



executive director's MESSAGE

Almost everyone's life has been touched in some way by mental illness. The face of mental illness is not the face of some stranger. It is the face of our neighbors and coworkers, our friends and family and, sometimes, even us. A recent report from the Centers for Disease Control and Prevention tells us that about one-half of U.S. adults will develop a mental illness during their lifetime. Mental illnesses do not discriminate; they are pervasive and have profound consequences for people's lives.

The neglect of mental illness exacts a huge toll, both human and economic. Numerous chronic diseases such as diabetes, obesity and cardiovascular disease are associated with mental illness. The good news is that the rates of improvement for serious mental illnesses like major depression and bipolar disorder are as good as, if not better, than those for chronic physical diseases like heart disease and diabetes.

These rates of improvement are predicated on the person getting the right treatment when they need it. The bad news is that notwithstanding the existence of effective treatments and services and the real opportunities for recovery, most Americans who live with mental illness do not seek or find the help that they need.

Each day people contact NAMI seeking help on how to access mental health services. People face difficulty finding inpatient and outpatient services, supportive housing, job supports, in-home supports, affordable health insurance, family support, medication, peer-directed, self- help programs and more.

The current economic state of our nation continues to have a negative impact on these already jeopardized services. Funding for mental health services has often faced the brunt of budget cuts. In NAMI's reports on budget cuts released in March and November, 2011, it was reported that two-thirds of all states cut mental health spending. Every month, more states continue to reduce funding or close hospitals for individuals living with mental illness. Already in 2012, budget cuts have been proposed that would further reduce access to mental health services.



In these challenging times, NAMI, NAMI State Organizations and NAMI Affiliates across America have continued to push back against this discrimination and injustice. NAMI continues to provide technical assistance to advocates in states on how slow plans for psychiatric hospital closures and protect those dollars for investment into effective acute care as well community and residential services.

In 2011, our NAMIWalks program had its most successful year ever. The 84 Walks helped raise over \$9 million to support local NAMI activities and spread our message of hope and recovery. NAMI also launched its NAMIBikes program in 2011—another outlet for raising awareness and fighting stigma in communities.

Providing education continues to be another of the pillars on which NAMI stands. Thousands of Americans in all 50 states were offered hope and provided with ongoing support by participating in NAMI's free education courses such as Family-to-Family, NAMI Basics, NAMI Connection, In Our Own Voice, Peer-to-Peer & Parents and Teachers as Allies. All of these courses have been translated into Spanish as part of our ongoing commitment that language should never be a barrier for an adult or child to receive proper care.

In 2011, NAMI updated three of its brochures: *Bipolar Disorder*, *Posttraumatic Stress Disorder* and *Schizophrenia* and created a Web resource on first episodes of psychosis to ensure that the millions of users of our nami.org website have access to the most-up-date facts and information.

Through our growing social media efforts, NAMI now can now connect with its members and supporters through Facebook and Twitter about important information the moment it occurs. Through social media NAMI is also engaging with a large new virtual community.

In the coming year NAMI will continue to stand steadfast in communities across America in its mission of supporting and advocating for individuals and their families whose lives are affected by mental illness.

Every day people reach out to NAMI seeking advice, and we will continue to respond. We will continue to push back against discrimination and work to create an integrated system of care for adults and youth that emphasizes getting treatment and services to all in need when they need them.

Sincerely,



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

I am **nami**

Joyce Robitaille, NAMI New Hampshire



I first heard of NAMI at a hospital in San Diego. My son had just been diagnosed with schizophrenia after experiencing his first psychotic episode. Realizing Michael needed the support of family, it was heartbreaking to have to take him away from his job, apartment and friends to return to New Hampshire.

Connecting with our local mental health center in New Hampshire, Michael did well. It was difficult at first, but he took an active role in learning everything he could about his illness, took his medications and started volunteering.

I learned a great deal as well, through NAMI's Family-to-Family program. I also attended NAMI support group meetings, but eventually stopped going. Michael was doing well and I couldn't relate to the stories being shared.

In 2011, I returned to the NAMI meetings. The stories I had heard were now my story as well. Michael had stopped taking his meds, was drinking too much and using drugs. The change in Michael was dramatic. Our close relationship became adversarial. He distrusted me, but I knew underneath all the pain and anger was the son I knew.

With intervention, Michael was admitted to the state hospital. After his release, he was still angry, at me and at his circumstances. When he returned to his self-destructive behavior, I felt helpless. Believing in the power of positive energy, I replaced my fears with hope and began to envision Michael well.

Eventually Michael realized that he was responsible for what happened; that he had the power to make his life better. Doing well on his medications, Michael moved into a new apartment and reclaimed the life and the relationships he'd neglected. John and David, my other sons, both came home for Christmas. After the holidays John told me that his best Christmas present was having his brother Michael back—he speaks for all of us.

My husband and I continue to attend NAMI support group meetings, and participated in a NAMI advocacy training workshop to learn how to effectively speak out for individuals and families affected by mental illness.

2011: a year in the life of NAMI

January

NAMI's prepared to celebrate the 10-year anniversary of Peer-to-Peer, a unique, experiential learning program for people living with mental illness who are interested in establishing and maintaining their wellness and recovery.

February

Academy Award Winner Jodi Foster is featured in the *Advocate*. Staring in *The Beaver*, Foster plays the wife of a man (Mel Gibson) who develops major depression and becomes disconnected with his family.



Citing a recent report revealing that Asian American teenage girls have the highest rate of depressive symptoms of any racial, ethnic or gender group, NAMI issued *Asian American and Pacific Islander Mental Health: Report from a NAMI Listening Session*. The report revealed barriers to mental health services and negative perceptions of mental health problems as two of the key reasons for the findings.

Through NAMI's advocacy, and working in partnership with other health and disability organizations, major budget cuts to mental illness research, services and housing programs were averted in the federal budget. As a result, key federal agencies such as the National Institute of Mental Health (NIMH), Housing and Urban Development (HUD) and others were able to sustain research initiatives and programs that greatly benefit individuals with mental illness and their families.

March

In response to the tragic shooting in Arizona in January, NAMI released *State Mental Health Cuts: A National Crisis*, a first-ever, state-by-state look at the staggering loss of funds to public mental health care. Examining fiscal years 2009 to 2011, the report

discovered that two-thirds of states had cut mental health care even though need has increased because of the nation's economic distress and return of service men and women from war.

April

NAMI released its first in the series of redesigned brochures on mental illness: *Schizophrenia*. This publication provides an excellent overview of schizophrenia and covers topics such as medicines, cultural competence and research around this serious mental illness.

May

NAMI Massachusetts' NAMIWalk became the first to raise more than \$400,000. Overall, NAMIWalks across the country had a record breaking season, with more than 450 NAMI State Organizations and NAMI Affiliates participating and over \$9 million in donations.



June

A new study published in *Psychiatric Services* discovered NAMI's Family-to-Family education program "significantly" improves coping and problem-solving abilities of family members of individuals living with mental illness. Led by Lisa B. Dixon, M.D., M.P.H., of the University of Maryland School of Medicine, the study found that the NAMI classes increase both knowledge about mental illness and "empowerment within the family, the service system and the community."

NAMI released *Responding to Youth with Mental Health Needs: A CIT for Youth Implementation Manual*. This groundbreaking guide provides step-by-step instructions and practical tools for law enforcement and communities to implement CIT for Youth and intervene early to help youth access needed mental health services and supports rather than entering the juvenile justice system.

NAMI released the new brochure *Posttraumatic Stress Disorder*. With new resources and updated information on the effects and of PTSD from war, the brochure provides knowledge at a crucial time for our service men and women.

More than 2,500 people descended on Chicago for NAMI's National Convention. NAMI's grassroots leaders congregated to learn, advocate and network with peers and experts addressing mental illness.

July

NAMI took the first steps toward developing a standardized, national consensus approach to police crisis intervention teams (CIT). In partnership with the University of Memphis, the International Association of Chiefs of Police and CIT International, NAMI sought feedback from CIT programs around the country and convened a national steering committee to guide the development a CIT curriculum model and community engagement guide.



Former Army infantryman Daniel Williams of Alabama testified on behalf of NAMI before the Senate Veterans Committee, describing his struggles trying to get help from posttraumatic stress disorder (PTSD) since 2004.

NAMI launched new NAMI State Advocacy tools and materials to help clarify the roles of NAMI state organizations and NAMI affiliates for advocating for those living with mental illness.

NAMI helped celebrate the third National Minority Mental Health Awareness Month, which was established by the U.S. House of Representatives in 2008 in honor of Bebe Moore Campbell, distinguished author and NAMI advocate of mental health education and support. Throughout the month of July, NAMI State Organizations and NAMI Affiliates led efforts across the country to increase public awareness of mental illness and available support among diverse communities.

I am NAMI

Daniel Lukasik, NAMI Buffalo and Eerie County



I am a lawyer and I live with depression. Some of us have attempted to dull the pain of depression with alcohol or drugs. While I have never been attracted to either, my father was. Like many people who live with depression, my father was an alcoholic, and that ultimately killed him. Resorting to alcohol was my father's attempt to flee the pain of his own life and perceived inadequacies.

As I struggled with depression, in my private moments, I would pray to God to send help. He apparently heard my pleas because, when I was finally ready to give up, the love and care of my wife, family and law partners came shining through. But that happened only when I stopped denying my depression, admitted that I had a real problem and needed help.

Initially, that help came in the form of a family physician, who listened to my physical symptoms: interrupted sleep,

body aches, chest pain and waves of fatigue that felt like cement running through my veins. He recommended that I see a psychiatrist. When I heard the word "psychiatrist" I felt dread, but I grudgingly went.

Depression, he said, could be thought of like heart disease or diabetes. It needs care and treatment. I was not thrilled by this news, but I was somehow hopeful. Relief would come in the form of medication, which soothed me when my mind and body could not do it alone.

To say that my efforts to do this are a work in progress is an understatement. Yet, a profound sense of hope comes from seeing that one's crooked thinking in depression can be challenged and changed for the better.

August

In response to the Kelly Thomas in tragedy Fullerton, Calif., where Thomas, a 37-year-old homeless man living with schizophrenia, was beaten to death by police officers, NAMI, in partnership with NAMI California and NAMI Orange County, released a joint statement calling on the City of Fullerton and its police department to undertake a comprehensive review of the training of police.

September

NAMI continued to expand and enhance StrengthofUs.org, NAMI's online resource center and social networking community dedicated to youth and young adults with mental illness. The site continues to grow with more than 3,800 registered community members.

The translation of NAMI Basics, NAMI's education program for parents and other caregivers of children living with mental illness, into Spanish, Bases y Fundamentos, created the foundation for the signature program to be introduced into Spanish-speaking communities.

October

Around the country, thousands of individuals joined together during Mental Illness Awareness Week (MIAW) to help make sure mental health is not ignored. Art exhibits, concerts, educational sessions and faith outreach were just some of the many ways NAMI members engaged their community.

The inaugural NAMIBikes event was held in Davie, Fla. on Oct. 21. Twenty-nine participants pledged to ride 10, 20 or 50 miles. In 2012, there are plans to expand NAMIBikes to four pilot sites.

The NAMI Education, Training and Peer Support Center hosted its first all-Spanish training in St. Louis. A resource guide was also released in Spanish for parents and children with behavioral health issues. The guide explains issues related to mental illness in children in culturally appropriate ways.

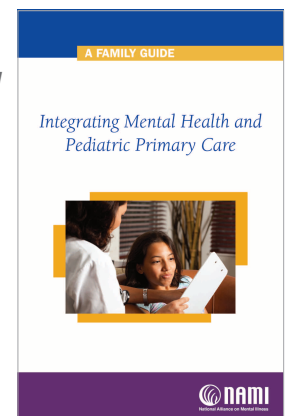
First Episode: Psychosis, a report based on a survey conducted by NAMI, is released. The survey discovered that approximately 20 percent of both individuals who experienced psychosis and family members and friends indicated that "no one" helped in their time of crisis. Accompanying the report was the launch of a special website, which provides extensive resources to help bridge the gap between the appearance of symptoms and medical intervention.

November

NAMI developed *Integrating Mental Health and Pediatric Primary Care*, a family guide, which provides families with valuable information on how to become more involved in the integrated care movement to improve the quality of care delivered to children and families across the country. Over 11,000 copies have already been distributed to NAMI leaders across the country.

NAMI worked with colleague disability advocacy organizations to secure nearly \$85 million in new funding for an initiative at Housing and Urban Development (HUD) to promote permanent supportive housing options under the Frank Melville Supportive Housing Investment Act. Signed into law in 2011, the Melville Act was named in honor of the late Frank Melville, a member of NAMI Connecticut.

State Mental Health Cuts: The Continuing Crisis, a follow-up to NAMI's March 2011 report documenting the deep cuts to state spending on services for children and adults living with serious mental illness, is released. Many states continued to make cuts or lost funding to support public health because federal funds under Medicaid expired.



Gen. William “Buck” Kernan (Ret.), representing today’s veterans and military families, is interviewed by Mike Fitzpatrick in a podcast focusing on mental health challenges facing veterans, military personnel and their families.



In response to the ongoing crisis in cuts to public mental health budgets at the state level, NAMI worked to achieve a \$41 million increase for the federal Mental Health Block Grant program—the first increase in the program since 2000.

Despite an overall freeze on federal discretionary spending, due in part to NAMI’s advocacy, no cuts were made in 2011 to investments in mental illness research funding at the National Institute of Mental Health (NIMH).

Using our thriving social media communities, NAMI’s year-end campaign, Countdown to Recovery, helped connect thousands of individuals impacted by mental illness. People linked together with NAMI through Facebook and Twitter and shared their stories of hope and recovery.

COUNTDOWN TO RECOVERY DECEMBER 31, 2011

December

NAMI released a new brochure, *Bipolar Disorder*, and an accompanying Web section to provide updated resources to individuals living with bipolar disorder.

NAMI successfully pressed the Obama Administration to ensure full and effective implementation of the Affordable Care Act (ACA) for people living with mental illness.



I am nami

Carmen Argueta, Manager NAMI Education, Training and Peer Support Center

I found NAMI through an assignment from a staffing agency. I was sent to the NAMI office to cover for the receptionist who was out for the day. At first I treated it like any other temporary assignment since it was going to be for just one day. However, I quickly learned NAMI’s mission and made it my own.

I was amazed to meet people who were personally committed to improving the lives of individuals and families affected by mental illness. For me, this was another world. I had wandered very far from home. Growing up, my family never talked about mental illness. These words did not exist in our vocabulary. This is what motivated me the most. I wanted to make a difference too. I wanted to work with my community to make sure they understood that these illnesses were real and that there is help within reach.

Not too long into my temporary assignment, an assistant position became available in what is now called the Center for Excellence. I applied and got the job. I was thrilled! Since then, I have had the opportunity to meet and work with wonderful volunteers at the grassroots level whose motivation and dedication are truly moving and contagious.

Later on I became the coordinator of the NAMI STAR Center where I worked on issues related to meeting the needs of under-served populations. From there, I made a smooth transition into the Education, Training and Peer Support Center where I work with the Latino community through our De Familia a Familia program. Here I found my calling. As I grew within NAMI, I was reminded of how much more information was still needed in the Latino community.

Now, as a program manager, I manage the five signature programs that NAMI has available in Spanish: De Familia a Familia, Persona a Persona, En Nuestra Propia Voz, Conexión NAMI and the latest, Bases y Fundamentos.

I am as passionate as ever to make sure these programs grow and are successful in our community. Education is key in breaking down the barriers that keep us from asking questions.

Carmen works in the NAMI Education, Training and Peer Support Center and is the manager of Spanish programs and Parents & Teachers as Allies.

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*Denotes multiple Leadership Alliance members who wish for their gifts to remain anonymous.



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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of NAMI

We have audited the accompanying statements of financial position of NAMI as of December 31, 2011 and 2010, and the related statements of activities, functional expenses, and cash flows for the years then ended. These financial statements are the responsibility of NAMI's management. 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 and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of NAMI at December 31, 2011 and 2010, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

A handwritten signature in black ink that reads "Rogers + Company PLLC". The signature is stylized, with a large, looped "R" and a plus sign between "Rogers" and "Company".

Vienna, Virginia
February 23, 2012

NAMI

Statements of Financial Position December 31, 2011 and 2010

	2011	2010
Assets		
Cash and cash equivalents	\$ 2,465,158	\$ 2,085,871
Accounts receivable	1,139,953	1,104,011
Inventory	57,549	92,260
Investments	5,316,792	5,466,706
Prepaid expenses	276,144	253,454
Property and equipment, net	936,992	855,744
Deposits	46,900	46,900
Total assets	<u>\$ 10,239,488</u>	<u>\$ 9,904,946</u>
Liabilities and Net Assets		
Liabilities		
Accounts payable and accrued expenses	\$ 1,089,901	\$ 972,176
Deferred revenue	135,978	256,381
Deferred rent and lease incentive	767,396	776,615
Charitable gift annuities	265,903	261,071
Total liabilities	<u>2,259,178</u>	<u>2,266,243</u>
Net Assets		
Unrestricted	4,629,555	4,440,434
Temporarily restricted	2,805,992	2,658,106
Permanently restricted	544,763	540,163
Total net assets	<u>7,980,310</u>	<u>7,638,703</u>
Total liabilities and net assets	<u>\$ 10,239,488</u>	<u>\$ 9,904,946</u>

NAMI

Statement of Activities
For the Year Ended December 31, 2011

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue and Support				
Contributions	\$ 3,838,557	\$ 3,851,909	\$ 4,600	\$ 7,695,066
Walks	875,983	-	-	875,983
Federal grants and contracts	767,505	-	-	767,505
Registrations	425,745	-	-	425,745
Dues	309,906	-	-	309,906
Investment income	196,132	-	-	196,132
Sales	163,344	-	-	163,344
Other revenue	37,606	-	-	37,606
Net assets released from restrictions:				
Satisfaction of program restrictions	1,884,023	(1,884,023)	-	-
Satisfaction of time restrictions	1,820,000	(1,820,000)	-	-
Total revenue and support	10,318,801	147,886	4,600	10,471,287
Expenses				
Program services:				
Program and membership support	4,845,915	-	-	4,845,915
Education services	1,297,357	-	-	1,297,357
Advocacy	1,698,255	-	-	1,698,255
Total program services	7,841,527	-	-	7,841,527
Supporting services:				
Administration	1,096,874	-	-	1,096,874
Development	1,191,279	-	-	1,191,279
Total supporting services	2,288,153	-	-	2,288,153
Total expenses	10,129,680	-	-	10,129,680
Change in Net Assets	189,121	147,886	4,600	341,607
Net Assets, beginning of year	4,440,434	2,658,106	540,163	7,638,703
Net Assets, end of year	\$ 4,629,555	\$ 2,805,992	\$ 544,763	\$ 7,980,310

See accompanying notes.



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