



**nami**

**THE NATIONAL ALLIANCE FOR THE MENTALLY ILL**

Annual  
Report

2002

## MESSAGE FROM OUR PRESIDENT

*“We hold these truths to be self-evident, that all men are created equal, that they are endowed by their Creator with certain unalienable Rights, that among these are Life, Liberty and the pursuit of Happiness”*

With these few words American’s first revolution was launched. More than two hundred years later the same basic premises underlie NAMI’s own revolution: like our founding fathers, NAMI is dedicated to reversing the long history of broken promises and resulting devastation that have plagued the people we represent. Through our Strategic Plan we have set ourselves a course of action to change not only the attitudes and expectations that surround mental illness, but the very policies and systems that are intended to serve people who live with mental illness.

We have set ourselves seven goals, around which every program or initiative revolves. Each of the seven Teams here at NAMI’s national office is assigned the responsibility for overseeing one of these goals. Our expenditures of time and resources are guided by these goals – the work you see reflected in this annual report is the expression of our revolution. NAMI will:

1. Drive the local, state and national debate on mental illness system reform;
2. Improve treatment outcomes by advancing evidence-based & emerging science-based practice;
3. Reach out to under-served and priority populations;
4. Extend our capabilities through innovative partnerships and expanded funding;
5. Strengthen our nationwide network of state and affiliate organizations;
6. Increase the public commitment to mental illness and community integration by combating stigma and discrimination; and,
7. Link NAMI resources nationwide through unified planning, membership, and development strategies.

On behalf of the National Board of Directors, I invite you to review this report of our progress and our goals for the next year. I am confident you will agree that NAMI truly is The Nations’ Voice on Mental Illness.



James (Jim) P. McNulty  
President, NAMI National Board of Directors

# NAMI CAMPAIGN FOR THE MIND OF AMERICA

★ ★ ★ ★ ★ PARTNERSHIPS FOR RECOVERY

NAMI has launched the Campaign for the Mind of America that focuses on the need for our country to create a world class treatment and recovery system for people with mental illness. As a result of the revolution in brain science, medical practice and other "best practices", we know what to do, we have the means for success, but we are not doing it effectively. Too many people are not getting the help they need and they (and all of us) are paying a heavy price for this failure. NAMI will urge the public and policy makers to invest in

providing better services. We will inform them of the financial costs of not treating mental illness and emphasize the unacceptable human cost of the current "non system" - including suicide, homelessness, criminalization, substance abuse and wasted lives. We will talk about the proven benefits of providing sustained treatment. Finally, we will increase NAMI's membership and circle of friends to create a groundswell of support for development of a truly effective public mental health system.

- *Approximately one-third of the estimated 600,000 homeless people in the United States have severe mental illness. Yet, only one in 20 persons with severe mental illness are homeless.*
- *Only 5% to 7% of homeless persons with a mental illness need to be institutionalized. Most can live in the community with appropriate, supportive housing.*
- *In 1998, 283,800 people with mental illnesses were incarcerated in American prisons and jails. This is four times the number of people in state mental hospitals throughout the country.*
- *Because the majority of people who NEED treatment DO NOT get it (or get poor quality), the cost of untreated brain disorders continues to escalate from \$79 billion in 1990, to \$113 billion in 2000.*

### Policy

NAMI must drive the local, state and national debate on mental illness system reform.

NAMI's Policy Team has the primary responsibility for developing and implementing advocacy strategies and communications with local, state and federal governments. During the past year, their efforts have been particularly focused on developing momentum on federal mental illness parity legislation, outpatients' prescription drug benefits and safe and affordable housing. Efforts have also included advocacy for increased funding for biomedical research and "de-criminalization" of mental illness. Substantial progress was made on issues impacting children, including forming the NAMI Child and Adolescent Action Center, coordinating a nationwide unmet needs survey of children and adolescents with mental disorders and their families, and the establishment of a NAMI Board of Directors' subcommittee on children and adolescents.

In the coming year, the Policy Team and the newly established Policy Research Institute will advocate to protect State, Federal and community mental health funding and Medicaid benefits for persons with mental illnesses. Additionally, the team will continue its' work to enact federal legislation requiring insurance plans to treat mental illnesses equally with other illnesses. Other advocacy priorities include federal and state funding for community treatment programs, housing and co-occurring

- *45 million American adults (23%) are diagnosed with mental disorders in any given year.*
- *Mental disorders account for a larger share of the nation's disease burden than cancer and diabetes.*

mental illnesses and addictive disorders. Other initiatives include developing effective outreach tools for families with children with mental illness and school-based education programs.

### Center for Research, Education and Practice

NAMI must work to improve treatment outcomes by advancing evidence-based and emerging science-based practice.

The Center for Research Education and Practice has been established and has formed a Scientific Advisory Council to develop models for building an evidence base and disseminating evidence-based practices.

The Assertive Community Treatment Technical Assistance Center is integral to the success of this effort. This includes recognition of consumers and families as key service providers as well as identifying the best science-based practices and services.

The Family-to-Family Education Program is now in 45 states and the District of Columbia. This program has shown in a recent scientific evaluation, that course participants gained a greater understanding of mental illness, coped much better, worried less, and felt newly empowered to advocate for better treatment and services for their relative.

Activities included Peer-to-Peer training in six states and the second NAMI C.A.R.E. training of trainers and the publication of related materials. Over the next year, these training programs will be broadened to more states. Additional models and guidelines as well as effective methods for dissemination of this information will be developed.

### Multi-Cultural and International Outreach (MIO)

NAMI must actively reach out to under-served and priority populations.

In order to fulfill this strategic goal, NAMI has formed the Multi-Cultural and International Outreach Team this year. Their efforts have been

driven toward establishing the NAMI MIO Partner Coalition and the NAMI Diversity Work Group, launching the Global Partnership Initiative, and conducting cultural symposiums and listening forums. Initiatives include developing strong relationships with international organizations and establishing a network of outreach leaders across the nation.

In addition to continuing their support for the expansion of existing initiatives, MIO's goals for the next year include holding a Native American Leadership Symposium at the annual convention, and holding a National NAMI MIO Partner Coalition Meeting. MIO also plans to work together with the Latino Behavioral Health Institute and hold a conference on Latino Mental Health, as well as participate in their Policy Round Tables. MIO will also establish a National Multicultural Speakers Bureau and an International Partner Coalition.

### Development

NAMI must broadly expand its capabilities through groundbreaking partnerships and increased funding.

NAMI's Development Team has worked closely with the Board of Directors to broaden the mission and work of the NAMI's Foundation, and develop new strategies in major markets around the country to gain new NAMI members and supporters. The Team has worked to provide training and technical assistance to further the grantsmanship skills and capacity of the NAMI affiliate network. A major development this year was also the creation of the Web membership program, with 850 affiliates enrolled to date.

Goals for the next year include overseeing the NAMI Membership Campaign, including NAMIWalks and a NAMI Collaborative Direct Mail Program, with a goal of significantly expanding membership nationwide, and expanding NAMI's

Planned Giving initiatives. Additionally, the Team will hold a State Policy Exchange to facilitate networking and dialogue on issues of mutual concern between NAMI regional directors, policy staff and the state relations teams with NAMI's corporate sponsors.

### State Relations

NAMI must significantly strengthen its nationwide network of state and affiliate organizations.

NAMI's State Relations Team provides on-site, tailored technical assistance in state policy implementation, advocacy and organizational consultation. This team is responsible for state and affiliate Board and Executive Director development, orientation, consultation and training. The State Relations Team works with the NAMI Consumer Council, the State Presidents' Council and the Executive Directors' Group to develop reports, surveys, and needs assessment instruments. Additionally the Team is responsible for NAMI's Online Resource Library, opportunity grants to build infrastructure leadership and governance training and publishes the weekly on line newsletter, Friday Facts.

- *Since the 1990s, state appropriations for mental health programs and services have fallen in relation to other state funding. Total state funding has increased 68% for corrections, 56% for health and welfare, and only 33% for mental health.*

Over the next year, State Relations will launch and build on the Best Practices Initiative for states and affiliates, and establish a database system for tracking and promoting the Affiliate Advocacy and Action "Stars." The Team will also work to move the Leadership Institute to Phase Two, which will

expand on its successes and include more virtual learning opportunities that bridge and cultivate “faculty” from across the country. State Relations will continue to promote internal communications to grass-roots leadership aimed at supporting their successes.

### Communications and Marketing

NAMI must dramatically increase public commitment to mental illness and community integration by combating stigma and discrimination.

NAMI's Communications and Marketing team is responsible for launching major awareness initiatives

- *Adults with serious brain disorders, about 5% of the general public (10 million Americans), make up 16% of the prison population; 30% of homeless individuals; 25% of all admissions for emergency medical services and hospitalizations; and 26% of Social Security Insurance beneficiaries, reflecting a 90% unemployment rate.*

- *The treatment success rate for a first episode of schizophrenia is 60%; 65% to 70% for major depression; and 80% for bipolar disorder.*

focused on branding NAMI as the true Nations' Voice on Mental Illness. The Team is in the final stages of launching the new NAMI web-site, [www.nami.org](http://www.nami.org), and has launched the Campaign for the Mind of America. The Team has also developed the public education presentation “In Our Own Voice: Living with Mental Illness”, manages the NAMI Annual Convention, and publishes the *Advocate* magazine.

In 2003, the Communications and Marketing Team plans on continuing the promotion and growth of its existing initiatives, as well as developing an outreach initiative for College and High School students. Additionally Communications and Marketing will develop a national membership kit, attract more corporate sponsorship for NAMI, and develop PSAs and videos.

### Governance

NAMI must link its resources nationwide through unified planning, membership and development strategies.

The Governance Team at NAMI's national office works with the NAMI Consumer Council, the State Presidents' Council and the Executive Directors' Group to support the Board of Directors in creating a “seamless NAMI” — a NAMI where resources, messages and efforts at each level of the organization are coordinated and consistent. NAMI's recent Call to Action sets NAMI on a course toward a single, consistent definition of membership, branding and coordination of fundraising initiatives at the local affiliate, state and national levels.

Over the next year, the Governance Team will continue to ensure organizational structure and integrity, improve internal operations, and oversee the next planning cycle.

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NAMI gives most sincere thanks to all of the many supporters who contributed to NAMI this past year. Your support enables NAMI to remain on the forefront of mental health advocacy and services and to continue our mission on behalf of all Americans with mental illness.

Whether gifts of thousands of dollars or just \$0.87, your generosity has inspired the Board, members, staff, and volunteers of NAMI to fight even harder for people with mental illness everywhere.

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(as of June 30, 2002)\*

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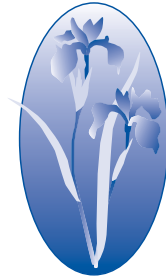
- *Serious mental illnesses (SMI) interfere with employment. An estimated 57 percent of adults with SMI were not employed in 1990 compared to 29 percent of the general population.*
- *Of the 1,012,582 total hospital admissions in the U.S. in 1998, 261,903 (25.8 percent) were psychiatric admissions.*
- *Four of the ten leading causes of disability in the United States and other developed countries are mental disorders, which include major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder.*
- *The promises of “deinstitutionalization” of those with mental illnesses were replaced with the realities of homelessness and criminalization.*

\* All Leadership Alliance members are noted unless they have indicated a preference to remain anonymous.

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(as of June 30, 2002)



Iris Circle members have expressed their commitment to extend their support into the future through a planned gift in their will or trust or through a life income gift—a charitable gift annuity or charitable remainder trust.\*

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## NAMI DONORS

### CURRENT IRIS CIRCLE MEMBERS

(as of June 30, 2002)\*

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Richard and Barbara Zuegel

\* If your name should be listed here, please let us know immediately so we can provide you with the recognition your commitment so richly deserves. We would also like to take this opportunity to thank our Iris Circle members who choose to remain anonymous.

## THE NAMI HONOR ROLL

The NAMI Honor Roll recognizes those special friends who have remembered NAMI with their ultimate gift, their final bequest.

Estate of Edward Reeves Black



Estate of Ernest Brunner



Estate of Robert Chaikin



Estate of Bernice Deutsch



Estate of Madge Gould



Estate of Peter Heinz



Estate of Eleanor Himmelstein



Estate of Elizabeth O'Connor



Estate of Lucile Rogers Orbison



Estate of Lois Green Palmer



Estate of Edward C. Schreiber



Estate of Catherine Winn

# THE MANY BEAUTIFUL MINDS ENDOWMENT

## LEAD DONOR

### Lucile Rogers Orbison Memorial Fund

Funded by:  
Estate of Lucile Rogers Orbison  
Nancy Orbison

## SPECIAL NAMED FUNDS

Clark and Marny Clifford  
Family Fund

The Kenneth Johnson  
Memorial Fund

Shannon Family  
Fund

The Douglas Keith Macpherson  
Memorial Fund of NAMI

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## GENERAL ENDOWMENT FUND

Joseph Hinshaw  
Gary and Sandra Mihelish  
NAMI's StigmaBusters  
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Heather Killough

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NAMI is privileged to receive support from private foundations, governmental, and corporate sources. We gratefully acknowledge:

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AstraZeneca Pharmaceuticals

Bristol-Myers Squibb Company

Center for Mental Health Services, Substance Abuse  
and Mental Health Services Administration

Combined Federal Campaign

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Theodore and Vada Stanley Foundation

The Peter and Elizabeth C. Tower Foundation

WellPoint Health Networks

Wyeth Pharmaceuticals

# FINANCIAL REPORT

## COMBINING SCHEDULE OF FINANCIAL POSITION AS OF JUNE 30, 2002

### ASSETS

	NAMI	NAMI Anti-Stigma Foundation	NAMI Research Institute	Eliminations	Total
<b>CURRENT ASSETS</b>					
Cash and cash equivalents	\$591,111	\$2,003,470	\$ -	\$ -	\$2,594,581
Investments	1,545,143	-	-	-	1,545,143
Accounts receivable	748,959	-	-	(365,967)	382,992
Pledges receivable	-	1,525,500	-	-	1,525,500
Inventory	23,902	-	-	-	3,902
Prepaid expenses	36,051	-	-	-	36,051
Total current assets	2,945,166	3,528,970	-	(365,967)	6,108,169
<b>PROPERTY AND EQUIPMENT</b>					
Equipment	1,390,657	34,432	-	-	1,425,089
Furniture	41,880	-	-	-	41,880
Leasehold Improvements	736,370	-	-	-	736,370
	2,168,907	34,432	-	-	2,203,339
Less: Accumulated depreciation and amortization	(774,876)	(31,419)	-	-	(806,295)
Net property and equipment	1,394,031	3,013	-	-	1,397,044
<b>TOTAL ASSETS</b>	<b>\$4,339,197</b>	<b>\$3,531,983</b>	<b>\$ -</b>	<b>\$(365,967)</b>	<b>\$7,505,213</b>

### LIABILITIES AND NET ASSETS

<b>CURRENT LIABILITIES</b>					
Accounts payable and accrued liabilities	\$1,308,567	\$415,569	-	\$(365,967)	\$1,358,169
Deferred rent abatement	131,480	-	-	-	131,480
Charitable gift annuity	10,540	-	-	-	10,540
Total current liabilities	1,450,587	415,569	-	(365,967)	1,500,189
<b>LONG-TERM LIABILITIES</b>					
Deferred rent abatement	495,283	-	-	-	495,283
Charitable gift annuity	29,449	-	-	- 29,449	-
Total long term liabilities	524,732	524,732	-	-	-
Total Liabilities	1,975,319	415,569	-	(365,967)	2,024,921
<b>NET ASSETS</b>					
Unrestricted	1,066,318	1,590,914	-	-	2,657,232
Temporarily Restricted	978,078	1,525,500	-	-	2,503,578
Permanently Restricted	319,482	-	-	-	319,482
Total net assets	2,363,878	3,116,414	-	-	5,480,292
<b>TOTAL LIABILITIES AND NET ASSETS</b>	<b>\$4,339,197</b>	<b>\$3,531,983</b>	<b>\$ -</b>	<b>\$(365,967)</b>	<b>\$7,505,213</b>

## FINANCIAL REPORT

### COMBINING STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS FOR THE YEAR ENDED JUNE 30, 2002

	NAMI	NAMI Anti-Stigma Foundation	NAMI Research Institute	Eliminations	Total
<b>REVENUE</b>					
Individual contributions	\$1,247,234	\$ -	\$4,300	\$ -	\$1,251,534
Foundation contributions	353,854	-	13,800,000	-	14,153,854
Corporate contributions	541,370	4,034,700	-	-	4,576,070
Contracts	706,416	-	-	-	706,416
Affiliate membership	463,273	-	-	-	463,273
Combined federal campaign	113,015	-	-	-	113,015
Associate and agency membership	142,664	-	-	-	142,664
Conference	718,440	-	-	-	718,440
Sales, net of cost of goods sold of \$47,484	116,034	-	-	-	116,034
Other program revenue	326,647	-	18,466	-	345,113
Supporting organization contributions	4,201,636	-	-	(4,201,636)	-
Interest and dividend income	50,506	76,614	121,252	-	248,372
Realized gain (loss)	27,910	-	-	-	27,910
Unrealized gain (loss)	(6,238)	-	-	-	(6,238)
<b>Total revenue</b>	<b>9,002,761</b>	<b>4,111,314</b>	<b>13,944,018</b>	<b>(4,201,636)</b>	<b>22,856,457</b>
<b>EXPENSES</b>					
Program services:					
Research	236,147	-	15,372,922	-	15,609,069
Program and Member Support	3,726,752	4,201,636	-	(4,201,636)	3,726,752
Education	3,031,299	318,602	-	-	3,349,901
Advocacy	260,347	173,759	-	-	434,106
<b>Total program services</b>	<b>7,254,545</b>	<b>4,693,997</b>	<b>15,372,922</b>	<b>(4,201,636)</b>	<b>23,119,828</b>
Supporting services:					
Administration	901,761	386,106	1,092,130	-	2,379,997
Fundraising	816,895	45,241	-	-	862,136
<b>Total supporting services</b>	<b>1,718,656</b>	<b>431,347</b>	<b>1,092,130</b>	<b>-</b>	<b>3,242,133</b>
<b>Total expenses</b>	<b>8,973,201</b>	<b>5,125,344</b>	<b>16,465,122</b>	<b>(4,201,636)</b>	<b>26,362,031</b>
Change in net assets before other item	29,560	(1,014,030)	(2,521,104)	-	(3,505,574)
<b>OTHER ITEM:</b>					
Transfer of NRI assets	-	-	(1,789,963)	-	(1,789,963)
Change in net assets	29,560	(1,014,030)	(4,311,067)	-	(5,295,537)
Net assets at beginning of year	2,334,318	4,130,444	4,311,067	-	10,775,829
<b>NET ASSETS AT END OF YEAR</b>	<b>\$2,363,878</b>	<b>\$3,116,414</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$5,480,292</b>

## NOTES



The Nation's Voice on Mental Illness

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Arlington, VA 22201-3042

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