



MHA
Mental Health America
2017 Annual Report

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Our Mission

Mental Health America (MHA) - founded in 1909 - is the nation's leading community-based nonprofit dedicated to addressing the needs of those living with mental illness and to promoting the overall mental health of all Americans. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention services for all; early identification and intervention for those at risk; integrated care, services, and supports for those who need it; with recovery as the goal.

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Public Policy

In 2017, MHA helped to shape the developing legislative response to the opioid crisis. MHA gave input to the committees and members on topics in financing peer support specialist services, graduate medical education and integrated care, cross-sector collaborations in recovery, and screening and early intervention for mental health and substance use.

Prevention for All

MHA worked with Nemours Children’s Health System to launch the Collaborative on Accountable Communities for Health for Children and Families with at the National Academy of Medicine. This group of experts, foundations, and government agencies will learn from communities about cross-sector integration to promote children’s mental health. MHA also led a letter with ZERO TO THREE to the Centers for Medicare and Medicaid Innovation (CMMI) on payment methodologies for financing prevention.

Early Identification and Intervention for Those At Risk

MHA submitted a quality improvement activity for Medicare that would further incentivize providers to screen for mental health conditions and offer integrated interventions. A foundational paper from MHA was also released as a National Academy of Medicine Perspective entitled “Redesigning Provider Payments to Reduce Long-Term Costs by Promoting Healthy Development.”

Integrated Treatment for Those Who Need It

MHA led two major coalition letters – one asking eight federal agencies for specifics on how they will implement the Interdepartmental Serious Mental Illness Coordinating Committee recommendations with 34 national organizations joining, and one encouraging the Food and Drug Administration to create a Center of Excellence in Neuroscience that includes mental health with 28 national organizations joining.

As a participant in the Opioid Crisis Summit as part of the National Dialogue for Healthcare Innovation hosted by the Healthcare Leadership Council, MHA ensured that the consensus recommendations from leaders in health care included peers, prevention, and integrated supports.

With the Georgetown Center on Poverty Inequality and with funding from Kaiser Permanente, MHA co-hosted convenings on Addressing the Mental Health Challenges of Low-income Mothers and Cross-Sector Approaches to Behavioral Health in the Child Welfare System.

Recovery as the Goal

MHA commented to the Institute for Clinical and Economic Review, which reviews the cost-effectiveness of new treatments, to consider certain economic effects of recovery in its model. MHA also commented to the Social Security Administration on strategies for disability prevention for transition aged youth.

Legislative Offices Contacted/Visited

Sen. Nelson (FL)
Sen. Menendez (NJ)
Sen. Warner (VA)
Sen. Casey (PA)
Sen. Cardin (MD)
Sen. Durbin (IL)
Sen. Wyden (OR)
Rep. Buschon (IN)
Rep. DeGette (CO)
Rep. Kizinger (IL)
Rep. Lujan (NM)
Rep. Mullin (OK)
Rep. Pallone (NJ)
Rep. Walden (OR)

Position Statements Updated and Approved

Affiliate and National Office
Participation in Policy Development
and Legislative Activity (61)

Key Coalitions and Stakeholders

National Health Council
Children's Health Group
Collaborative on Healthy Parenting
in Primary Care
Mental Health Liaison Group
Forum on Promoting Children's
Cognitive, Affective, and Behavioral
Health

Programs & Services

MHA Screening

So far in 2018, MHA reached an unprecedented number of completed screens through its online screening program, MHAScreening.org, since its launch in 2014—**3.25 million**. MHA owns the largest available data set of mental health help-seeking individuals. MHA got a record high of 122,000 screens in January alone.

MHA's screening program continues to grow to nearly **3,000 unique screens** completed every day and the launch of two Spanish-language screens for depression and anxiety will help MHA reach a more diverse audience to better provide for the mental health of all Americans.

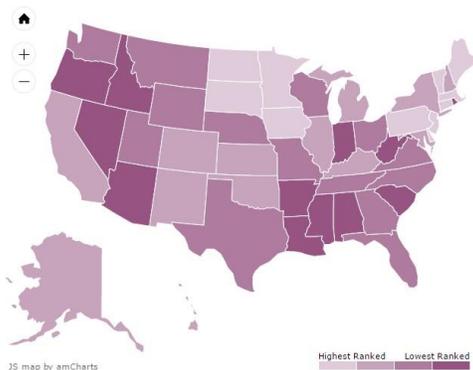
New Screening Partners

- National Perinatal Association
- Human Rights Campaign

Mind the Workplace Report

In collaboration with the Faas Foundation, MHA released an eye-opening report which included findings from a two-year research project to understand more about the impact of mental health concerns in the workplace. The Workplace Health Survey measured the attitudes and perceptions of over 17,000 employees across 19 industries in the US. Survey questions were designed to collect data on work environments, workplace stress, employee engagement, and employee benefits. Survey findings explored the relationship between workplace health and employee engagement, a concept that has, in recent years, become more measurable, and indicative of workplace stress levels and overall mental health.

The State of Mental Health in America 2018



In mid-November, MHA released the State of Mental Health in America 2018 report. This fourth annual report ranked all 50 states and the District of Columbia on a variety of measures, including access to services, prevalence rates, youth mental health, and adult mental health. This year's Issue Spotlight focused on youth in crisis.

3.25 million

Screens conducted since 2014

Depression

Most popular screen taken—making up over 44% of all screenings

82%

Participants who screened as “positive” (moderate to severe)

38,613

Youth screens conducted in 2017 (this is a **20% increase** from 2016)

127%

Increase in the number of psychosis screens completed in 2017 alone.

Massachusetts, South Dakota, and Minnesota

Top 3 overall states in State of Mental Health in America 2018

Arizona, Mississippi, and Nevada

Bottom 3 overall states in State of Mental Health in America 2018

Mental Health and Systems Advocacy



Regional Policy Council 2018 Activities

The Regional Policy Council (RPC) is off to a great start this year, which includes four meetings that coincide with national legislator organizations' annual summits, webinars, and the launch of the **Back Home Campaign** aimed at connecting advocacy at the local level with national issues and cultivating relationships between MHA's and legislators in the states and in Congress.

The four meetings again this year coincided with the National Governors Association (NGA), the National Conference of State Legislatures (NCSL), the Council of State Governments (CSG), and the American Legislative Exchange Council (ALEC).

RPC plans to have more than **300 legislators and guests** attend these meetings, and which they will recognize twelve state legislative champions, and the Nebraska State Governor for their commitment to mental health.

Other RPC activities included monthly state cluster calls, monthly national calls with RPC representatives, legislative advocacy including State and National Hill Days, and RPC leadership being invited to speak at national conferences, including NCSL, and at briefings on Capitol Hill.

RPC webinar was broadcasted for those interested in this year's activities and policy priorities:

- 📄 *Evolving Payment Systems: Medicaid Work Requirements and Other Issues*

The Advocacy Team sent 9 action alerts last year to MHA constituents asking them to write emails to their Representatives and Senators. Congress received over 4,500 letters from MHA constituents asking for protections for people with mental health and substance use disorders, especially voting against repealing the Affordable Care Act's protections.

264

Organizations assisted in 2017

9

Action alerts sent

4,500

letters from MHA constituents to Congress

Key Advocacy Issues

Caregivers

Peer Support

Stigma

Mental Health Legislation

Suicide Prevention

Mental Health Promotion

Disability Employment

Parity

21st Century Cures Act

Criminal Justice System

Whole Health Model

Key Coalitions & Partners

Women in Government

Council of State Governments

B-StigmaFree

Destination Dignity Coalition

Scattergood/Kennedy Forum

White House Task Force on Parity

Coalition for Whole Health

National Alliance on Caregivers

Consortium for Citizens with Disabilities

Mental Health Liaison Group

RPC Meeting Details

The objective for RPC meetings is to work as trusted partners with policymakers to improve and inform communication and dialogue among them and mental health advocates, providers, community collaborators and industry associates, and to respond to a dynamic national environment by identifying opportunities for state action to advance mental health. Each meeting also includes a reception honoring mental health champions from all levels of state government.

Washington, DC Meeting

Mental Health America's Regional Policy Council started off this year with its first meeting held on February 23rd in Washington, DC co-located with the National Governors Association (NGA) Winter Meeting. The day began with a briefing followed by the B4Stage4 Leadership Awards reception where Governor Pete Ricketts of Nebraska was recognized for his outstanding work and commitment. The policy briefing entitled *Peer Specialists and Police as Partners in Preventing Behavioral Health Crises* focused on....?

Los Angeles Meeting

On Wednesday, August 1st, Mental Health America (MHA) and several of its affiliates will gather in Los Angeles, CA to hold a one-day Regional Policy Council (RPC) Legislative Awards breakfast and meeting. This event will be co-located with the National Council of State Legislatures (NCSL) Legislative Summit and focus on *Advancing B4Stage4 Through Access and Accountability*. Things will start off with an Awards Ceremony during breakfast, where state mental health champions will be recognized. Following the Awards breakfast, participants will assemble to learn about high-level policy ideas concerning trauma-informed care, rural communities, interstate compacts, telehealth and big data.

New Orleans Meeting

On August 8th, MHA's RPC will hold its second meeting entitled *Why the Criminal Justice System is No "Big Easy" Solution for Behavioral Health* in New Orleans, LA. This meeting will be co-located with the American Legislative Exchange Council (ALEC) Annual Meeting. Once again, the one-day event will start with an Awards breakfast recognizing state legislatures followed by discussing high-level policy ideas about criminal justice, juvenile justice, foster youth, law enforcement, and disaster recovery. The RPC works continuously to provide a more engaged coalition that protects and expands upon bipartisan policies on behalf of those with a mental illness. This includes ending the use of jails and prisons as custodial care facilities for people with behavioral illnesses.

Kentucky/Greater Cincinnati Meeting

This year's final RPC meeting is tentatively scheduled on Thursday, December 6th in Northern Kentucky/Greater Cincinnati; coinciding with the Conference of State Legislators (CSL) Annual Meeting.

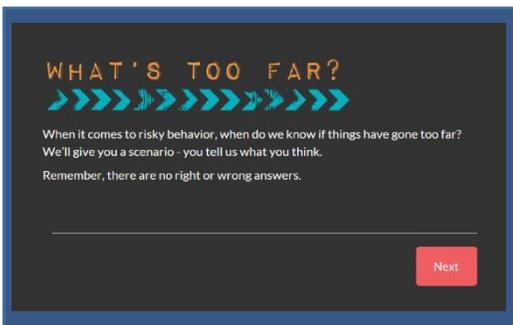
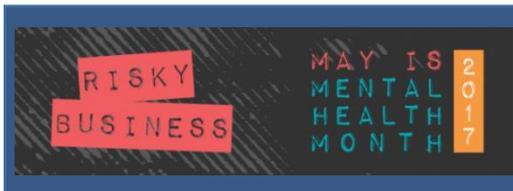
Public Education

May is Mental Health Month

The 2018 May is Mental Health Month campaign included:

- 📄 a toolkit consisting of fact sheets
- 📄 a mental health wellness tips poster
- 📄 graphics and infographics
- 📄 sample press releases
- 📄 newspaper articles
- 📄 social media posts
- 📄 shareable web images

This year's May is Mental Health Month theme was *Risky Business* to educate people about habits and behaviors that increase the risk of developing or exacerbating mental illnesses, or that are signs of mental health problems themselves. Additionally, this year a MHA released an interactive "What's Too Far Quiz" was created to get opinions from individuals about when they consider behaviors to be risky based on a set of scenarios. The 2016 May is Mental Health Month campaign efforts yielded **10,879 toolkit downloads**, **7.2 million individuals** reached, and nearly **230 million media impressions**.



Minority Mental Health Month

Minority Mental Health Month (July) efforts were focused on social media outreach to promote use of the newly available Spanish materials on MHA's website (translations of the May is Mental Health Month information) and to encourage use of #notacharacterflaw which aimed to solicit stories from individuals about how their cultural communities view mental health issues. #NotACharacterFlaw reached **1.6 million people** over four weeks - speaking volumes to the great need there is to promote mental health outreach and public awareness among minority communities.

MHA's Public Education campaigns and initiatives served people in all 50 states (+ D.C.), American Samoa, Canada, China, Guam, Mongolia, Puerto Rico, South Africa, Trinidad, and the Virgin Islands.

2,005

Individuals assisted in 2017

9,391,591

People reached through public education efforts

38

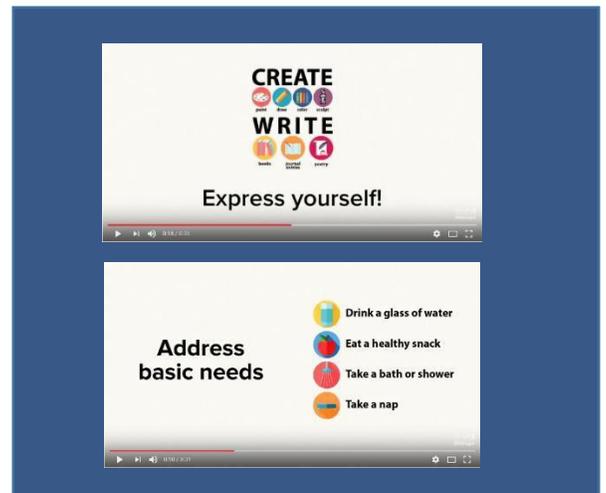
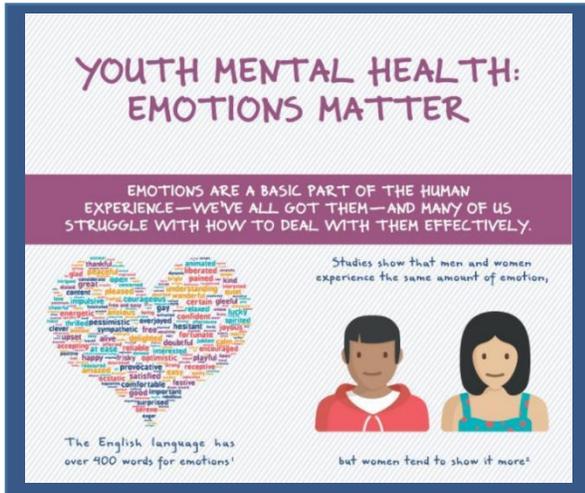
Webpages on mental health created or updated

7.2 million

People reached for May is Mental Health Month

Back to School

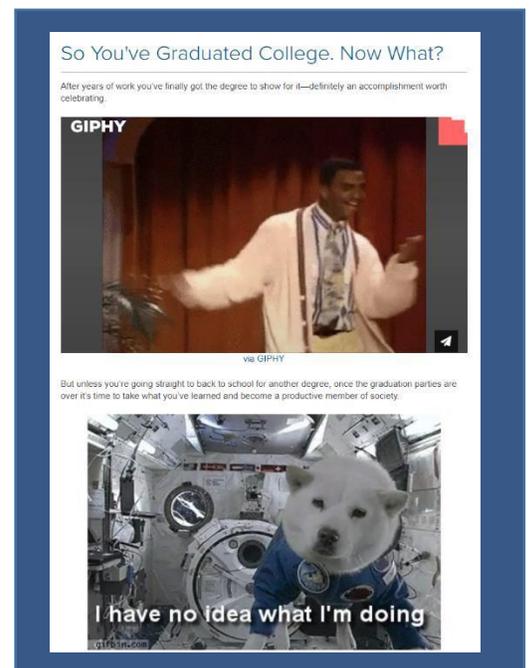
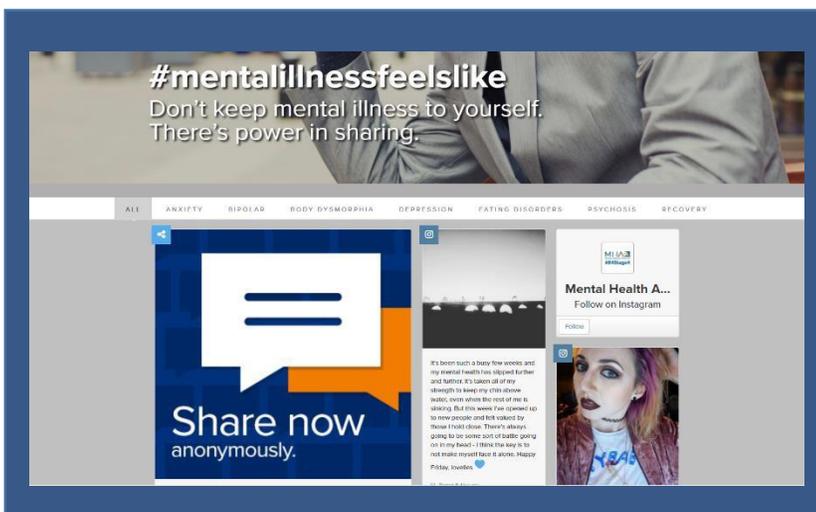
The 2017 Back to School campaign included an outreach toolkit and web pages for young people, parents and teachers around how problems with behavior are often rooted in problems with emotions, and tips for dealing with difficult feelings. Materials were created in partnership with Red Flags International. This year's hashtag #copelikeaboss encouraged readers to practice healthy coping mechanisms. The 2017 Back to School campaign efforts yielded **1,385 toolkit downloads** and over **33,500 web hits** to date since being launched on August 22nd.



Sample Back to School materials

Life on Campus

The 2017 Life on Campus efforts consisted of web content geared specifically to college students of all ages. MHA added two new articles which received a combined 580 views on our website and were well received on social media. MHA continued to encourage individuals to post what it feels like to have a mental health condition on social media using the hashtag #mentalillnessfeelslike.



Sample #mentalillnessfeelslike and Life on Campus materials

Tardive Dyskinesia

MHA received funding to create infographics around topic of Tardive Dyskinesia. During September, Public Education updated the TD information on its website and promoted it on social media to satisfy deliverables for the funding. Remaining deliverables to be developed before the end of the calendar year include 2 infographics, a webinar, and a power point presentation for affiliates to use with their clientele. In November, MHA hosted a webinar “Recent Developments in the Management and Treatment of Tardive Dyskinesia for People At-Risk and Their Caregivers that was very well received, with over 100 people tuning in.

Spanish Materials

MHA works nationally and locally to raise awareness about mental health and ensures that rose at-risk for mental illnesses and related disorders receive proper, timely and effective strategies. This year MHA worked closely with partners such as the Anxiety and Depression Association of America to adapt materials into Spanish and were able to produce 8 new web pages in Spanish.

Tardive Dyskinesia

What is tardive dyskinesia?

Tardive dyskinesia is a neurological disorder caused by the long-term use of neuroleptic drugs, or anti-psychotic medications. Neuroleptic drugs are generally prescribed for psychiatric disorders, as well as for some gastrointestinal and neurological disorders. Neuroleptic drugs work by blocking dopamine receptors in the brain. Dopamine is a neurotransmitter that helps control the brain's reward and pleasure centers but also plays a major role in motor functioning. As a result, neuroleptic drugs can cause disorders affecting the motor system.

- ▶ Infographic: Tardive Dyskinesia: A Serious Side Effect.
- ▶ Infographic: 5 Steps For Taking On Tardive Dyskinesia.
- ▶ Patricia's Story: I have Tardive Dyskinesia, but I am one of the lucky ones.

How common is tardive dyskinesia?

Tardive dyskinesia is estimated to affect at least 500,000 people in the U.S. [1]

Those who have been treated for schizophrenia, schizoaffective disorder, and/or bipolar disorder are particularly at risk.

The older a person is, the more likely they are to develop persistent and irreversible tardive dyskinesia.

Know the Signs of TD

Symptoms May Range from Mild to Severe

- Movements of the Mouth:** Such as chewing, sucking, and tongue protruding.
- Oral movements of the body:** Trembling of the lips, face, and neck.
- Face:** Involuntary movements such as blinking of the mouth or eyes.
- Eyes:** Rapid eye blinking.
- Difficulty breathing.**
- Difficulty swallowing.**
- Difficulty speaking.**

Features of the disorder may include:

- ▶ Frowning
- ▶ Tongue sticking out
- ▶ Lip smacking
- ▶ Plucking and pursing of the lips
- ▶ Rapid eye blinking
- ▶ Rapid movements of the arms, legs, and trunk may also occur.

Approximately 60 to 70 percent of the cases are mild, with about 3 percent being extremely severe. Severe cases may involve problems such as difficulty swallowing, speech interference, disfigured facial features, and breathing trouble.

Updated Tardive Dyskinesia page

5 STEPS FOR TAKING ON TARDIVE DYSKINESIA

1. RECOGNIZE THE SYMPTOMS

Symptoms of Tardive Dyskinesia (TD) may include involuntary, jerky, irregular movements of the tongue, lips, face, trunk, arms, legs, hands, and/or feet, such as:

- Hand/eye wringing
- Head jerking
- Stuttering
- Chewing
- Smacking lips
- Sticking tongue out
- Plucking and pursing of lips
- Rapid eye blinking
- Rapid movements of the arms, legs, and trunk

2. TALK TO YOUR PSYCHIATRIST

Do not stop taking your medication without talking to your psychiatrist. They can help you understand your symptoms and adjust your medication if needed.

3. SEE A SPECIALIST

Your psychiatrist will likely have you see a specialist to confirm a diagnosis of TD and adjust any other medication that you are taking.

4. ADJUST MEDICATION THAT IS CAUSING TD

Once a diagnosis of TD has been confirmed, your doctor will first adjust the medication that is causing TD.

5. EXPLORE NEW TREATMENTS

There are several new treatments available for TD. Your doctor can help you decide which one is best for you.

TARDIVE DYSKINESIA: A SERIOUS SIDE EFFECT

WHAT IS TARDIVE DYSKINESIA?

Tardive Dyskinesia (TD) is a long-term movement disorder caused by medications that affect the brain's dopamine system. TD is characterized by involuntary, jerky, irregular movements of the tongue, lips, face, trunk, arms, legs, hands, and/or feet, such as:

HOW MANY PEOPLE ARE AFFECTED?

500,000 people in the U.S. have TD.

WHICH MEDICATIONS CAUSE IT?

Some of the most commonly used medications that cause TD are:

- Haloperidol
- Risperidone
- Zuclopentixol
- Fluphenazine
- Perphenazine
- Thioridazine
- Trifluoperazine
- Flunitrazepam
- Propofol
- Propofol
- Propofol

WHO IS AT RISK?

People who are older, have been taking medication for a long time, or have a history of TD are at higher risk.

WHAT ARE THE SIGNS AND SYMPTOMS?

Signs and symptoms of TD include:

- Hand/eye wringing
- Head jerking
- Stuttering
- Chewing
- Smacking lips
- Sticking tongue out
- Plucking and pursing of lips
- Rapid eye blinking
- Rapid movements of the arms, legs, and trunk

THE GOOD NEWS IS, TD IS TREATABLE. TALK TO YOUR DOCTOR TO LEARN IF YOU ARE EXPERIENCING TD AND WHICH TREATMENT OPTIONS ARE BEST FOR YOU.

MHA Mental Health America

Tardive Dyskinesia infographics

COMO PUEDE MANEJAR SU ESTRÉS Y ANSIEDAD

MENTE

- ▶ **Accepte que no puede controlar todo.** Aprenda a vivir con la incertidumbre. (It will not be what you expect. (It will not be what you expect.)
- ▶ **Haga lo mejor que puede.** No se de culpar a sí mismo por lo que ha pasado. (Do your best. Do not blame yourself for what has happened.)
- ▶ **Mantenga una actitud positiva.** Haga un plan para manejar pensamientos negativos con pensamientos positivos. (Keep a positive attitude. Make a plan to manage negative thoughts with positive thoughts.)
- ▶ **Aprenda qué desencadena su ansiedad.** Los eventos que desencadenan la ansiedad, si los identifica, podrá manejarlos. (Learn what triggers your anxiety. If you identify them, you can manage them.)

CUERPO

- ▶ **Limite el consumo de alcohol y cafeína.** El alcohol y la cafeína pueden agravar la ansiedad y disminuir el tiempo de sueño. (Limit alcohol and caffeine consumption. Alcohol and caffeine can worsen anxiety and reduce sleep time.)
- ▶ **Ingiera comidas balanceadas.** No se salte las comidas. (Eat balanced meals. Do not skip meals.)
- ▶ **Duerma lo suficiente.** Si no puede dormir, trate de relajarse antes de acostarse. (Get enough sleep. If you can't sleep, try to relax before going to bed.)
- ▶ **Haga ejercicio cada día.** El ejercicio puede ayudar a reducir el estrés y mejorar su estado de ánimo. (Exercise every day. Exercise can help reduce stress and improve your mood.)

ACCIÓN

- ▶ **Respire profundamente.** Respire profundamente por la nariz y exhale por la boca. (Breathe deeply. Breathe deeply through your nose and exhale through your mouth.)
- ▶ **10 Lentamente cuente hasta diez.** Cuenta lentamente hasta diez. (Count slowly to ten. Count slowly to ten.)
- ▶ **Aporte a su comunidad.** Comparta su experiencia con otros que están lidiando con la ansiedad. (Contribute to your community. Share your experience with others who are dealing with anxiety.)
- ▶ **Tome un descanso.** Tómese un tiempo para descansar y relajarse. (Take a break. Take some time to rest and relax.)
- ▶ **Obtenga ayuda en el Internet.** Visite el sitio web de MHA para obtener más información y recursos. (Get help online. Visit the MHA website for more information and resources.)
- ▶ **Hable con alguien.** Hable con alguien que pueda ayudarle a manejar su ansiedad. (Talk to someone. Talk to someone who can help you manage your anxiety.)

Para más información y recursos acerca de salud mental, visite www.mentalhealthamerica.net

MHA Mental Health America

Adapted Spanish Material example

Communications

Media Snapshot

2017 was a busy year for MHA in the news and maintained a steady presence in media throughout the year. MHA released two new reports this year; **The 2018 State of Mental Health in America Report** and the **Workplace Health Report**, MHA's 2017 Annual Conference was a huge success and we announced a 2018 Annual Conference theme ***Fit for the Future!***

Now in its' fourth year, **the 2018 State of Mental Health in America Report** has become anticipated by media outlets and continues to be well received. This year's snapshot focused on mental health crisis amongst teens, proving to be extremely relevant. Thus far, initial press coverage has included a lengthy article by the **Huffington Post**.

This summer, **The Chronicle of Philanthropy** visited the MHA National Office and highlighted how MHA's efforts to reinvigorate our mission with focus on millennials, data, and hiring.

The **Workplace Health Report** generated a great response on social media. The report was covered by **The Ladders** and was then picked up by the **Washington Post**. The report shined spotlight on the impact of workplace stress and mental health.

Press Release Highlights from 2018

- May is Mental Health Month- Fitness #4Mind4Body Theme Highlights Making Small Changes – both physically and mentally – for overall wellbeing
- 📄 Statement by Paul Gionfriddo, President and CEO of MHA, on the Better Care Reconciliation Act
- 📄 Mental Health America, Sutter Health Leading the Way in Innovation to Treat Mental Illness
- 📄 Statement by Paul Gionfriddo, President and CEO of MHA, on Florida Shooting
- 📄 MHA Statement on Passage of American Health Care Act
- 📄 Statement by Paul Gionfriddo, President and CEO, MHA, on loss of Kate Spade and Anthony Bourdain

68

Print media interviews in 2017

267,467,714

Media Impressions

\$13,705,253

Ad Equivalent in 2017

18

Press Releases in 2017

You could find MHA in:

Associated Press
Bustle
Chronicle of Philanthropy
Dallas Morning News
ESPN
Forbes
Huffington Post
Las Vegas Sun
Men's Health
Modern Healthcare
New York Times
Politico
Psych U
Reader's Digest
Teen Vogue
The Hill
US News and World Report
Women's Health

Annual Conference

MHA's 2018 Annual Conference: *Fit for the Future!*

MHA officially announced it's 2018 Conference theme! On June 14-16, 2018, in Washington, DC, where it will host over **500** attendees!

Our *Fit for the Future* theme will explore what we can do personally as individuals to keep ourselves healthy in the 21st Century-how data and personal narratives are increasingly connecting exercise and nutrition to overall mental health, and how leaders in the nutrition and fitness fields are using this information to promote overall health and well-being and impact the mental health of millions. We will dive into programs that are already making use of cutting edge 21st Century technologies, treatments, and research-as well as those that will emerge soon to benefit those with mental health concerns. We will offer new tools and techniques that are enabling professionals and peers to launch innovative and collaborative practices that brighten the future of mental health care for all. And we will talk about what we must do to enact 21st Century policy solutions to support all these efforts- to demonstrate how designing and implementing effective prevention, early intervention, and recovery-oriented policies that promote innovation can make a real difference.



MENTAL HEALTH AMERICA
ANNUAL CONFERENCE



Over 500

Conference attendees in
2018

Notable Speakers and
Guests in 2018

Autumn Calabrese



Fitness and Nutrition expert and
Beachbody Celebrity

Eugene Robinson



Pulitzer-Prize winning author

Abby Wambach



Olympic Gold Medalist and World
Cup Champion

Along with:

Cynthia Bisett Germanotta

Marc Brackett

and

Chirlane McCray

Recovery Services

First-Ever National Peer Specialist Certification

After years of development, this year MHA proudly announced the creation of the MHA National Certified Peer Specialist (NCPS) credential. This groundbreaking national advanced certification lets peers- individuals who share the experience of living with a psychiatric disorder and/or addiction- show they have the highest levels of knowledge and experience to create new opportunities in public and private settings. Peer- initiated and conceived, the MHA NCPS credential recognizes peers with the lived experience, training, and job experience to work alongside healthcare teams. The expansion of peer support into the private sector will open new career paths and opportunities, which have previously unexplored, for thousands of peer supporters.



Patrick Hendry, Vice President of Peer Advocacy, Supports, & Services, introduces the peer credentialing program

It's My Life: Social Self-Directed Care

MHA developed a highly innovative intervention called It's My Life: Social Self-Directed Care that combines the evidence-based practices of Peer Support and Psychiatric Rehabilitation and the emerging best practices of Self-Directed Care and Life Coaching. The program provides people with serious mental illnesses with life coaches who help them integrate within their community on a social level, drastically reduces hospitalization for its participants while increasing their quality of life. This year, MHA conducted three training webinars for the program.

Peer Support project with Hospital Corporation of America

Mental Health America has partnered with HCA and MHA of Palm Beach County to introduce MHA peer support into the HCA scope of service. The first pilot year was successful and far exceeded expectations. The program is a three-way partnership among MHAPBC, HCA-Healthcare-which owns and operates the two hospitals, and Mental Health America- which trained peers. HCA provided some funds to support the pilot for the year, and MHAPBC obtained local foundation and grant support to augment the HCA support.

142

Applicants to the NCPS program in 2017

239

Number of individuals provided services in 2017

40

Number of organizations assisted in 2017

MHA worked with the Florida Certification Board to develop the National Certified Peer Specialist credential.



Community Outreach

Key Partnerships

- **American Lung Association(ALA)** and MHA partnered to implement smoke free at Home which supports successful implementation of the HUD smoke free housing rule to improve health outcomes for all residents, including those living with behavioral health conditions. The contract provides MHA National with \$50,000 in addition to \$5,000 mini grants for up to 10 affiliates.
- **The Food & Mood Centre, Amare Global** and MHA partnered to create co-branded resources for Mental Health Month.
- **Brandon Fox**, music artist, has listed MHA as a beneficiary to receive 100% of profits from the sales of his latest album.
- **Rich Aucoin** is hosting the PRESS ON Tour, a cycling and concert tour from March 26, 2018 through June 30, 2018 to raise awareness about depression and fundraise for the national office of Mental Health America.

Exhibitions

MHA was invited to exhibit at several major events, including the **NBC4 Health & Fitness Expo**, the **Deloitte Well-Being Expo**, City of Alexandria 2017 Health, Wellness & Benefits Fair, the **DLA Health & Safety Expo 2017**, **2017 Defense Health Headquarters Health Fair**, Fiesta DC, and the Alternatives Conference.

MHA Store

Since January 2018, over \$7,000 in branded merchandise has been sold. The MHA Store will launch new merchandise to include mugs, awareness pins, sports bottles, polos, and more.



Associate Membership

MHA launched the Associate Membership program in 2016. The program provides a direct connect to MHA and its nationwide network. It is open to any size organization who is supportive of MHA's mission, both non-profit and for-profit entities. Since January 2018, the Associate Member Network has grown 110% from 10 organizations to 21.

160,000

Individuals reached through outreach programs and activities YTD

252

Branded MHA Giveaways YTD

2,371

Merchandise items from MHA store sold YTD

Key Coalitions

Coalition for Whole Health Medicaid Coalition

Consortium for Citizens with Disabilities

Mental Health Liaison Group

Leadership 18

Parity Implementation Coalition

MAP Rx Coalition

B4Stage4 Goes International!

MHA licensed the B4Stage4 campaign to the **Canadian Mental Health Association in British Columbia (CMHA-BC)**. CMHA-BC will use the B4Stage4 message to framework policy and public education for the next two years.

Thank you to our associate members and partners!



American Red Cross



CRISIS TEXT LINE |



Affiliate Relations

MHA and its Affiliate Network is committed to bringing support and advocacy to communities around the country. MHA's Affiliate Network comprises local and state mental health organizations working to influence public policy and ensure access to fair and effective treatment for the millions of Americans suffering from mental health conditions.

New Affiliate



MHA welcomed Mental Health America in Wilson County (MHAWC) to its Affiliate Network. Formerly, the Mental Health Association in Wilson County, MHAWC has been providing needed advocacy and education to its community since its inception in 1956. Most recently, MHAWC started a grief support group for parents who have lost children to opioid and heroin overdoses and opened a community recovery center with the local substance use recovery coalition.

Innovation in Programming Award Winners

MHA of Franklin County - Occumetrics Program

The Occumetrics program is a uniquely innovative, data-driven process to scientifically measure the workplace wellbeing of an organization in any industry. Occumetrics can predict causative factors for turnover, job satisfaction, and any other measurable workplace issue and then make practical recommendations for organizational change that will move the needle. Through a grant from the Ohio Department of Mental Health and Addiction Services (OMHAS), MHAFC currently offers Occumetrics to 13 OMHAS-licensed behavioral health providers annually, in addition to any other organizations on a fee for service basis. By June 2018, Occumetrics will have completed 27 assessments since its inception with about 5,000 behavioral health employees throughout Ohio.

MHA of Middle Tennessee - Tennessee Suicide Prevention Network (TSPN)

The Tennessee Suicide Prevention Network (TSPN) is an amazing private-public partnership that addresses the 10th leading cause of death in the United States (2nd leading cause of death among teens ages 10-24). TSPN is a national model for suicide prevention networks, as they cover all 95 counties, are regularly asked to speak at national conferences, and have recently spoken internationally to help small countries address suicide. The 27-member, governor-appointed advisory council represents all eight regions across Tennessee. MHAMT is contracted with the TN Dept of Mental Health and Substance Abuse Services for the TSPN.

200

Affiliates

42

States

Affiliate Spotlight

MHA in New York State receives \$1M from New York State to launch a School Mental Health Resource and Training Center. The Center will help schools identify evidence-based resources to develop mental health curricula and provide resources and guidance to support schools' ability to comply with the required mental health education of students. The Center will also provide mental health training for staff and provide schools with assistance in establishing community partnerships to meet the mental health services needs of students and families.

MHA on the Road

MHA President & CEO Paul Gionfriddo had a very busy year!

To kick off 2016, Paul spent time with a film crew from **WQED Pittsburgh**, filming a 30-minute documentary ***Before Stage Four: Confronting Early Psychosis*** on psychosis featuring Paul and his son, Tim. The documentary went on to win a 2017 **Emmy Award**. Early this year Paul attended our own birthday bash at the National Press Club where we honored **Governor Inslee of Washington** with our **B4Stage4 Award**.

In March, Paul received the **Golden Apple Award** from the **Jerome Golden Center for Behavioral Health** and attended a Yale University program sponsored by the **Faas Family Foundation**.

In April, Paul attended a reception at the home of the Ambassador from Japan as a part of Washington, DC's Cherry Blossom festival. After that, Paul was the keynote speaker at the "In an Age of Violence" conference sponsored by **MHA PBC** and headed to Rhode Island for a **PBS** and **Sirius Radio** broadcast which featured MHA and *Losing Tim*. Paul traveled to **MHA Hawaii's 75th Anniversary Luncheon** and spoke at the **NAMI Hawaii State Conference 2017**.



In June, Paul resumed his role as emcee for **MHA's 2018 Annual Conference** and spent July summering in the office in Alexandria and at home in Florida before hitting the road in August.

In August, Paul attended a two-day **SAMHSA National Advisory Council** meeting and continued his work on the Hill. Then he was off to Orlando, where he worked with **Guidewell Health** and more than 100 experts on defining opportunities for innovation and future

partnerships. Additionally, he presented at the **Emerging Minds** conference in Florida and keynoted at the **National Shrine of Our Lady of the Snow** annual conference in Illinois.

In September, Paul spoke at the **Leadership Institute Roundtable** in DC before heading out to California to see our friend and MHA award winner, Brandon Staglin at the **One Mind Institute Music Festival for Brain Health**.

In October, Paul headed to Charlotte, NC for a mental health awareness event with **Otsuka** and **NASCAR driver Kyle Larson**. Paul stopped in New York City for the **Do it Day Hackathon** where teams of public relations professionals developed creative ideas for promoting B4Stage\$ and mental health screening. After quick meetings with **SAMSHA** and **Janssen**, he traveled to Maine and presented on MHA's peer certification program to the leaders at **the National Association of Psychiatric Health Systems**.

In November, Paul spent time with **MHA Southwest Pennsylvania** and keynoted their "Before Stage Four" conference and attended a screening for the Emmy award winning documentary of the same name.

Paul closed out the year with a trip to overseas. This time bringing MHA's B4Stage4 message to **Israel** – as part of a seven-member delegation of national nonprofit leaders who met with Israeli government officials and their nonprofit counterparts in an exchange of ideas and information.

Web and Email

<p>Top Web Pages</p> <ol style="list-style-type: none"> 1. Schizophrenia 2. Mental Health Screening Tools Homepage 3. Depression Screen/ Stress Screener 4. Personality Disorder 5. Co-dependency 	<ol style="list-style-type: none"> 6. Paranoia and Delusional Disorders 7. Mental Illness and the Family: Recognizing Warning Signs and How to Cope 8. Spanish-Language Bipolar Disorder 9. Spanish-Language What is Depression 10. Depression in Teens 	<p>7,799,378 Web sessions in 2017</p> <p>6,383,975 Web visitors in 2017</p> <p>13,824,409 Page views in 2017</p>	
<p>54,045</p> <p>Active Email File YTD</p>	<p>3,240,300</p> <p>Email recipients in 2017</p>	<p>1,321</p> <p>Online Gifts in 2017</p>	<p>\$124,471</p> <p>Total Raised Online</p>

<p>Google Ad Words Campaigns</p> <p>Screening Back to School Toolkit 2017 MHM 2017 Annual Conference 2017 Mental Health America TLC Lukens Evergreen (Donations) Workplace Wellness Publication Pub Ed Policy Walgreens Associate Membership </p>	<p>Top Paid Keywords</p> <p>depression test am I depressed mental health services signs of depression mental health month depression quiz depressed quizzes information on mental health do I have depression teenage depression depression support free test for depression information on mental illness mental health</p>	<p>2.09 Million YTD Impressions</p> <p>92,737 YTD Clicks</p>
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Social Media

Top Posts



Today marks the 1st day of #MentalIllnessAwarenessWeek #MIAW. Change the way the world sees #mentalhealth by acting #b4stage4. How? Take a screen to check up on your mental health, as you would with your physical health

Today is #WorldMentalHealthday. According to the WHO, #depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease.

“Talk about #mentalillness. It is more common than you think... “

“Mental health is as important as physical health, and when someone tells me to go workout for an hour, or eat a kale salad, or make sure to shower, sometimes it’s the last thing I want to hear. I have to meet myself where I’m at and I hope you can too.”

Having abnormally low levels of GABA is linked to depression and mood disorders, and this finding adds to growing evidence that our gut bacteria may affect our brains.

154,779
Fans End of 2017

\$84,566
Raised through FB

Major Campaigns
Booster Campaign
Back To School
Mental Illness
Awareness Week
#notacharacterflaw
#mentalillnessfeelslike
#RiskyBusiness
#Copelikeaboss
Tardive Dyskinesia
Workplace Wellness

Top Tweets



Want to help MHA raise up to \$30K? All you have to do is watch a video thru 7/31 & @JanssenUS will donate \$1 to MHA. September is #NationalSuicidePreventionMonth. This year, we ask you to #BeThe1To promote change and save lives When you’ve decided to seek help, knowing where to start can be tricky. Use MHA’s help tool to get started <http://bit.ly/2f8xy0K>

Today marks the 1st day of #MentalIllnessAwarenessWeek #MIAW

This New Instagram Feature Helps Users Dealing With Mental Health issues <http://bit.ly/2kju7G4>

You may know CPR and the Heimlich maneuver, but what is first aid in a mental health crisis? Save lives #B4stage4 <https://buff.ly/2vlnCi6>

238,215
Followers YTD

13,516,200
Tweet Impressions in 2017

140%

increase in Twitter followers
from 96,952 in 2016 to
238,215 in 2017

**OUR SOCIAL
MEDIA IS
BOOMING!**

255%

increase in Instagram
followers from 6,485 in
2016 to 23,030 in 2017



23,030 Instagram followers by the end of November 2017



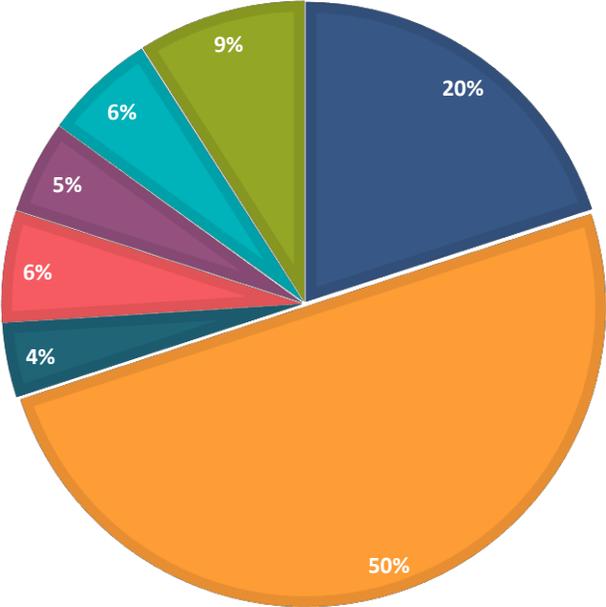
13,291 LinkedIn followers by end of year 2017



9,788 YouTube followers by the end of year 2017

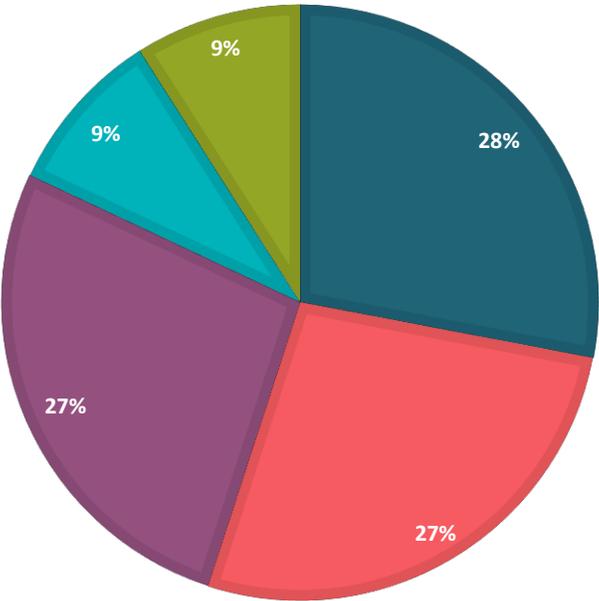
2017 Financials

REVENUES
(TOTAL: \$3,949,526)



- Individual Giving
- Corporate Giving
- Foundation Giving
- Gov't Grant/Contract
- Affiliate Support
- Products and Sales
- Other

EXPENSES
(TOTAL: \$3,866,747)



- Public Education, Policy, and Advocacy
- Mental Health Programs and Services
- Constituency services
- Fundraising
- Management and General

Mental Health America, Inc.

Statement of Financial Position
 December 31, 2017
 (With Comparative Totals for 2016)

	2017	2016
Assets		
Cash and cash equivalents	\$ 514,381	\$ 84,321
Investments	3,018,545	2,554,030
Receivables, net	904,702	1,586,051
Prepaid expenses	84,780	80,099
Inventory	42,564	16,577
Property and equipment, net	<u>737,883</u>	<u>839,006</u>
	<u>\$ 5,302,855</u>	<u>\$ 5,160,084</u>
Liabilities and Net Assets		
Liabilities:		
Accounts payable and accrued expenses	\$ 125,755	\$ 99,358
Deferred revenue	8,835	6,290
Capital lease obligations	92,404	89,253
Deferred rent	648,919	634,238
Deferred compensation	<u>128,768</u>	<u>115,550</u>
Total liabilities	<u>1,004,681</u>	<u>944,689</u>
Commitments (Note 10)		
Net assets:		
Unrestricted:		
Undesignated	180,590	91,489
Board designated	<u>2,284,780</u>	<u>1,971,619</u>
	2,465,370	2,063,108
Temporarily restricted	1,543,833	1,863,316
Permanently restricted	<u>288,971</u>	<u>288,971</u>
	<u>4,298,174</u>	<u>4,215,395</u>
	<u>\$ 5,302,855</u>	<u>\$ 5,160,084</u>

See notes to financial statements.

Mental Health America, Inc.

Statement of Activities
Year Ended December 31, 2017
(With Comparative Totals for 2016)

	2017			Total	2016 Total
	Unrestricted	Temporarily Restricted	Permanently Restricted		
Support and revenue:					
Nonfederal grants, contracts and contributions	\$ 1,470,907	\$ 1,401,606	\$ -	\$ 2,872,513	\$ 3,235,246
Affiliates dues	217,365	-	-	217,365	193,773
In-kind contributions	138,160	-	-	138,160	248,031
Federal contracts and grants	86,998	-	-	86,998	108,141
Royalties	129,370	-	-	129,370	45,121
Conference registrations	129,961	-	-	129,961	84,464
Combined federal campaign	35,497	-	-	35,497	33,983
Sales	94,332	-	-	94,332	25,240
Investment income	202,777	42,553	-	245,330	150,827
Net assets released from restrictions	1,763,642	(1,763,642)	-	-	-
Total support and revenue	4,269,009	(319,483)	-	3,949,526	4,124,826
Expenses:					
Program services:					
Public education, policy and advocacy	1,080,846	-	-	1,080,846	1,062,004
Mental health programs and services	1,035,559	-	-	1,035,559	866,088
Constituency services	1,035,494	-	-	1,035,494	858,849
Total program services	3,151,899	-	-	3,151,899	2,786,941
Supporting services:					
Fundraising	351,426	-	-	351,426	430,745
Management and general	363,422	-	-	363,422	373,636
Total expenses	3,866,747	-	-	3,866,747	3,591,322
Change in net assets	402,262	(319,483)	-	82,779	533,504
Net assets:					
Beginning	2,063,108	1,863,316	288,971	4,215,395	3,681,891
Ending	\$ 2,465,370	\$ 1,543,833	\$ 288,971	\$ 4,298,174	\$ 4,215,395

See notes to financial statements.

Mental Health America, Inc.

**Statement of Functional Expenses
Year Ended December 31, 2017
(With Comparative Totals for 2016)**

	2017								2016 Total
	Program Services				Supporting Services				
	Constituency Services	Public Education, Policy and Advocacy	Mental Health Programs and Services	Total	Management and General	Fundraising	Total		
Salaries and benefits	\$ 426,902	\$ 641,480	\$ 581,724	\$ 1,650,106	\$216,709	\$ 219,691	\$ 2,086,506	\$ 1,805,660	
Conference and meetings	264,975	38,502	2,857	306,334	15,817	15,300	337,451	226,870	
Professional fees and contract service payments	60,568	68,409	69,363	198,340	39,177	20,800	258,317	330,515	
Grants	50,575	56,000	126,600	233,175	(17)	6,634	239,792	67,565	
Occupancy	43,154	53,943	64,732	161,829	32,366	21,577	215,772	306,951	
Depreciation and amortization	27,891	34,864	41,836	104,591	16,742	13,945	135,278	118,505	
Travel	41,787	48,091	28,592	118,470	2,124	11,276	131,870	123,931	
In-kind	31,560	47,378	47,378	126,316		11,844	138,160	248,031	
Operating fees	18,731	25,885	27,696	72,312	19,102	9,158	100,572	84,097	
Communications	11,153	13,870	19,167	44,190	7,545	5,835	57,570	54,151	
Subscription dues	10,587	13,773	11,494	35,854	5,771	8,552	50,177	65,525	
Outside printing and art work	27,472	17,215	2,828	47,515	812	266	48,593	16,712	
Supplies	7,925	5,473	8,597	21,995	3,281	2,177	27,453	63,544	
Postage and shipping	4,906	15,672	2,335	22,913	(476)	1,283	23,720	15,369	
Marketing and advertising	6,982			6,982			6,982		
Photocopying	326	291	360	977	4,469	160	5,606	6,912	
Direct mail						2,928	2,928	56,984	
Total	\$ 1,035,494	\$ 1,080,846	\$ 1,035,559	\$ 3,151,899	\$ 363,422	\$ 351,426	\$ 3,866,747	\$ 3,591,322	

See notes to financial statements.

