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The NAMI Texas News is published four times a year by the National Alliance for the Mentally Ill of Texas. 611 S. Congress, Ste. 430, Austin, TX 78704, (512) 693-2000. It does not offer medical advice. Readers should seek advice from qualified professionals.

Lee Eddy, NAMI Texas News Editor
As we go about our daily lives, listen to the radio and watch TV, we see the injustices against individuals across our state. We as an organization must work together to provide an avenue for all our citizens, especially those living with a persistent and serious mental illness. Access to all of the needed services is an absolute must if we are to see changes made and recovery a reality. NAMI Texas is committed to this and encourages NAMI members to make this their personal goal.

Steps continue within the organization to ensure that change occurs. Four regional legislative workshops with more than 150 NAMI members participating have been completed. Joe Lovelace and Beverly Jimmerson presented information on how the Legislature works and provided the legislative priorities for the next year as developed through the public policy committee. Each of our local affiliates has been provided with information and materials to make personal visits to their local Representatives and Senators in their home districts.

We have a new Affiliate Program Services Coordinator on staff. Becky Harris joined our staff the first of September. Many of you were fortunate to visit with her at the conference, but if you did not get to meet her, give her a call and make her welcome. Becky has jumped in with both feet; she has already visited several programs and has others scheduled. Becky brings a wealth of experience to NAMI providing new ideas and suggestions for strengthening our membership, building strong active affiliates and providing support and encouragement to individuals and families across the state.

Congratulations go to each of the following NAMI affiliates; NAMI Gulf Coast, NAMI Austin and NAMI Collin County for receiving grants for Mental Illness Awareness Week from NAMI.

The conference was a tremendous success from all the comments we have received in our office. We thank all the wonderful speakers and participants for making it the success it was. The conference committee deserves a very special thank you for all of their hard work and dedication to making everything turn out just right. If you were unable to attend this year please mark your calendar for 2003. The dates are September 18-21st in Corpus Christi. Information will be coming to you after the first of the year, so mark it now and start planning for 2003.

I want to personally thank those who assisted in helping NAMI Texas through the transition during the past few months. Your support and encouragement has helped keep us on track.

Remember nothing is ever accomplished alone, it takes each one of us working together to make it happen.

Dianne Bisig may be e-mailed at dianne@texami.org.
WHO I AM AND WHAT I DO
by Becky Harris

Position: Affiliate Program Services Coordinator

What that means: I will be providing technical assistance and program development to current local programs and assist in the development of new NAMI Affiliates throughout the state.

I am most interested in the history of our affiliates and NAMI Texas. I think knowing a little of the history of an organization gives you a sense of its spirit and its “soul”. I think of our affiliates as the “heart” of our organization. I am most anxious to get out to visit all of the affiliates. Having managed to meet a couple of our affiliates so far, I am most impressed with the tenacity and passion I have seen in the “field”. October is booked for me with visits to affiliates and I’m already working on November!

Everyone in the NAMI Texas family - the offices in Austin, all the folks I met at the convention and in my visits to affiliates have welcomed me warmly. I feel very fortunate to be a part of NAMI Texas. The commitment to fulfilling our mission that I hear and see each day keeps me charged!

My goals at this point are to visit each affiliate, learn what they need and want from me and NAMI Texas to help them fulfill our shared goal, to provide, whenever possible, the service / assistance requested by affiliates and to see new affiliates develop in areas of the state where none currently exist.

In order to get a jump on my goals, I have sent out a survey to all the affiliates to complete and return to me. The survey, in combination with my visits, will help me get to know a little more about what’s going on and what might be needed. I want everybody out there to feel they are being heard.

Folks out in the “field” will be hearing from me a lot - I hope they don’t mind being “pestered” a bit, and I certainly hope they’ll contact me if they feel I can be of assistance to them.

Please e-mail me at becky@texami.org or call me at the state office if you need any assistance with your affiliate - 1-512-693-2000. I look forward to hearing from everyone!

Lee Eddy
Outreach Support Specialist

Getting one too many newsletters? Want to be a part of the NAMI Texas E-group? How about some referral information? Not sure what to do about membership? Lee’s just the person you want to talk to!

Contact her via e-mail: lee@texami.org.

Mandie Mantos
Accounts Receivable/ Payable

Mandie’s the one who keeps track of NAMI Texas’ expenses. When she’s not busy fixing her calculator, she’s hard at work writing checks, taking care of Purchase Orders, or preparing for the yearly audit. If you’ve got an accounting question, e-mail Mandie at mandie@texami.org.

Diana Kern
Public Policy Coordinator

Diana is our in-house policy expert. If you need any information about the Legislative session, have questions about pending bills or need some advice about testifying for House Committees, Diana is the one you need to know. Feel free to e-mail her at diana@texami.org with any Public Policy related inquiries, and she’ll try her best to answer your questions.
**Dr. Crowner is an attending psychiatrist at New York-Presbyterian Hospital and at Project Renewal, Inc. She has published reports of original research and edited books on violence in psychiatric patients.**

**Question: “Are mentally ill people prone to violence?”**

In the past several months, members of the media have told us the horrible stories of a mentally ill mother who drowned her young children and of a mentally ill man who entered a Roman Catholic church, then shot and killed a priest and an elderly parishioner sitting in a front pew.

It seems that popular media tell us about people with severe mental illness only when they commit violent, inexplicable crimes, reinforcing the belief that mentally ill people are violent. Without a doubt, some are. But so are some individuals without a diagnosable psychiatric illness.

Are mentally ill people as a group more violent than people without mental illness? In other words, is mental illness associated with violence? To date, research findings tell us yes and no— it depends on the type of mental illness.

Yes, alcohol and drug abuse are associated with violence. Large studies of adults living in the community find that those who have a problem with alcohol and illicit drugs are more likely to admit to violent behavior than those who do not have a substance abuse problem. This holds true both for adults with only an alcohol or drug problem and those with both a substance abuse problem and a second, additional psychiatric illness such as depression, an anxiety disorder, or schizophrenia.

No, depression without psychotic symptoms and anxiety disorders are not associated with violent behavior. Some research shows that certain psychotic symptoms predict violence, but other factors, such as youth, are more powerful predictors.

The latest MacArthur study concluded that, as a group, persons recently discharged from inpatient psychiatric care who do not abuse substances are no more likely to be violent than their neighbors who do not abuse alcohol or illegal drugs. The risk of individuals in the group varied considerably according to diagnosis. Since the mentally ill subjects were only studied after they were treated and discharged into the community, one conclusion to draw from this study may be that mental illness does not greatly increase one’s risk for violence if it is properly treated.

Although the MacArthur study contributed much to the study of violence in the mentally ill, it did not study the risk of violence in the physically ill. Hospital employees know that individuals with some physical illness at times hurt themselves or their caretakers. Delirium, dementia and the behavioral disturbances of physical ailments can lead to dangerous behaviors. Yet the media refrain from painting these individuals as a menace to society.

All violent people are not mentally ill, just as all mentally ill people are not violent. When a psychiatrist is asked to assess a man or woman who has pushed, hit, beaten or shot someone they must try to understand first if that person has a psychiatric illness. If the man or woman is ill, the psychiatrist must then consider how symptoms might have contributed to aggressive behavior.

A particular violent act may not be related to a psychiatric problem. Both men and women with or without a psychiatric illness can be violent for reasons that are not related to psychiatric illness. For example, all kinds of people might act aggressively in self-defense. Or, as all too often happens, a fit of rage overcomes typical rationality, and people commit horrible acts they live to regret.
Family members of both Henry Stille and Linda Akins knew well of their struggles with schizophrenia and refusal to take medications. But everyone was shocked when Stille, 82, stabbed his wife to death in their San Antonio home in early September, and when Linda, 28, murdered her mother in Bastrop two months before. Chidalua Amobi’s mother was similarly stunned when her son, who had never been violent, allegedly beat a two-year-old girl to death. The 23-year-old also had a history of schizophrenia and was not taking medication regularly. He was released from the Austin hospital where his mother had him committed just one day before the September murder.

“We’d talk to doctors, and they wouldn’t put her in the state hospital. They said she wasn’t bad enough because she wasn’t making threats,” explained Linda Akin’s father. “We tried to have him committed but the system didn’t work,” pointed out Henry Stille’s cousin. “The system failed him,” said Angela Amobi about her son, Chidalua.

Yet the system might have saved all three of these people if Texas would only use its existing laws. Many believe that the only criteria under which someone in Texas may be ordered to comply with treatment is if they are dangerous to themselves or others. That is simply not true. Unlike many other states, someone in Texas with a severe mental illness can be placed in inpatient treatment on the grounds that he/she has a demonstrated need for treatment.

Studies show that people with severe mental illnesses who are taking medication are no more dangerous than the general population, but that those not taking medication are more likely to become so. Waiting for danger before intervention is a recipe for disaster for people consumed by the symptoms of these illnesses and, sometimes, for others.

Texans with severe mental illnesses could also benefit from its underused law for outpatient commitment that, under certain circumstances, allows courts to order people to maintain treatment while in the community. Studies prove that assisted outpatient treatment can be an extremely effective alternative to inpatient hospitalization. It is both less expensive and less restrictive than inpatient treatment.

And it works. The statewide results from the first 141 people to receive assisted outpatient treatment under...
Continued from previous page...

New York’s Kendra’s Law showed a 129 percent increase in medication compliance, a 26 percent decrease in harmful behavior, and a 100 percent decrease in homelessness.

One reason that the similar law in Texas is so woefully underused is the requirement that appropriate services be available – which, in Texas, are not often available – before someone can be ordered to accept them. Yet services are scarce in part because Texas is so reluctant to use its own laws. Recidivists, the sickest of the sick, use a grossly disproportionate share of services instead of being helped earlier and more consistently. Amobi’s mother called the sheriff so often that many on the response team know her by name. Stile was in and out of psychiatric hospitals for years. These are not unusual examples.

More than a third of the homeless population has a severe mental illness, and more than eight times as many people with severe mental illnesses are in Texas’ prisons than in the remaining psychiatric hospitals. Texas pays over and over again, in the most expensive ways, for people who refuse treatment.

So why doesn’t Texas apply existing laws to help people like Stille, Akin, and Amobi? Why doesn’t Texas use available tools to ease homelessness, curb the prison population, and reduce spending? Why would Texas hesitate for one moment to use laws that could save so much money and so many lives? Nobody should be caught off guard – not family members, not law enforcement, not citizens. Current laws can help. Nobody can make a reasonable excuse not to use laws that could save so many lives.

E. Fuller Torrey, M.D., is president and Mary T. Zdanowicz is executive director of the Treatment Advocacy Center (www.psychlaws.org) a national nonprofit dedicated to eliminating barriers to timely and humane treatment for millions of Americans with severe mental illnesses. TAC is working on the national, state, and local levels to educate civic, legal, criminal justice, and legislative communities on the benefits of assisted treatment in an effort to decrease homelessness, jailings, suicide, violence and other devastating consequences caused by lack of treatment.

Dr. Torrey is a leading research psychiatrist specializing in schizophrenia. He is the author of 20 books, including Surviving Schizophrenia, and more than 200 lay and professional papers. In addition to his role at TAC, he is executive director of the Stanley Foundation Research Programs.

Ms. Zdanowicz is the founding executive director of the Treatment Advocacy Center. She has a sister and brother with schizophrenia and as a result, understands well the many inadequacies in today’s mental health system. Prior to her position at TAC, she was in private practice as an attorney, devoting much of her time to advocating improved care and services for people suffering from severe brain disorders.

Visit www.psycholaw.org for more information.
RESEARCH TAKES BRAINS

By Betty Fulenwider

The Harvard Psychiatry Brain collection (a subsidiary of the Harvard Brain Tissue Resource Center) has been established as a centralized resource for the collection and distribution of human brain specimens for research in mental disease. Research over the past decade has shown that the study of human brain tissue is essential to increasing our understanding of how the nervous system functions. Most recently, postmortem human brain research has played a significant role in the development of a genetic test for Huntington’s disease as well as a treatment for Parkinson’s disease.

Similarly, neurochemical and anatomical studies focusing on the biological nature of the severe mental illnesses are now emerging and bringing forth new hope for understanding the underlying brain mechanisms responsible for psychosis and other symptoms associated with these debilitating brain disorders. However, because of the long standing shortage of brain tissue donated from individuals with a psychiatric diagnosis, and their immediate family members, essential postmortem research into the neurobiology of mental illness has been delayed.

Scientists from the nation’s top research and medical centers request tissues from The Brain Bank for their investigations. Since the majority of these studies can be carried out on a very small amount of tissue, each donated brain provides a large number of samples for many researchers.

For comparative neurobiological investigations, brain tissue is being collected from individuals diagnosed with schizophrenia or manic depressive illness and their parents, siblings and offspring.

Becoming a prospective tissue donor is easy. Any person 18 years of age or older can simply complete and return a “Brain Donation Questionnaire.” The next most important thing to do is to inform your family that you are preregistered for brain donation at the Harvard Psychiatry Brain collection (formerly the McLean Brain Bank).

Often a brain donation is a last minute decision on the part of the family. Generally, however, it is better if after the death of the donor a Postmortem Confirmation of Consent form for donation must be signed by the next-of-kin. This form will be provided at the time of autopsy by the medical examiner, coroner, or pathologist (if one has been identified) which will authorize brain removal.

STEPS TOWARD A SUCCESSFUL BRAIN DONATION

If you are interested in brain donation, we recommend the following steps:

- Have a family discussion about brain donation and inform your physician of your decision.
- Complete and return a Brain Donation Questionnaire, registering potential donor(s).
- Upon receipt of your Brain Donation Questionnaire, The Brain Bank will send a wallet-sized donor card. Carrying this card is not necessary, but may facilitate the donation process.
- At the time of impending death or at death, contact 800-BRAINBANK and give requested information.
- After the death of the donor, a Postmortem Confirmation of Consent form for donation must be signed by the next-of-kin. This form will be provided at the time of autopsy by the medical examiner, coroner, or pathologist (if one has been identified) which will authorize brain removal.
the family has already discussed the idea of donation in order to avoid misunderstandings and to facilitate the donation process. At the time of death of the donor, the surviving family members will need to be available to verify the donor’s intent-to-donate, and to offer authorization to the Brain Bank to acquire all psychiatric medical records.

In order to initiate the process of brain donation, call 1-800-BRAIN-BANK (1-800-272-4622) at the time of impending death or immediately after the death of the donor. The Brain Bank associate will need the name and the location of the donor and will work directly with the pathologist in charge. Most often, the brain should be removed and shipped to the Harvard Psychiatry Brain Collection within hours following the death of the donor. Only the donor’s brain will be sent to The Brain Bank. The donor’s body will not be transported away from your local area.

When questionable circumstances surround a death, a state medical examiner/coroner may be responsible for a postmortem investigation involving the brain tissue. However, the remainder of the brain not required for their evaluations may be donated to The Brain Bank upon request by the family. Generally, medical examiners will cooperate with the family’s decision for brain donation. When an investigation by the medical examiner is not required, a pathologist in a nearby hospital can perform the brain removal using a protocol supplied by The Brain Bank.

Brain donation for research is not a widely publicized subject, so many physicians and pathologists are not familiar with brain banking. Contacting the pathologists at your local hospital and identifying the professionals in your area who are sensitive to the need for brain donation can greatly facilitate the donation process. If you have trouble, call the Brain Bank and they will handle contacting a doctor familiar with tissue collection.

When one considers the number of people with mental illness and their families in this country, the number of brains being donated is very small. A few years ago, there were 12,000 people diagnosed with a mental illness who died, but only 12 brains were donated for psychiatric research. From 1990 to 2000 there were a total of 18 brains donated from Texas. The need is great. Please, use your brain to help learn more about mental illness. If we don’t who will?

Betty Fulfenwider is a member of NAMI San Antonio.

**BRAIN BANK FACTS:**

- The identity of the donor or potential donor remains strictly confidential.

- Brain donation does not conflict with most religious perspectives and will not interfere with an open casket or other traditional funeral arrangements.

- A diagnostic neuropathology report will be sent to the donor’s family and designated physician involved with the case.

- Limited funds are available to cover the cost of brain removal for donors with schizophrenia and manic depressive illness.
It is common knowledge that most people simply do not like to make decisions. They are somewhat like a businessman who finally admitted that he had a problem when he was faced with a decision, which prevented him from advancing in his profession. Eventually, the businessman decided to see a psychiatrist about getting help with his decision-making problem. “I understand you have trouble making decisions. Is that true?” asked the psychiatrist. The businessman looked at the psychiatrist, somewhat puzzled for a moment, and then he finally replied, “Well, yes – and no!”

Is this where you are in your life: “Do I or do I not volunteer for NAMI Texas?” The most important decision that has provided the greatest dividend return in my life was when I finally made that call. The decision was made back in 1995, after our family had experienced the 18th year of facing the day-to-day challenges of living with mental illness. It was strange how the scenario developed…the suggestion was made for the umpteenth time by a lady who was trying desperately to help our family make some very heart-wrenching decisions. What did this lady, whose son was diagnosed with mental retardation, know about mental illness and what our family was experiencing – the decisions were easier for her. This was our family, our life, our decision, and no one else had ever experienced this devastating situation. Was I ever wrong!!!

After the many years of tears, little sleep, few smiles, tortuous meetings with the schools and distressing appointments with the psychiatrists and psychologists who supposedly had all the answers, or so we were told, I finally listened to the most important advice that I have ever received. How well I remember when Norma Archer said one more time – “You really need to call a lady, Evelyn Johnson, and sign up for the education class, The Journey of Hope.” So, with tears flowing down my face, I made that telephone call that forever changed my life and continues to provide the greatest dividend return for our family.

At that time, despite the various diagnoses, I still was not convinced that “mental illness” was the thing that was impacting our family. How could this be happening to us? Our oldest son was so intelligent; God had answered our many prayers for children through the avenue called adoption; God had even given us a second son who was healthy and intelligent; and, this mental illness definitely was not part of our family plan.

As my husband and I traveled the 1 1/2 hour trip each way to attend this education class, we each were in different worlds – the worlds called “denial” and “partial awareness.” When we stepped into the room filled with folks who looked like us and shared stories like ours, it was as though we turned off a little dusty one-lane country road onto a four-lane freeway filled with friends, options, skills and hope, and there was even support on the feeder road. Through the tears, the sharing of stories, the teachers (Cindy and Ginger), and the evidence-based curriculum, our healing began. We started up the freeway of “awareness, acknowledgment and acceptance” with a much lighter load and to this day continue the journey with an un-
known destiny, but much hope.

After attending the class and joining the local affiliate, we volunteered to train as teachers and then facilitators. The training was one of the most rewarding times of our lives in that we learned how to share our newly obtained skills with other families just like us. As we began to volunteer through our local affiliate, the growth and healing continued. After that first class, I remember that tears of pain, anger and grief were no longer a part of my daily life. Slowly but surely, I learned how to cope, smile and heal from the sorrow that had entered our life. Reaching out to provide a lifeline for others soon became an every day occurrence, providing strength, motivation and a new focus for our entire family, which continues to this day. Next, we noticed that we learned to advocate for better services and treatment for our son, through collaborative efforts instead of adversarial efforts. When our family began to cope, communicate and creatively problem manage, then our son began to get better, one step at a time. To this day, he does his best when we are doing our best – something that is learned through education classes. Education classes are the foundation, but support groups are the supports that keep the family together. We learned that we all have needs: both of our sons (it is tough for siblings also), my husband and me. Our family still faces the daily challenges of being affected by mental illness, but no longer is mental illness the center focus in our lives, individually or collectively.

When asked to share a personal story, I struggled with the ultimate message to share with the NAMI Texas membership, but soon it became clear what the goal is – to have the members to become volunteers, giving to and sharing with others what has been offered to them by volunteers. I would like to encourage each of you to volunteer in whatever capacity is suitable for you. It is important that you enjoy your volunteer efforts and that the efforts truly are that of a volunteer nature to which you will commit. People have a way of becoming what they are encouraged to be – not what they are nagged into being, so remember to consider the vast choices available. There are high spots in all of our lives, and most of them have come about through encouragement from someone else. Making others feel important and better about themselves can be a driving force in our relationships. Acceptance recognizes individuals as they now are, but encouragement celebrates what they may yet become. What a powerful opportunity we all have before us – we can positively impact the lives of others through volunteering. Our family did it and continues to do it; so can you become a volunteer! When you know what your values are, making decisions become easier!

E-mail Linda Zweifel at linda@texami.org

“... it was as if we’d turned off a little dusty one lane country road onto a four lane freeway filled with friends, options, skills and hope, and there was even support on the feeder road.”

The 3rd Annual Central Texas African American Family Support Conference

“Conquering Barriers- Achieving Wholeness”

The 3rd annual Central Texas African American Family Support Conference (CTAAFSC) is proud to announce that David Satcher, Ph.D., former US Surgeon General will be one of the keynote speakers for this event. The CTAAFSC provides information and education to consumers, families and the community about mental health and mental retardation, dual diagnosis and chemical dependence. The CTAAFSC targets the African American community, but embraces all members of the community regardless of race.

NOVEMBER
22 - 23, 2002
COST: FREE!!
AUSTIN, TEXAS

Contact Willie Williams at (512)-440-4036 or willie@atcmhmr.com for more information
I started out my young adult life like many people. I found that almost everyone in my class liked me. I excelled in basketball, football and track. I received a scholarship in engineering at Prairie View A&M University and did very well my first summer semester.

Then, I began to question my sincerity in obtaining a degree. I began to lose interest. My financial support was taken away within the year. When I came home, I was embarrassed to tell my friends that I had to drop out of college, as most of them were in college and seemed more determined than I was.

One particular day it was raining the kind of rain that does not fall but is more of a haze. I had decided to take the civil service exam for the post office. On my way there, I saw a sailor in his white crackerjack uniform. I asked him, “Where can I get an outfit like that?” He directed me to his office on San Jacinto Street where I got a uniform of my own.

How impulsive I had become! With no consideration as to how it might affect my family, I joined the US Navy. You can imagine the grief and shock that day when I arrived home in a government vehicle. The Navy assured my mother of my success, but she just was not ready to listen to them, especially under those circumstances.

The first year of my enlistment it seemed that I had adapted to my new lifestyle very well. Then, one hot summer day, something strange happened. I had been on the run all day in over 100 degrees heat.

My thoughts began to run a riot and I became disoriented. Suddenly, I did not know where I was. I ran to a captain demanding relief and was sent to my barracks for rest and relaxation.

While in my room, I began to hear high pitched sounds that I could not control except with the use of drugs. Indulging was a way to control the uncontrolled thoughts and hallucinations. I began to lose weight and concern about my personal hygiene.

While speaking to my mother on the phone one day, she recommended I see a psychiatrist after she heard my slurred and disorganized speech. My reaction was angry and I did not call home for a year and refused all calls from her. During this time, I developed a discipline problem that hurt my military career. A doctor diagnosed me with a nervous disorder, which was easier to accept than the thought that something was wrong with my brain.

Almost three months before my discharge I called to say I was coming home. Again, Mom told me to see a psychiatrist. I decided I was not coming home to be the subject of this type of attention. Upon discharge from the services, I decided not to return home. I ended up in Los Angeles to live with my biological father whom I had only seen three times in my entire life. I called my mother and told her my intentions: I would stay in California if she persisted that I.... as I was driving home from class, my vision left me for a second. When it returned all I could see was the equivalent of a 2”x 8” window.
I became an alcoholic. Alcohol was a poor substitute but gave me respite from the plethora of emotions, persistent anxiety, voices and mood swings.

While in Los Angeles, the psychotic symptoms persisted. I bought a guitar and learned only one song. I grew my hair long and walked around the city looking for a band to pay with. I even went to a studio in Hollywood to try out as a musician when in reality I could not even tune my own guitar.

I found only drugs and debauchery in Hollywood. I was becoming very ill, depressed and homesick. A cousin found out where I was living and talked me into coming home. With my last one hundred dollars I bought a bus ticket to return home to Houston. My mom did not ask me to see a psychiatrist again as she was just glad to have me back.

By this time I had enrolled in college and my illness had taken on new symptoms. I began to hear voices; one, sometimes two at a time, but I never said anything to anyone. Basically, I did not know how to express myself to diagnose my situation. Instead, I just downplayed the urgency that something was wrong.

It would take me the entire day to complete my college homework. Sometimes I would have to read a paragraph five times just to understand the lesson. I would hear certain words I had read over and over like a tape was playing in my head. I could not stop it and it caused agitation and anxiety making me an angry and quick-tempered person.

One day as I was driving home from class, my vision left me for a second. When it returned all I could see was the equivalent of looking through a 2” x 8” window. I made it home and when I came through the door I fell on the couch and began to cry profusely. Mom knew exactly what to do as if she had been preparing for this to happen.

I was hospitalized that same day, given medication and was hospitalized for eight weeks. During these eight weeks, I saw the doctor only three times. I was administered medications and warehoused the remainder of the time.

I became friends with one of the staff members and he gave me a glimmer of hope by letting me know that this would not last all of my life. “Just do what you are supposed to do and get discharged and you will never have to look back again,” he said. That was just what I wanted to hear because I did not believe something was wrong with my brain.

I was discharged under the auspices of UTMSI Medical Center. There, I went through three doctors in three years. As soon as I would get to feel comfortable with one, he would leave and be replaced by another. My conversations with each would never progress beyond the issue of voices. The doctors were very deliberate and very direct. Whenever I tried to talk about anything else the five-minute session would be terminated.

I began to get bored with the meaningless visits and asked if I could only come for the purpose of receiving my medications. For all practical purposes I felt fine and I thought I was doing well. “Besides,” I told him, “I stopped hearing voices.” The doctor said yes.

I was now back in school and about to graduate. My medication dosage had gone from 250mg a day to 50mg once at night. The voices came back but I thought my life style was one that was successful and the general conclusion was that everyone in my status heard voices to a certain extent. I thought I was cured.

Mom wanted me to continue my doctor visits, but I told her I was now beyond all that. Besides, I only needed to go once a month now. I stopped taking medication right after graduation from college. I became employed and did not want to tell my employer that I had a brain disorder.

My Mom was still worried that I had stopped my doctor visits and pleaded with me to continue them.
Advocacy gives me not only the compassion and concern for others, but also makes me recognize the sensitivity I gained from my experiences....

To avoid the doctor’s office I kept denying that I was still hearing voices. My job, however, predicated that my visits to the doctor continue. My medication dosage went down to 10mg at night before bed. I then managed to have my visits set to once every three months, because I had convinced my doctor that I was doing well.

About this time my mother and stepfather moved to Ogden, Utah. I was in Houston alone. I was able to maintain my job for five years without medications. After my family moved, I completely discontinued my visits and my medications. I thought I was doing well, yet there was not a day that went by that I did not self-medicate in some form or another. Again, I thought everyone had a little drink when they came home from work and that’s all I was doing.

During this time I purchased a home in Ft. Bend and a new car. I also became an alcoholic. Alcohol was a poor substitute but gave me respite from the plethora of emotions, persistent anxiety, voices and mood swings. It consistently became difficult for me to look at myself in the mirror. I was physically and emotionally a tired young human being. But I persisted. I still had control, even reward. The illness, too, persisted and manifested itself in many forms of disillusionment and self-pity coupled with fear and uncontrolled emotions.

I changed religion, friends and even places that I had frequented to make me feel like I had control in my life. Yet, no matter how these changes were done to gain control, I was far from it. I began to neglect my bills. I started losing things due to my neglect. First I lost my car, then my house and all of my furnishings. I quickly found myself downtown with just the clothes on my back.

I had been downtown for about four hours when it occurred to me that I could go to my grandmother’s house. When I got there (she also resided in Houston) I was welcomed and stayed for about a year.

One day, my mother called. She said she was in Houston and was coming to see me. I cried for about an hour until she knocked on the door. She consoled me, then asked if I would go into the hospital. I remember how caring and concerned she was. She looked at me like I was the only person that mattered. It gave me such comfort and I agreed to admit myself.

It was the first time in my life that I admitted I needed help. I was placed in the VA Hospital and remained for one year. During that time, I acknowledged that I had a mental illness. I did not know how unique my illness was until I became a friend of a staff psychologist who told me that life had not stopped but had only been redirected. I was able to accept that.

When I was discharged, I was placed into treatment at the Day Treatment Center where I remain a member today. My hard work with advocacy is a direct result of my recovery. Advocacy gives me not only the compassion and concern for others, but also makes me recognize the sensitivity I gained from my experiences and lets me look beyond myself. It is that acknowledgment that is so valuable for my recovery and me.

Bobby Wilkerson is a member of NAMI Houston.

If you would like to share your personal story with the readers of the NAMI Texas News, please send your story via e-mail to lee@texami.org or fax to the NAMI Texas office at 512-693-8000. Submissions may also be sent to the NAMI Texas office with “Attn: My Personal Experience” noted. Please keep your story to 2000 words or less. (2000 words is about 2 typed pages, single-spaced at 12 point font.) Along with your story, include your name, e-mail address and a day time phone number where you can be reached during office hours. Articles may be edited for content, length and continuity. Consumers, family members and mental health professionals are all encouraged to submit their personal experiences.
Since June of 2002, the Consumer Council has been extremely busy. Three of our Consumer Council Representatives went to the NAMI conference in June to present on what being on a Consumer Council has done for them. Their presentation was well received and many asked questions. Some consumers even considered moving to Texas because of the inclusion that we have. NAMI Texas was awarded the NAMI National Consumer Council award for Consumer Inclusion in a State Organization. I would like to present the plaque to the Board of Directors and thank you for all the opportunities that you have given consumers. Many states around the nation are looking at Texas and trying to emulate what we are doing here.

We have completed our Operating Procedures and with Jackie Shannon’s help, came up with the current NAMI Texas Consumer Council Operating Procedures. The Board of Directors ratified these.

We wrote a grant to NAMI for $2,000 for presenter’s stipends for the NAMI Signature Program, “In Our Own Voice”. This program was based on the “Living with Schizophrenia” program. The video is much shorter giving more time for audience participation. The program is designed to eliminate the stigma around mental illness, promote NAMI, show what consumers are capable of doing and create awareness of mental illness.

Eighteen consumers from around Texas were trained in this program. Two of the consumers presented at the NAMI Texas conference on Friday September 6, 2002. We will be looking to use this as a tool for outreach and mentoring. I have started collaborative efforts with other organizations to help us.

We held our last meeting of the year on September 5-6 at the OMNI Southpark in Austin. We had several speakers including Amanda Summers-Fox who spoke on TIMA training, Shelly Swartz who spoke about Safe Place and Jackie Shannon and Joe Lovelace on the Public Policy Committee. The NAMI Texas Consumer Council received training and booklets on Robert’s Rules of Order.

Finally, yet importantly, Reginald Thurman from Fort Worth was elected to serve as the Chair of the Consumer Council. Our new Junior Chair is Donna Durbin from San Angelo. She will make a great addition to the Board of Directors. This has been a productive, great year that zoomed by. I know we will expect great things out of our new leaders. Good Luck Reginald and Donna!
ELECTION RESULTS

As reported by Joe Lovelace, Elections Chair

At the 2002 NAMI Texas State Convention, annual elections were conducted for general office, regional director, and consumer council positions. A quorum of members was established as more than the required number of individual/family members were present and voting (138 cast ballots) and more than 20% of the total member affiliates were represented.

General Election:
President: Linda Groom, Ft. Worth
Secretary: Judy Biggs, Galveston
Nomination Committee: Betty Cox, Ft. Worth

By Law:
Article VIII. Fiscal Year Change from January to September: Yes: 119 No: 18

Resolution:
#1- Election by mail in ballot: Yes: 109 No: 26
#2- Support of Consumer Council: Yes: 106 No: 11
#3- Allow 1/4th of NAMI Texas Board to be non-family/consumer: Yes: 97 No: 30

Consumer Caucus Elections:
Senior Consumer Director to the NAMI Texas Board: Reginal Thurman, Ft. Worth
Junior Consumer Director: Donna Durbin, San Angelo
Region 4 Representative: Monte Anderwald, Amarillo
Region 7 Representative: Martha Ortegon, San Antonio

Regional Caucus Elections:
Region 1: DeAnn Gibson, Lubbock
Region 2: Carol Butcher, Plano
Region 3: Leo DiValentino, El Paso
Region 5: Brenda Coleman-Beattie, Austin
Region 6: Lyle Moel, Zavalla
Region 7: Janet Paleo, San Antonio
Region 8: Mary Robbins, Houston
Region 9: Stephanie Contreras, Edinburg

Veteran’s Integrated Service Network Needs YOU! by Mary Gibson

In 1989, NAMI formed a Veteran’s Committee with a general purpose to advocate for an improved continuum of care for veterans and active military and dependents with severe and persistent mental illnesses. Members of this committee are active in each of the twenty-three VISNs with coordination provided by a VISN Coordinator and alternate.

At the National NAMI Veteran’s Conference in Washington DC in March 2001, I was chosen to serve for three years as the Veteran’s Integrated Service Network 17 Coordinator with Gay Wells of Mabank, Texas serving as the alternate. As VISN coordinator and as the VISN alternate we have some specific goals set by the Veteran’s Committee to accomplish. Consumer Councils need to be developed at each VA facility serving veterans with mental illnesses. The purpose of the Consumer Council is to effectively collaborate with veteran consumers, their families and other public and private sector organizations. The goal of these partnerships is to provide comprehensive and coordinated services to veterans with serious mental illness that extend into the community. We need to provide and promote linkage between VA and non-VA organizations. We need to assist VA in the provision of education about serious mental illness. Feedback on the quality of VA service delivery is needed. Collaboration with the VA in development of resources for mental health services and research is necessary.

Already several things have been accomplished in Texas and many more need to happen. The NAMI Texas Board approved the formation of a NAMI Texas veterans Committee in September 2001. We are looking for NAMI Texas members from any part of the state to share in the work that needs to be done!

Please contact Mary Gibson for more information at 254-848-9128 or megibson@worldnet.att.net.
Joe Lovelace, (left) NAMI Texas’ Public Policy consultant and Jackie Shannon (right) NAMI Texas’ Public Policy Committee Chairperson, pose with the 2002 NAMI Texas Legislator of the Year recipient, Senator Kenneth Armbrister (center) of Victoria, Texas.

Cyd Cassone and Ruthie Foster perform at the Cross Over and Overcome Recovery Celebration events, sponsored by NAMI Austin. The event, which occurred on October 10th was in celebration of Mental Illness Awareness Week.

Brian Shannon (left), Jackie Shannon and Greg Shannon received the Charley H. Shannon Advocacy for Justice Award at the 2002 NAMI Texas State Convention.

Dr. Xavier Amador, keynote speaker at the 2002 NAMI Texas State Convention, signs copies of his book, *I’m Not Sick, I Don’t Need Help*. For a copy of his book, log onto www.nami.org or call NAMI Texas’ office.

Dean Groom of NAMI Ft. Worth, mans the NAMI Texas Gear booth at the 2002 State Convention. Thanks, Dean!
Texas Public Mental Health Services – A Disintegrating System

“We have completely given up on our obligation to mental-health ... in this state, and we’re putting [people with mental illness] in prison instead.”
-State Representative Pat Haggerty, Chair, House Corrections Committee

“To a great extent, we are dumping our mental health problems (people with mental illness)... into our jails and prisons – there’s no question about that.”
-David Satcher, U.S. Surgeon General

Everyday in this great state, hundreds of thousands of Texans, both children and adults, require access to public mental health services in order to live with a serious mental illness. And, everyday our public mental health system falls farther behind in the numbers served and the ideal of accessible, effective treatment that promotes meaningful community membership.

Texas is the 2nd largest state and 2nd in rate of population growth yet we spend fewer dollars per capita on the public mental health system than 46 other states. State funding for public mental health services, when adjusted for inflation, has declined 6% from 1981. This has translated into a public mental health system that is expected to do more with less and, is doing less and less.

As a result, Texas law enforcement has become the first line of contact to people who are in crisis and our jails and prisons have become the “asylums of the new millennium.”

Recently, Texas reached an undesirable form of mental health parity in this state:

- 150,000 adults and children with serious mental illness are now seen and under treated in our public mental health system.
- 150,000 adults and juveniles, who were former patients in our public mental health system, are now in our prisons, jails, or on probation or parole.

Billions of taxpayer dollars are being spent dealing with the consequences of untreated mental illness rather than spending that money wisely on adequate services.
The Texas legislature can begin to reverse this trend by supporting the following:

1) Maintain current level of services funding for the Texas Department of Mental Health and Mental Retardation (TDMHMR);
2) Maintain current level of services funding for the Texas Council on Offenders with Mental Impairments (TCOMI) Enhance Mental Health Services Initiative;
3) Fund TDMHMR request that strengthens jail diversion through community based service options to get high need adults with mental illness into treatment instead of costly jails, hospitals, and institutions;
4) Fund TDMHMR request that provides early treatment for at-risk children with mental illness;
5) Improve access to medication used to treat serious mental illness.

Unmet Mental Health Needs Hurt the Economy, Texas Families and Texas Citizens

One in five Texans will experience a mental disorder in any given year. Only one out of two get any treatment, according to the US Surgeon General.

People with serious mental illness who do not receive Medicaid rehabilitative services are twice as likely to spend time in jail or prisons, according to TDMHMR.

Prison and Jails are costly housing for offenders with mental illness:
$30,000 a year to house and treat an offender with mental illness in the Texas prison system as opposed to $10,00 a year for Assertive Community Treatment

$200 a day for a jail “mental health bed”, according to a Bexar County Jail Study.

According to the Texas Criminal Justice Policy Council:

- In Texas, 29,000 prison inmates; 106,000 adults and juveniles on probation or parole; and in excess of 15,000 adults in county and city jails have had some contact with the public mental health system.

- 44% of youths sent to the Texas Youth Commission have a serious emotional disturbance

Texas can make the most significant impact in reducing the future need for prison beds by providing adequate community mental health treatment.

For more information contact Joe Lovelace, Public Policy Consultant for NAMI Texas at amidad@aol.com
Conquering mental illness and destroying the stigma and discrimination against it takes work every day of the year. Help NAMI Texas shape a better future for those with mental illness by donating to our organization.

YES!
I want to help NAMI Texas in their mission to improve the lives of those with mental illness! Please accept my donation of:

$__________ to help your organization!

NAME: __________________________________________
ADDRESS: ______________________________________
CITY: ______________ STATE: ___ ZIP: ______
TELEPHONE: ______________________________

Please cut along the dotted line and remit with check or money order to NAMI Texas, 611 South Congress, Ste. 430, Austin, TX 78704. NAMI Texas is a tax-exempt 501(c)3 organization and all donations are tax-deductible to the fullest extent of the law.

To find a NAMI Texas affiliate in your area, please call 1-800-633-3760.

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