates with youth. Through an edutainment format, Mpower aims to raise awareness and change youth attitudes about mental health, fight stigma, and empower youth to get informed, get help and get involved.

As part of Mpower, Mental Health America gives out Mpower Awards each June during its Annual Meeting. The awards recognize and encourage the important work of young mental health advocates around the country. At its Annual Meeting in June 2007, Mental Health America presented six outstanding youth with Mpower Awards for their exceptional efforts to raise mental health awareness and reduce stigma among their peers. Award recipients include musician, Lindsay Rush, 21, New Hope, PA; Serena Iacono, 23, Minneapolis, MN; Stacy Hollingsworth, 23, Old Bridge, NJ; Liz Kollaja, 18, Jenks, OK; Andy Werlein, 21, Waukesha, WI; and Alexis Chappell, 23, Washington, DC.

Mental Health America Promotes Accurate Media Coverage of FDA Warning on Antidepressants

In 2007, Mental Health America worked to educate the media and the general public about the danger of untreated depression and the implications of an expanded FDA "black box" warning on SSRI antidepressants. Mental Health America spearheaded the Coalition for Constructive Coverage – a coalition of mental health advocacy and public education organizations – which was

formed in late 2006 to promote balanced coverage of the FDA hearings. In 2007, the Coalition developed media strategies and common messages, identified mental health consumers and other representatives for media opportunities and promoted the views of national mental health experts to ensure fair and balanced coverage of the FDA's decision and other mental health issues. Coalition member organizations appeared in numerous media outlets including the *New York Times*, *USA Today* and many others.

As a result of the Coalition's activities and Mental Health America's leadership, the FDA acknowledged that untreated depression is the biggest risk for suicide and decided not to extend the "black box" warning to all ages.

Mental Health America also played a leading role in publicizing new CDC data showing a dramatic increase in suicide deaths among youths, which researchers believe may be related to a 2004 FDA decision to place "black box" warnings on antidepressants for youth. Researchers are currently investigating the association between the suicide increase – the largest in the years 1990 to 2004 – and falling antidepressant prescription rates surrounding the FDA's decision.



Mental Health America Responds to Virginia Tech Shootings

In the days following the tragic shootings at Virginia Tech on April 16, Mental Health America and its affiliates sprang to action, educating the public and aiding people through their grief and shock.

Affiliates across the country quickly disseminated resources to help students, parents and educators respond to and cope with the tragedy. Mental Health America, the only national mental health organization to speak out about the tragedy, moved quickly to put our crisis communications into effect. Through interviews with major media outlets such as CBS, "ABC World News with Charles Gibson," the *New York Times*, the "Diane Rehm Show" and the Fox News Channel, we helped to ensure that the public dialogue stayed on a constructive – not destructive – path. Our messages worked to counter the myth associating mental illnesses with violence, and included a warning to the public to avoid diagnosing or profiling others on the basis of the gunman's mental health.

Mental Health America Report Links States' Depression Status to Access to Care

In November 2007, Mental Health America called for significant policy change with the release of its new report, *Ranking America's Mental Health: An Analysis of Depression Across the States*, which for the first time linked each state's mental health status and suicide rates to the ability of its residents to access care.

In general, the Ranking of America's Mental Health Report found that states that offer more access to mental health services have lower rates of depression and suicide than states with more limited access to care. The study ranked all 50 states and the District of Columbia based on rates of depression and suicide using national data.

"The take-home message from this study is that access to care makes a difference," said Dr. David Shern, PhD, president and CEO of Mental Health America, at a Nov. 28 press briefing at the National Press Club in Washington, DC. "One of our goals with this report is to close the gap between science and availability of services."

While a number of factors including biology and environment impact an individual's mental health, this study shows that states can significantly improve their populations' mental health status by adopting policies that expand access to mental health treatments.

In “Ranking America’s Mental Health,” Mental Health America found statistically significant associations between the following factors and better depression status and lower suicide rates:

- **Mental health resources:** On average, the higher the number of psychiatrists, psychologists and social workers per capita in a state, the lower the suicide rate.
- **Barriers to treatment:** The lower the percentage of the population reporting that they could not obtain health care because of costs, the lower the suicide rate and the better the state’s depression status. In addition, the lower the percentage of the population that reported unmet mental health care needs, the better the state’s depression status.
- **Mental health treatment utilization:** Holding the baseline level of depression in the state constant, the higher the number of antidepressant prescriptions per capita in the state, the lower the suicide rate.
- **Socioeconomic Characteristics:** The more educated the population and the greater the percentage with health insurance, the lower the suicide rate. The more educated the population, the better the state’s depression status.

Health Insurance Parity: The more generous a state’s mental health parity coverage – which ensures equal insurance coverage for general health and mental health treatment – the greater the number of people in the population that receive mental health services.

The top 10 “least depressed” states are 1) South Dakota, 2) Hawaii, 3) New Jersey, 4) Iowa, 5) Maryland, 6) Minnesota, 7) Louisiana, 8) Illinois, 9) North Dakota and 10) Texas. The bottom 10 “most depressed” states are 42) Wyoming, 43) Ohio, 44) Missouri, 45) Idaho, 46) Oklahoma, 47) Nevada, 48) Rhode Island, 49) Kentucky, 50) West Virginia and 51) Utah.

The media response was overwhelmingly positive, resulting in an exclusive print story in *USA Today* and an exclusive broadcast story on *CNN: American Morning*. Wire story coverage took on lives of their own, re-running in dozens of publications and on cable and network news. **Overall, the coverage resulted in approximately 70 million media impressions across 87 markets in 40 states.** There were 37 print and wire stories, including five editorials, and 199 television segments/reads on 123 stations, with 181 mentioning Mental Health America. *CNN* and *CNN: Headline News* mentioned the story 11 times in a three-day period. Dr. Shern also participated in a Radio Media Tour with 12 radio stations.

Overall, Mental Health America doubled its annual media coverage from approximately 1 billion media impressions to more than 2 billion in 2008. Three key events/activities were contributors to this increased media coverage: the Coalition for Constructive Coverage (led by Mental Health America) strategic media relations efforts around the black box warnings, the tragic shootings at Virginia Tech, and the States of Depression Project.



Affiliate Services

Mental Health America works in partnership with its more than 320 state and local affiliate organizations to promote mental wellness for the health and well-being of the nation through advocacy, education, research and service. Through the many efforts and outreach programs of the National Office, individual affiliates are connected to the entire Mental Health America network and the mental health movement. State and local affiliates bring together mental health consumers, family members and supporters of consumers, service providers and other advocates for collaboration and action. By communicating regularly with the National Office and each other, MHA affiliates can share ideas, challenges and best practices to help meet the needs of their communities.

In 2007, Affiliate Services and Relations launched two new programs in response to an overwhelming need by the field to both prepare new leaders and new affiliates for success, and to increase shared and effective learning opportunities among the affiliate membership.

Class of 2007 – Bell 101

In January 2007, Mental Health America's Affiliate Services Department created the BELL 101: Class of 2007 program. BELL 101 is a year long education and networking program targeting potential and renewing affiliates. The goals of the BELL 101 program are:

One: To provide affiliates with the best possible platform and grounding to become successful, stable and effective agents of health and wellness in their communities.

Two: To provide a stronger presence throughout the country capable of meeting and supporting our national mission, vision, values and purpose.

In the past, we had received many calls and letters of interest in starting or becoming an affiliate from a variety of sources, varying in size, location, member composition, focus of interest and outreach. This program is a way to get these fledgling organizations involved in our movement and assist them in their organizational development. The program is also a way to rejuvenate older affiliates who may have a new executive director who needs extra technical assistance and support to grow in his/her position.

Accomplishments

The 15 members of the Class of 2007 completed 22 hours of classes, covering all 8 categories from our Standards of Affiliation. Faculty for these classes consisted of National staff members and affiliate field staff. The curricula consisted of many of the materials developed for the Mental Health America Mission Kit, along with supplemental materials supplied by different departments within the organization.

The participants in this program were from 12 states and represented 8 renewing affiliates and 6 potential affiliates. Of the potential affiliates, three became chartered member affiliates in January 2008, Central California, Southern Nevada, and San Diego (Calif.). A fourth organization also joined in November 2007, Mental Health Association of Fauquier County.

National Staff Institute

History

In June 2006, a small group of executive directors gathered at the annual conference to discuss reforming what had once been called the National Staff Council, an informal gathering each year of affiliate leaders based on friendship, shared learning, and developing strong affiliate management. The NSC had been voluntarily dissolved a decade before, and was replaced with a regional meeting hosted by the national Mental Health America in an affiliate community.

The latter was done in conjunction with a national board meeting. Many affiliates who had experience the NSC regretted its demise, and therefore committed in June 2006 to rebuild an affiliate connection and leadership development activity. It would be called the National Staff Institute, and would focus on regional meetings and depend upon host affiliate sites and other leadership for the curriculum, training, and camaraderie.

Accomplishments

NSI committee members met throughout 2007, focusing on issues around management as well as critical concerns of unmet needs throughout the affiliate field. The first NSI in over a decade was held October 24-26, 2007, in Salt Lake City, Utah, and 20 affiliate members were hosted by Mack Gift and his staff and many of his board members. Three themes emerged over the work that attendees completed collectively, all of which were put into play immediately after folks flew home. Critical were concerns around: eliminating disparities in mental health among rural and frontier communities and regions; developing actual regional meetings among affiliates "across state lines" that have similar challenges and populations; developing a permanency for the NSI focus on top level management and development, focusing not just for today but with an eye to the future and where we need to be in five to ten years in our field and network.



Mental Health America Profiles

Each and every day, our 300-plus affiliate network is *“Changing Minds. Changing Lives”* through its ongoing work on behalf of millions of mental health consumers and their families. To best demonstrate their success, we have selected five affiliate programs that are making a profound impact in their communities and offering mental health consumers needed support and services. Accompanying each of the programs profiles are stories from Sharonda, Betty and Jill highlighting how each of these five women’s lives have been enriched on their journey through recovery.

To further understand the scope of our affiliates’ contributions and dedication, in both large and small communities throughout the United States, we are also featuring numerous programs that have unique approaches to connecting with mental health consumers.

Senior Companion Program of Wichita, Kansas

Mental Health Association of South Central Kansas

With 33.8 percent of the senior population living alone in the Wichita tri-county area, issues of isolation and premature institutionalization can become a reality for many seniors who wish to remain at home. Senior Companions, sponsored by the Mental Health Association of South Central Kansas and funded by the Corporation for National & Community Services, provides a link to the outside world where there is freedom from isolation, neglect, abuse and depression. Companions can become advocates for clients in need of proper care, but more importantly, Senior Companions are friends to their clients.

Qualified Senior Companions (residents who are at least 60 years of age and 125 percent below the poverty line) provide friendship and assistance with daily tasks to frail senior citizens who wish to remain living independently in their own homes. Senior Companions offer adults contact with the world outside of the home and make the lives of the homebound less lonely. They help clients with household chores, alert caregivers to potential health problems, remind clients to take medications, provide them with transportation to doctors' appointments, and encourage them to do what it takes to remain healthy at no cost.

One Such Companion

One such Companion is Betty Gulley, 80 years old. Betty volunteers at a public housing facility where she visits four clients weekly. One of her clients had fallen and dislocated her shoulder. Betty began performing light housekeeping duties like shopping and running errands.



Betty Gulley (on right)

Betty went the extra mile when she took this seriously ill client directly to the hospital from her doctor's office. Betty called the client every day at the hospital even when she was ill herself. Her client and the client's children are extremely grateful for Betty's ongoing support and assistance.

"By having the Senior Companion, I have been able to work and know that my mother is okay," said a family member. "Betty has been a great help to my mother and to me. I am very thankful to God for the Senior Companion Program."

Betty's services and the services of other Companions do not go unnoticed. These volunteers are known most for their positive attitudes, not to mention the cost savings to the clients and their caregivers.

"My Senior Companion takes me shopping. I have bad eyesight and she helps me get around more easily. She keeps me informed about services. I really appreciate her. I don't suffer from depression, thanks to her friendship," said a Senior Companions client. Senior Companion services are free to both the client and caregiver.

Workforce Development Pipeline

Mental Health America of Los Angeles

Mental Health America of Los Angeles' Human Services Academies were started in 1998 in collaboration with the Los Angeles Unified School District. The academies aid low-income minority students, with the ultimate goal of increasing the number of bilingual and multicultural youth who become human service workers. Currently, MHALA works with a total of 800 Academy students, 90 percent of whom are from underrepresented minority groups.

Although the HSAs successfully aided students in graduating from high school and matriculating to various post-secondary education institutions, the majority of students were not enrolling in mental health classes. MHALA realized that there was less cohesion and support for the students than there had been in high school. In addition, there were no obvious educational options that encouraged students to work in community mental health.

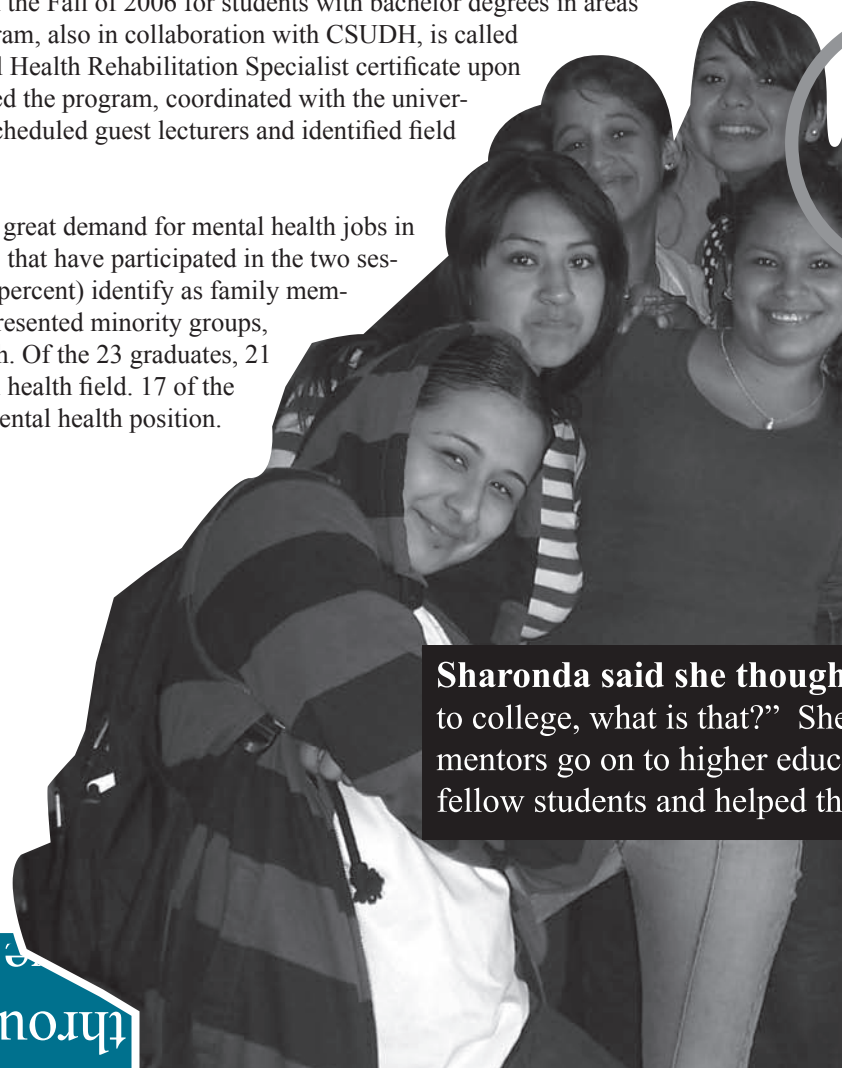
To create more of a pipeline for students to enter the mental health field, MHALA and its education partners developed three recovery-focused post-secondary programs for students, mental health clients and entry-level professionals.

In the fall of 2006, MHALA partnered with Cerritos Community College to create an 18-unit, six-course (five classes and a field placement) program to be used towards an AA degree in psychology, transfer studies or as an independent certificate called the Mental Health Worker Certificate.

When students graduate from Cerritos College, they can move towards employment or go on to get their bachelors degree while working. In the fall of 2007, MHALA partnered with California State University, Dominguez Hills (CSUDH) to create a bachelor's level Mental Health Rehabilitation Specialization. The four-course specialization, consisting of three classes and a field placement, was designed and approved.

The third post secondary program was implemented in the Fall of 2006 for students with bachelor degrees in areas other than human services or mental health. This program, also in collaboration with CSUDH, is called the Jump Start Fellowship. Graduates receive a Mental Health Rehabilitation Specialist certificate upon completion of the eight week course. MHALA designed the program, coordinated with the university, recruited and assisted students with enrollment, scheduled guest lecturers and identified field placement sites.

Jump Start has attracted and trained people who are in great demand for mental health jobs in Los Angeles County. Of the 49 Jump Start participants that have participated in the two sessions, 28 (57 percent) identify as consumers, 14 (28.5 percent) identify as family members, 31 (63 percent) identify as people from underrepresented minority groups, and 16 (33 percent) speak languages other than English. Of the 23 graduates, 21 (91 percent) are actively pursuing a career in the mental health field. 17 of the 23 graduates (74 percent) are already employed in a mental health position.



Sharonda said she thought to college, what is that?" She mentors go on to higher education fellow students and helped th

Motivated Student

As a young child, Sharonda Miller watched her single mother constantly struggle to overcome the barriers of the public welfare system. In 2001, after joining a friend at an after school-class on teamwork activities, the then-10th grader decided that she wanted to do whatever she had to in order to be in the class. Upon going to her school counselor, Sharonda found out that the only way to be in the after-school class was to join Narbonne High School’s Human Services Academy (HSA).

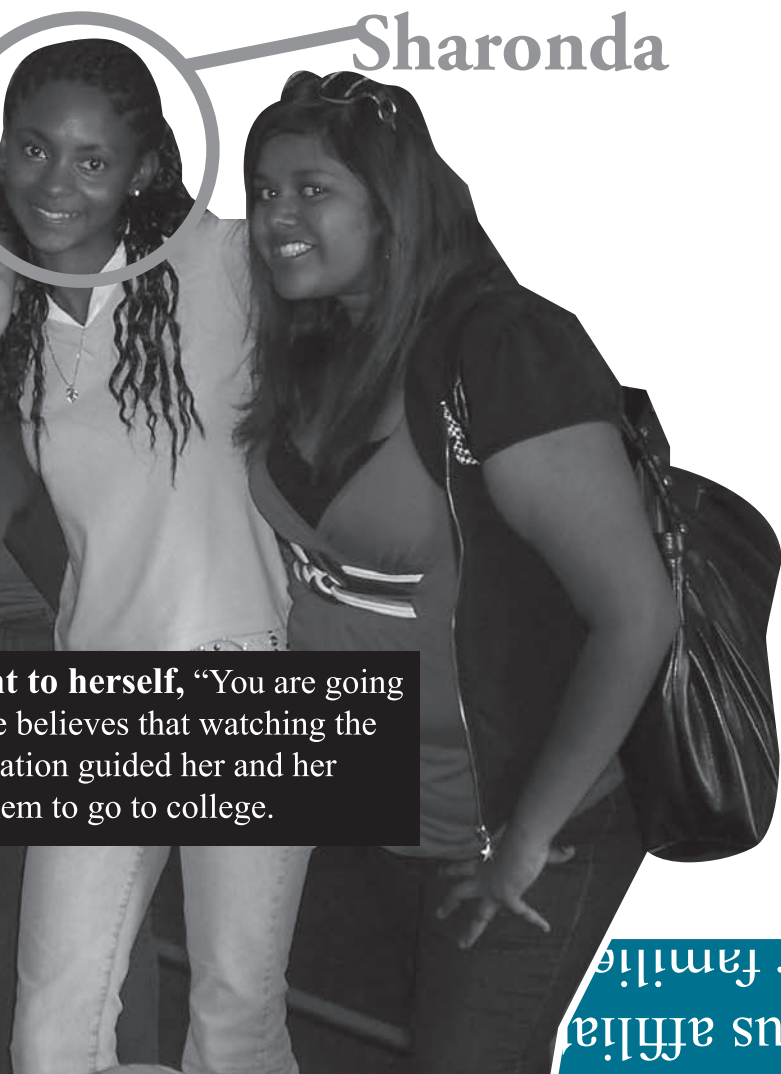
Once an HSA student, Sharonda’s educational experience improved. She took a class by “one of the few teachers at the school who challenged us and made us do college-like work.” She also met with two MHA mentors, one who was African American/ Filipino and the other who was Mexican. These two mentors were the only minorities that Sharonda saw going to college.

Sharonda said she thought to herself, “You are going to college, what is that?” She believes that watching the mentors go on to higher education guided her and her fellow students and helped them to go to college.

During the 11th grade student worker program, Sharonda was placed at an elderly care center and got the “greatest piece of advice from Mrs. Betty,” a blind resident at the center. Mrs. Betty never had the opportunity to go to college, but Sharonda said “she looked straight at me, as if looking in my eyes, and said ‘go to college’ and it was convincing so I knew I had to go.” Sharonda explains that she always had the desire to help people but she did not know that it could be her profession. Visiting the MHALA Village helped her see the ways in which people can work in the helping profession and really make a difference in the lives of people with mental illness.

Before graduating from the HSA, Sharonda ran the after-school program that had convinced her to enroll in HSA in the first place. She went to California State University Long Beach with a full scholarship and decided to study Sociology. At that time, she dealt with being a low-income student, having to move out on her own at the age of twenty, maintaining three jobs, working seven days a week to pay rent, attending school full-time and keeping her grade point average above a 3.0, and having to take care of her 16-year-old sister.

Sharonda



In her final year at college, Sharonda was working for Educational Talent Search, a program through the California State University system that helps get low-income, under-privileged children into college. As part of her job, she was reconnected with MHALA staff and asked to give an inspirational speech to the current HSA students. After hearing her speak, MHALA staff asked her to join the HSA team as a coordinator.

She explains that, “many of the students I work with live in poverty and are the first in their families to attend college, so a major part of my job requires that I encourage them and ease their fears about furthering their education. I often tell the students about my own experience with college and they usually become more motivated once they know that I can relate.”

Sharonda is currently as busy as ever; she is pursuing her Masters of Social Work at the University of Southern California, interning with the Department of Children and Family Services and continuing to work as a coordinator for Narbonne High School’s HSA.

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Mental Health Walk-In Center

Mental Health Association in Indian River County



Supported by the Indian River County Mental Health Collaborative, the Mental Health Association in Indian River County's Mental Health Walk-In Center provides immediate and accessible mental healthcare for adults who are facing emotional problems and/or emotional crisis. The program is for individuals who do not require hospitalization but need to talk with a therapist and/or access community resources.

The program provides services to residents who are uninsured and/or underinsured. The Walk-In Center provides crisis intervention, mental health assessments, counseling, referrals to community resources, and family support and education. 100 percent of Walk-In Center clients receive an initial screening within 15 minutes of arrival. Clients in need of psychiatric medication to assist with treatment will have access to such medication providing they meet the criteria established by the Walk-In Center. Walk-In Center clients with ongoing needs are linked and integrated with appropriate community providers once their initial crisis is resolved.

An Abuse Victim is Saved

Jill was frightened and alone. She was the victim of domestic violence for more than 20 years and the violence continued to escalate. After connecting with the counselors at the Mental Health Association in Indian River County, she is thriving and now able to help other abused women with her experience and insight.*

"I was married for years and the abuse started more like verbal abuse," Jill explained. "He was great at manipulating me and making me doubt myself, which crippled me. Gradually he became violent and physically abusive. I've had my head slammed into cement and even been thrown across the room. I had been a victim for so long I started to think that everyday normal life was to be emotionally and physically abused."

Jill and her husband moved from another state to Florida and had no family support system she could rely on when the violence against her became too much to bear. Fortunately, she found some literature about the Mental Health Association in Indian River and decided to seek help from the organization.

"I came to the MHA in a crisis moment," she said. "I needed to connect with someone and feel safe. That's exactly what happened at the MHA office – from the moment I spoke to the receptionist and then was seen by the staff. I couldn't say enough good things about the staff. They were warm, caring and comforting. They really saved me. When I walked in they didn't ask me to fill out a bunch of forms and say they needed money up front. They showed they cared about me and my problems. They could tell I was an emotional wreck."

It was the beginning of a long-standing relationship between Jill and the Walk-In Center.

"My counselor was great at relating to me," explained Jill. "We really connected one-on-one and she helped me learn to take care of myself and to look at my situation clearly. Even though I am not in counseling anymore, she still wants updates on my life now and then."

Jill had stayed in her abusive relationship for a variety of reasons: fear, shame, inadequate financial resources and child responsibilities. Overcoming her fears proved to be her ticket out of a dangerous married life.

"People used to laugh at me because I was terrified of the smallest things like spiders. I would literally scream and run if I saw one," she explained. "Or the fear of flying in an airplane was another thing that made me a nervous wreck. Although as a child I flew internationally without any anxiety and had even considered a career as a flight attendant before I was married. Through my counseling sessions, I realized that I had transferred my domestic violence fears into other situations. Once I faced the real fear and problems in my life I wasn't afraid of the little things anymore. By facing my real fear, I was able to move forward in my life. Counseling was the best thing that could have happened for me."

**Jill wishes to remain anonymous.*

Affiliate Profiles



(left to right) Laverne Williams and Terrie Williams

Mental Health America of Montgomery organizes *Operation Santa Claus*. Funds are raised to provide holiday gifts and stocking stuffers to designated individuals living independently, in group homes, in a mental treatment center, or with family members. The program also sponsors a Christmas party where mental health consumers participate by reading poems and singing songs. Each year, more than 600 mental health consumers receive holiday gifts.

MHA of San Diego has recently instituted *Breaking Down Barriers*, a program to reach out to underserved communities and provide information about what services are available throughout the county. The program has substantially increased the number of Spanish-speaking clients who are receiving mental health care.

Promoting Alternative Thinking Strategies (PATHS), a comprehensive violence prevention program, teaches children emotional and social competency skills, improving classroom performance and strengthening interpersonal relationships. This **Mental Health America of Michiana** program is offered once per week for 12 weeks in a classroom setting. More than 1,000 children benefited from *PATHS* in 2007.



Kids on the Block puppet troupe

Kids on the Block is a puppet troupe that performs for more than 10,000 children annually and utilizes multicultural, life-sized puppets that perform skits on mental health topics to promote mental wellness and stigma reduction for children, their families, and caregivers. This **Mental Health America of Georgia** program has served as a vehicle for children to understand and address issues related to mental health, especially misconceptions. As a result of watching *Kids on the Block* programs, many children have come forward with issues requiring attention from the school counselor and other professionals.

Mental Health America of Vigo County's Supportive Housing Program provides housing and supportive services to individuals with a mental illness who are chronically homeless. The program's three main objectives are to increase skills and income, foster residential stability and develop self-determination. 80 percent of participants entering the program will maintain affordable safe housing when exiting the program. Seventy-five percent of participants will increase medication compliance as documented by program staff and 85 percent of participants will receive healthcare services and/or enroll in a social service agency program.

Stigma of Mental Illness Lifetime Education (SMILE), offered by **Mental Health Association of Nebraska** is a consumer-designed, directed and presented anti-stigma/anti-discrimination workshop for providers and other professionals. In 2007, more than 200 professionals attended the SMILE workshops and earned CEU credits.

Mental Health Association in New Jersey is also busy with its *Promoting Emotional Wellness and Spirituality (PEWS)* program. *PEWS* provides outreach and education to the African-American church community with the goal of opening up dialogue surrounding mental health issues within the church, addressing stigma and expanding access to mental health services. *PEWS* also works to recruit church lay members for the purpose of creating a Mental Health Ministry to educate and care for church members, and liaison with mental health providers.

CHOICES is a consumer-driven program to educate mental health consumers on the hazards of smoking, and engages them to quit their habit. **The Mental Health Association in Southwestern New Jersey** program has reached more than 3,000 consumers with data illustrating that more than 90 percent expressed a desire to quit smoking. Training is provided in mental health and residential service settings and includes access to anti-smoking treatment.



Students give voice to Check Your Head through the art of Hip Hop

Mental Health America of Colorado's school program, *Check Your Head*, uses hip hop elements in school settings to inform students about mental health, and coordinates free mental health services for low-income and homeless populations who have limited or no access to mental health resources.

Each year, **Mental Health Association in New York State Policy Program** creates a priority list based in part on input from town hall meetings held around the state. The organization is currently working with other agencies to improve conditions in adult homes, to improve pay and benefits for mental health workers, and to include PTSD as a covered mental health disorder. After five years of hard work, Timothy's Law was signed and enacted by former New York Governor George Pataki. The statewide parity bill is named for 12-year-old Timothy O'Clair, who completed suicide after being denied access to mental health services by his parents' insurance. There have also been increases in much-needed services such as Medicaid waivers and a cost-of-living increase for mental health workers, which has been extended for another three years.

Rochester Monroe County provides support, education, information, and respite services for families with children who have emotional and behavioral challenges through its *Better Days Ahead* program. Support groups for parents and teen age youth are offered as well as parenting classes. *Better Days Ahead* is staffed by individuals who are themselves parents of children with emotional and behavioral problems. *Better Days Ahead* helps families become advocates for themselves and their children and works to assist families in avoiding residential placements.

In 2007, the *Ombudsman* services of **Mental Health America of Franklin County (Ohio)** assisted more than 1,000 mental health consumers and their families. The *Ombudsman* acts as an advocate for clients by listening to concerns or complaints and helping to find a solution, supplying information and referrals to community resources, helping clients "get through the system," especially when they are receiving services from more than one agency, and coaching clients on how to best work with service providers.

Red Flags is a depression awareness curriculum designed for middle schools. This **Mental Health America of Summit County (Ohio)** curriculum equips children, parents and school personnel with knowledge to identify when a child may be struggling with depression. The program helps schools establish protocols for dealing with children who may be depressed. Contact is then made with a counseling center in order to facilitate referrals when appropriate.

The Mental Health Association of the Cincinnati Area, Inc. and the DBA Mental Health Association of Southwest Ohio offers a 40-hour *Law Enforcement Training* course for police officers and first responders to situations involving people with mental illness. This award-winning program, which has received recognition from the U.S. Department of Justice, also involves police recruits, dispatchers, and 911 operators. The two affiliates also co-sponsor a citizens' police academy for mental health professionals and staff a monthly meeting of law enforcement and mental health professionals.

Mental Health America of Lancaster County hosts *The Realities of Living with a Mental Illness* program. Family advocates, peer educators and mental health consumers meet with approximately 2,500 students annually to discuss living with mental illness where a consumer shares her/his story.

Mental Health America of Aiken County offers *Nurture Home*, an emergency shelter and transitional living program for homeless young mothers and their children. *Nurture Home* focuses on educating consumers on effective/caring parenting, breaking the cycle of abuse, breaking the cycle of poverty, and self-sufficiency. Many of the *Nurture Home* residents return to school or continue their education and most subsequently graduate from high school or GED programs.

The P.A.C.E Center of Mental Health America hosts a *Veterans Assistance* program to help veterans and their families access Veterans' Administration medical benefits, employment assistance and education on mental health issues. A concentrated effort is made in educating the general public on the stigma surrounding mental health issues of returning veterans, such as post-traumatic stress disorder.

Mental Health 101 is an educational program of **MHA of East Tennessee** that sponsors a school-based outreach program. Students learn the signs and symptoms of mental illness and are taught personal help-seeking strategies. Suicides in the two counties where the program has had the longest tenure have fallen by 85 percent since 2002. In 2007, *Mental Health 101* was taught in 53 schools across 21 counties, reaching 9,941 students.

Walk for Mental Health is held the first weekend in May to kick off May is Mental Health Month. It is the largest and most important annual fundraising and awareness event for **Mental Health America of Central Virginia**. Income from this event has allowed the affiliate to increase its staff and outreach services in the community.

Affiliate Network

ALABAMA

Mental Health America of Etowah County
Mental Health Association in Morgan County
Mental Health America in Montgomery
Mental Health America of Southwest Alabama
Mental Health Association in Tuscaloosa County

ARKANSAS

Mental Health America of Northwest Arkansas

ARIZONA

Mental Health America of Arizona

CALIFORNIA

Mental Health Association in California
Mental Health America of the Central Valley
Mental Health Association of Alameda County
Mental Health America of Los Angeles
Mental Health Association in Sacramento
Mental Health America of San Diego County
Mental Health Association of Santa Barbara County
Mental Health Association of San Francisco
National Mental Health Association in Ventura County
Mental Health America of Yuba/Sutter

COLORADO

Mental Health America of Pikes Peak Region
Mental Health America of Colorado
Mental Health Association of Pueblo

CONNECTICUT

Mental Health Association of Connecticut

DELAWARE

Mental Health Association in Delaware

DISTRICT OF COLUMBIA

Mental Health Association of the District of Columbia

FLORIDA

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

GEORGIA

Mental Health Association of Northeast Georgia
National Mental Health Association of Augusta
Mental Health Association of Clayton County
Mental Health America of Etowah Valley
Mental Health America of Georgia
Mental Health America of South Coastal Georgia

HAWAII

Mental Health America of Hawai'i
Mental Health Association in Maui County
Mental Health Association in Hawaii County

IOWA

Mental Health America of Dubuque County
Hamilton County Mental Health Association
Mental Health Association of Siouxland

ILLINOIS

Mental Health America of Illinois
Mental Health America of Mclean County
Mental Health Association of the North Shore
Mental Health Association of Illinois Valley, Inc.
Mental Health Association of the Rock River Valley

INDIANA

Mental Health America of Indiana, Inc.
Mental Health America of Blackford County
Mental Health America of Boone County
Mental Health America of Cass County
Mental Health Association in Clark County
Mental Health America of Clinton County
Mental Health Association in Daviess County
Mental Health America of DeKalb County
Mental Health America of Delaware County, Inc.
Mental Health America of Dubois County
Mental Health America of Michiana
Mental Health America of Floyd County
Mental Health America of Fulton County
Mental Health Association in Gibson County
Mental Health America of Greater Indianapolis
Mental Health Association in Greene County
Mental Health America of Hamilton County
Mental Health America of Hancock County
Mental Health Association in Hendricks County
Mental Health America of Henry County, Inc.
Mental Health America of Howard County
Mental Health America of Jackson County, Ind.
Mental Health Association in Jay County
Mental Health America of Jefferson County
Mental Health America of Knox County
Mental Health Association in Kosciusko County
Mental Health America of Lake County
Mental Health Association in Marshall County
Mental Health America of Monroe County, Inc.
Mental Health America of Morgan County

Affiliate Network *continued*

Mental Health Association in Parke County
Mental Health Association in Perry County
Mental Health America of Porter County
Mental Health America of Putnam County
Mental Health America of Randolph County
Mental Health America of Rush County
Mental Health Association in Spencer County
Mental Health Association in Steuben County
Mental Health America of Tippecanoe
Mental Health America of Vanderburgh County
Mental Health America of Vigo County
Mental Health Association in Wayne County
Mental Health Association in Wells County
Mental Health Association in White County

KANSAS

Mental Health America of the Heartland
Mental Health America of Reno County
Mental Health Association of South Central Kansas

KENTUCKY

Mental Health America of Kentucky
Mental Health America of Northern Kentucky

LOUISIANA

Mental Health America of Louisiana
Mental Health Association in Acadiana
Mental Health Association in Caldwell Parish
Mental Health Association in Metropolitan New Orleans

MARYLAND

Mental Health Association of Maryland
Mental Health Association of Metropolitan Baltimore
Mental Health Association of Montgomery County
Mental Health Association of Prince George's County
Mental Health Association of Southern Maryland
Mental Health Association in Talbot County
Mental Health Association of Washington County

MICHIGAN

Mental Health Association in Michigan

MISSOURI

Mental Health Association of Greater St. Louis

MISSISSIPPI

Mental Health America of Mississippi

MONTANA

Montana Mental Health Association
Mental Health Association of Daniels County
Mental Health Association of Great Falls
Mental Health Association of Sheridan County
Mental Health Association of Sweet Grass & Stillwater Counties

NEBRASKA

Mental Health Association of Nebraska

NEW JERSEY

Mental Health Association in New Jersey
Mental Health Association in Atlantic County
Mental Health Association of Essex County
Mental Health Association in Hudson County
Mental Health Association of Monmouth County
Mental Health Association of Morris County
Mental Health Association of Ocean County
Mental Health Association in Passaic County
Mental Health Association in Southwestern New Jersey

NEW MEXICO

Mental Health Association of New Mexico

NEW YORK

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

NORTH CAROLINA

Mental Health Association of Central Carolinas, Inc.
Mental Health Association in North Carolina
Mental Health Association in Greensboro, Inc.

Affiliate Network *continued*

NORTH DAKOTA

Mental Health America of North Dakota

OHIO

Mental Health America of Franklin County
Mental Health America of Knox County
Mental Health America of Licking County
Mental Health Association of Miami County
Mental Health Association of Southwest Ohio
Mental Health America of Summit County
Mental Health America of Union County

OKLAHOMA

Mental Health Association in Tulsa

OREGON

Mental Health America of Oregon

PENNSYLVANIA

Mental Health Association in Pennsylvania
The Advocacy Alliance-A Mental Health Association
Mental Health America of Allegheny County
Mental Health America of Central Susquehanna Valley
Mental Health Association of Franklin/Fulton Counties
Mental Health America of Lancaster County
Mental Health Association of Mercer County, Inc.
Mental Health America of Northwest Pennsylvania
Mental Health Association of Reading and Berks County
Mental Health Association of Southeastern Pennsylvania
Mental Health Association in Westmoreland County
Mental Health America of York and Adams Counties

RHODE ISLAND

Mental Health Association of Rhode Island

SOUTH CAROLINA

Mental Health Association in Anderson County
Mental Health America of Abbeville County
Mental Health America of Aiken County
Mental Health Association in Barnwell County
Mental Health America of Bamberg County
Mental Health Association in Beaufort/Jasper Counties
Mental Health America of Calhoun County
Mental Health Association in Cherokee County
Mental Health Association in Chester County
Mental Health Association in Clarendon County
Mental Health Association in Darlington County
Mental Health Association In Georgetown County
Mental Health America of Greenville County
Mental Health America of Greenwood County
Mental Health America of Horry County
Mental Health America of Kershaw County
Mental Health Association in Lancaster County
Mental Health America of Laurens County

Mental Health Association in Lee County
Mental Health Association in Marion County
Mental Health America of McCormick County
Mental Health America Oconee County
Mental Health America of Orangeburg County
Mental Health America of the Piedmont, Inc.
Mental Health America of South Carolina
Mental Health America of Sumter County
Mental Health Association in Union County

TENNESSEE

Mental Health Association of Tennessee
Mental Health Association of East Tennessee, Inc.
Mental Health Association of Middle Tennessee

TEXAS

Mental Health America of Texas
Mental Health Association of Fort Bend
Mental Health America of Greater Dallas
Mental Health America of Greater Houston
Mental Health America of Southeast Texas County
Mental Health Association of Tarrant County

UTAH

Mental Health Association in Utah

VIRGINIA

Mental Health America of Virginia
Mental Health America of Augusta
Mental Health America of Central Virginia
Mental Health America of Charlottesville-Albemarle
Mental Health America of Fauquier County
Mental Health America of Fredericksburg
Hanover Mental Health Association
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* Members of the Visions of Hope Legacy Society

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Mental health needs to be as important as physical health. This mindset needs to be adopted by government, physicians, and insurance companies along with individuals!

—Donor since 2001

Visions of Hope Legacy Society

Our heartfelt thanks goes to these individuals who have made a significant commitment to the future of mental health by including Mental Health America in their estate plans or who have established a charitable gift annuity.

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Visions of Hope
VISIONS OF HOPE

“This organization seemed like it could do the most good. That’s why I have begun to support it. It’s my way of paying back the community for what it has given to my family.”

—Donor since 2002

A Family's Journey

by David Theobald



My family has been contributing to Mental Health America for nearly a decade. Mental Health America is the single most important charity to me because of its outstanding advocacy work for individuals with mental illness. My mother developed late-onset schizophrenia when I was in college. For the next 22 years until her death last year, she led her family on a journey of extremes that seemed unreal but is likely familiar to those struggling with severe mental illness.

Prior to her illness, Mom raised four children with great energy and little help. She also diligently supported my dad attending many business functions and traveling extensively. People always remarked on Mom's graciousness – the sincere interest she showed in other people, always asking the right questions and listening intently.

Mom had always been moody but in her '40s experienced increasingly severe paranoia and delusions. She divorced my father and shortly afterward began lashing out at all of her family and friends – eventually cutting off contact from the world outside her home. We suspected mental illness but it was still hard to accept her hurtful words and actions.

“Through my years of caring for Mom – and more recently coping with her loss – I've found Mental Health America to be an invaluable source of both information and inspiration.”

We could not do much for Mom for several years due to the legal system. My dad would call the neighbors and township for updates. To put it mildly, our attempts to visit were rebuffed. The court finally agreed to her removal from the house and a psychiatric evaluation when her utilities were about to be shut off for non-payment. I remember the doctors saying they had never seen as advanced a case of psychosis.

Within six months of beginning treatment, Mom had regained her senses and wanted to see her children again. I remember driving out to see her with great trepidation after a break of four years. As soon as I opened my car door, I heard her calling my name and she walked up and hugged me and apologized for all the trouble had caused. And with great poignancy, I recall her disappointment at my not being able to stay the night at the care facility with her.

There were many ups and downs caring for Mom and trying to reintegrate her into our family. The medications did not work for certain periods and when they did usually caused side-effects of lethargy and weight gain. Most of the time she was able to share in our lives and actually have some fun. One of my last memories was the thrill she got being raced around in her wheelchair by her grandchildren.

Through my years of caring for Mom – and more recently coping with her loss – I've found Mental Health America to be an invaluable source of both information and inspiration. I pray that others can avoid the painful experience of mental illness through the heightened public awareness and improved access to treatment that Mental Health America fights for.

“Mental Health America *is the single most important charity* to me because of its outstanding advocacy work for individuals with mental illness.”

Mental Health America's 2007 Financials

In 2007, Mental Health America increased total revenue by \$957,000, due in part to a \$376,000 increase in grants and contributions, and a \$776,000 increase in bequests. Additionally, Mental Health America decreased total expenses by \$747,000.

The charts below detail distribution of revenue and expenses:

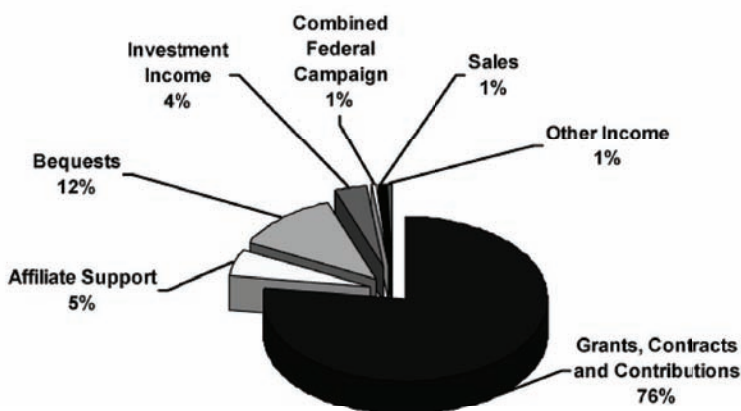
Revenue and Support

	2007		2006	
Grants, Contracts and Contributions	\$7,046,071	76%	\$6,669,678	80%
Bequests	\$1,078,950	12%	\$303,464	4%
Affiliate Support	\$497,417	5%	\$554,443	7%
Investments	\$330,790	4%	\$253,782	3%
Sales	\$74,063	1%	\$58,223	1%
Combined Federal Campaign	\$49,427	1%	\$55,445	1%
Other Income	\$61,800	1%	\$287,335	4%
Total Revenue and Support	\$9,138,618		\$8,182,370	

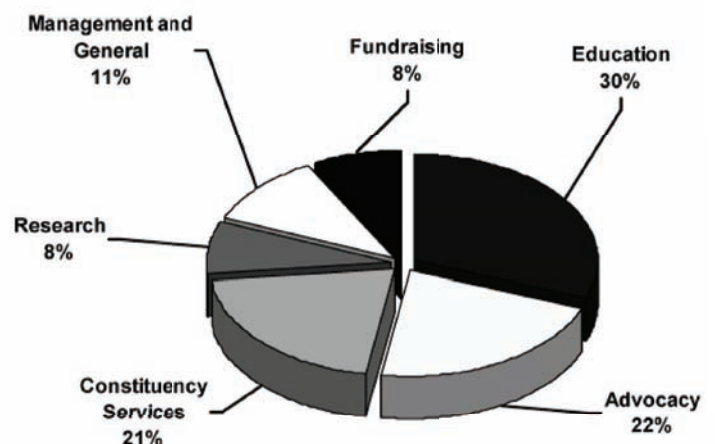
Expenses

	2007		2006	
Education	\$2,200,065	30%	\$2,003,706	25%
Advocacy	\$1,562,068	22%	\$1,260,890	16%
Constituency Services	\$1,499,891	21%	\$2,274,108	29%
Research	\$565,943	8%	\$1,117,019	14%
Management and General	\$768,241	11%	\$820,219	10%
Fundraising	\$566,308	8%	\$434,134	5%
Total Expenses	\$7,162,526		\$7,910,076	

2007 Sources of Revenue



2007 Expenses



For a full Mental Health America 2007 Financial Report, please go to:
www.mentalhealthamerica.net/go/financial

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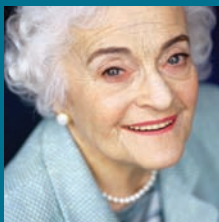
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Bill Compton, a member of Mental Health America's Board of Directors, passed away at age 61. He led Project Return: The Next Step, a network of peer support groups run by the National Mental Health Association of Greater Los Angeles to empower mental health consumers and help them gain the skills they need to live independently.



MHA
Mental Health America

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