

Building *the* movement



Mental Health America

2006 Annual Report

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“
...the country's
leading nonprofit
dedicated to helping
all people live
mentally
healthier lives.”



WHO IS MENTAL HEALTH AMERICA?



Who Are We?

Mental Health America (formerly the National Mental Health Association) is the country's leading nonprofit dedicated to helping all people live mentally healthier lives. With our more than 320 affiliates nationwide, we represent a growing movement of Americans who promote mental wellness for the health and well-being of the nation—every day and in times of crisis.

Mental Health America Vision

Mental Health America envisions a just, humane and healthy society in which all people are accorded the respect, dignity and the opportunity to achieve their full potential free from stigma and prejudice.

Mental Health America Mission

Mental Health America is dedicated to promoting mental health, preventing mental disorders and achieving victory over mental illnesses through advocacy, education, research and service.

www.mentalhealthamerica.net

Welcome to our 2006 Annual Report

Within these pages, you'll see how nearly a century after Mental Health America's founder Clifford W. Beers launched today's mental health movement, we continue to build on that foundation as a national leader in mental health advocacy, public education, research and services.

We started out 2006 as the National Mental Health Association and closed out the year with our new name—Mental Health America. The new name reflects our leadership in the nation's mental health community and our dedication to ensuring that all people live mentally healthier lives.

Along with our new name, we have a new president and CEO, David Shern, Ph.D., a nationally-recognized scholar and advocate for science-based approaches to improving population mental health status.

In 2006, Mental Health America renewed its fight against injustice in health policy, educated the public about mental health and mental illnesses, and worked toward strengthening a growing movement of Americans who believe that good mental health is fundamental to the health and well-being of every individual—and the nation as a whole.

As you review our achievements in 2006, keep in mind that these successes couldn't have happened without your help and support. Thank you, and we look forward to working with you in 2007 and beyond.

David L. Shern, Ph.D.
President and CEO



Sergio Aguilar-Gaxiola, M.D., Ph.D.
Chair of the Board



ADVOCACY

Mental Health America leads the movement to protect Americans' health and improve the rights of people who have mental health and substance use conditions and their families. Through outreach to policymakers, grassroots activities and partnerships, Mental Health America has helped open access to needed treatments—making a real difference in the lives of millions of Americans.

Online Advocacy

Mental Health America took its online advocacy to new heights in 2006 with our Advocacy Network (<http://takeaction.mentalhealthamerica.net>). This interactive network delivers timely legislative alerts, allows visitors to contact their members of Congress directly on key issues, and rallies grassroots support across the country for vital issues.

Medicaid

Medicaid enrollees in 2006 were again the target of overzealous budget cutters, who sought to save money by limiting access to needed treatments and services. Mental Health America was on the front lines to block the effects of these changes.

Achievements include:

- Blocking cuts to Medicaid funding for disability rehabilitative services. Working with the staff of some senators and with disability-related organizations, we were able to dissuade Congress from including this provision in its deficit-reduction targets, although the administration is trying again in 2007.
- Easing the requirement to prove American citizenship as a condition for enrollment in Medicaid. Through letters and in-person meetings, we and our advocacy partners convinced the federal Centers for Medicaid and Medicaid Services in the final rule released in 2007 to give Medicaid beneficiaries some flexibility in meeting this requirement.

In addition, we held a regional conference on Medicaid reform with affiliates and other advocates from Georgia, Kentucky, Louisiana, Missouri, Nebraska,

New Mexico, Oklahoma, South Carolina, Tennessee, Texas, Virginia and West Virginia, which armed advocates with the information they needed to address the issue in their states. We also cosponsored a Webcast outlining how the Federal Deficit Reduction Act could affect the Medicaid program.

Mental Health Insurance Parity

On both the state and federal levels, Mental Health America continued its quest to ensure that health plans that offer mental health coverage set their benefit levels at parity with general health services.

At the federal level, the congressional leadership maintained their decade-long opposition to parity legislation, despite overwhelming bipartisan support for the issue in both the House and the Senate. While actively promoting the legislation, we also worked with our partners and congressional allies to lay the groundwork for many of the parity successes we've enjoyed in 2007.

Meanwhile, governors in New York, Ohio and North Carolina signed parity legislation that we championed with our affiliates in those states. We also made significant progress around parity laws in states such as Alaska, California, Florida, Maryland and Tennessee.

Justice: Early in the year, the Administration had proposed deep cuts to several justice-related programs. Thanks in part to our advocacy, most of these cuts were rejected by Congress. Funding for juvenile justice programs and the Mentally Ill Offender and Treatment Act, which authorizes grants to provide collaboration between the justice and other systems, were both

restored to the previous year's levels of \$350 million and \$5 million, respectively.

Housing: For the second consecutive year, the Administration threatened to impose deep cuts in funding for the Federal Section 811 housing program, which provides supportive housing for people with disabilities. Mental Health America's efforts helped to restore \$240 million to the program.

Children and Families

The most vulnerable among us are our nation's children, who too often serve as the primary targets for cuts to the mental health system. We made great strides in 2006 in preserving and protecting programs that support children and families.

Achievements include:

- Successfully urging Congress to restore most of the \$18 million in funding to the federal Safe Schools/Healthy Students program that the Administration proposed cutting.
- Meeting with Charlie Curie, then-Administrator of the Substance Abuse and Mental Health Services Administration, to discuss how to minimize the effects of a proposed regulation that would have drastically narrowed the Temporary Assistance for Needy Families program.
- Organizing a regional meeting with our affiliates and other advocates from Indiana, Illinois, Oklahoma, Tennessee, North Dakota, Florida and Texas, to explore innovative approaches to early childhood intervention and prevention services, and to plan how to counter state legislation that would threaten these services.

- Collaborating with the American Academy of Child and Adolescent Psychiatry to develop strategies and model state legislation that will help promote better access to care for children who have mental health problems or are at risk for them.

Older Adults

Mental Health America is a long-recognized leader in protecting older adults' access to mental health services. This access was threatened with the creation of Medicare's prescription drug benefit. In 2006, we continued our successful efforts to ensure that the drug benefit program helped rather than harmed older adults.

Successes include:

- Launching a popular online newsletter, "Get Educated, Get Enrolled," which provides updates on deadlines, resources and news for consumers and advocates.

- Submitting comments to the Centers for Medicare and Medicaid Services on the agency's Medicare drug plans for the 2007 plan year and the agency's proposed rule on the use of drug benefit claims data to ensure confidentiality of beneficiaries' medical records. We were also successful in convincing Congress to include key mental health provisions in the Older Americans Act, which include:

- Designating a person in the Federal Administration on Aging to be responsible for implementing the Act's mental health services.

- Awarding competitive grants to states for the development and operations of delivery of mental health services.

- Awarding additional competitive grants to states for public education programs to reduce the stigma of mental illnesses.

In addition, at the invitation of Sen. Gordon Smith, R-Ore., Mental Health America President and CEO David Shern, Ph.D., testified at a Senate hearing that focused on suicide trends in older adults.

Visible Force on Capitol Hill and in State Capitols

State and national policymakers have long relied on Mental Health America and its affiliate field for policy information and analysis, and 2006 was no exception.

Successes include:

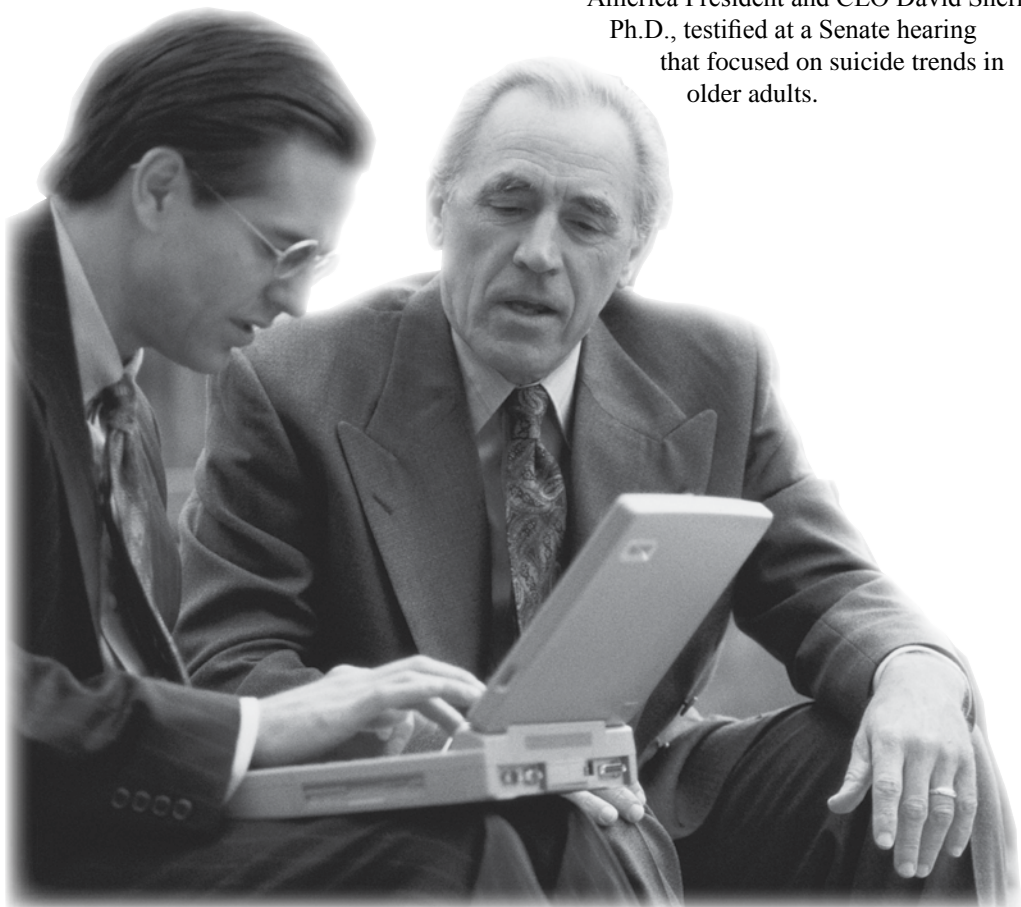
- Mental Health America's President and CEO David Shern, Ph.D., joining Rep. Patrick Kennedy, D-R.I., Center for Mental Health Services Director A. Kathryn Power, M.Ed., and others at a congressional briefing about the need to treat psychological trauma as a public health issue.

- Mental Health America's Board Chair Sergio Aguilar-Gaxiola, M.D., Ph.D., chairing a three-hour panel discussion on mental health at the House of Representatives' Hispanic Caucus' Public Policy Conference at the request of Rep. Grace Napolitano, D-Calif.

- Holding joint policy training conferences with our affiliates and others in states throughout the country, including Nebraska, the Pacific Island Territories, Florida, Virginia, Missouri, West Virginia, North Dakota, California and Wisconsin.

- Mental Health America and other organizational members of the Campaign for Mental Health Reform sponsoring a standing-room only briefing, "Mental Health: A Public Health Crisis," for Senate staff members.

“Mental Health America leads the movement to protect Americans' health and improve the rights of people who have mental health and substance use conditions and their families.”



PUBLIC EDUCATION

At the heart of our movement is the message that mental health is fundamental to our overall health, and that mental illnesses are no different from any other medical illnesses. Yet the stigma surrounding mental illnesses still keeps many Americans from seeking the information and care they need. Mental Health America's strong education and media outreach efforts bring attention to these issues, and increase public acceptance of mental health as key to overall health and wellness.

Campaign for America's Mental Health

The Campaign for America's Mental Health is central to Mental Health America's public educational efforts. Through the campaign, launched in 1992, we work with nearly 60 local campaign sites to develop and conduct education events, screenings and activities that reach out to the general public, the media, providers, employers and policymakers.

Highlights in 2006 include:

- Educating 1.4 million people at more than 5,000 events nationwide.
- Screening more than 429,000 people for mental health conditions at locations throughout the country and online.
- Generating more than 1.7 billion media impressions through such media outlets as the *Chicago Tribune*, *Wall Street Journal*, *New York Times*, *Los Angeles Times*, *New York Post*, *Washington Post*, CNN.com, *Atlanta Journal-Constitution*, *Austin American-Statesman*, *Boston Globe*, *Forbes* and *Baltimore Sun*.

Resource Center

For nearly 20 years, Mental Health America's Resource Center has provided information and referrals directly to hundreds of thousands of individuals each year through its toll-free line (800-969-6642) and Website (www.mentalhealthamerica.net). In 2006, our online Resource Center's fact sheets and referral information were accessed more than 3.1 million times.

Praise for Our Resource Center

"Thank you so much for taking the time, listening to me and making the call for me to find out where I can go for help".

—From a single mother struggling with suicidal thoughts who requested help so she wouldn't abandon her 11-year-old son.

"You've been phenomenal. You've given me a lot of direction and a lot of help."

—From a woman who wrote with concerns about her friend's possible depression.

"Thank you for the quick reply. I checked out the link and am overwhelmed by the volume of information. This is great. Again, thank you."

—From a provider who called seeking information on funding available for school-based mental health.

Media Outreach

More and more media outlets turn to Mental Health America each year as a trusted source for mental health information. Our media coverage in 2006 outshined previous years with articles focused on antidepressant medication safety issues, mental health in the workplace, stress, children's mental health, older adults' mental health, criminal justice, depression, suicide and military issues.

Achievements include:

- Producing more than 4,000 media hits, a number that surpasses each of the previous five years. This resulted in an average of more than 13 highlights a day—nearly three times higher than the daily average for 2005.
- Garnering placements in Yahoo! News, *The Washington Post*, MTV.com, *Los Angeles Times*, *Chicago Tribune*, CNN.com, United Press International, Black Enterprise, National Public Radio, *Forbes*, *The American Journal of Psychiatry*, CBS News and more.

Major Media Activities

Antidepressant Warning: Mental Health America helped to lead a coalition of organizations in 2006 to promote the accurate media coverage of a Food and Drug Administration hearing on the safety of antidepressant medications. When the FDA debated the same issue in 2004, media coverage ignored the significant risk of untreated depression. Fortunately, our coalition's work produced balanced coverage around the 2006 hearings:

- The coalition's messages appeared in nearly every major media outlet for a total of 87 million media impressions.
- Coalition messages influenced the FDA committee, which ultimately voted not to add the warning label to antidepressant prescriptions for adults.
- The FDA committee—for the first time—recognized untreated depression as a major risk for suicide.

Desk-Side Briefings: Mental Health America held “desk-side briefings” with the editors of major national magazines to discuss coverage of depression in children and adults, and to offer background information, tips and resources for recognizing and treating the disorder. The private briefings were held with the editors of *Parents*, *Good Housekeeping*, *All You*, *Prevention*, *BabyTalk*, *Parenting*, *SELF*, *MORE*, *Ladies Home Journal* and *Redbook*.

History Channel Partnership: Mental Health America partnered with The History Channel for the world premiere of “Lincoln,” a documentary that honored the former president’s remarkable accomplishments despite his life-long struggle with depression. Our nationwide campaign to spread the word about the television show included positive messages about mental health through brochures displayed in physician offices, bookstore counter cards, donation containers, and television promotions that reached hundreds of thousands of individuals.

Media Awards: Our annual Mental Health Media Awards competition highlights excellence in press coverage of mental health issues and showcases Mental Health America’s value as a “go-to” resource for reporters. Winners in 2006 hailed from such news organizations as *Newsweek*, *The Los Angeles Times* and National Public Radio.

Outreach to Consumers

Dialogue for Recovery: Our Dialogue for Recovery program helps to enhance the recovery and quality-of-life for people with severe mental illnesses by working to improve communication between mental health consumers, their healthcare providers and family members with the goal of supporting consumer involvement in treatment decisions. In 2006, the program educated more than 1.3 million people at 2,700 events held throughout the country.

Outreach to Youth and Families

mpower: Mental Health America’s primary youth awareness campaign, mpower: Musicians for Mental Health, harnesses the power of music to reach out to teens and college-age youth with information about depression, substance abuse, suicide and other issues. Through concert tie-ins, special events, forums, classroom programs and Web outreach, the campaign has empowered youth across the country to take action for the good of their own mental health and get involved in the movement.

Highlights in 2006 include:

- More than 41,000 young people were educated at over 22 events.
- Mental Health America’s www.mpoweryouth.org Website received more than 372,000 hits.
- Musician Lindsay Rush performed two back-to-back mpower concerts for 1,000 middle- and high-school students in New Hope, Penn. featuring Mental Health America-led presentations on depression, stress, eating disorders and bullying.
- Angela Rossi, a musician based in Chicago, hosted “Rock Your Mind for a Good Cause,” a benefit concert supporting mpower.

Children’s Mental Health Awareness Day: Mental Health America joined up with the National Association of Social Workers, the National Federation of Families for Children’s Mental Health and the National Alliance on Mental Illness in 2006 to recognize National Children’s Mental Health Awareness Day. To mark the occasion, the organizations hosted a briefing on Capitol Hill where the Substance Abuse and Mental Health Services Administration released key findings from its national evaluation of community-based services for children and families.

Outreach to Veterans

Operation Healthy Reunions: Mental Health America launched this groundbreaking initiative to address the mental health needs of our nation’s troops and their families during the mobilization, deployment and post-deployment periods. The program in 2006 focused on educating service members returning from Iraq and Afghanistan and their families about the potential mental health consequences of trauma exposure, and the need for early diagnosis and treatment. Through this program, we released to 700 stations nationwide radio public service announcements that address the issues returning combat veterans and their families face.

RESEARCH AND SERVICES

Mental Health America aggressively supports new research efforts, the dissemination of those findings, and the delivery of innovative services that help ensure communities have access to effective approaches to care.

Evidence-based Health Care

Individualized care is at the heart of effective, high-quality mental health treatment. One of Mental Health America's goals in 2006 was to assess the impact of the current health care trend toward evidence-based medicine. This new trend can make it a challenge to ensure that treatment decisions balance cost concerns with scientific evidence, physician judgment, and consumer experiences and preference. To address these issues, in 2006 we launched the National Working Group on Evidence-based Health Care, a collaboration of more than 40 consumer and provider organizations (www.evidencebasedhealthcare.org).

The Working Group seeks to ensure greater focus on and involvement for consumers in national and state-focused quality-of-care initiatives. A core activity of these initiatives is the review, interpretation, and dissemination of information about scientific research that consumers, providers and policymakers use to make decisions about health care delivery and coverage.

In 2006, we worked closely with organizations such as the Oregon Center for Evidence-based Policy, the Center for Medicaid and Medicare Services, the Agency for Health Care Research and Quality, the Institute of Medicine and Consumers Union to engage in a broad dialogue about these initiatives and improve the translation of evidence into practice and policy.

Highlights include:

- Working with the Pharmacy Quality Alliance and other organizations involved in developing quality standards derived from evidence-based care to include individuals with disabilities and other conditions in their policymaking bodies.

- Expressing our desire in a letter published in the journal *Health Affairs* that the Oregon Center for Evidence-based Policy's Drug Effectiveness Review Project make its process of reviewing and translating research into practice be more transparent to the public.

National Consumer Supporter Technical Assistance Center

In its eighth year since being established through a Center for Mental Health Services grant, Mental Health America's National Consumer Supporter Technical Assistance Center (NCSTAC) is going strong. The Center helps build the mental health movement by directly supporting organizations that focus on empowering consumers and helping them through their recovery.

Grantee Training

NCSTAC accomplishes its mission in part by supporting five local organizations across the country with funding and intensive technical assistance. In 2006, NCSTAC ran a week-long grant-writing seminar for grantee sites and statewide consumer organizations to increase their self-sufficiency. After the seminar, many participants applied for and received foundation grants.

Publications

NCSTAC offers a variety of materials that help consumer groups meet the needs of their communities. In 2006, the Center overhauled its library of publications that focus on various components of organizational development and capacity building and has distributed thousands to organizations. The titles include:

- *Assessing Communities for Systems Transformation*
- *How to Establish a 501(c)(3) Organization*
- *Fundraising Basics*
- *How to Establish and Maintain a Consumer Advisory Board*
- *Guide to Proposal Writing*
- *Working with Volunteers*
- *Working with the Media*

Technical Assistance

NCSTAC provided extensive technical assistance to its grantee sites and other consumer supporter organizations. From helping the Albuquerque Drop-In Center in New Mexico complete its community-needs assessment to assisting the West Virginia Mental Health Consumers' Association create educational materials about system transformation in its state, NCSTAC offered vital support to groups nationwide.

“Mental Health America aggressively supports *new* research efforts...”



ALABAMA

Mental Health America of Etowah County
Mental Health Association in Morgan County
Mental Health America in Montgomery
Mental Health America of Southwest Alabama
Mental Health Association in Tuscaloosa County

ARKANSAS

Mental Health America of Northwest Arkansas

ARIZONA

Mental Health America of Arizona

CALIFORNIA

Mental Health Association in California
Mental Health America of the Central Valley
Mental Health Association of Alameda County
Mental Health America of Los Angeles
Mental Health Association in Sacramento
Mental Health America of San Diego County
Mental Health Association of Santa Barbara County
Mental Health Association of San Francisco
National Mental Health Association in Ventura County
Mental Health America of Yuba/Sutter

COLORADO

Mental Health America of Pikes Peak Region
Mental Health America of Colorado
Mental Health Association of Pueblo

CONNECTICUT

Mental Health Association of Connecticut

DELAWARE

Mental Health Association in Delaware

DISTRICT OF COLUMBIA

Mental Health Association of the District of Columbia

FLORIDA

Mental Health Association of Volusia and Flagler Counties
Mental Health Association of West Florida, Inc.
Mental Health America of Bay County
Mental Health Association of Broward County
Mental Health Association of Central Florida, Inc.
Mental Health Association of Southwest Florida
Mental Health America of Greater Tampa Bay, Inc.
Mental Health Association of Indian River County
Mental Health Association of Northeast Florida, Inc.
Mental Health Association of Okaloosa & Walton Counties
Mental Health Association of Palm Beach County, Inc.

GEORGIA

Mental Health Association of Northeast Georgia
National Mental Health Association of Augusta
Mental Health Association of Clayton County
Mental Health America of Etowah Valley
Mental Health America of Georgia
Mental Health America of South Coastal Georgia

HAWAII

Mental Health America of Hawai'i
Mental Health Association in Maui County
Mental Health Association in Hawaii County

IOWA

Mental Health America of Dubuque County
Hamilton County Mental Health Association
Mental Health Association of Siouxland

ILLINOIS

Mental Health America of Illinois
Mental Health America of Mclean County
Mental Health Association of the North Shore
Mental Health Association of Illinois Valley, Inc.
Mental Health Association of the Rock River Valley

INDIANA

Mental Health America of Indiana, Inc.
Mental Health America of Blackford County
Mental Health America of Boone County
Mental Health America of Cass County
Mental Health Association in Clark County
Mental Health America of Clinton County
Mental Health Association in Daviess County
Mental Health America of DeKalb County
Mental Health America of Delaware County, Inc.
Mental Health America of Dubois County
Mental Health America of Michiana
Mental Health America of Floyd County
Mental Health America of Fulton County
Mental Health Association in Gibson County
Mental Health America of Greater Indianapolis
Mental Health Association in Greene County
Mental Health America of Hamilton County
Mental Health America of Hancock County
Mental Health Association in Hendricks County
Mental Health America of Henry County, Inc.
Mental Health America of Howard County
Mental Health America of Jackson County, Ind.
Mental Health Association in Jay County
Mental Health America of Jefferson County
Mental Health America of Knox County
Mental Health Association in Kosciusko County
Mental Health America of Lake County
Mental Health Association in Marshall County
Mental Health America of Monroe County, Inc.
Mental Health America of Morgan County

Mental Health Association in Parke County
Mental Health Association in Perry County
Mental Health America of Porter County
Mental Health America of Putnam County
Mental Health America of Randolph County
Mental Health America of Rush County
Mental Health Association in Spencer County
Mental Health Association in Steuben County
Mental Health America of Tippecanoe
Mental Health America of Vanderburgh County
Mental Health America of Vigo County
Mental Health Association in Wayne County
Mental Health Association in Wells County
Mental Health Association in White County

KANSAS

Mental Health America of the Heartland
Mental Health America of Reno County
Mental Health Association of South Central Kansas

KENTUCKY

Mental Health America of Kentucky
Mental Health America of Northern Kentucky

LOUISIANA

Mental Health America of Louisiana
Mental Health Association in Acadiana
Mental Health Association in Caldwell Parish
Mental Health Association in Metropolitan New Orleans

MARYLAND

Mental Health Association of Maryland
Mental Health Association of Metropolitan Baltimore
Mental Health Association of Montgomery County
Mental Health Association of Prince George's County
Mental Health Association of Southern Maryland
Mental Health Association in Talbot County
Mental Health Association of Washington County

MICHIGAN

Mental Health Association in Michigan

MISSOURI

Mental Health Association of Greater St. Louis

MISSISSIPPI

Mental Health America of Mississippi

MONTANA

Montana Mental Health Association
Mental Health Association of Daniels County
Mental Health Association of Great Falls
Mental Health Association of Sheridan County
Mental Health Association of Sweet Grass & Stillwater Counties

NEBRASKA

Mental Health Association of Nebraska

NEW JERSEY

Mental Health Association in New Jersey
Mental Health Association in Atlantic County
Mental Health Association of Essex County
Mental Health Association in Hudson County
Mental Health Association of Monmouth County
Mental Health Association of Morris County
Mental Health Association of Ocean County
Mental Health Association in Passaic County
Mental Health Association in Southwestern New Jersey

NEW MEXICO

Mental Health Association of New Mexico

NEW YORK

Mental Health Association in Allegany County
Mental Health Association of the Capital Region
Mental Health Association in Cattaraugus County
Mental Health Association in Chautauqua County
Mental Health Association of Clinton County
Mental Health Association of Columbia-Greene Counties, Inc.
Mental Health Association of Courtland County, Inc.
Mental Health Association of Dutchess County
Mental Health Association of Erie County, Inc.
Mental Health Association in Essex County, Inc.
Mental Health Association in Franklin County
Mental Health Association in Fulton and Montgomery Counties
Genesee County Mental Health Association
Mental Health Association in Jefferson County
Mental Health Association of Nassau County
Mental Health Association in Niagara County
Mental Health Association of Rochester/Monroe Counties, Inc.
Mental Health Association of New York City, Inc.
Mental Health Association in Niagara County, Inc.
Mental Health Association of Onondaga County, Inc.
Mental Health Association in Orange County, Inc.
Mental Health Association in Orleans County
Mental Health Association of Oswego County, Inc.
Mental Health Association in Putnam County
Mental Health Association of Rochester/Monroe Counties, Inc.
Mental Health Association of Rockland County, Inc.
Schuyler County Mental Health Association
Mental Health Association of the Southern Tier, Inc.
Mental Health Association in Suffolk County
Mental Health Association in Tompkins County
Mental Health Association in Ulster County, Inc.
Warren-Washington Association for Mental Health
Mental Health Association of Westchester County, Inc.

NORTH CAROLINA

Mental Health Association of Central Carolinas, Inc.
Mental Health Association in North Carolina
Mental Health Association in Greensboro, Inc.

NORTH DAKOTA

Mental Health America of North Dakota

OHIO

Mental Health America of Franklin County
Mental Health America of Knox County
Mental Health America of Licking County
Mental Health Association of Miami County
Mental Health Association of Southwest Ohio
Mental Health America of Summit County
Mental Health America of Union County

OKLAHOMA

Mental Health Association in Tulsa

OREGON

Mental Health America of Oregon

PENNSYLVANIA

Mental Health Association in Pennsylvania
The Advocacy Alliance-A Mental Health Association
Mental Health America of Allegheny County
Mental Health America of Central Susquehanna Valley
Mental Health Association of Franklin/Fulton Counties
Mental Health America of Lancaster County
Mental Health Association of Mercer County, Inc.
Mental Health America of Northwest Pennsylvania
Mental Health Association of Reading and Berks County
Mental Health Association of Southeastern Pennsylvania
Mental Health Association in Westmoreland County
Mental Health America of York and Adams Counties

RHODE ISLAND

Mental Health Association of Rhode Island

SOUTH CAROLINA

Mental Health Association in Anderson County
Mental Health America of Abbeville County
Mental Health America of Aiken County
Mental Health Association in Barnwell County
Mental Health America of Bamberg County
Mental Health Association in Beaufort/Jasper Counties
Mental Health America of Calhoun County
Mental Health Association in Cherokee County
Mental Health Association in Chester County
Mental Health Association in Clarendon County
Mental Health Association in Darlington County
Mental Health Association In Georgetown County
Mental Health America of Greenville County
Mental Health America of Greenwood County
Mental Health America of Horry County
Mental Health America of Kershaw County
Mental Health Association in Lancaster County
Mental Health America of Laurens County
Mental Health Association in Lee County
Mental Health Association in Marion County

Mental Health America of McCormick County
Mental Health America Oconee County
Mental Health America of Orangeburg County
Mental Health America of the Piedmont, Inc.
Mental Health America of South Carolina
Mental Health America of Sumter County
Mental Health Association in Union County

TENNESSEE

Mental Health Association of Tennessee
Mental Health Association of East Tennessee, Inc.
Mental Health Association of Middle Tennessee

TEXAS

Mental Health America of Texas
Mental Health Association of Fort Bend
Mental Health America of Greater Dallas
Mental Health America of Greater Houston
Mental Health America of Southeast Texas County
Mental Health Association of Tarrant County

UTAH

Mental Health Association in Utah

VIRGINIA

Mental Health America of Virginia
Mental Health America of Augusta
Mental Health America of Central Virginia
Mental Health America of Charlottesville-Albemarle
Mental Health America of Fauquier County
Mental Health America of Fredericksburg
Hanover Mental Health Association
Mental Health Association of Martinsville & Henry Counties
Mental Health America of Roanoke Valley
Mental Health Association of Rockbridge County
Mental Health America of Halifax
Mental Health America of the New River Valley
Mental Health Association in South Hampton Roads
Mental Health Association of Warren County

VERMONT

Vermont Association for Mental Health

WISCONSIN

Mental Health America of Wisconsin
Mental Health America of Brown County
Mental Health Association in Calumet County
Mental Health America of Sheboygan County

WEST VIRGINIA

Mental Health Association in the Greater Kanawha Valley, Inc.
Mental Health America of Monongalia County

SUPPORT AND RECOGNITION

\$1,000,000 and Above

Bristol-Myers Squibb Company
Eli Lilly and Company

\$500,000 to \$999,999

The John D. and Catherine T. MacArthur
Foundation
Pfizer Inc.
Wyeth Pharmaceuticals

\$100,000 to \$499,999

AstraZeneca Pharmaceuticals LP
Cyberonics, Inc.
Dell, Inc.
Forest Laboratories, Inc.
GlaxoSmithKline, P.L.C.
Goldman Sachs Philanthropy Fund
(Anonymous)
Ortho-McNeil Janssen Pharmaceutical Services
National Association of State Mental Health
Program Directors
Pharmaceutical Research and Manufacturers of
America
The Marjorie K. Pote Revocable Trust
South Florida Golf Foundation, Inc.
Roberta L. Zuhlke Charitable Trust
U.S. Department of Health and Human
Services

\$50,000 to \$99,999

Combined Federal Campaign
Community Health Charities
The Shelby Cullom Davis Foundation
Shell Key West Classic
Solvay Pharmaceuticals

\$25,000 to \$49,999

Estate of Constance Langtry
Novartis Pharmaceuticals Corporation

\$10,000 to \$24,999

Calcon Constructors
Cephalon, Inc.
Chevy Chase Bank
The Colorado Health Foundation
Crystal Stiles Cook
Isadore E. DeLappe Trust
Guaranty Bank and Trust Company
HealthONE, HCA Continental Division, Inc.
Neuronetics
Otsuka America Pharmaceutical, Inc.
Abraham and Beverly Sommer Foundation

\$5,000 to \$9,999

Centrua Health
The Children's Hospital
Davis Partnership Architects
The DeAlessandro Foundation
Mr. Joseph N. De Raismes
The Ettinger Foundation, Inc.
Eli Lilly and Company Foundation
Ewing-Foley, Inc.
Land Title Guarantee Company
National Institute of Mental Health
Oakwood Homes
RMICMC, LLC
Robinson Dairy
Estate of Helen Proctor
SafePlace
Mr. and Mrs. Edward Schreck
Sussex Publishers, Inc.
Mr. Scott A. Updike
Wellpoint, Inc.
Dr. Karl Wilson

\$2,500 to \$4,999

Arkansas Baptist Foundation
Car Program L.L.C.
Community Health Charities of Washington
State
Mr. Thomas C. Donovan
J. Richard Elpers, M.D.
Mr. Gregg Graham
Mr. and Mrs. Arnold Heimler
Mr. and Mrs. Pender R. McElroy
Microsoft Matching Gifts Program
Mr. John A. Morris, MSW
Party For Life
Stadium Management Company, LLC
Mr. and Mrs. Tom Starko
Mr. and Mrs. David M. Theobald
United Airlines Employee Giving Program
Mrs. Molly Van Ort
The Vana Family Foundation

\$1,000 to \$2,499

John M. Akester, Ph.D.
American Academy of Child and Adolescent
Psychiatry
Ms. Ann Boughtin
Mr. and Mrs. William Carter
Communications Supply Corp.
Community Health Charities of Alabama
Community Health Charities of Arizona
Community Health Charities of Colorado
Community Health Charities of Florida
Community Health Charities of Kansas and
Missouri

Community Health Charities of Minnesota
Community Health Charities of Pennsylvania
Community Health Charities Texas
Areta Crowell, Ph.D.
Mr. and Mrs. Rathindra DasGupta
Duffy Family Foundation, Inc.
Mr. and Mrs. Michael Ellison
Mr. and Mrs. Robert and Della Ewart
Mr. and Mrs. Richard and Harriet Fein
Mr. Larry Fricks
Mr. and Mrs. Raymond M. Gillespie
Ms. Susan E. Gilmont
Global Impact
Mr. Samuel G. Gross
Mr. and Mrs. George L. Hagen
Mr. and Mrs. Robert M. Hendrickson
Mr. Mark J. Heyrman
I Do Foundation
Ms. DJ A. Ida
Ms. Anisha Imhoff-Kerr
Jack L. Kinsey Family Trust
Mr. and Mrs. Benjamin Keh
Ms. Paddy K. Kutz
Mr. and Mrs. Jerry Martin
Mr. and Mrs. Robert M. Martin
Mr. and Mrs. Mario Morino
Mrs. Gertrude H. Niehans
Mr. Edward M. O'Neill
Mr. John C. Porterfield
Mr. Roger Prunty
Mr. Julian Rivera
Paula C. Sandidge, M.D.
Mr. Jack Scanlon
Shepherd Foundation, Inc.
David L. Shern, Ph.D.
Mr. and Mrs. Charles F. Steineger, III
Seble Tareke-William
The Gambs Family Foundation
The JestaRX Group, Inc.
VA Psychiatric Rehabilitation Association
Mr. Richard Van Horn
Vanguard Charitable Endowment Program
Ms. Carolyn M. Wallace

\$250 to \$999

Aetna Foundation, Inc.
Ameriprise Financial Employee Gift Matching
Program
Ameritas
Mr. Robert Angevine
AT&T
Ms. Lynn Babicka
Mr. and Mrs. H.L. Bacon
Dr. Barbara Bazron
Mr. Allan D. Bell
Mr. Michael S. Berman

Mr. and Mrs. Michael Berry
Mr. Richard Bertken
Mr. Roger P. Bey
Mr. John N. Briggs
Mr. Alex Byrnes
Mr. Christopher Carpenito
Mr. Dan Clarke
The Clorox Company
Mr. Edward M. Cohen
Community Health Charities of California
Community Health Charities of Indiana Inc.
Community Health Charities of Louisiana & Mississippi
Community Health Charities of Massachusetts
Community Health Charities of Michigan
Community Health Charities of Nebraska
Community Health Charities of New Mexico
Community Health Charities of Oklahoma
Mr. and Mrs. Joseph Corish
Ms. Nancy Davis
Mr. Kevin Dreyer
Ms. Marla Dumont
Mr. Martin Epstein
The Expedition Hope Foundation
Mr. and Mrs. Philip M. Ewing
Ms. Ann L. Fitch
Mr. Danny Fowler
Mr. Kenneth S. Gallant
Mr. Read Gignilliat
Mr. and Mrs. Mark and Kelly Giura
Mr. Glenn S. Grindlinger
Mr. Brian Grossman
Mr. Robert W. Grubbs
Mr. and Mrs. Angelo Guadagno
Mr. and Mrs. Gordon J. Hankinson
Mr. Greg M. Henderson
Mr. Joel Henderson
Mr. William F. Henry
Mr. William E. Hines

Mr. and Mrs. Chris Hodges
Mr. and Mrs. Kevin J. Hopps
Mr. and Mrs. John A. Hurvitz
Ms. Kaye Hutchison
iCare Workplace Giving
J. E. Rice Insurance Agency, Inc.
Mr. Stanford Jhee
Ms. Cindy Kalman
Mr. David Kaplan and Mrs. Meredith L. Waddell
Mr. Patrick Klavon
Ms. Rehana Latif
Mr. and Mrs. Christopher Leighton
Mr. Steve Lennox
Mr. and Mrs. Michael D. Levin
Ms. Susan Crain Lewis
Mr. Christian E. Lindhjem
Ms. Robin J. Lipscomb
Robert and Robyn Loup
Mr. Cleve B. McGaughey
McNaughton-McKay Electric Company
Mr. Richard Miller
Ms. Stephanie L. Minniti
Mr. Monty Moeller
Ms. Katherine Moles
Ms. Meghan Moore
Network For Good
New York City Transit Authority
Mr. Anthony Ng
NISH
Ms. Barbara J. Nugent
Mr. Harold Ofstie
Orepac Building Products
Ms. Gina Paoloni
The Pfizer Foundation
Ms. Mary M. Powlus
Presbyterian Church (U.S.A.) Foundation
Mr. and Mrs. Thomas M. Price
Mr. Jesus Querubin

Ms. Debra C. Ramsey
Mr. James Regan
Mr. and Mrs. Joseph A. Rocci
Dr. Lee S. Rusakow
S & K Sales Co.
Manfred and Patricia Schach von Wittenau
Schizophrenia Digest and BP Magazine
Mr. and Mrs. Donald Schmidt
Schwab Fund for Charitable Giving
Ms. Cathryn Schwing
The Thomas H. and Mayme P. Scott Foundation Inc.
Mr. and Mrs. Dennis L. Shears
Ms. Sonali C. Sheth
Mr. Matt Shotwell
Mrs. Greta L. Smith
State of Maryland - Treasurer's Office
Steiner Electric Company
Mr. George Stergis
Nada L. Stotland, M.D., M.P.H.
Ms. Lydia G. Stovall
Mr. Francis J. Trombetta
Washington Mutual Matching Gift Program
Mr. and Mrs. Don R. Wehde
Ms. Kim A. Wickens
Mrs. Helen Patton Wright



Visions of Hope Legacy Society

Our heartfelt thanks goes to those individuals who have made a significant commitment to the future of mental health by including Mental Health America in their estate plans or who have established a charitable gift annuity.

Anonymous
Suzanne Bishop
William Bishop
Simon Blustone
Brian and Denise Cobb
Ruth Cohn
Stephen and Margaret Corsello
Areta Crowell, Ph.D.
Elizabeth McGarvey Crowley
Suzanne DeStefano
Mr. and Mrs. Eugene Doyle
J. Richard Elpers, M.D.
Robert and Della Ewart
Philip M. and Marian E. Ewing
Hyman C. and Deena M. Goldman
Muriel E. and Marvin C. Goldman
David and Eileen Hardy
James A. and Marion Hawkins
Charlotte A. Humphrey
Donald Huskey
Barbara F. Hyams, Ph.D.
Udo H. and Martha D. Jansen
Jeff Jones
Kathy Sue Keuning and Eleanor Kohn
Sandy Klein
Theodore Konek
Claire Laing
Robyn Loup
C. MacDonald
Sarah Martin
Sandra J. McElhanev
Karen Metzger
Clare Murphy
Elizabeth Neim
Page R. O'Brien
Alicia Reeve
Mildred M. Reynolds, Ed.D., MSW
Margaret Louise
George B. and Angela Rittenberg
Paul and Pat Romani
Patricia Rutledge
Dale and Deborah Schuerman
Andrew E. Rubin
David L. Shern, Ph.D.
Carol E. Sorensen
Paul M. Spring
Jack Williams
Karl Wilson, Ph.D.
Rena Wrenn
Robert and Ann Utley

Visions
of hope



Academic Behavioral Health Consortium
 Active Minds
 AdvaMed
 Advancements Association for Personality Disorder
 Advocates for Youth
 Alliance for Aging Research
 Alliance for Better Medicine
 Alliance for Children and Families
 Alliance for Mental Health Consumers Rights
 Alzheimer's Association
 America's Health Together
 American Academy of Child and Adolescent Psychiatry
 American Academy of Family Physicians
 American Academy of Neurology
 American Academy of Pediatrics
 American Academy of Physical Medicine and Rehabilitation
 American Academy of Physician Assistants
 American Association for Geriatric Psychiatry
 American Association for Marriage and Family Therapy
 American Association for Psychosocial Rehabilitation
 American Association of Children's Residential Centers
 American Association of Community Psychiatrists
 American Association of Pastoral Counselors
 American Association of People with Disabilities
 American Association of Practicing Psychiatrists
 American Association of School Administrators
 American Association of Suicidology
 American Association on Mental Retardation
 American Board of Examiners in Clinical Social Work
 American Chronic Pain Association
 American College Counseling Association
 American College Health Association
 American College of Medical Genetics
 American College of Mental Health Administration
 American College of Nurse Midwives
 American College of Physicians
 American College Personnel Association
 American Congress of Community Supports and Employment Services (ACCSSES)
 American Counseling Association
 American Diabetes Association
 American Family Foundation
 American Federation of State, County and Municipal Employees
 American Federation of Teachers
 American Foundation for Suicide Prevention
 American Group Psychotherapy Association
 American Heart Association
 American Hospice Foundation
 American Hospital Association
 American Humane Association
 American Jail Association
 American Managed Behavioral Healthcare Association
 American Medical Association
 American Medical Rehabilitation Providers Association
 American Medical Student Association
 American Mental Health Counselors Association
 American Music Therapy Association

American Network of Community Options and Resources
 American Nurses Association
 American Occupational Therapy Association
 American Orthopsychiatric Association
 American Osteopathic Association
 American Pain Foundation
 American Pediatric Society
 American Political Science Association
 American Psychiatric Association
 American Psychiatric Nurses Association
 American Psychoanalytic Association
 American Psychological Association
 American Psychotherapy Association
 American Public Health Association
 American Red Cross
 American School Counselor Association
 American School Health Association
 American Society for Adolescent Psychiatry
 American Society of Addiction Medicine
 American Society of Clinical Pharmacology
 American Society of Consultant Pharmacists
 American Society on Aging
 American Therapeutic Recreation Association
 American Thoracic Society
 Anna Westin Foundation
 Anorexia Nervosa and Related Eating Disorders, Inc.
 Anxiety Disorders Association of America
 Arthritis Foundation
 Association for Addiction Professionals
 Association for Ambulatory Behavioral Healthcare
 Association for Clinical Pastoral Education, Inc.
 Association for Personality Disorders
 Association for Science in Autism Treatment
 Association for the Advancement of Psychology
 Association of Asian Pacific Community Health Organizations
 Association of Clinicians for the Underserved
 Association of Jewish Aging Services of North America
 Association of Jewish Family & Children's Agencies
 Association of Maternal and Child Health Programs
 Association of Medical School Pediatric Department Chairs
 Association of University Centers on Disabilities
 Association to Benefit Children
 Asthma and Allergy Foundation of America
 Attention Deficit Disorders Association
 Autism Society of America
 Bacchus and Gamma Peer Education
 Barbara Schneider Foundation
 Bazelon Center for Mental Health Law
 Black Psychiatrists of America
 Brady Center to Prevent Gun Violence
 Brain Injury Association of America, Inc.
 Business and Professional Women/USA
 Camp Fire USA
 Catholic Charities USA
 Center for Mental Health in Schools
 Center for Mental Health Services
 Center for the Advancement of Children's Mental Health
 Center for the Advancement of Health
 Center for Women Policy Studies
 Center of Substance Abuse Prevention
 Center on Budget and Policy Priorities

Center on Disability and Health
 Center on Juvenile and Criminal Justice
 Central Conference of American Rabbis
 Chicago Public Schools
 Child and Adolescent Bipolar Foundation
 Child Welfare League of America
 Children and Adults with Attention Deficit/Hyperactivity Disorder
 Children's Defense Fund
 Children's Healthcare Is a Legal Duty
 Children's Hospital Boston
 Christopher Reeve Paralysis Foundation
 Church of the Brethren Washington Office
 Clinical Social Work Federation
 Coalition for Juvenile Justice
 College of Psychiatric and Neurologic Pharmacists
 Compeer, Inc.
 Commission on Social Action of Reform Judaism
 Corporation for the Advancement of Psychiatry
 Council for Exceptional Children
 Council of State Administrators of Vocational Rehabilitation
 Council on Social Work Education
 County of Santa Clara, Calif.
 Cure Autism Now
 Dads and Daughters
 Delta Sigma Theta Sorority, Inc.
 Depression and Bipolar Support Alliance
 Disability Rights Education and Defense Fund, Inc.
 Disability Service Providers of America
 Division for Learning Disabilities (DLD) of the Council for Exceptional Children
 Easter Seals
 Eating Disorders Coalition for Research, Policy & Action
 Employee Assistance Professionals Association
 Epilepsy Foundation
 Families for Depression Awareness
 Families USA
 Family Violence Prevention Fund Family Voices
 Federation of American Hospitals
 Federation of Behavioral, Psychological & Cognitive Sciences
 Federation of Families for Children's Mental Health
 Food and Drug Administration, Office of Special Health Issues
 Freedom from Fear
 Friends Committee on National Legislation (Quaker)
 Generations United
 Harvard Eating Disorders Center
 Head Start Bureau, U.S. Department of Health and Human Services
 Human Rights Campaign
 Inclusion Research Institute
 Indian Health Services, U.S. Department of Health and Human Services
 Institute for the Advancement of Social Work Research
 International Association for Psychosocial Rehabilitation Services
 International Association of Jewish Vocational Services
 International Community Corrections Association
 International Dyslexia Association

- International Society of Psychiatric-Mental Health Nurses
- International Union
- Iris Alliance Fund
- Jewish Federation of Metropolitan Chicago
- Johnson Institute
- Kids Project
- Kristen Watt Foundation for Eating Disorder Awareness
- Latino Behavioral Health Association
- Latino Health Advocacy Coalition
- Learning Disabilities Association of America
- Legal Action Center
- Leukemia and Lymphoma Society
- Lupus Foundation of America
- Lutheran Services in America
- Men's Health Network
- Mental Health AMERICA, Inc.
- National Advocacy Center of the Sisters of the Good Shepherd
- National Alliance for Autism Research
- National Alliance for Caregiving
- National Alliance for Research on Schizophrenia and Depression (NARSAD)
- National Alliance of Pupil Services Administrators
- National Alliance on Mental Illness
- National Alliance to End Homelessness
- National Asian American Pacific Islander Mental Health Association
- National Asian Women's Health Organization
- National Assembly of Health and Human Service Organizations
- National Association for Children's Behavioral Health
- National Association for Continenence
- National Association for Health and Fitness
- National Association for Rural Mental Health
- National Association for the Advancement of Colored People (NAACP)
- National Association for the Advancement of Orthotics & Prosthetics
- National Association for the Dually Diagnosed
- National Association of Anorexia Nervosa and Associated Disorders—ANAD
- National Association of Case Management
- National Association of Children's Hospitals
- National Association of Community Health Centers
- National Association of Counties
- National Association of County and City Health Officials
- National Association of County Behavioral Health Directors
- National Association of Developmental Disabilities Councils
- National Association of Elementary School Principals
- National Association of Mental Health Planning & Advisory Councils
- National Association of Pediatric Nurse Practitioners
- National Association of Protection and Advocacy Systems
- National Association of Psychiatric Health Systems
- National Association of Psychiatric Treatment Centers for Children
- National Association of School Nurses
- National Association of School Psychologists
- National Association of Social Workers
- National Association of State Directors of Special Education
- National Association of State Mental Health Program Directors
- National Black Nurses Association
- National Boys and Girls Clubs of America
- National Center for Policy Research for Women & Families
- National Center on Institutions and Alternatives
- National Coalition against Domestic Violence
- National Coalition for the Homeless
- National Coalition of Mental Health Consumers and Professionals
- National Committee to Preserve Social Security and Medicare
- National Council for Community Behavioral Healthcare
- National Council of Jewish Women
- National Council of La Raza
- National Council of Negro Women
- National Council on Alcoholism and Drug Dependence
- National Council on Family Relations
- National Council on Problem Gambling
- National Council on Suicide Prevention
- National Council on the Aging
- National Down Syndrome Congress
- National Down Syndrome Society
- National Eating Disorders Association
- National Education Association Health Information Network
- National Educational Alliance for Borderline Personality Disorder
- National Exchange Club Foundation
- National Foundation for Depressive Illness
- National Health Council
- National Health Law Program
- National Hispanic Medical Association
- National Hopeline Network
- National Housing Conference
- National Institute of Mental Health
- National Interfaith Coalition for Spiritual Healthcare
- National Latino Behavioral Health Association
- National Law Center on Homelessness & Poverty
- National Leadership on African American Behavioral Health
- National League of Cities
- National Medical Association
- National Mental Health Awareness Campaign
- National Mental Health Consumers' Self-Help Clearinghouse
- National Multiple Sclerosis Society
- National Network for Youth
- National Organization for Rare Disorders
- National Organization of People of Color Against Suicide
- National Osteoporosis Foundation
- National Panhellenic Conference
- National Parent Teachers Association
- National Partnership for Women and Families
- National Recreation and Park Association
- National Rural Health Association
- National Schizophrenia Foundation
- National Senior Citizens Law Center
- National Sleep Foundation
- National Therapeutic Recreation Society
- National Treatment and Research
- Native American Counseling, Inc.
- NETWORK, a Catholic Social Justice Lobby
- New York University Child Study Center
- NISH (National Industries for the Severely Handicapped)
- Obsessive Compulsive Foundation
- Office & Professional Employees
- Older Adult Consumer Mental Health Alliance
- Organization of Student Social Workers
- OWL—The Voice of Mid-Life and Older Women
- Parkinson's Pipeline Project
- Partnership for Recovery
- Presbyterian Church (USA), Washington Office
- Prevent Child Abuse America
- Rebecca Project for Human Rights
- Renfrew Center Foundation
- Samaritans Suicide Prevention Center
- School Social Work Association of America
- Screening for Mental Health, Inc.
- Service Employees International Union
- Shaken Baby Alliance
- Sjogren's Syndrome Foundation
- Society for Adolescent Medicine
- Society for Prevention Research
- Suicide Prevention Action Network USA
- The AIDS Institute
- The Arc of the United States
- The Carter Center
- The Jonathan O. Cole Mental Health Consumer Resource Center
- Washington Business Group on Health
- Washington State University
- Y-ME National Breast Cancer Organization



Financial Statements

For the Year Ended December 31, 2006

(With Summarized Financial Information for the Year Ended December 31, 2005)

————— • —————
and
Report Thereon
————— • —————



INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of
Mental Health America

CONSULTING
ACCOUNTING
TECHNOLOGY

*Certified Public
Accountants*

We have audited the accompanying statement of financial position of Mental Health America, (MHA) as of December 31, 2006, and the related statements of activities, functional expenses and cash flows for the year then ended. These financial statements are the responsibility of MHA's management. Our responsibility is to express an opinion on these financial statements based on our audit. The prior year summarized comparative information has been derived from MHA's 2005 financial statements and, in our report dated March 31, 2006; we expressed an unqualified opinion on those statements.

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 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 audit provides 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 MHA as of December 31, 2006, 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.

RAFFA, P.C.

Washington, DC
May 15, 2007

MENTAL HEALTH AMERICA
STATEMENT OF FINANCIAL POSITION
December 31, 2006
(With Summarized Financial Information as of December 31, 2005)

	2006	2005
ASSETS		
Cash and cash equivalents	\$ 1,196,812	\$ 1,359,369
Accounts receivable, net of allowance for doubtful accounts of \$1,000 in 2006	300,679	235,494
Grants and contracts receivable	822,520	867,463
Bequests receivable	594,537	586,016
Prepaid expenses	51,808	76,141
Inventory	96,392	195,019
Investments	2,910,420	2,641,986
Property and equipment, net	691,021	281,180
TOTAL ASSETS	\$ 6,664,189	\$ 6,242,668
LIABILITIES AND NET ASSETS		
Accounts payable and accrued expenses	\$ 264,522	\$ 536,695
Charitable gift annuities	45,077	54,145
Capital lease obligations	290,948	220,863
Deferred lease incentives	283,508	-
Deferred revenue	109,206	32,331
TOTAL LIABILITIES	993,261	844,034
Net Assets		
Unrestricted		
Undesignated	228,879	973,073
Reserve fund	674,885	25,728
Building reserve fund	2,460,982	2,358,074
Net property and equipment fund	116,564	60,317
Jo Blaylock Memorial fund	58,562	58,533
Total Unrestricted	3,539,872	3,475,725
Temporarily restricted	1,842,085	1,633,938
Permanently restricted	288,971	288,971
TOTAL NET ASSETS	5,670,928	5,398,634
TOTAL LIABILITIES AND NET ASSETS	\$ 6,664,189	\$ 6,242,668

The accompanying notes are an integral part
of these financial statements.

MENTAL HEALTH AMERICA
STATEMENT OF ACTIVITIES
For the Year Ended December 31, 2006
(With Summarized Financial Information for the Year Ended December 31, 2005)

	Unrestricted	Temporarily Restricted	Permanently Restricted	2006 Total	2005 Total
REVENUE AND SUPPORT					
Grants, contracts and contributions	\$ 1,105,268	\$ 5,564,410	\$ -	\$ 6,669,678	\$ 6,587,001
Affiliate support	554,443	-	-	554,443	664,625
Bequests	303,464	-	-	303,464	95,875
Investment income	239,898	13,884	-	253,782	31,294
In-kind contributions	173,106	-	-	173,106	45,208
Special events	95,000	-	-	95,000	101,000
Sales	58,223	-	-	58,223	32,157
Combined federal campaign	55,445	-	-	55,445	60,585
Rental income	19,229	-	-	19,229	134,053
Net assets released from restrictions:					
Satisfaction of program restrictions	5,370,147	(5,370,147)	-	-	-
TOTAL REVENUE AND SUPPORT	7,974,223	208,147	-	8,182,370	7,751,798
EXPENSES					
Program Services					
Constituency services	2,526,786	-	-	2,526,786	2,232,911
Education	2,003,706	-	-	2,003,706	1,753,697
Advocacy	1,008,212	-	-	1,008,212	1,249,190
Research	1,117,019	-	-	1,117,019	954,073
Total Program Services	6,655,723	-	-	6,655,723	6,189,871
Management and general	820,219	-	-	820,219	716,102
Fundraising	434,134	-	-	434,134	347,518
TOTAL EXPENSES	7,910,076	-	-	7,910,076	7,253,491
Change in Net Assets	64,147	208,147	-	272,294	498,307
NET ASSETS, BEGINNING OF YEAR	3,475,725	1,633,938	288,971	5,398,634	4,900,327
NET ASSETS, END OF YEAR	\$ 3,539,872	\$ 1,842,085	\$ 288,971	\$ 5,670,928	\$ 5,398,634

The accompanying notes are an integral part
of these financial statements.

2006 Annual Report

MENTAL HEALTH AMERICA

STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended December 31, 2006

(With Summarized Financial Information for the Year Ended December 31, 2005)

	Program Services				Supporting Services			2005 Total
	Constituency Services	Education	Advocacy	Research	Total Program Services	Management and General	Fundraising	
Salaries and benefits	\$ 1,243,203	\$ 1,086,445	\$ 708,690	\$ 716,760	\$ 3,755,098	\$ 375,310	\$ 258,737	\$ 4,389,145
Professional fees and contract service payments	227,603	238,012	58,912	126,229	650,756	249,966	41,400	942,122
Conference and meetings	298,482	176,995	58,270	97,833	631,580	-	21,932	653,512
Occupancy	119,516	95,613	62,149	47,807	325,085	105,174	47,807	478,066
Grants	407,355	-	-	-	407,355	-	-	407,355
Outside printing and art work	7,308	214,400	7,303	6,969	235,980	-	-	235,980
Travel	57,095	17,568	15,606	28,880	119,149	10,303	18,318	147,770
Telephone	22,542	49,552	26,057	15,318	113,469	10,462	-	123,931
Equipment and donations to affiliates	30,431	24,294	15,839	12,215	82,779	26,652	12,114	121,545
Miscellaneous	20,692	49,225	24,400	14,099	108,416	-	2,911	111,327
Depreciation and amortization	28,050	22,440	14,584	11,220	76,294	24,684	11,220	112,198
Postage and shipping	25,716	13,928	11,913	37,034	88,591	-	12,487	101,078
Supplies	35,855	12,883	2,961	1,480	53,179	15,083	6,033	74,295
Loss on disposal of equipment under capital lease	2,938	2,351	1,528	1,175	7,992	2,585	1,175	11,752
TOTAL	\$ 2,526,786	\$ 2,003,706	\$ 1,008,212	\$ 1,117,019	\$ 6,655,723	\$ 820,219	\$ 434,134	\$ 7,910,076
								\$ 7,253,491

The accompanying notes are an integral part of these financial statements.

MENTAL HEALTH AMERICA
STATEMENT OF CASH FLOWS
For the Year Ended December 31, 2006
(With Summarized Financial Information for the Year Ended December 31, 2005)
Increase (Decrease) in Cash and Cash Equivalents

	2006	2005
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 272,294	\$ 498,307
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	112,198	141,224
Allowance for doubtful accounts receivable	-	1,000
Loss on disposition of equipment	11,752	18,281
Unrealized loss (gain) on investments	(71,078)	21,087
Realized (gain) loss on investments	(1,280)	59,444
Donated investments	(1,893)	(16,196)
Changes in assets and liabilities:		
Accounts receivable	(65,185)	116,024
Grants and contracts receivable	44,943	508,374
Bequests receivable	(8,521)	(25,839)
Prepaid expenses	24,333	88,869
Inventory	98,627	20,366
Accounts payable and accrued expenses	(272,173)	341,270
Deferred lease incentives	283,508	-
Deferred revenue	76,875	(15,239)
	<u>504,400</u>	<u>1,756,972</u>
NET CASH PROVIDED BY OPERATING ACTIVITIES		
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchases of property and equipment	(389,871)	(30,345)
Proceeds from sales of investments	5,142,061	3,776,092
Purchases of investments	(5,336,244)	(3,519,931)
	<u>(584,054)</u>	<u>225,816</u>
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES		
CASH FLOWS FROM FINANCING ACTIVITIES		
Line of credit	-	(841,965)
Payments under charitable gift annuities	(9,068)	(11,160)
Principal payments on capital lease obligations	(73,835)	(112,657)
	<u>(82,903)</u>	<u>(965,782)</u>
NET CASH (USED IN) PROVIDED BY FINANCING ACTIVITIES		
NET INCREASE IN CASH AND CASH EQUIVALENTS	(162,557)	1,017,006
CASH AND CASH EQUIVALENTS, BEGINNING OF YEAR	<u>1,359,369</u>	<u>342,363</u>
CASH AND CASH EQUIVALENTS, END OF YEAR	<u>\$ 1,196,812</u>	<u>\$ 1,359,369</u>
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION		
Cash paid during the year for interest	<u>\$ 6,082</u>	<u>\$ 26,860</u>
SUPPLEMENTAL SCHEDULE OF NONCASH INVESTING AND FINANCING ACTIVITIES		
Equipment acquired under a capital lease	\$ 143,920	\$ 169,400
Obligation for equipment acquired under capital lease	(143,920)	(169,400)
Equipment disposed of upon capital lease termination	-	(105,038)
Cancellation of debt upon termination of capital lease	-	105,038
	<u>\$ -</u>	<u>\$ -</u>

The accompanying notes are an integral part
of these financial statements.

MENTAL HEALTH AMERICA

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2006

1. Organization and Summary of Significant Accounting Policies

Organization

The National Mental Health Association, organized in 1950, doing business as Mental Health America (MHA), is a private voluntary health and human services advocacy organization which promotes a wide range of mental health issues through advocacy leadership, public and professional education, community and consumer services, and ongoing research. MHA's primary sources of revenue are grants and contributions from foundations, government agencies and corporations and membership dues received from affiliated organizations nationwide.

Affiliates

Each of the mental health associations affiliated with MHA elects its own board of directors, conducts service programs independent of MHA, and maintains its own financial accounts. Accordingly, the financial statements of MHA do not include the accounts and activities of these affiliated organizations.

Cash and Cash Equivalents

MHA considers money market funds and certificates of deposit purchased with an original maturity of three months or less to be cash and cash equivalents. Money market funds held in certain investment portfolios are not considered cash and cash equivalents as these amounts are not available for the general operating purposes of MHA.

Inventory

Inventory is stated at cost on a first-in, first-out (FIFO) basis and consists of publications on hand at the end of the year.

Investments

Investments are comprised of federal home loan bonds, bond and equity mutual funds, equities and money market funds and are recorded in the financial statements at fair value. Investments include the board designated reserve fund, building reserve fund, the net property and equipment fund, the Jo Blaylock Memorial Fund, and funds that have been permanently restricted by the donor.

MENTAL HEALTH AMERICA

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2006

1. Organization and Summary of Significant Accounting Policies (continued)

Property and Equipment and Related Depreciation and Amortization

Fixed assets are recorded at cost. Furniture and equipment are depreciated using the straight-line method over the estimated useful lives of 3 to 7 years, with no salvage value. Equipment purchased under capital lease agreements is amortized on the straight-line basis over the life of the lease. Leasehold improvements are amortized over the shorter of the remaining term of the lease or the useful life of the improvements. Expenditures for major repairs and improvements are capitalized; expenditures for minor repairs and maintenance costs are expensed when incurred. Upon the retirement or disposal of assets, the cost and accumulated depreciation are eliminated from the respective accounts and the resulting gain or loss is included in revenue or expenses in the accompanying statement of activities.

Classification of Net Assets

The net assets of MHA are reported in three self-balancing groups as follows:

- Unrestricted net assets represent the portion of expendable funds that are available for support of MHA's operations. It also includes the net assets of the reserve fund, the building reserve fund, the net property and equipment fund and the Jo Blaylock Memorial fund, all of which have been designated by the Board of Directors. (See Note 8)
- Temporarily restricted net assets represent amounts that are specifically restricted by donors for various programs or use in future periods.
- Permanently restricted net assets represent amounts that include donor-imposed restrictions that stipulate that the resources be maintained in perpetuity and that only the earnings on such amounts be used in the manner specified by the donor.

Revenue Recognition

MHA reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor-imposed restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the accompanying statement of activities as net assets released from restrictions.

Unrestricted contributions and grants are reported as revenue in the year in which payments are received and/or the promises are made. Revenue recognized on grants that have been committed to MHA, but have not been received, is reflected as grants and contracts receivable in the accompanying statement of financial position.

MENTAL HEALTH AMERICA

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2006

1. Organization and Summary of Significant Accounting Policies (continued)

Revenue Recognition (continued)

Affiliate support is recognized in the period received or a written promise has been made.

MHA recognizes bequests in the year the promise to give becomes unconditional, which is at the time the probate court declares the will valid and the proceeds are measurable in amount.

In-Kind Contributions

Donated materials, services and facilities are recorded as in-kind contributions at the estimated fair market value as of the date of the donation.

Functional Allocation of Expenses

The costs of providing the various programs and other activities have been summarized on a functional basis in the accompanying statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited based on direct costs.

Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

2. Grants and Contracts Receivable

Grants and contracts receivable include \$385,000 of unconditional promises to give from foundations and corporations. Also included in grants and contracts receivable is \$437,520 of grants and contracts receivable from U.S. government agencies which represents billings that have been presented to grantors but remain unpaid at year end or amounts available to be drawn down as needed by MHA. All amounts are considered fully collectible. \$637,520 is due within one year and \$185,000 is due within one to five years.

MENTAL HEALTH AMERICA

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2006

3. Bequests Receivable

Bequests receivable totaled \$594,537 at December 31, 2006 and consists of trust agreements which are irrevocable and are administered by a trustee or fiscal agent. Distributions are to be made to MHA (lead trusts) or to the donor's designee (remainder trusts) during the terms of the agreements. At the end of the terms, a portion of the remaining trust assets, as defined in the trust agreements, are to be distributed to MHA. All amounts are considered fully collectible and due in one to five years.

4. Investments

Investments as of December 31, 2006 consisted of the following:

	<u>Fair Value</u>
Equity mutual funds	\$1,701,788
Bond mutual funds	1,021,975
Federal home loan bonds	134,811
Money market funds	50,697
Equities	<u>1,149</u>
Total	<u>\$2,910,420</u>

As of December 31, 2006, investment income consisted of the following:

Interest and dividends	\$ 181,424
Unrealized gains	71,078
Realized gain	<u>1,280</u>
Total	<u>\$ 253,782</u>

5. Property and Equipment and Accumulated Depreciation and Amortization

Property and equipment are comprised of the following as of December 31, 2006:

Office furniture and equipment	\$ 704,724
Leasehold improvements	303,759
Equipment under capital lease	<u>386,400</u>
Total	1,394,883
Less: accumulated depreciation and amortization	<u>(703,862)</u>
Net property and equipment	<u>\$ 691,021</u>

MENTAL HEALTH AMERICA

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2006

6. Commitments

Operating Leases

MHA leases its office space under a non-cancelable operating lease that expires April 30, 2016. The lease provides for fixed annual rental increases. Under accounting principles generally accepted in the United State of America (GAAP) lease incentives are amortized over the life of the lease on a straight-line basis as an offset to rent expense. The difference between the GAAP rent expense and the required lease payments is reflected as deferred lease incentives in the accompanying statement of financial position. Under GAAP all rental payments, including fixed rent increases are recognized on a straight-line basis over the term of the lease. Rent expense has not been recorded on a straight-line basis in the accompanying financial statements as the difference is not material to the financial statements.

MHA also sub-leases a portion of the office space. Revenue from these sub-leases totaled \$19,229 for the year ended December 30, 2006 and is included in rental income in the accompanying statement of activities. Total rent expense attributable to MHA's office space for the year ended December 31, 2006 was \$446,767 and is included in occupancy expense in the accompanying statement of functional expenses.

The future minimum rental payments required under these operating leases, net of sub-lease income, as of December 31, 2006 are as follows:

For the Years Ending <u>December 31,</u>	<u>Total</u>	<u>Sublease</u>	<u>Net</u>
2007	\$ 397,008	\$ 16,200	\$ 380,808
2008	406,933	-	406,933
2009	417,106	-	417,106
2010	427,534	-	427,534
2011	438,222	-	438,222
Thereafter	<u>2,028,770</u>	<u>-</u>	<u>2,028,770</u>
Total	<u>\$ 4,115,573</u>	<u>\$ 16,200</u>	<u>\$ 4,099,373</u>

7. Capital Leases

MHA leases office equipment under three capital leases which expire at various times through 2010. The leased equipment is included in property and equipment at a cost of \$386,400 with accumulated amortization of \$89,204 as of December 31, 2006.

MENTAL HEALTH AMERICA

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2006

7. Capital Leases (continued)

The future minimum lease payments required for these capital leases at December 31, 2006 are as follows:

For the Year Ending <u>December 31,</u>	
2007	\$ 100,824
2008	100,824
2009	66,680
2010	<u>33,772</u>
Total future minimum lease payments	302,100
Less: amount representing interest	<u>(11,152)</u>
Present value of net minimum lease payments	290,948
Less: current portion	<u>(95,251)</u>
Long-term portion	<u>\$ 195,697</u>

8. Net Assets

Board Designated Unrestricted Net Assets

The Board of Directors of MHA has designated certain unrestricted net assets for the purpose of establishing a reserve fund. The Board has approved a policy whereby the board approves annual contributions to the fund are made in an amount that equals 20% of the change in unrestricted net assets before depreciation. The Board of Directors may approve annual contributions in excess of the amount prescribed by the funding policy. The objective of the reserve fund is to stabilize the financial position by providing cash availability and asset growth and to provide a method of funding programs not supported by other funding sources. During the year ended December 31, 2006 an additional contribution of \$313,000 was approved by the Board of Directors to be contributed to the fund.

MHA's Board has also designated the gain from the sale of its building in 2002 to be invested and used to purchase a new building in the future.

Also included in unrestricted net assets is a fund designated by the Board for property and equipment. This amount is calculated by subtracting the amount owed on property and equipment (i.e., the capital lease obligations) from the net book value of total property and equipment.

MENTAL HEALTH AMERICA

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2006

8. Net Assets (continued)

Board Designated Unrestricted Net Assets (continued)

The Board of MHA has also designated unrestricted net assets to create the Jo Blaylock Memorial Fund. The fund was created to recognize Mr. and Mrs. Blaylock's contribution to mental health. The \$50,000 initially designated plus any investment earnings thereon are to be used for educational purposes.

Temporarily Restricted Net Assets

Certain temporarily restricted net assets are available for use among the programs of MHA based on specific donor restrictions. Other amounts with donor restrictions that can be interpreted to cover more than one program were allocated to such programs based on prior years' experience. The amounts available as of December 31, 2006 are as follows:

Education	\$ 352,026
Constituency services	457,161
Advocacy	851,870
Research	<u>181,028</u>
Total	<u>\$1,842,085</u>

Permanently Restricted Net Assets

Permanently restricted net assets include the following:

- The Quayle Bequest which requires that the principal be invested in perpetuity and that only the income be expended to support the training and use of volunteers and/or to pay hospital attendants servicing those who are mentally ill.
- The Anna Belle Edwards Bequest which requires that the principal be invested in perpetuity and that only the income be expended to support research as to the cause and cure of mental illness giving attention to the therapeutic use of mega-vitamins for such illness.

Because the interest income earned on the above bequests is restricted for stated purposes, it is recorded as temporarily restricted revenue in the accompanying statement of activities and is released from restriction as the program restrictions are met. Interest income earned on permanently restricted net assets totaled \$13,884 for 2006.

MENTAL HEALTH AMERICA

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2006

9. Line of Credit

MHA has a \$1,000,000 secured revolving line of credit with Chevy Chase bank. The interest rate is calculated based on a 90 day London Interbank offered rate (LIBOR) plus 1.75% which, as of December 31, 2006, was 7.12%. The line of credit expires on September 30, 2007. As of December 31, 2006, there was no balance outstanding on this line of credit. MHA is required to meet various covenants in accordance with the terms of the agreement.

10. Pension Plan

MHA has a noncontributory, defined contribution retirement plan which is available to all employees who have completed one year of service and attained 21 years of age. Employer contributions are made to the plan according to the employee's years of service based on percentages as defined in the plan document. Employees are vested in the employer contributions according to the employee's years of service with MHA as defined in the plan document. Pension expense for the year ended December 31, 2006 totaled \$48,355 and is included in salary and benefits on the accompanying statement of functional expenses.

11. Hotel Contracts Contingency

MHA has entered into agreements with several hotels for the provision of conference facilities and room accommodations for its meetings through June 2008. The agreements contain various clauses whereby MHA is liable for liquidated damages in the event of cancellation or lower than anticipated attendance. As of December 31, 2006, management of MHA has estimated that the maximum possible amount of liquidated damages is approximately \$102,000. However, management of MHA does not believe that any losses will be incurred under these contracts.

12. Income Taxes

Under Section 501(c)(3) of the Internal Revenue Code, MHA is exempt from the payment of taxes on income other than unrelated business income. For the year ended December 31, 2006 no provision for income taxes was made as MHA did not have any net unrelated business income.

MENTAL HEALTH AMERICA

NOTES TO FINANCIAL STATEMENTS

For the Year Ended December 31, 2006

13. Prior Year Summarized Financial Information

The accompanying financial statements include certain prior year summarized comparative information in total but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the MHA's financial statements for the year ended December 31, 2005, from which the summarized information was prepared.

14. Reclassifications

Certain 2005 amounts have been reclassified to conform with the 2006 presentation.

Mental Health America

Consolidated Financial Report of Income & Expense Balance Sheet

This report is compiled by consolidating Mental Health America's and its affiliate's IRS Form 990s. This is an unaudited report.

SUPPORT & REVENUE	
Direct Public Support:	19,686,211
Contributions	5,148,550
Special Gifts	6,815
Grants(non-government)	18,000
Bequests	220
Membership Dues	28,038
Indirect Public Support	8,956,602
United Way	305,095
CFC	521
Chapter Support Received by State MHA	0
Government Grants	101,538,810
Federal Government Grants	86,140
State, Local Government Grants	853,356
Program Service Revenue	64,075,206
Membership Dues/Assessments	1,439,572
Interest (Savings/Temp. Cash Invest.)	653,654
Dividends/Interest (Securities)	931,503
Net Rental Income	426,652
Other Investment Income	16,132
Net on Sale of Assets	298,044
Net Income/Special Events	1,924,624
Net Sales Income	72,876
Other Revenue	2,131,626
TOTAL REVENUE	208,598,246
EXPENSES	
Program Services	179,823,470
Management & General	22,551,378
Fundraising	3,260,371
Payments to Affiliates	452,650
TOTAL EXPENSES	206,087,869
NET ASSETS	
Excess or (Deficit) for Year	2,510,378
Net Assets/Fund Bal. beg. Year	102,061,672
Other Changes Net Assets/Fund Balance	922,619
Net Assets/Fun Bal. end of Year	105,494,669

MENTAL HEALTH AMERICA

2006-07 LEADERSHIP

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Clinical Professor of Law & Faculty Director
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State of Mine

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Executive Director
Mental Health America of Licking County

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Psychiatrist/Medical Director
Washington, D.C., Department of Mental Health

Frances S. Priester, J.D.

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Director
Washington, D.C., Department of Mental Health/
Office of Consumer and Family Affairs

Marley Prunty-Lara

Minneapolis, Minn.
Mental Health Advocate and Student

Julian Rivera, J.D.

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Chicago, Ill.
Professor of Psychiatry and Obstetrics/Gynecology
Rush Medical College

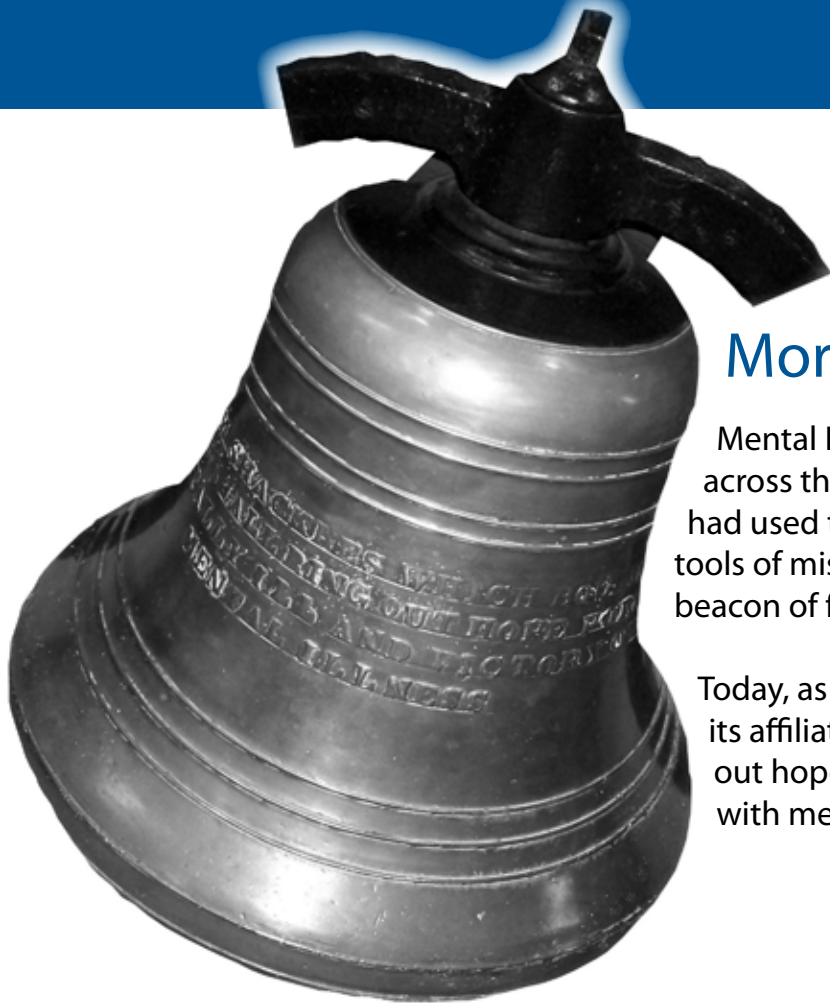
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Nashville, Tenn.
Director, Office of Consumer Affairs
Tennessee Department of MH & DD

Karl Wilson, Ph.D.

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President and CEO
Crider Center for Mental Health

2006 Mental Health America Annual Report



More than 50 years ago,

Mental Health America issued a call to asylums across the country for the chains and shackles they had used to restrain patients. We then took these tools of mistreatment and forged them into a powerful beacon of freedom: the 300-pound Mental Health Bell.

Today, as the symbol of Mental Health America and its affiliates, the Mental Health Bell continues to ring out hope for the millions of people who are living with mental illnesses.



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