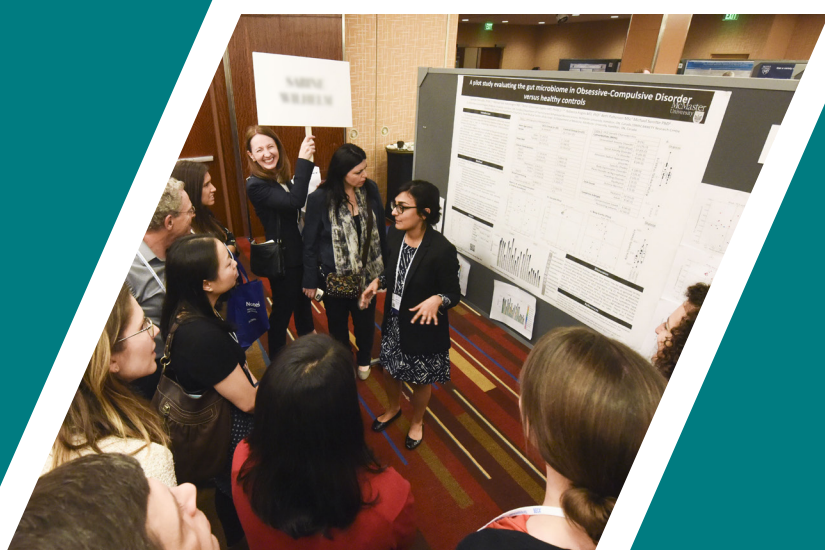




**ANXIETY AND DEPRESSION
ASSOCIATION OF AMERICA**

2018 IMPACT REPORT



WHO WE ARE



ADAA's mission focuses on improving the quality of life for those with anxiety, depression, OCD, PTSD, and co-occurring disorders through education, practice, and research. ADAA provides education through blog posts, webinars, podcasts, videos, articles, and more – helping people find treatment, resources, and support. More than 29 million people visit ADAA's website each year – from all across the globe.

ADAA is about people. Our passion is helping people understand the disorders, find treatment, and recover. We educate people about all scientifically supported treatments so they can make informed decisions to best meet their individual needs. We support professionals who provide treatment and those who conduct research. We invest in the future by encouraging students and trainees.

ADAA is unique. Our commitment to diversity and inclusivity brings together clinicians and researchers with diverse backgrounds in medicine, psychology, social work, counseling, nursing, neuroscience, genetics, epidemiology, and other disciplines to advance science and treatment. We engage those who suffer from these disorders to work together toward our goals.

ADAA is evolving. We started more than three decades ago as The Phobia Society of America. We have incorporated scientific knowledge and understanding. We have expanded to include anxiety and mood disorders, OCD, and PTSD. We have adapted to challenges in economics, business, leadership, and the digital world.

ADAA supports public health. We lead the way by improving the lives of millions of children and adults and promoting professional and public awareness of anxiety, depression, and co-occurring disorders.

ADAA encourages the advancement of scientific knowledge. We work with our mental health professional member base and the broader scientific community.

ADAA links people who need

treatment. We connect people with the health care professionals who provide treatment and help develop self-help skills.

ADAA works to reduce the stigma.

Through outreach, education, and engagement programs, we help reduce the stigma surrounding anxiety, depression, OCD, PTSD and co-occurring disorders.

These commitments drive ADAA's promise to find new treatments and one day prevent and cure these disorders.

“ADAA serves a critical function in advancing the field of anxiety and depression by providing a unique forum for the exchange of ideas between researchers and clinicians. This rich interchange serves to stimulate both the advance of research as well as the integration of cutting edge science into the care of our patients.”

– Mark. H. Pollack, MD



A NOTE FROM ADAA'S BOARD PRESIDENT



“I know firsthand how invaluable it is to belong to such a cutting-edge mental health association.”

As a proud member of ADAA since 2004, I know firsthand how invaluable it is to belong to such a cutting-edge mental health association. From networking with one's peers, to collaborating and sharing research and treatment advances, to innovative continuing education opportunities, to the ability to share one's expertise directly with those who are struggling with anxiety and depression, ADAA is truly my professional "home" and has contributed greatly to my professional development. For almost 40 years, ADAA has been committed to growing and enhancing all of our membership categories. Over the next few years, we are particularly focused on attracting more MDs to our growing community. We are also reaching out to more nurse practitioners as they provide critical mental health work within the primary care space. In fact, ADAA's professional education committee is particularly excited about enhancing our continuing education offerings for nurse practitioners as they are often those providing first-line treatment.

ADAA takes great pride in our many partnerships with like-minded professional and public organizations and will continue to develop collaborative initiatives with new partners to ensure that everyone in the mental health community is aware of new evidence-based practices in the anxiety and mood disorder space. And as suicides continue to rise at increasingly alarming rates, ADAA is strongly reasserting our commitment to focus on new research, improve treatments and continue our collaborative work with partners like NAMI, AFSP and Anxiety.org to #breakthestigma and find a solution to this global health issue.

– **Beth Salcedo, MD**

A NOTE FROM ADAA'S EXECUTIVE DIRECTOR

I am extremely honored to be at the helm of such an innovative and mission-driven organization. Over the last few years we have launched new programs and initiatives, collaborated with new partners and greatly enhanced our outreach and impact. I have the privilege of working with a visionary and committed board of directors and a wonderful staff who value ADAA's interlinked consumer and professional mission and who are dedicated to the prevention, treatment, and cure of anxiety, depression and co-occurring disorders. Together with our more than 1,800 multidisciplinary international members, ADAA is at the forefront of cutting edge research and new evidence-based treatment options. I am forever grateful to the many ADAA members who share their expertise and knowledge with the public on a volunteer basis.

Our members spend countless hours per month writing blog posts, hosting webinars and podcasts, and sharing their knowledge with the media to ensure that evidence-based information is available free of charge to the public. I am also most grateful for the ongoing support we receive from our generous sponsors and partners. Their support ensures the continuity of our critical mission. Together we are committed to improving the quality of life for individuals and families struggling with anxiety and depression. Together we are raising awareness, providing educational resources to millions each year and successfully working towards ending the stigma associated with mental illness. I'm excited for what the next year will bring and to furthering ADAA's critical mission.

– Susan Gurley, JD



“I am forever grateful to the many ADAA members who share their expertise and knowledge with the public on a volunteer basis.”

ADAA BOARD OF DIRECTORS

ADAA's Board of Directors oversee the long-term strategic plan for ADAA, enabling the organization to advance its mission, vision, and strategic objectives. The Board of Directors actively helps guide, support, and oversee ADAA's activities—setting long-term goals and priorities for the Association and monitors ADAA's strategic direction, fiscal health as well as its financial, administrative, and personnel policies. ADAA's Board of Directors is comprised of distinguished researchers, clinicians, and psychiatrists from across the United States and Canada who contribute a broad range of experience in patient care, academics, and research.

ADAA could not serve the public and mental health professional community without the dedication and commitment of these volunteers, many of whom have demanding full-time careers outside of the work they do for ADAA.



Beth Salcedo, MD
President
The Ross Center for Anxiety & Related Disorders



Luana Marques, PhD
President-Elect
Harvard Medical School
and Massachusetts General Hospital



Risa B. Weisberg, PhD
Treasurer
VA Boston Healthcare System,
Boston University School of
Medicine



Cindy J. Aaronson, MSW, PhD
Secretary
Mount Sinai School of Medicine

“ I have been a member of ADAA since my career began, and I couldn't be more proud. The organization is dynamic, multidisciplinary, and innovative, and it just keeps getting better. ”

– Douglas Mennin, PhD

“ ADAA offers my staff and my patients the best resource for anxiety and depression. Where else can my staff learn so much in a multidisciplinary setting that reflects their real world professional community, while at the same time their patients have free access to support communities, curated research and live interaction with the experts through webinars and seminars? ”

– Karen Cassidy, PhD



Paul Holtzheimer, MD
Dartmouth-Hitchcock Medical Center, White River Junction VA Medical Center



Vasiliki Michopoulos, PhD
Emory University School of Medicine



Charles Nemeroff, MD, PhD
Professor of Psychiatry
Institute for Early Life Adversity Research, Dell Medical School



Scott Rauch, MD
Harvard Medical School



Sheila Rauch, PhD
Emory University School of Medicine
Atlanta VA Medical Center



Helen Blair Simpson, MD, PhD
Columbia University Medical Center/New York State Psychiatric Institute



Michael Van Ameringen, MD
McMaster University



Murray Stein, MD, MPH
ex officio
University of California, San Diego



Douglas Mennin, PhD
ex officio
Columbia University

PAST BOARD PRESIDENTS



Karen Cassidy, PhD
The Anxiety Treatment Center



Mark H. Pollack, MD
Rush University Medical Center



Terrence M. Keane, PhD
VA Boston Healthcare System



Jerrold F. Rosenbaum, MD
Massachusetts General Hospital

LEADERSHIP COUNCIL

Terence M. Keane, PhD – Chair
Anne Marie Albano, PhD
Jerrold Rosenbaum, MD
Barbara Rothbaum, PhD
Simon Rego, PsyD
Martin Seif, PhD
Murray Stein, MD
Myrna Weissman, PhD
Reid Wilson, PhD
Sally Winston, PsyD

HONORARY BOARD MEMBER

Michael Gleason

IN MEMORIAM

Alies Muskin
Executive Director
Jerilyn Ross
Co-Founder and President

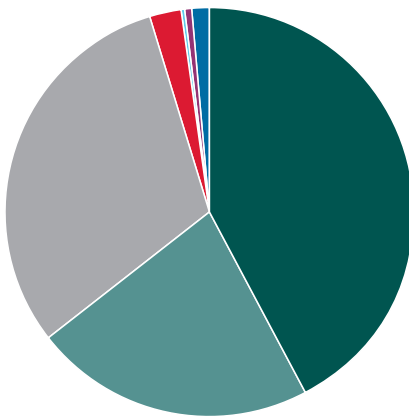
ADAA STAFF

Susan K. Gurley
Executive Director
Lise Bram
Deputy Executive Director
Barbara Kamholz
Senior Advisor, Professional Education
Astrid Masfar
Senior Education and Outreach Coordinator
Gabriella Oved
Senior Event and Business Development Coordinator
Keshia Patel
Senior Marketing and Communications Coordinator
Lisa Patterson
Membership Director

ADAA BY THE NUMBERS

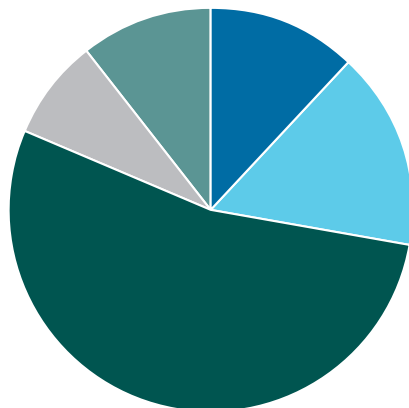
ADAA is pleased to report that the “financial state of our union” is strong and poised for future growth. With deep appreciation, we acknowledge the commitment and dedication of ADAA leadership, staff and donors for their commitment, guidance, and support. Over the last two years, ADAA has seen significant growth in both its professional education programming and its public outreach and engagement. ADAA is focused on sustaining and building upon our current financial stability to ensure that we continue to meet all the needs of our professional community and the millions of consumers who turn to us every year for resources and support.

With the continued volunteer contribution of our professional membership base, ADAA is able to provide a broad range of free, evidence-based educational resources. Our work makes a critical difference by helping many diverse communities throughout the United States and across the globe find the treatment information and resources they need. In addition, through the generosity of our donors, ADAA has witnessed a 50% growth in contributions over the last two years, allowing us to pilot new consumer focused programs and to focus staff time on developing innovative professional programming as well as consumer outreach and engagement opportunities.



2017 Revenue

Conference Revenue	\$648,131
Membership Dues	\$337,004
Contributions	\$472,228
Grant Revenue	\$34,800
Publications Sales	\$7,931
Interest and dividends	\$4,603
Other income	\$21,374
TOTAL REVENUE	\$1,526,071



2017 Expenses

Membership	\$122,500
Public Outreach	\$145,949
Conference and other professional education	\$783,594
Fundraising	\$83,702
General and Administrative	\$115,273
TOTAL EXPENSES	\$1,251,018

ADAA'S ORGANIZATIONAL REACH

CONSUMERS



English and Spanish
free anonymous online
peer-to-peer support
groups

20,000+ Members

PROFESSIONALS

Annual
conference



**1,400 Attendees
and 500 speakers**

TRIUMPH

online consumer
newsletter

**30,000
subscribers**



INSIGHTS

online
professional
newsletter

**10,000+
professionals**



**200+
viewers
a month**

free monthly
webinars by
ADAA
members

DEPRESSION AND ANXIETY JOURNAL

impact factor of
5.043



100+ blog posts

written by
ADAA members



Monthly Blog Posts

by ADAA members
focusing on practice
and research

FIND-A- THERAPIST



search tool with
**900+ ADAA
Members**

providing therapy
both in office and
online

**70+
webinars**



**75+
podcasts**



CE offerings
from experts on
a wide variety of
subjects

SOCIAL MEDIA



2-3 daily
posts

**37,000
likes**



2-3 daily
tweets

**14,000
followers**



group

**5,000+
members**



videos
posted
weekly

**1,125
subscribers**

PROFESSIONAL MEMBERSHIP



ADAA is the only multidisciplinary professional organization in mental health that engages the world's leading experts who focus on anxiety, depressive, obsessive-compulsive, and trauma-related disorders. ADAA promotes scientific innovation and engages a diverse network of clinicians and basic and clinical anxiety and depression researchers with diverse backgrounds in medicine, psychology, social work, counseling, nursing, neuroscience, genetics, epidemiology, and other disciplines to advance science and new treatments.

ADAA's more than 1,800 professional [members](#) strive to improve patient care by promoting implementation of evidence-based treatments and best practices across disciplines through trainings, continuing education, and accelerating dissemination of research into practice.

COLLABORATE & NETWORK

- Join a Special Interest Group or Committee
- Post and share on the online members' only community
- Participate in monthly peer consultations

LEARN & MENTOR

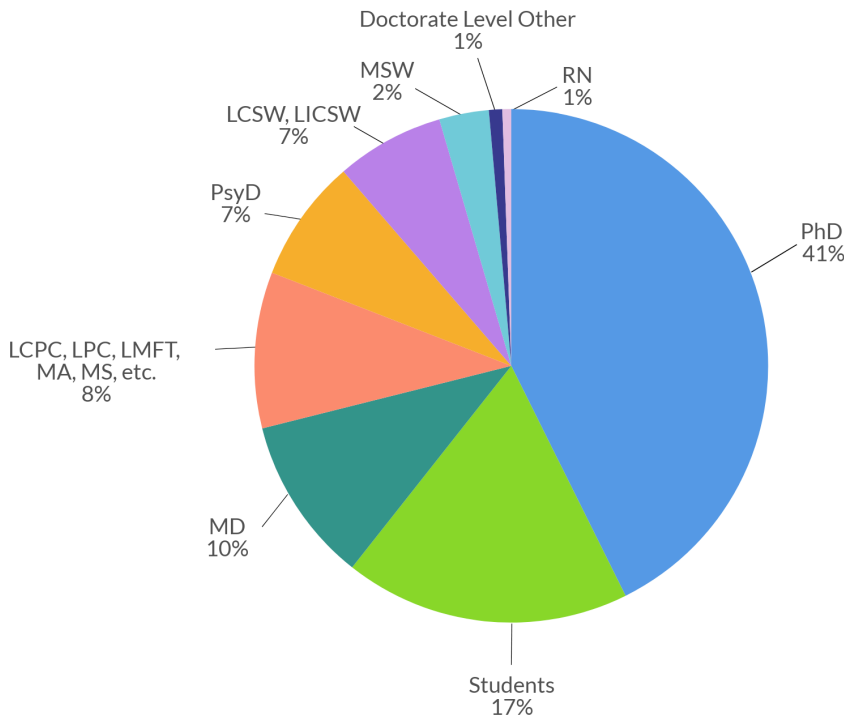
- Earn CEs/CMEs
- Attend live webinars, watch on-demand webinars and listen to audio-recordings
- Subscribe to the *Depression and Anxiety* journal
- Attend the annual conference
- Mentor early career professionals

PROMOTE & ENHANCE

- Share your research and clinical trials
- List your practice on Find-a-Therapist
- Post new publications and media placements

SUPPORT & HOST

- Support ADAA's mission through your annual dues
- Share your expertise – create content for the ADAA website, newsletters and social media
- Host free professional or consumer focused webinars and podcasts
- Write professional or consumer focused blog posts



“ADAA provides a forum for me to discuss complex issues with professionals from all disciplines and get feedback from peers I know are all experts in the field.”

– Lynne Siqueland, PhD

MEMBERS IN THE NEWS

Many of ADAA's more than 1,800 professional members are interviewed or featured in newspaper, magazine and online news channels both nationally and internationally. ADAA lists all members who appear in the news on the ADAA [website](#) and shares their articles/publications through our social media platforms, consumer, and professional e-newsletters.



PROFESSIONAL EDUCATION

ADAA promotes scientific innovation and engages a diverse network of clinicians and basic and clinical anxiety and depression researchers with diverse backgrounds in medicine, psychology, social work, counseling, nursing, neuroscience, genetics, epidemiology, and other disciplines to advance science and new treatments.

ADAA's [Continuing Education Programming](#) strives to improve patient care and accelerate dissemination of research into practice by promoting the implementation of evidence-based treatments and best practices across disciplines through a cohesive year-round learning experience for multi-disciplinary practice and research-based mental health professionals. These educational programs, hosted and lead by international experts, provide an opportunity for professional development while also offering CE credits.

Educational programming includes workshops/sessions from ADAA's annual conference, bi-monthly professional [webinars](#), online thematic professional peer consultation groups, clinical fellow opportunities, podcasts, [blog posts](#), and complementary educational offerings hosted by partner organizations.

Clinical Fellows Program

The goal of the [Clinical Fellows Program](#) is to advance ADAA's mission of improving patient outcomes through education and training of clinicians from all disciplines. It offers participants an exclusive opportunity to further their clinical training in anxiety, depression, and co-occurring disorders through participation in continuing education at the annual conference, and online through webinars and group consultation. A certificate signifies a specialization in anxiety and depression and a dedication to continued education through ADAA's professional education programs.



ADAA also offers Professional Education Webinars and blog posts on a variety of clinical and research topics.

“ The information reinforced and clarified concepts that I am already familiar with. The way the information was presented will make it easier to explain the concepts to patients and guide my treatment planning. ”

– Shari Carpman, MA, LPC

PROFESSIONAL PUBLICATIONS



Depression and Anxiety Journal

ADAA’s official online [journal](#) welcomes original research and synthetic review articles covering neurobiology (genetics and neuroimaging), epidemiology, experimental psychopathology, and treatment (psychotherapeutic and pharmacologic) aspects of mood and anxiety disorders, and related phenomena in humans.

Per the ISI Journal Citation Reports Rankings for 2017, the Depression and Anxiety impact factor is 5.043. The journal ranks 19 of 142 in psychiatry journals; 8 of 77 in psychology journals; 5 of 121 for psychology clinical journals, and 15 of 139 for psychiatry social science journals. Google Scholar psychiatry journal ranking (spring 2017) ranked *Depression and Anxiety* #19 of 20.

“Our journal’s increased impact factor reflects our commitment to publish the best clinical and translational science we can attract. As the scope and quality of research into the etiology and treatment of depression and anxiety continues to increase, we expect *Depression and Anxiety* to reflect those advances.”

– Murray B. Stein, MD, MPH, Editor-in-Chief

Insights

[Insights on Anxiety and Depression](#)

is ADAA’s free bi-weekly e-newsletter brief for members and the professional community

delivering current relevant research and program news about anxiety and depression from respected journals and media outlets. It is delivered to more than 10,000 anxiety and depression scientists, clinicians and researchers to keep professionals informed of topics that impact their work.



ADAA ANNUAL CONFERENCE

The ADAA [annual conference](#) brings together more than 1,400 clinicians and researchers from across the US and around the world who want to improve treatments and find cures for anxiety, depression, and co-occurring disorders. Attendees choose from 150+ sessions, hear engaging plenary speakers, learn about cutting-edge thinking in research and clinical practice, and earn CEs and CMEs. Participants find their professional home, leave more connected to their peers and better able to integrate research, practice, and community.



“As the saying goes, ‘iron sharpens iron.’ This is how I feel by the time I leave: sharper! The ADAA conference provides so many opportunities for meaningful conversations. During registration, I got into an extended conversation with someone I didn’t know before. I had the chance to discuss it with them in a casual, but professional, environment.”

– L. Kevin Chapman, PhD, HSPP, Licensed Clinical Psychologist



“ADAA's focus on evidence based practice permeates the entire program. Prioritizing science *and* practice across all mental health disciplines is the hallmark of ADAA and separates it from so many other professional organizations. Our annual meetings highlight interdisciplinary practice that works to alleviate mood and anxiety disorders. It's a gratifying program year after year.”

– Terrence M. Keane, PhD

“ADAA is a fantastic forum to connect with clinicians and leaders in mental health to discuss our work and identify opportunities for collaboration in the future.”

– Rogers Behavioral Health,
ADAA Corporate Sponsor

“ADAA holds the only meeting of its kind, with a wealth of leaders in the research community and across the clinical spectrum. This is the meeting that I most look forward to, and we always have a terrific time!”

– Kerry Ressler, MD, PhD

“The conference has a strong mix of clinical and research presentations, and I appreciate the ability (as a clinical neuroscientist) to engage with folks doing primarily clinical work. I also enjoy mentoring and contributing to the educational opportunities.”

– Paul E. Holtzheimer, MD

ADAA AWARDS PROGRAMS

Promoting careers and professional development is a central focus of ADAA. Since 1998, the ADAA [awards program](#) has provided more than one million dollars to 400+ aspiring professionals and given them access to a professional home, unique pairings with senior mentors from our membership, and complimentary registration to ADAA's annual conferences.

Alies Muskin Career Development Leadership Award Program (CDLP)

The [CDLP](#) is an intensive mentoring and professional development opportunity for early career clinicians and researchers. This interactive learning experience challenges thinking and encourages creative discourse about anxiety, depression, and co-occurring disorders in a diverse, multidisciplinary community of professionals involved in practice and research. **The CDLP's focus is to offer an environment where ADAA's next generation of leaders can flourish.**



“It was an honor to be selected as a CDLP participant. The advice and feedback from the senior mentors was extremely useful and helped to shape my research and career interests. It was also a great opportunity to engage with a multidisciplinary, diverse group of like minded individuals. Since my participation in CDLP, I continue to be highly involved with ADAA and have secured a wonderful position which allows me to combine my research and clinical interests.”

– Krystal M. Lewis, PhD

Donald F. Klein Award

The [Donald F. Klein Early Investigator award](#) is given annually to an early career investigator for the best original research paper on neurobiology, psychopharmacology, psychosocial treatments, or experimental psychopathology of anxiety disorders and depression.



“I am very thankful to ADAA for receiving the Donald F. Klein Early Career Investigator Award and being selected to participate in the CDLP program at the ADAA annual meeting in 2017. These opportunities allowed me to consult and network with renowned leaders in the field, and to receive invaluable feedback regarding my program of research from scientists who shared similar interests. It is a great opportunity for both clinician and research-track trainees, and I highly recommend applying for these awards and attending the meeting!”

– Katie Burkhouse, PhD

Member Recognition Awards

Recognizes member participation and commitment to the association and to the community.

Member of Distinction Award

Recognizes a mid-career or senior clinician or researcher who advances the mission of ADAA through significant service and commitment to the organization and its membership.



Jerilyn Ross Clinician Advocate Award

To honor the memory and lifework of Jerilyn Ross, ADAA’s co-founder and president from 1985 to 2010. This award acknowledges a professional who exemplifies excellence and outstanding advocacy for patient education, care, training, and research.



ADAA COMMITTEES

Engaging members in our work is an essential element for sustaining and positioning ADAA for ongoing success. ADAA offers its members the opportunity to participate in a [number of committees](#) defined by the ADAA Board of Directors. They include:

Annual Conference Committee

Members who have attended at least one ADAA conference and are willing to recruit broadly, organize content, and increase attendance are invited to participate in the committee. Committee members review submissions, make final selections for high-quality educational content, and organize special sessions. Subcommittees include Practice, Research, Posters, Master Clinicians, Career Development, and Depression.

CDLP Committee

The Alies Muskin Career Development Leadership Award Program (CDLP) is an intensive mentoring and professional development opportunity for early career clinicians and researchers that is offered at ADAA's Annual Conference. The committee focuses on reviewing application submissions, assisting with outreach, and creating the formal CDLP programming.

Membership Committee

The purpose of this committee is to build and promote ADAA membership, as well as increase retention of current members. The committee strategizes on developing new recruitment materials and outreach plans to promote the value of ADAA membership. Committee members participate in conference activities and cultivate member engagement throughout the year.

Professional Education Committee

The Professional Education Committee (PrEC) promotes the investigation and implementation of empirically supported treatments and best practices across disciplines and career levels through the development of a cohesive ADAA professional education program for multi-multidisciplinary professionals. The PrEC is charged with oversight of all ADAA professional education offerings including ADAA webinars. The Committee also oversees the Clinical Fellows program which offers participants an exclusive learning opportunity to further their clinical training in anxiety, depression, and related disorders by participating in ADAA continuing education opportunities with the goal of providing quality patient care.

Public Education Committee

The focus of the Public Education Committee (PEC) is to improve and expand public education and outreach about anxiety, depression and co-occurring disorders through webinars, blog posts, social media outreach, and other collaborative educational projects. The PEC is always looking for new and innovative ways to disseminate high quality information to mental health consumers and values fresh ideas and trying out new communication strategies.

Scientific Council



ADAA's [Scientific Council](#) (SC) is comprised of mid- and senior-level

basic and clinical researchers committed to the organization. The SC contributes scientific expertise and mentorship, actively grows membership and encourages participation among colleagues, students and fellows, and volunteers to participate in projects that maintain ADAA's leading edge in research, dissemination, and treatment. The SC is integral to ADAA's annual conference's cutting-edge scientific research focus.



“One of the key reasons that I was keen to devote energy and time for ADAA was not just my interest in anxiety disorders and depression but that it was one of the few organizations that reflected the values of my home department, a place for clinician investigators, both psychologists and psychiatrists, to collaborate and partner on understanding and treating these often disabling and painful conditions.”

— Jerrold F. Rosenbaum, MD

SPECIAL INTEREST GROUPS



Special Interest Groups (SIGs) are a vibrant forum for ADAA members with a common interest, such as a particular disorder, treatment, or population.

SIGs encourage education, research, mentoring, and networking.

Meetings

SIGs meet virtually and in person at the annual conference. SIG members propose conference symposia and workshops, topics for public or professional education webinars, and web content. Program suggestions must be approved by ADAA committees (e.g. Professional Education, Conference, or Public Education).

Peer Consultations

SIGs can hold free monthly online peer consultation groups to provide a safe and confidential forum for members to discuss cases, collaborate, and share resources.

Current Special Interest Groups:

- *Child and Adolescent*
- *Early Career Professionals and Students*
- *Genetics and Neuroscience*
- *Integrative and Wellness Medicine*
- *Multicultural Advances*
- *OCD and Related Disorders*
- *PTSD*
- *Selective Mutism*
- *Social Anxiety*
- *Women's Mental Health*



ADAA'S PARTNERS

No one can do it alone. That is why we partner with like-minded national and international nonprofits, companies and mental health organizations that support ADAA's mission. Together we are stronger. Together we change lives.

Thank you to our many partners (for a full list [click here](#))

- American Brain Coalition
- American Foundation for Suicide Prevention
- Anxiety.org
- Anxiety UK
- Bring Change to Mind
- Child Mind Institute
- FacingAddiction
- Human Animal Bond Research Institute (HABRI)
- HealthUnlocked
- Hope and Grace Initiative
- Jed Foundation
- Massachusetts General Hospital Psychiatry Academy
- Mental Health America
- Mental Health Liaison Group
- Mental Health Innovation Network (MHIN)
- Meru Health
- NAMI
- National Center for PTSD
- National Eating Disorders Association
- National Hispanic Medical Association after National Eating Disorders
- NIMH Alliance for Research Progress
- National Network for Depression Centers
- PCORI (Patient-Centered Outcomes Research Institute)
- Postpartum Support International (PSI)
- PsyberGuide
- The Quell Foundation
- ResearchMatch.org
- SAMHSA Voice Awards
- Save.org
- Thero.org
- TeenzTalk.org
- Tonic.com
- The Mighty
- Wiley



PERSONAL STORIES OF TRIUMPH

ADAA receives numerous [personal stories of triumph](#) every year from our public community. These stories share how people living with anxiety, depression, obsessive-compulsive, and trauma-related disorders have struggled, coped, and triumphed. They inspire readers to learn about what helped them find hope and recovery.

“ Seeking help was not a sign of weakness; it was a sign of strength. I was courageous! This realization made it possible for me to pursue my dreams. As Mrs. San Francisco International and a contender for Mrs. California International, I want to share my story. No one should feel that they have to struggle alone. A courageous decision to utilize resources, such as those offered by the ADAA, can change your life like it changed mine. ”

– Emily Bai, *Personal Story of Triumph*



TAKING ACTION, MAKING A DIFFERENCE

Every donor is special. Every reason someone donates to ADAA is unique. We are very grateful for the many ways that donors choose to support us. We are also so thankful for those in our ADAA community who [raise awareness](#) about mental health issues and work with us to #breakthestigma. Here are just two examples of the dozens of fundraising and awareness campaigns, projects and stories ADAA received in 2017.



D.R.E.A.M. (Dreams Rule Everything Around Me)

Here at D.R.E.A.M., our mission is to help all those who suffer from addiction, depression, and anxiety so they have a reason to continue to fight. A portion of our sales are donated to ADAA, an organization that is helping in the fight against depression, addiction, and anxiety-related disorders. We chose to work with ADAA because of their focus on the scientific knowledge about causes and treatments of anxiety, depression, and other mental health disorders. We feel that ADAA's efforts align closest with our goals and together we believe we can assist to create a more anxiety free world.

– Sammy Sucu, December 2017

Laundry Should be the Only Thing Separated by Color

We are 6th graders from Orchard Hills Middle School in Irvine, California. Our names are Katie Vu, Jacey Hwang, Gia Patel and Ally Wong. Recently our CORE class has been involved in service learning, where we learn by helping others. We choose ADAA as a beneficiary of our fundraising efforts because we recently learned about the Holocaust and heard a few survivors speak. This taught us what the horrors of discrimination and exclusion can do to people, which can cause them to be permanently scarred and depressed. So far, we have had over 80 orders and have had a blast making the tie-dye t-shirts. Our shirts sell for \$7 each for the standard three colors in a spiral with our logo in the top right corner. Inside the logo we have ADAA and our motto, "Laundry should be the only thing separated by color." We believe that our shirts will remind everyone who wears them to be kind to everyone and not act differently to them just because they are a different race or religion. Our group would like to make a difference and change the world.

– August 2017



PUBLIC ENGAGEMENT



Find-a-Therapist: free online search tool

The 900+ licensed mental health providers listed in this [directory](#) specialize in anxiety, depression, OCD, PTSD, and related disorders and are all professional members of ADAA who have chosen to be included in the database.

The database can be searched by geographic location or by disorder.



Free webinars, podcasts and blog posts

ADAA offers [free webinars](#), [podcasts](#), and [blog posts](#) hosted and written by ADAA professional members to address some of the most frequently asked questions about psychological and pharmacological treatment of anxiety, depression, and co-occurring disorders for adults as well as children.

29 MILLION



**ANNUAL VISITORS
TO ADAA WEBSITE
[ADAA.ORG](#)**



ADAA's peer-to-peer support communities

ADAA's anonymous peer-to-peer online anxiety and depression support group (now with more than 20,000 [subscribers](#) from around the world) is a friendly, safe and supportive place for individuals and their families to share information and experiences. As a member you can connect with other people experiencing anxiety, depression and co-occurring disorders, contribute to ongoing conversations or start your own conversation with a question or a post about your journey. ADAA also launched an online Spanish support community in late 2017.



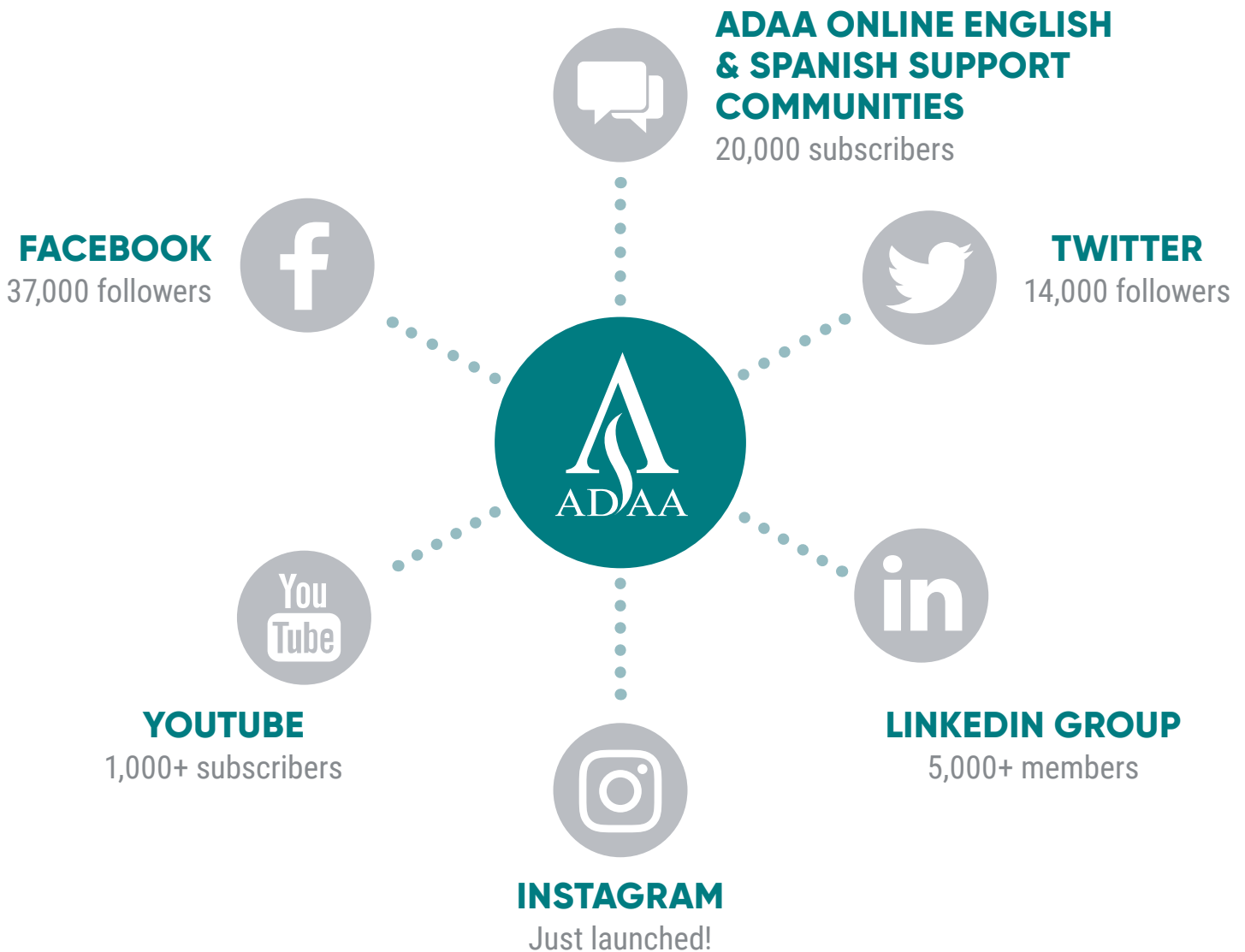
Triumphs and She Triumphs e-newsletters

[Triumph](#) is a free monthly e-newsletter for people interested in learning about anxiety, depression, OCD, PTSD, and co-occurring disorders in order to make informed choices about getting help. Now with more than 30,000 national and international subscribers, readers learn, find helpful resources, and more. Learn about the illnesses, find resources, discover relevant events, and find out how ADAA can help you and your loved ones.

[She Triumphs](#), a free bi-monthly e-newsletter supported by a grant from the Hope and Grace Fund, was launched in early 2018 and features resources for girls/women struggling with anxiety, depression, and co-occurring disorders.

BUILDING SOCIAL NETWORKS

ADAA has a vibrant and active social media presence on Twitter, Facebook, LinkedIn, YouTube, and Instagram that engages both the consumer and professional communities. ADAA shares a wide variety of content including personal stories of triumph, awareness raising campaigns, current news articles and research, upcoming events and programs, and much more.





MENTAL HEALTH AND COLLEGE STUDENTS

College students can easily feel anxious trying to balance school, work, friends and family while also trying to figure out the rest of their lives.

Anxiety disorders are one of the most common mental health problems on college campuses.




FORTY MILLION U.S. adults suffer from an anxiety disorder and 75 percent of them experience their first episode of anxiety by the age of 22.

30% of college students reported that stress had negatively affected their academic performance.¹

85% of college students reported they had felt overwhelmed by everything they had to do at some point within the past year.

41.6% stated anxiety as the top presenting concern among college students.²

24.5% of college students reported they were taking psychotropic medication.²

FIND HELP


Most college and university campuses have mental health resources available for students.

ON-CAMPUS


- Visit your campus health or counseling center and ask about their counseling services.
- Call the psychology or behavioral health department and ask about counseling sessions with graduate students.
- Visit your school's chaplain, religious or spiritual leader.
- Confide in a friend, RA, professor or mentor. Ask him or her to go with you to seek professional help.

OFF-CAMPUS

- Visit your family physician, who may be able to treat you or refer you to a professional who specializes in the specific disorder.
- Confide in a parent or relative. Ask him or her to support your efforts in finding help.
- Search the ADAA "Find a Therapist" database for a mental health professional in your area.
- Find a local support group. Many counseling centers, hospitals, community centers, and places of worship run or host support groups.



SCHOOL REFUSAL



School refusal describes the disorder of a child who refuses to go to school on a regular basis or has problems staying in school. This evaluation will reveal the reasons behind the school refusal and can help determine what kind of treatment will be best. Your child's pediatrician should be able to recommend a mental health professional in your area who works with children.

*"The most important thing a parent can do is obtain a comprehensive evaluation from a mental health professional."**

WHAT PARENTS CAN DO:

Expose children to school in small degrees, increasing exposure slowly over time. Eventually this will help them realize there is nothing to fear and that nothing bad will happen.

Try self-help methods with your child. In addition to a therapist's recommendations, a good self-help book will provide relaxation techniques. Be open to new ideas so that your child is, too.

Talk with your child about feelings and fears, which helps reduce them.

Meet with the school counselor for extra support and direction.

Arrange an informal meeting with your child's teacher away from the classroom.

Encourage hobbies and interests. Fun is relaxation, and hobbies are good distractions that help build self-confidence.

Emphasize the positive aspects of going to school: being with friends, learning a favorite subject, and playing at recess.

Help your child establish a support system. A variety of people should be in your child's life—other children as well as family members or teachers who are willing to talk with your child should the occasion arise.

“ADAA works hard to educate the public about their latest research and treatment options. When surfing through their pages, I loved how they provide free resources to the public including webinars, podcasts, blog posts, an online peer-to-peer support group, a ‘find a therapist’ directory and a monthly e-newsletter.”


– Eugene Figueroa, Personal Story of Triumph

“If you look around and think you’re alone, you’re not. I am your community. ADAA is your community. The people who have written their personal stories of triumph are your community. If you can find the courage to admit that you are struggling, the people will manifest before you to support you.”

– Stephanie Cardamone, Personal Story of Triumph

WOMEN & ANXIETY, DEPRESSION, AND CO-OCCURRING DISORDERS

Anxiety disorders affect women and men differently. Researchers are only now understanding the different biological and psychosocial factors that may impact the mental health treatment of women and men.



Some Common Assumptions People Make...

"Maybe it's just your period?"
"You're being too sensitive. It's all in your head!"
"Maybe you're pregnant?"
"You're just stressed out!"
"You just need to slow down. You don't need to be superwoman."

THE REALITY: DIFFERENCES IN BRAIN CHEMISTRY

The brain system involved in the **fight-or-flight** response is activated **more readily in women** and stays activated **longer** than men, partly as a result of the action of estrogen and progesterone.

ANXIETY

What is General Anxiety Disorder (GAD)?
Generalized anxiety disorder (GAD) is a common anxiety disorder that involves chronic worrying, nervousness, and tension.

Women are more than **twice** as likely as men to develop an **ANXIETY DISORDER**.


From puberty to age 50 women are **2x more likely** than men to have an anxiety disorder.

DEPRESSION

What is Depression?
Depression is a common but serious mood disorder. It causes severe symptoms that affect how you feel, think, and handle daily activities, such as sleeping, eating, or working.

1 in 8 women experience DEPRESSION in their lifetime, twice the rate as men.

DID YOU KNOW?

POSTPARTUM DISORDERS	POSTPARTUM DEPRESSION	POSTPARTUM OCD	POSTPARTUM ANXIETY
	13% of women may experience the condition between a week and a month after delivery.	3-5% of new mothers will experience symptoms of postpartum obsessive compulsive disorder.	9% of women experience postpartum post-traumatic stress disorder following child birth.


EATING DISORDERS

Eating disorders affect both genders, although rates among **women and girls** are **2½ times greater** than among men and boys.

1 in 5 women experience an eating disorder

You can triumph over anxiety and depression! There are many treatment options available for women of all ages. Contact your primary care or mental health provider to further discuss symptoms, diagnosis, and treatment.

Find more information and resources at: www.adaa.org



ANXIETY AND DEPRESSION ASSOCIATION OF AMERICA

Suicide Prevention

HOW TO HELP SOMEONE WHO IS SUICIDAL

KNOW THE WARNING SIGNS:

- 1 Talking about wanting to die or to kill oneself
- 2 Looking for a way to kill oneself (online or in person)
- 3 Feeling hopeless or having no purpose
- 3 Drug and/or alcohol abuse
- 2 Sleeping too little or too much
- 2 Acting anxious, agitated, or reckless
- 2 Showing rage or talking about seeking revenge

ASK QUESTIONS:

"Do you ever think about suicide?"
"Do you have a plan to hurt or kill yourself?"
"Have you attempted suicide before?"
"Have you thought about when you would do it (today, tomorrow, next week)?"
"Have you thought about what method you would use?"
"Are you seeing your doctor or mental health professional regularly and often?"

Do's

- ✓ Let the person talk and LISTEN to them without judgement
- ✓ Reassure them that treatment and help is available
- ✓ Tell them what they are experiencing is treatable and that suicidal feelings are temporary

Don'ts

- ✗ Don't try to minimize problems or shame a person into changing their mind
- ✗ Don't try to convince a person who is suicidal that "it's not that bad"
- ✗ Don't preach about suicide being right or wrong

GET HELP!

A suicidal person should see a doctor or mental health professional immediately.

If the person has a plan to hurt or kill themselves and you fear they are in imminent danger:

- Stay with the person
- Get them to the nearest Emergency Department

CALL 9-1-1

- If you are not with them, keep the conversation going until you can connect them to help:
- o Ask questions about their plan
- o Listen to them
- o Reassure them that you are there for them and will help them find support

CRISIS TEXT LINE | TEXT "HELLO" TO 741741

A 24/7 texting service providing support for those in crisis.

SOCIAL MEDIA

Facebook

If a friend has posted suicidal content on Facebook, use the safety tool to get them help.

Twitter

If a friend has posted suicidal content on Twitter, alert Twitter to get them help.

If you feel the person isn't in immediate danger, offer to work together to get help.

- Contact the National Suicide Prevention Lifeline

1-800-273-TALK

NATIONAL SUICIDE PREVENTION LIFELINE

1-800-273-TALK

www.suicidepreventionlifeline.org

- Help them contact a mental health professional or go along to the first appointment.
- If you're in a position to help, don't assume that your persistence is unwanted or intrusive.
- Follow-up is important and make a plan to keep connected to the person

“ADAA is an educational tool for people like myself, who are suffering with anxiety and depression and may not know where to go or what to do. This organization reminds me of an African proverb, 'it takes a village to raise a child.' So why wouldn't it take a village to cope with an illness? ADAA has created that village by providing a central location for people who are suffering, or love someone who is suffering, to find information and a path to healing.”

– Abigail Hills, Personal Story of Triumph



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