

2012



ANNUAL REPORT

EXECUTIVE DIRECTOR'S MESSAGE

This past year, two tragedies tested the resolve of Americans across the country. In Aurora, Colo. and Newtown, Conn. the lives of too many ended too soon. In the wake of these disasters, however, a sustained dialogue on the long-broken mental health system has begun. We have an opportunity to not just fix the system, but to build it anew. Our message to the White House, Congress, state policymakers, the media and the country is a simple one: Now is the time for action.

We know that without treatment, the consequences of mental illness for an individual and society are staggering: unnecessary disability, unemployment, substance abuse, homelessness, inappropriate incarceration, suicide and wasted lives. At the same time, treatment for serious mental illness is highly effective. With appropriate, effective treatments and a wide range of services tailored to their needs, most people who live with mental illnesses can significantly reduce the impact of their illness and find a satisfying measure of achievement and independence. Unfortunately, too many individuals living with disorders such as schizophrenia and bipolar disorder are not receiving treatment.

As of the end of 2012, we reached significant milestones within our organization. NAMI Peer-to-Peer and NAMIWalks celebrated their 10th anniversaries. These and other achievements were made across the country because of the work of thousands of dedicated NAMI volunteers and staff. Our strength as an organization continues to rely on the roots that reach through communities in every state.

Thirty-four NAMI State Organizations have already successfully completed the rechartering process, a first and vital step in our collective pursuit of organizational well-being as envisioned in the NAMI Standards of Excellence. In 2013, many more will join those ranks. Many NAMI Affiliates have already passed resolutions declaring their desire to pursue organizational excellence and to sign an Affiliation Agreement, a formal process that re-affirms our mutual accountability to one another within the NAMI movement. These are exciting developments, benchmarks along our way to making NAMI a household name.

In May 2012, NAMI launched its Mental Health Care Gets My Vote! campaign to mobilize individuals affected by mental illness to participate in the 2012 elections. The website featured information and tools including detailed breakdowns of state election laws and the rights of people living with disabilities.

We continued to maintain our strong presence at the federal level. NAMI staff and volunteers testified in front of Congress. We issued statements and engaged policymakers. Progress was made with the Supreme Court upholding the ruling that health insurance

Michael Fitzpatrick, M.S.W.,
executive director



must be provided for pre-existing conditions and the Department of Health and Human Services ruling making parity for mental health and substance abuse treatments an essential health benefit.

Returning military and their families continued to be a priority in 2012. We worked to train NAMI educators on military culture. The NAMI Military and Veterans Council was reorganized and strengthened. In response to the rising rates of increasing suicide and PTSD in newly returned veterans, NAMI released a special report *Parity for Patriots*, which described the injustices experienced by veterans and their families.

In our ongoing effort to expand NAMI's reach, we revamped our NAMI On Campus program and relaunched StrengthofUs.org, our online social media site devoted to young adults living with mental illness. By the end of the year, we had 83 active campus clubs and more in development.

Last year also marked the launch of a new public service announcement to educate viewers about mental illness. "Monuments" featured influential figures from history including Abraham Lincoln, Winston Churchill and Mahatma Gandhi. One of the aspects of the campaign—one that continues to endure—was the sharing of personal stories by many people living with mental illness. These shared experiences continue to serve as a source of inspiration. Three of the many tremendous stories we've received are featured in this annual report. You can share your own story today at www.nami.org/notalone.

In the face of tragic events, NAMI has remained strong and focused on its mission. I see 2013 as a time of celebration and hope. We will continue to work to create opportunities to bring treatment to those who need it most. The time is now to seize opportunity and work together to build a system of care that does not tolerate injustice.

Thank you for all that you do,



Michael J. Fitzpatrick, M.S.W.
NAMI Executive Director

Ted's Story

I am not alone, because in my mid-30s I finally discovered it's ok to ask for help and that despite what my mind is telling me, people actually do care about me.

My saga with my mental illness (depression, OCD, BPD) began when I was in ninth grade. I think that was after I had mono and my doctor asked me about depression and my family history. At that age I thought nothing of it and ignored how I felt for almost the next 20 years.

I never knew that any of my thoughts and feelings were not normal. After a few manic trips to Australia and countless other behaviors that were irrational, one might have thought I would have had a clue. I

didn't. It wasn't until I found myself waking up and standing on a cliff every day for three months that I finally realized that my feelings weren't normal. That was in 2008. I was hospitalized then, and again in 2010 and 2011 for suicide attempts.

My doctor, the same one that I saw way back in ninth grade, was an amazing help and never gave up on me. The doctors in the adult mental health unit were amazing.

I'm living in a house now. I have a therapist and a social worker and medication that works. I take part in therapy and a DBT group and I have friends that allow me to get some dog therapy time in. Pets are so important for my therapy.

I've also learned that my willingness to be open about mental illness has allowed other people I know talk to me and discuss how they feel and that they too can get help for depression.

In summary, I'm trying to rebuild my life one day at a time and trying to remember that it's ok to ask for help and that my illnesses don't define me.



A YEAR IN THE LIFE OF NAMI 2012

JANUARY

The NAMI Peer-to-Peer program celebrated its 10th anniversary in 2012. NAMI Peer-to-Peer provides a learning program to help people with mental illness establish and maintain their wellness and recovery. In 2012, over 2,100 people participated in 200 classes.

FEBRUARY

NAMI released its fourth in the series of redesigned brochures on mental illness: *Depression*. It provides updated resources to individuals living with depression.



NAMI joined a number of health and disability organizations in submitting an amicus ("friend of the court") brief to the U.S. Supreme Court in support of upholding the provision in the Patient Protection and Affordable Care Act (ACA) requiring states to expand their Medicaid programs to cover all uninsured individuals with incomes at 133 percent of the federal poverty level or below. This aspect of the ACA is particularly important for people with mental illness. The Supreme Court held that Medicaid expansion is optional rather than required for states. Currently, 25 states have decided to expand their Medicaid programs.

MARCH

NAMI issued a statement in response to the killing of 16 Afghan villagers by a soldier who may have experienced mental health problems, calling for better identification, diagnosis and intervention for the soldiers serving America who are affected by mental illness.

Following two incidents aboard domestic airline flights, NAMI issued a statement concerning public safety and mental health issues in aviation and other workplace settings. It emphasized that the Federal Aviation Administration and the Americans with Disabilities Act have provisions in place to ensure that employees are medically evaluated for conditions, both mental and other, that may affect public safety.



APRIL

NAMI Walks celebrated its 10th anniversary this year. A total of 85 walks with over 135,000 supporters raised

almost \$10 million in 2012. The funds raised provide educational and support programs at no cost to those impacted by mental illness.

Caregivers active in the NAMI Family-to-Family program met in Dallas to film a video aimed at capturing the essence of their life experiences. Participants shared stories about family members who developed mental illness and how the program helped them cope and support their loved ones.

NAMI launched an online data reporting system that makes it possible for all program leaders to report their classes, support groups and presentations electronically. A pilot was also conducted with 10 NAMI State Organizations and five NAMI Affiliates using an electronic program evaluation system. The pilot was a success and this process will be expanded across the country in 2013.

MAY

NAMI launched its Mental Health Care Gets My Vote! campaign and website to mobilize individuals and families affected by mental illness to participate in the 2012 elections. The website provided information and tools to encourage voter registration and dialogues with candidates.



NAMI honored 17 doctors with its 2012 Exemplary Psychiatrist Award at the American Psychiatric Association's annual conference in Philadelphia.

JUNE

NAMI released a special report, *Parity for Patriots: The Mental Health Needs of Military Personnel, Veterans and their Families*, which called for Purple Heart medals to be awarded for psychological wounds like posttraumatic stress disorder (PTSD) and for military commanders to be accountable for suicide prevention.



NAMI held its annual national convention in Seattle, featuring keynote speaker Linea Johnson, whose first book tells about her experience with bipolar disorder. General Peter W. Chiarelli (Ret.) was awarded the Distinguished Service Award and the Parity for Patriots rally was held.

The first NAMI Basics class using the Spanish curriculum, *Bases y Fundamentos*, was taught by NAMI New Jersey.

NAMI Director of Policy and Legal Affairs, Ron Honberg, in a testimony statement submitted to the

Senate Judiciary Committee, Subcommittee on the Constitution, Civil Rights and Human Rights, warned of the dangers of placing individuals with severe psychiatric symptoms into solitary confinement in prisons.

NAMI submitted an amicus brief to the U.S. Supreme Court urging it to accept a case (*Elizondo v. City of Garland*) to determine whether the conduct of a police officer in provoking a confrontation with a juvenile experiencing a psychiatric crisis should have been considered in assessing the liability of the officer for the subsequent death of the juvenile. This issue has important implications for crisis intervention teams (CIT) and related programs teaching crisis de-escalation methods to law enforcement and other first responders.

JULY

NAMI celebrated the fifth anniversary of National Minority Mental Health Awareness Month in creative, new ways. The focus this year was to use social media

messaging to raise awareness of minority perspectives. Thousands of organizations hosted events throughout the month.

NAMI welcomed Keris Jän Myrick as the new president of its board of directors. Myrick previously served as vice president of NAMI and is also president and CEO of Project Return Peer Support Network in Pasadena, Calif.

NAMI Executive Director Michael J. Fitzpatrick and Mira Signer, executive director of NAMI Virginia, released a joint statement condemning Virginia Lt. Governor Bill Bolling's campaign statement that Obama voters should "check themselves into a mental hospital." It is an outrageous, ignorant and prejudiced statement that represents "stigma-slinging," they said, and called for an apology.

AUGUST

NAMI hosted focus groups with leaders in the CIT movement at the CIT International Conference, to ensure that the voices of individuals and families

Jennifer's Story

My mental illness started with depression at age 13. My first suicide attempt was at 15 and I struggled with an addiction to self-injury and anorexia throughout my teenage years.

When I was 23, I developed what was later recognized as psychosis. I saw giant bugs and bats flying around my bedroom. I experienced a type of hallucination where I hear people who are really talking to me saying two or three things at the same time. Delusions terrorized me constantly.

For seven years, I was unable to work. I was barely able to keep a roof over my head, living in homeless shelters, motels, rented rooms, and even the back of a car.

Reading conspiracy theories reinforced my delusions. I believed a second Holocaust was happening in the U.S. and thought I would be sent to a concentration camp and tortured to death. I believed I was Anne Frank reincarnated. I also thought I was Jesus or a CIA agent much of the time.

Voices everywhere told me to do things. The messages I saw all around—in signs, books, TV and the internet—told me it was my destiny to

die like Jesus. I attempted suicide by overdosing twice more, then tried to drive a car over a 150-foot bridge. Luckily, I escaped serious injury.

Unfortunately, I was released from the hospital the same day because I denied it was a suicide attempt. I was terrified of psychiatric hospitals and I believed I would be raped and tortured.

One day, I purchased a gun to end my nightmare. I held the loaded gun in my mouth but decided, for some reason, not to pull the trigger until the next day. A family member found out, the police were called, and I was taken to and kept at a hospital for six months under Florida's Baker Act. This time, I was hospitalized long enough for the medications to work. They helped my delusions melt away.

During my recovery journey, I first lived in a group home, then in an apartment owned by a mental health housing agency. I returned to college in 2007, graduating with an associate in arts degree, with honors, in 2010. I am currently working on my bachelor's in political science and social work and have kept a part-time job for four years.

NAMI has been instrumental in my recovery. I attended NAMI Connection support groups. Twice a year I tell my story at NAMI Pinellas County Florida's Crisis Intervention Team trainings for law enforcement officers. I am a trained Peer-to-Peer mentor. I speak to high school students and community groups. I was secretary of the local consumer council for years and am now on the board of directors of NAMI Pinellas County.

Recovery is possible. It's important to remember to hold on to hope.

I write a blog about my illness and recovery. I am also co-author of a graphic novel about an episode of psychosis, which will be published.



affected by mental illness and front-line law enforcement officers are included in our national strategy for CIT.

Following the July 20 mass shooting in Aurora, Colo. and reports that the shooter had sought help for mental illness, NAMI called attention to the crisis in the country's mental health care system, which is not geared toward accurate diagnosis and access to treatment. Michael J. Fitzpatrick encouraged public dialog about making gun laws more effective but cautioned that it should be done in a way that is not overly broad, and also avoids unfair, damaging discrimination.

NAMI established a joint venture with Army OneSource (AOS), a Secretary of the Army Initiative, to create Treating the Invisible Wounds of War, an online training program to help build awareness of the culture in which the military, veterans and their families live and work. AOS provides free access to educational materials for NAMI Family-to-Family teachers and participants.

SEPTEMBER

On World Suicide Prevention Day, U.S. Surgeon General Regina Benjamin and the Action Alliance for Suicide Prevention launched a new National Strategy for Suicide Prevention, seeking to reduce deaths from suicide in the decade ahead. The Obama Administration announced \$55.6 million in new grants for national, state, tribal, campus and community suicide prevention programs.

In response to the many calls each month NAMI's HelpLine receives regarding criminal justice issues, NAMI developed a Criminal Justice Self-advocacy FAQ to supplement its comprehensive Guide to Mental Illness and the Criminal Justice System.



NAMI's Family-to-Family program materials were thoroughly reviewed by outside professional sources and updated to insure that the most current science and cultural competency is reflected. This is the fifth edition of NAMI's flagship education program which has reached more than 350,000 individuals across the U.S. as well as Mexico, Canada and Italy.

NAMI continued to expand into social media. NAMI's Facebook page reached 55,000 fans in September.

OCTOBER

NAMI promoted Mental Illness Awareness Week with the theme this year of "Changing Attitudes, Changing Lives."

Continuing its effort to eliminate stigma and to provide public education, NAMI launched a television campaign of public service announcements featuring images of great leaders who each struggled with mental illness. "Monuments" was distributed to more than 900 TV stations across the country.

NAMI issued statements following the presidential and vice presidential debates calling out the oversight of mental health and mental illness issues. The absence of discussions about parity in health insurance coverage and veterans mental health issues was also noted.

NAMI promoted ADHD Awareness Week and prepared new resources for the ADHD Resource Center, including tips on how to live well, chats with experts, personal stories from parents and podcasts.

NAMIBikes rolled out its Fight Stigma & Ride! campaign at three venues across the country. Arizona, Florida and California each held rides in late fall. Over 135 riders and 90 volunteers came out to raise a combined total of \$80,000.



NOVEMBER

NAMI published *College Students Speak: A Survey Report on Mental Health*. The national survey showed that 72 percent of college students experienced a mental health crisis on campus, but nearly one-half did not access campus supports or services. In response, NAMI launched a new NAMI on Campus initiative. The website includes a new resources section, including how to get involved with NAMI on Campus clubs and to connect with others. In addition, StrengthofUs.org, NAMI's social networking website for young adults was relaunched.



The long-awaited U.S. Department of Health and Human Services (HHS) proposed essential health benefits (EHB) rule guiding coverage in individual, small-group and health insurance exchange plans was published on November 26 in the Federal Register. For the first time ever, it will be required that all individual and small group plans include mental health and

substance abuse treatment at parity, or equal to the coverage given to other health conditions.

NAMI honored Dr. Nancy C. Andreasen with its 2012 Scientific Research Award, recognizing her contributions to the understanding of mental illness and the advancement of treatment for the people living with these illnesses. Dr. Andreasen pioneered the use of magnetic resonance imaging (MRI) to identify the brain mechanisms of schizophrenia.

DECEMBER

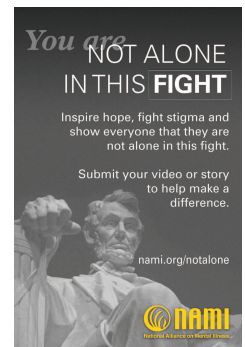
NAMI released the results of a survey, conducted in conjunction with the College of Psychiatric and Neurologic Pharmacists Foundation (CPNPF), which found that approximately 75 percent of individuals living with mental illness do not receive adequate safety or effective monitoring assistance from community pharmacists.

NAMI Alabama, NAMI Colorado, NAMI Kansas, NAMI New York, NAMI North Carolina and NAMI Utah were selected to be part of Build it Together, a year-long, capacity building opportunity for NAMI State Organizations. These organizations participated in a training event in Arlington, Va., where each state team developed a diversity plan to implement through 2013.

NAMI responded to the Sandy Hook Elementary School shooting in Newtown, Conn., by providing trauma resources and releasing a new fact sheet, *What Families Can Do When a Child May Have a Mental Illness*. NAMI gave close to 100 interviews to media outlets and talked with political leaders. Executive Director Michael J. Fitzpatrick sent letters to President Obama and Vice President Biden urging mental health care reform. Fitzpatrick also condemned the NRA position—calling for more guns in schools and creating a bigger list of people treated for mental illness—as “outrageous and wrong.”

NAMI helped to develop benchmarks for CIT, in the form of a national CIT curriculum model and comprehensive implementation guide.

NAMI's year-end campaign, “You Are Not Alone in this Fight,” helped connect individuals impacted by mental illness through social media communities. The website featured biographies of famous people with mental illness, and more than 70 individuals shared stories and videos of their own. The campaign raised \$460,000.



Stephanie's Story

I'm a mother of a 13 year-old son with bipolar disorder. For the past four-and-a-half years, we have been coping with his condition. It started when he was diagnosed with ADHD (combined type) and started on medications at age 6. Shortly after, he complained about hearing voices, but I put off his complaints and made excuses about what he could be hearing. I didn't want to believe that it was something psychological.

Four years later, he became very depressed, and the voices became worse. At the age of 10, he was hospitalized for the first time, and we learned that he had bipolar disorder. I was devastated and completely lost. Neither my son nor I had any idea what was going on with him. My family could not accept that he was ill. For a long time, I dealt with it alone.

The bipolar rollercoaster ride continues. He has been hospitalized 15

times, and his recent admission was his first attempt at suicide. Thankfully, he made it and is doing better now, but it was the most horrible feeling ever.

You want to be a loving and understanding mother. It's not so easy with children with mental illness. They hate you, they blame you and they say horrible things to you. It makes you angry and resentful because of all you have gone through for them. I felt like I couldn't handle my son any longer and actually wanted to give him up. I lost that feeling a mother should feel—all I felt was guilt for being such a horrible mother. Only in the past year did I realize that it wasn't my son I was angry at. It was his disease that I hated so much.

Wanting to change things. I contacted NAMI San Antonio, took a NAMI Basics class and became an instructor. I met many wonderful people who shared my feelings. I

realized that I wasn't alone in this fight. I am now on the board of directors of NAMI San Antonio. My 30-member team participated in a NAMIWalk to help raise money and awareness. I've shared my story at local law enforcement mental health unit trainings. Being involved has helped me reach out to those who feel loneliness and despair.

DO NOT EVER GIVE UP!!! Don't let mental illness beat you or your loved ones. It's a fight every day, but people are out there to help you. You are not alone.



I AM NOT ALONE



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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of NAMI

We have audited the accompanying financial statements of NAMI, which comprise the statements of financial position as of December 31, 2012 and 2011, and the related statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of NAMI as of December 31, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.



Vienna, Virginia
March 8, 2013

NAMI

Statements of Financial Position December 31, 2012 and 2011

	<u>2012</u>	<u>2011</u>
Assets		
Cash and cash equivalents	\$ 2,657,843	\$ 2,465,158
Accounts receivable	572,808	1,139,953
Inventory	50,888	57,549
Investments	5,654,853	5,316,792
Prepaid expenses	289,591	276,144
Property and equipment, net	1,166,610	936,992
Deposits	46,900	46,900
	<hr/>	<hr/>
Total assets	<u>\$ 10,439,493</u>	<u>\$ 10,239,488</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$ 1,129,504	\$ 1,089,901
Deferred revenue	70,155	135,978
Deferred rent and lease incentive	740,613	767,396
Charitable gift annuities	257,016	265,903
	<hr/>	<hr/>
Total liabilities	<u>2,197,288</u>	<u>2,259,178</u>
Net Assets		
Unrestricted	5,187,239	4,629,555
Temporarily restricted	2,510,203	2,805,992
Permanently restricted	544,763	544,763
	<hr/>	<hr/>
Total net assets	<u>8,242,205</u>	<u>7,980,310</u>
Total liabilities and net assets	<u>\$ 10,439,493</u>	<u>\$ 10,239,488</u>

NAMI

Statement of Activities
For the Year Ended December 31, 2012

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue and Support				
Contributions	\$ 4,752,070	\$ 2,812,158	\$ -	\$ 7,564,228
Walks	916,721	-	-	916,721
Federal grants and contracts	645,873	-	-	645,873
Registrations	358,271	-	-	358,271
Dues	351,453	-	-	351,453
Investment income	330,912	-	-	330,912
Sales	165,939	-	-	165,939
Other revenue	49,188	-	-	49,188
Net assets released from restrictions:				
Satisfaction of program restrictions	1,597,947	(1,597,947)	-	-
Satisfaction of time restrictions	1,510,000	(1,510,000)	-	-
Total revenue and support	10,678,374	(295,789)	-	10,382,585
Expenses				
Program services:				
Program and membership support	4,925,220	-	-	4,925,220
Education services	1,052,781	-	-	1,052,781
Advocacy	1,717,430	-	-	1,717,430
Total program services	7,695,431	-	-	7,695,431
Supporting services:				
Administration	1,127,357	-	-	1,127,357
Development	1,297,902	-	-	1,297,902
Total supporting services	2,425,259	-	-	2,425,259
Total expenses	10,120,690	-	-	10,120,690
Change in Net Assets	557,684	(295,789)	-	261,895
Net Assets, beginning of year	4,629,555	2,805,992	544,763	7,980,310
Net Assets, end of year	\$ 5,187,239	\$ 2,510,203	\$ 544,763	\$ 8,242,205



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