

2009

annual report



NAMI

National Alliance on Mental Illness



Executive Director's Message

In 2009, NAMI celebrated its 30th anniversary—not by looking back at its proud history, but by moving forward to set a foundation for the future. We remain strongly committed to working to improve the lives of individuals and families affected by serious mental illness through research, education, support and advocacy at every level.

We hold ourselves accountable to protecting the integrity of the NAMI mission. Our advocacy efforts focus on a broad range of mental health issues including raising awareness, improving access to effective treatments and services and providing support for children and adults living with mental illness. In this process, we do not endorse or promote specific treatments, medications or products. We continue to follow strict policies that ensure our independent position on issues affecting the welfare of individuals and families affected by mental illness.

Last year marked the first full year in which NAMI's fiscal year matched the calendar year. The change was adopted in 2008 at the recommendation of our auditors to make accounting easier. This report reflects this change.

2009 was a time of a national recession that resulted in turbulent economic times in the nonprofit community as a whole. We anticipated this climate and had already taken many prudent steps to ensure our ability to meet these by broadening and diversifying our financial base and carefully monitoring our expenditures. At the same time, we have led the way among nonprofit organizations to new standards of transparency, including an unparalleled online public registry of all major corporate and foundation grants. As the nation's economic crisis deepened, NAMI redoubled its efforts to protect and strengthen mental health services. The end of 2009 saw the launch of a special website with tools for state advocacy. You can view the site at www.nami.org/stateadvocacy.

Education and support continue to be the bedrock of NAMI's activity, with the national organization working to provide resources to states and affiliates through Peer-to-Peer, Family-to-Family, In Our Own Voice and NAMI Connection programs. Following its launch in 2008, NAMI Basics—focused on caregivers of children—continued to grow in 2009. Our peer-led Connection program is now in 45 states. A local partnership blossomed into a nationwide collaborative effort between the Family-to-Family program and the Veterans Administration to educate family members of veterans living with mental illness.

The program is gaining popularity and is now taught in one-half of the nation's 21 Veterans Integrated Service Networks. NAMI also launched its newest education program, Hearts & Minds, to promote sound mind and body through good health practices for people living with mental illness who face risks for illnesses such as heart disease, cancer and diabetes. The program aims to close the 25-year gap in life expectancy between people living with mental illness and other Americans.

In 2009, NAMI issued its second triennial report, *Grading the States*, on the nation's health care system for adults living with serious mental illness. This is an important tool for advocates seeking to move states toward the vision of the U.S. Surgeon General's landmark Report on Mental Health, published 10 years ago, and the presidential New Freedom Commission's work in 2003. Progress comes slowly. Many innovative programs exist in states but are threatened by the ongoing state budget crisis. In 2006, when NAMI issued its first report, the national average grade was D. In 2009, that average remained unchanged. Fourteen states improved, but 12 fell back. In addition, NAMI also released *Double Tragedies*, a report on families of murder victims joined, for the first time, by families of persons who have been executed to speak out against the death penalty's application to people living with mental illness.

NAMIWalks also provided important profiles at state and local levels, raising awareness about mental illness and funds for NAMI's programs in close to 75 communities nationwide. These high-profile community walks are fun events that heighten the profile of mental illness as an illness like any other while raising funds that build NAMI's capacity to provide needed services in communities.

NAMI served as national outreach partner for *Minds on the Edge: Facing Mental Illness*, a provocative roundtable exploration of issues broadcast on PBS television stations—featuring not only NAMI leaders, but also U.S. Supreme Court Justice Stephen Breyer and Nobel Prize-winning neuroscientist Dr. Eric Kandel. Along with a special website with tools for grassroots advocacy, the initiative engaged the public in the budget debate. NAMI also laid the foundation to expand its PBS profile through *When Medicine Got It Wrong*, a documentary about NAMI's grassroots origins and founding as a national organization. At the 2009 national convention in July, NAMI launched its

multimedia public service announcement (PSA), “Puzzle Pieces,” to encourage people to connect with NAMI to help themselves, their families or friends who live with mental illness. To date, it has resulted in over 1.4 billion audience impressions on television and radio.

The number of visitors to NAMI’s website continued to grow, reaching more than 7 million people. We also embraced Facebook and Twitter, becoming the leading national mental health organization on these social media platforms.

Our challenges are great, but thankfully so are our members, supporters and the people we serve. Progress is made one year at a time. In 2009, we accomplished much. Looking forward, challenges will continue. We are moving forward to meet them.

Sincerely,



Michael Fitzpatrick, M.S.W.
Executive Director



my story

Danita Saunders
NAMI Mercer N.J.

Five years ago, I relocated to my home state, New Jersey, after being gone for more than 27 years. Within a few weeks of job searching, I was hired to work for a health care provider.

I helped to coordinate care for children and adolescents living with emotional and behavioral health care challenges and their families. I supported the clinical director, three clinical supervisors and 20 clinicians as an administrative assistant. I enjoyed assisting youth and their families in meeting their needs, but after three years of service I decided to switch gears. That’s when I found NAMI.

I have worked for NAMI Mercer for three years as an office manager and I absolutely love it! I find the job to be challenging and rewarding. Spending eight years in the U.S. Army helped me build strength and self control, which enable me to handle limited staffing and the multiple tasks that flow through our office. I feel valuable when I assist with planning and organizing for education programs, analyze situations and problems such as assisting with help line calls, interact with members and friends of NAMI and train volunteers to assist in accomplishing important goals.

Above all, my greatest passion is working closely with the volunteers who assist us in our mission to provide education, support and advocacy to families and individuals affected by mental illness. Their success stories are phenomenal and encouraging.

There is hope—just believe! Together, we will make great strides in bringing awareness to the communities we serve.

2009: A Year in the Life of NAMI

JANUARY:

The hit FOX TV drama *House* once again teamed up with NAMI to raise money and awareness in support of people living with mental illness and their families. T-shirts bearing the slogan “Normal’s Overrated” went on sale Jan. 22 with proceeds benefiting NAMI. The t-shirts sold out in three months.



NAMI Montana Executive Director Matt Kuntz met with President Barack Obama over inauguration weekend, joining him on the caboose of his “whistle stop” tour and interviewing the president for the *NAMI Advocate*.

A new In Our Own Voice presentation video became available in early January. More than 100 sites received free copies and the response from affiliates and audience members was very positive.

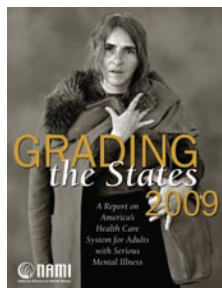
FEBRUARY:

The publication *A Mental Health Recovery and Community Integration Guide for GLBTQI Individuals: What You Need to Know* was released. The booklet covered a range of key issues addressing the unique needs of gay, lesbian, bisexual, transgender, questioning and intersex individuals. The booklet was the result of a joint effort between the NAMI Multicultural Action Center and the University of Pennsylvania’s Collaborative on Community Integration of Individuals with Psychiatric Disabilities.

NAMI hosted its Leadership Conference in Arlington, Va., for 200 NAMI leaders from across the country to promote competence, confidence and capacity for NAMI state community leaders.

MARCH:

NAMI released its *Grading the States 2009* report, which revealed that mental health care in America earned an overall grade of D. The findings suggest that even those states that have worked the hardest stand to see their gains wiped out. As the country faces the deepest



economic crisis since the Great Depression, state budget shortfalls will mean budget cuts to mental health services.

APRIL:

NAMI forged what would turn out to be a long-standing and rewarding partnership with the movie *The Soloist*, based on the story of Nathaniel Ayers’ life.

MAY:

In honor of National Children’s Mental Health Awareness Day, Academy Award-winning actress Goldie Hawn joined NAMI to campaign for effective children’s mental health programs and work with advocates in meeting with Congress.

TV and movie star Glenn Close joined the NAMIWalk in Maine while *Extreme Makeover: Home Edition* star Ty Pennington walked with NAMI in New York City.



Peer-to-Peer in Spanish expanded in May when NAMI Arizona hosted the nation’s first Spanish-language Persona-a-Persona mentor training. A total of 18 mentors from Arizona and California were trained. This training ensures the continued expansion of the program in those areas and broadens the future pool of Spanish-speaking state trainers.

JUNE:

NAMI launched a national public service announcement (PSA) initiative called “Puzzle Pieces” that encouraged people to connect with each other through NAMI. “Puzzle Pieces” included four 60-second and three 30-second radio PSAs featuring testimonials from individuals and families who describe their experiences with mental illness and the role NAMI played in their recovery. The television PSA was a 30-second spot that conveyed the support and strength NAMI members give each other.



JULY:

NAMI celebrated National Minority Mental Health Awareness Month, named in honor of Bebe Moore Campbell. The late Bebe Moore Campbell was a national NAMI spokesperson and one of the nation's leading African American authors.

NAMI hosted more than 2,000 participants at its annual convention in San Francisco, honoring NAMI leaders and Nathaniel Ayers, whose life was the subject of the movie *The Soloist*, with the Rona and Ken Purdy Award.



The newest NAMI brochure on mental illness, *Borderline Personality Disorder: What You Need to Know*, was published. Cognitive Behavioral Therapy pioneer Dr. Marsha Linehan served as editor for this publication.

NAMI joined forces with the Murder Victims' Families for Human Rights to release *Double Tragedies*, a report advocating for treatment and prevention, not execution, for people living with mental illness.

NAMI announced the election of Stephen H. Feinstein, Ph.D., as NAMI's Board of Directors president.

AUGUST:

The NAMI website was redesigned for an updated look and better functionality for users.

Evidence of NAMI's engagement in health care reform was highlighted when President Obama expressed his desire to include mental health care as part of health care reform during a New Hampshire town hall meeting.

Ken Duckworth, M.D., NAMI's medical director, discussed the complex issue of dual diagnosis, mental illness and substance abuse on National Public Radio.



my story

Doug Bradley **Information and Referral Associate** **NAMI HelpLine**

Late in my recovery from depression and anxiety, I discovered NAMI on the Internet. I was initially skeptical since I am not a "joiner" by nature, but after much investigation, I decided to become a member. NAMI has provided me with much useful information but, more importantly, it has given me a new sense of community. Instead of being one person—alone—I now feel part of a nationwide group that understands my experience, works to help others who live with mental illness and advocates for family members and caregivers.

Most importantly for me, NAMI does not advocate from a position of "victimhood," but instead emphasizes individual recovery, which can take many forms. Working on the NAMI HelpLine, I have talked to many other people who live with mental illness and realize that what helped me (*i.e.* various therapies, medicines, life experiences) has adversely affected others and vice versa. NAMI recognizes that there is no one road to recovery, and this knowledge has greatly broadened my understanding of all types of mental illness, including my own.

Working on the NAMI HelpLine has also given me insight into what my family went through during my illness. While I knew how difficult it was to live with an illness, I did not appreciate how hard it was for family members, friends and anyone who cares about someone living with mental illness.

One of the most satisfying parts of working on the HelpLine is passing on the sense of community to people who call and e-mail. Whether individuals or family members, many people feel lost, as I did, when first confronting an illness. Speaking to them, I often sense their relief that not only does someone understand what they are going through, but that there is an entire network across the country willing to help.

2009: A Year in the Life of NAMI continued

SEPTEMBER:

NAMIWalks launched the first fall walks of the season, where many teams celebrated their biggest walks of the year!



The HelpLine received nearly 6,000 requests of all kinds—from phone calls to e-mails—in September. The NAMI HelpLine features trained volunteers who provide information, referrals and support to all who have questions about or are affected by serious mental illness.

The NAMI Child and Adolescent Action Center's publication, *Parents and Teachers as Allies*, helped education professionals and parents get prepared for the school year.

OCTOBER:

NAMI celebrated Mental Illness Awareness Week (MIAW), themed "Building Community, Taking Action," through the promotion of various activities including faith outreach, mood disorder screening events, community forums and more. MIAW is held the first week of October each year. In recognition of MIAW, Dr. Gariane Gunter, a psychiatrist in South Carolina, who was crowned Mrs. United States, dedicated her reign to raising public awareness about mental illness.

NAMI called for an increase in National Institutes of Health Funding and supported the "Research Means Hope" movement to ensure that the President's FY 2011 budget meets the goal of making biomedical research funding a national priority.

In partnership with the National Mental Health Association, NAMI released the results of a national survey that measured the impact of the nation's economic downturn on Americans' mental health, which found that jobless individuals are four times as likely to report serious mental health problems than employed individuals.

NAMI hosted its fifth annual "Unmasking Mental Illness" Gala with its largest attendance to date. William Carpenter, M.D., of the

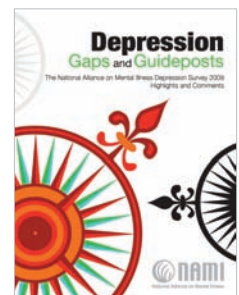


University of Maryland was honored with the Mind of America Scientific Research Award for his groundbreaking research on schizophrenia. CNN White House correspondent Suzanne Malveaux hosted the evening's festivities.

NAMI and the Multicultural Action Center were honored at the Alternatives 2009 Conference with the Fruit and Nut Bowl Award—recognizing the efforts of the center and its GLBT leaders group to develop resources and bring further support, awareness and inclusion to GLBT individuals living with mental illness.

NOVEMBER:

NAMI published the findings of its depression survey in *Depression: Gaps and Guideposts*. This survey revealed the gaps in Americans' understanding of major depression. The timely release corresponded with Veterans Day and the announcement that the United States unemployment rate had reached 10.2 percent, a 25-year high.



NAMI hosted its Leadership Academy in St. Louis for grassroots teachers, trainers and coordinators who are among the champions of NAMI's expansive signature education programs, including Family-to-Family, NAMI Basics and Peer-to-Peer. Topics addressed included cultural competence, community partnerships, volunteer management and more.

In honor of Native American Heritage Month, the NAMI Multicultural Action Center hosted an American Indian and Alaska Native Mental Health webinar in partnership with Indian Health Services. Presenters discussed a variety of topics in American Indian and Alaska Native mental health including an overview of mental health concerns affecting native communities across the country.

DECEMBER:

NAMI launched its 2010 State Advocacy initiative and website at www.nami.org/stateadvocacy.

NAMI released a comprehensive print piece featuring its Education and Support Programs, including a specialized version for veterans and their families.

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my story

Tanya Brown NAMI Orange County

On the night of June 12, 1994, my sister Nicole Brown Simpson was murdered. My pain was indescribable and insurmountable. Because of the notoriety of the incident, it was difficult for me to go through the normal grieving process. I suppressed my emotions and remained quiet.

Over the next 10 years, my life was fairly steady. I had a stable job and was financially secure. Then, in 2004, I became so depressed that it was impossible to even get out of bed. I felt spiritually, mentally and physically paralyzed. I found myself alone in my bedroom holding pills in my hand. I wanted the pain to end, but there was a part of me that realized I was here for a greater good. I didn't want to die. I was ready to take the next step toward healing.

Within a few hours I was in the care of South Coast Medical Center's Behavioral Health in Laguna Beach, Calif. The center's inpatient program saved my life. I learned valuable tools necessary to regain life skills and coping strategies to live a productive life. I reached out to NAMI Orange County (Calif.) and attended the NAMI Peer-to-Peer program there as a stepping stone into the outside world. I now have the tools, skills and strategies to help me get through the ups and downs of life. I have an inner strength that can get me through anything!

This experience catapulted me into living my very best life and going after my dreams. I continued my education and am in the process of obtaining my master's degree in psychology. Armed with valuable tools and knowledge, I've created a successful speaking and life coaching business which allows me to do what I've always wanted to do—to help others and to inspire them to choose life.

2009:

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors of
NAMI and Affiliate

We have audited the accompanying consolidated statement of financial position of NAMI and Affiliate (collectively "the Organization") as of December 31, 2009, and the related consolidated statements of activities, functional expenses and cash flows for the year then ended. These consolidated financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these consolidated financial statements based on our audit.

We conducted our audit 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 consolidated financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the consolidated 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 audit provides a reasonable basis for our opinion.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of NAMI and Affiliate at December 31, 2009, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audit was conducted for the purpose of forming an opinion on the basic consolidated financial statements taken as a whole. The supplemental information included at pages 17-18 is presented for purposes of additional analysis of the basic consolidated financial statements and is not a required part of the basic consolidated financial statements. Such information for the year ended December 31, 2009 has been subjected to the auditing procedures applied in the audit of the basic consolidated financial statements, and in our opinion, is fairly stated in all material respects in relation to the basic consolidated financial statements taken as a whole.



Vienna, Virginia
March 2, 2010

NAMI and Affiliate

Consolidated Statement of Financial Position December 31, 2009

Assets

Cash and cash equivalents	\$ 1,620,516
Accounts receivable	2,732,338
Inventory	103,643
Investments	5,551,053
Prepaid expenses	246,111
Property and equipment, net	985,264
Deposits	46,900

Total assets \$ 11,285,825

Liabilities and Net Assets

Liabilities

Accounts payable and accrued expenses	\$ 1,147,690
Deferred revenue	83,075
Deferred rent and lease incentive	768,781
Deposits	14,786
Charitable gift annuities	255,050

Total liabilities 2,269,382

Net Assets

Unrestricted	4,326,687
Temporarily restricted	4,153,843
Permanently restricted	535,913

Total net assets 9,016,443

Total liabilities and net assets \$ 11,285,825

NAMI and Affiliate

Consolidated Statement of Activities For the Year Ended December 31, 2009

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Revenue and Support				
Contributions	\$ 4,578,967	\$ 4,905,500	\$ 3,000	\$ 9,487,467
Walks	789,946	-	-	789,946
Registrations	402,630	-	-	402,630
Investment income	419,779	6,422	-	426,201
Contracts	598,061	-	-	598,061
Dues	325,499	-	-	325,499
Sales	245,348	-	-	245,348
Other revenue	190,937	-	-	190,937
Net assets released from restrictions:				
Satisfaction of program restrictions	6,268,517	(6,268,517)	-	-
Satisfaction of time restrictions	1,800,000	(1,800,000)	-	-
Total revenue and support	15,619,684	(3,156,595)	3,000	12,466,089
Expenses				
Program services:				
Program and membership support	4,876,288	-	-	4,876,288
Education services	2,918,726	-	-	2,918,726
Advocacy	1,740,145	-	-	1,740,145
Total program services	9,535,159	-	-	9,535,159
Supporting services:				
Administration	1,345,352	-	-	1,345,352
Development	1,686,858	-	-	1,686,858
Total supporting services	3,032,209	-	-	3,032,209
Total expenses	12,567,369	-	-	12,567,369
Change in Net Assets	3,052,315	(3,156,595)	3,000	(101,280)
Net Assets, beginning of year	1,274,372	7,310,438	532,913	9,117,723
Net Assets, end of year	\$ 4,326,687	\$ 4,153,843	\$ 535,913	\$ 9,016,443

NAMI and Affiliate

Consolidated Statement of Cash Flows For the Year Ended December 31, 2009

Cash Flows from Operating Activities	
Change in net assets	\$ (101,280)
Adjustments to reconcile change in net assets to net cash used in operating activities:	
Net realized loss on sales of investments	1,061,964
Unrealized gain on investments	(1,331,747)
Donated investments	(25,712)
Contributions restricted for long-term purposes	(3,000)
Change in value of charitable gift annuities	60,157
Depreciation and amortization	223,318
Change in operating assets and liabilities:	
Increase in accounts receivable	(1,500,898)
Increase in inventory	(7,553)
Decrease in prepaid expenses	94,124
Increase in deposits	(46,900)
Increase in accounts payable and accrued expenses	178,822
Decrease in deferred revenue	(8,732)
Increase in deferred rent and lease incentive	(86,110)
	<hr/>
Net cash used in operating activities	(1,493,547)
Cash Flows from Investing Activities	
Proceeds from sales of investments	5,293,075
Purchases of investments	(4,202,954)
Purchases of property and equipment	(183,515)
	<hr/>
Net cash provided by investing activities	906,606
Cash Flows from Financing Activities	
Payments on charitable gift annuity obligations	(29,141)
Contributions restricted for long-term purposes	3,000
	<hr/>
Net cash used in financing activities	(26,141)
Net Decrease in Cash and Cash Equivalents	<hr/> (613,082) <hr/>
Cash and Cash Equivalents, beginning of year	<hr/> 2,233,598 <hr/>
Cash and Cash Equivalents, end of year	<hr/> \$ 1,620,516 <hr/>

What Is NAMI?

NAMI is the National Alliance on Mental Illness, the nation's largest grassroots mental health organization dedicated to improving the lives of individuals and families affected by mental illness. NAMI has over 1,100 affiliates in communities across the country who engage in advocacy, research, support and education. Members of NAMI are families, friends and people living with mental illness such as major depression, schizophrenia, bipolar disorder, obsessive-compulsive disorder (OCD), panic disorder, posttraumatic stress disorder (PTSD) and borderline personality disorder.



National Alliance on Mental Illness

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NAMI Information HelpLine:
1 (800) 950-NAMI (6264)

www.nami.org

Twitter: [NAMICommunicate](https://twitter.com/NAMICommunicate)