



# 2014 Annual Report



## Who Are We?

Mental Health America (MHA) - founded in 1909 - is the nation's leading community-based nonprofit dedicated to helping Americans achieve wellness by living mentally healthier lives. Our work is driven by our commitment to promote mental health as a critical part of overall wellness, including prevention for all, early identification and intervention for those at risk, integrated health, behavioral health and other services for those who need them, and recovery as a goal.

Mental Health America was established by former psychiatric patient Clifford W. Beers. During his stays in public and private institutions, Beers witnessed and was subjected to horrible abuse. From these experiences, Beers set into motion a reform movement that took shape as Mental Health America.

With 228 affiliates in 41 states, 6500 affiliate staff and over 10,000 volunteers, we are a powerful voice for healthy communities throughout the nation. Our virtual reach is also wide—with 26,000 email supporters, over 43,000 Twitter followers, 78,000 Facebook fans, and 1.9 million visitors to our website annually.

## Our 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.

## Our B4Stage4 Philosophy

Our work is guided by the Before Stage 4 (#B4Stage4) philosophy – that mental health conditions should be treated long before they reach the most critical points in the disease process. When we think diseases like cancer or heart disease, we don't wait years to treat them. We start before Stage 4—we begin with prevention, identify symptoms, and develop a plan of action to reverse and hopefully stop the progression of the disease. So why don't we do the same for individuals who are dealing with potentially serious mental illness? Like other diseases, we need to address these symptoms early, identify the underlying disease, and plan an appropriate course of action on a path towards overall health. Mental Health America is committed to addressing mental health #B4Stage4.

# 2014 Summary of Activities

## Advocacy

### *Mental Health Parity*

Mental Health America’s first annual “Parity or Disparity: The State of Mental Health in America” report was released in 2014. This report includes state rankings of the following indicators: prevalence of mental health problems among adults and children, access to care for those who are insured versus uninsured, those who received treatment versus having unmet needs, workforce gaps, quality of access to care and outcome, including SED/IEP, difficulty with access due to cost, inadequate insurance, 180-day hospital readmission, employment and improved social connectedness. Additionally, the report includes a policy statement and outcomes resulting from the analysis of this data. The report also spotlights a key policy issue. The issue focus for the 2014 report is the implementation of the Affordable Care Act and its “essential health benefits” effect on behavioral health services.

As yearly comparative data becomes available, MHA will add additional levels of analysis in our 2015 report. We already anticipate one additional level of analysis to be state specific results from year-to-year. With this type of examination, stakeholders will be able to determine if a state’s efforts are producing positive results and what areas may need further development within that state. There will also be at least one special report generated from this data collection. The issue for this special report will change every year, but will focus on an area or policy related to “hot topic” issues that emerge during the year.



Federal and state policies cannot simply be enacted and implemented, and then released from the American consciousness. It becomes necessary to monitor that implementation and determine whether it is having its desired effect. To date, no one has pulled comparable state-level data together across a variety of status, access, and quality indicators so that they can be used both to evaluate the effectiveness of interventions over time and to help identify gaps that need to be addressed through future policy initiatives. This is precisely the need the “Parity or Disparity: The State of Mental Health in America” report fills – and we expect it to become the “go-to” reference document for mental health policymakers, researchers, providers, nonprofits, advocates, and many others in the years to come.

### ***Regional Policy Council***

Mental Health America established the Regional Policy Council (RPC) in 2009 to strengthen state advocacy as well as implement state and federal policies that positively affect the lives of children, youth and families with mental health and substance use conditions. The Regional Policy Council consists of affiliate leaders who serve as RPC Representatives from different geographic areas around the country to work together on major advocacy initiatives.

In 2014, the four major goals of the Mental Health America Regional Policy Council (RPC) were:

- Conduct five consolidated regional RPC meetings with at least 250 stakeholders in attendance;
- Identify critical mental health issues related to Patient Protection and Affordable Care Act (ACA) and Mental Health Parity and Addiction Equity Act (MHPAEA) implementation and publish an end-of-year report to inform local, state, regional, and national policymakers and key mental health stakeholders;
- Mobilize and organize community efforts to address issues on a continuous basis; and
- Disseminate timely, non-branded information to national partners.

Four regional meetings, with combined attendance of 400, were held by the RPC. The fourth meeting was held in connection with the annual conference in Atlanta, GA, with an approximate attendance of 200 at that single meeting alone. Our attendance goals were met and exceeded.

The RPC will exceed another goal by publishing not one, but two reports to inform policymakers and other mental health stakeholders about critical issues related to the implementation of ACA and MHPAEA. These reports are entitled, "*Behavioral Prescription Drug and Services Coverage: A Snapshot of Excellence*" and "*Parity or Disparity: The State of Mental Health in America.*" These reports will set the stage for long-term evaluation of ACA and MHPAEA implementation and will serve as instrumental tools for advocacy on state and local levels.

A national web-based forum was held in November to outline the forthcoming results of the reports and prepare RPC members for their release in December 2014. Through these efforts, we were able to identify critical mental health issues and will be able to present them to an even broader audience than solely the members of the RPC.

The regional meetings and monthly conference call participants included MHA affiliates as well as industry and community partners.



Each of the four regional meetings was full to capacity – literally full to occupancy limits – and the RPC had to turn potential attendees away. This clearly demonstrates that the RPC has developed a powerful reputation for its leadership in the mental health policy sphere, and as such has become popular with other industry stakeholders. This popularity encouraged the RPC to adopt a new infrastructure that will enable non-affiliate members to become paid members of the Council – an opportunity in which industry stakeholders have expressed great interest.

National webinars also expanded the work and information sharing capabilities of the RPC to affiliates and stakeholders that could not attend meetings in person.

In order to keep momentum moving and to provide another avenue of communication for all participants, the RPC instituted monthly conference calls in lieu of separate post-meeting reports.

The two reports to be released in December 2014 – *“Behavioral Prescription Drug and Services Coverage: A Snapshot of Excellence”* and *“Parity or Disparity: The State of Mental Health in America”* – are very significant accomplishments of the Regional Policy Council. MHA affiliates are already requesting further information and technical assistance on how to use the findings of the reports to advocate for state implementation of the ACA and MHPAEA.

Another major accomplishment of the RPC is that it is helping to create a stronger, unified mental health movement. MHA affiliates now have a forum to better collaborate and ensure that efforts are collectively strategized across states and regions. Larger affiliates have started to mentor and help smaller affiliates grow due to their involvement in the RPC.

For example, our North Dakota affiliate merged with an existing organization with technical assistance from our Montana and Colorado affiliates to become a stronger, more effective organization. Helping under resourced affiliates is part of Mental Health America’s role as a national organization and the RPC has provided MHA with a forum for doing so. We are very pleased with the successes the RPC initiative generates simply by existing.

Mental Health America has a diverse network of affiliates ranging from large organizations with strong policy efforts to smaller organizations that are new to advocacy. One of the greatest challenges the RPC faced in 2014 was ensuring that all affiliates had a voice and that all affiliates had the tools necessary to best promote their policy initiatives. Juggling this diversity of opinions and logistics has led to the development of infrastructure for the RPC moving

forward. This will create a more balanced and fair system for inclusion into the RPC and for providing funding to affiliates to help support their initiatives.

MHA has developed an application process to select new members for inclusion in the Regional Policy Council. This infrastructure also formalizes the responsibility of RPC members, which will enable even more concrete policy work to be done in 2015 and further down the road.

2014 has been a critical first year for the implementation of ACA and MHPAEA on the state level. The research conducted by the RPC enables members to effectively and efficiently monitor and target those states that are exemplary – and those that are not – in implementing these health care reforms.

The reports released in 2014 by the RPC will be used in 2015 for state advocacy. MHA staff will strategize with our affiliates to make this data accessible and to best use it in advocacy efforts. Additionally, the reports will be updated and research will be done on new issues to ensure that policy is being implemented. In the future, the RPC will explore different indicators to create an even richer data set from which members can draw when conducting state advocacy.



## Public Education

### ***Live Your Life Well***

Wellness is paramount to the future of health, and of mental health overall. As a result, MHA's Live Your Life Well program provides hands on tips and tools for creating and maintaining wellness in your life. The heart of the program is the **Live Your Life Well** Website, <http://www.liveyourlifewell.org>, which provides 10 evidence-based tools to bolster mental health.



### ***Complementary & Alternative Medicine***

Wellness takes a number of different forms and paths, and MHA is committed to ensuring that people have all of the information available to make the best decision for themselves. The educational information about alternative medicines is a part of that.

### ***My Plan, My Life***

Being prepared for a potential health crisis is important, giving piece of mind your wishes will be followed in case you can't articulate them. Learn about Psychiatric Advanced Directives, how they are used and how you can make your own.

### ***National Screening Campaign***

Understanding your mental health and learning about where you are in your mental health is key to ensuring you stay mentally healthy. MHA's National Screening Campaign is a push to get every American screened and aware of their mental health.

### ***May Is Mental Health Month***

Since 1951, Mental Health America (MHA) has conducted an annual disease awareness campaign, *May is Mental Health Month*. This public education campaign raises awareness about mental health conditions and strategies for recovery and wellness. With the comorbidity rates for those living with mental health concerns and physical health problems, this campaign is essential to improving not only quality of life, but life expectancy.

In 2014, the campaign reached over 6.9 million people including individuals, MHA affiliates (over 200 affiliates in 43 states), state health departments, government agencies, school districts, hospitals, community mental health centers, faith-based organizations, and businesses. Elements of the campaign included Public Service Announcements (PSAs), print advertisements in magazines, web advertisements, and social media posts on platforms like Facebook and Twitter.

Additionally, a downloadable toolkit was created and made available on MHA's website. This toolkit included sample social media materials and a calendar with daily tips for achieving and maintaining mental health and wellness. Once these toolkits were downloaded, they could be distributed at will.

An even broader reach is anticipated in 2015 due to an increase in the quality of marketing and development of new resource materials. For the 2015 Campaign, MHA anticipates video PSAs, web advertisements, and social media postings once again.

After feedback from last year's initiative, an enhanced toolkit will be produced and distributed. This kit will include fact sheets, a month-long "mental health tips" calendar, posters, graphics and infographics for print and digital materials, and additional sample materials. These sample materials will likely include a press release, opinion pieces, a Mayoral Proclamation for the official declaration of "May is Mental Health Month," and a logic model for affiliates to track their efforts and outcomes.

The components of this toolkit will also be translated into Spanish to broaden our outreach and in response to requests made by respondents who completed a feedback survey in 2014.

### ***Clifford Beers Society***

The legacy of Clifford Beers is one that is not easily forgotten. The author of *A Mind That Found Itself*, Beers was one of the first consumer advocates, and he founded the organization that would eventually become Mental Health America. Mental Health America unveiled the Clifford Beers Society at the 2010 Annual Conference to honor all those who have made substantial contributions to Mental Health America. The society recognizes high level individual and

organizational donors to MHA and its affiliates for the commitment of multi-year, unrestricted financial support. There are four different levels that donors can join, starting with the Bronze Level and going up to the Platinum Level. Donors are recognized nationally by Mental Health America and are encouraged to give a percentage of their donation each year to their local affiliate.

### ***Back to School***

MHA's Back to School and Back to Campus provide students and parents with resources to deal with many of the challenges that come along with a new school year – including stress, homesickness, and substance abuse. Additionally, we are conducting surveys about bullying to understand the perspectives of students and parents.

## **Mental Health Screening**

In April 2014, Mental Health America (MHA) launched a new online initiative offering evidence-based mental health screening tools for individuals interested in learning more about their mental health during prevention and early-intervention stages. By the end of December 2014, more than 200,000 screens were completed. It is anticipated over 300,000 screens will be completed by the first anniversary of the program's launch.

Currently, MHA offers screens for depression, anxiety, bipolar disorder, and post-traumatic stress disorder (PTSD). In the coming year, MHA will add additional screening tools, including one for psychosis.

In analysis of the first 100,000 screens, depression accounted for more than 50 percent and bipolar disorder 21 percent. Of all respondents, 66 percent scored moderate to severe for any of the conditions, and of those, 64 percent had never been diagnosed with any mental health condition.

Optional, voluntary demographic data provided by respondents indicates:

- 74 percent are female, 26 percent are male;
- 68 percent are between ages 18 and 34;
- 45 percent are between ages 18 and 24; and
- 70 percent identify as white non-Hispanic.

Respondents also had the opportunity to provide open-ended comments after completing the screening. The word cloud below demonstrates both the frequency of each word they used and an overwhelming unmet need: **help**.





speakers who have paved the way for the building of inclusive communities through their research, personal commitment, and innovative community programs.



Ensuring people with mental health conditions' voices are heard, MHA hosts a Capitol Hill Day to bring advocates to Congress to meet with the key decision-makers. MHA educates the advocates on how best to reach people with their stories and information. Since 2012, MHA advocates have joined with the National Council for Community Behavioral Health for Hill Day.

## **Consumer Advocacy**

### ***National Consumer Supporter Technical Assistance Center (NCSTAC)***

Consumer-run organizations are a huge asset in the mental health movement. These organizations are vital because the individuals who run it truly understand how to help fellow consumers in a supportive atmosphere. They know first-hand which major advocacy issues need to be addressed. The National Consumer Technical Assistance Center (NCSTAC) coached and strengthened start-up and growing consumer organizations and provider agencies by providing technical assistance in the form of research, informational materials, and training.



### ***Statewide Consumer Network***

In addition to the work with NCSTAC, Mental Health America staff worked with the National Alliance on Mental Illness (NAMI) and Policy Research Inc. (PRI) on a national statewide consumer technical assistance program. MHA uses its century of experience to educate other organizations about mental health conditions. Ensuring they have the skills they need to be successful is a key component to leading the mental health movement. Mental Health America staff provided technical assistance on fundraising, organization management and other important topics.

### ***Navigator Program***

In 2014, Mental Health America educated and enrolled people with mental health conditions in the new Affordable Care Act programs.

# 2014 Financials

	2014			Total	2013 Total
	Unrestricted	Temporarily Restricted	Permanently Restricted		
<b>Support and Revenue</b>					
Nonfederal grants, contracts and contributions	\$ 450,572	\$ 1,620,946	\$ -	\$ 2,071,518	\$ 1,498,192
Federal grants and contracts	1,162,784	-	-	1,162,784	319,673
Affiliates dues	311,181	-	-	311,181	304,432
In-kind contributions	152,559	-	-	152,559	156,432
Investment income	92,447	17,795	-	110,242	215,256
Rental income	108,708	-	-	108,708	94,562
Combined federal campaign	38,622	-	-	38,622	46,986
Conference	36,075	-	-	36,075	62,616
Sales	21,026	-	-	21,026	26,529
Net assets released from restrictions	1,352,144	(1,352,144)	-	-	-
<b>Total support and revenue</b>	<b>3,726,118</b>	<b>286,597</b>	<b>-</b>	<b>4,012,715</b>	<b>2,724,678</b>
<b>Expenses</b>					
Program services:					
Constituency services	1,067,551	-	-	1,067,551	1,045,264
Advocacy	787,752	-	-	787,752	1,005,183
Education	831,537	-	-	831,537	804,431
Research	139,531	-	-	139,531	198,032
<b>Total program services</b>	<b>2,826,371</b>	<b>-</b>	<b>-</b>	<b>2,826,371</b>	<b>3,052,910</b>
Supporting services:					
Management and general	386,462	-	-	386,462	431,973
Fundraising	362,945	-	-	362,945	604,238
<b>Total expenses</b>	<b>3,575,778</b>	<b>-</b>	<b>-</b>	<b>3,575,778</b>	<b>4,089,121</b>
<b>Change in net assets</b>	<b>150,340</b>	<b>286,597</b>	<b>-</b>	<b>436,937</b>	<b>(1,364,443)</b>
<b>Net Assets</b>					
Beginning	1,644,596	1,081,814	288,971	3,015,381	4,379,824
Ending	\$ 1,794,936	\$ 1,368,411	\$ 288,971	\$ 3,452,318	\$ 3,015,381

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