Celebration in our communities!
Education, Advocacy, Recovery

Life lessons from those who have fought the legislature

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A SCHOLAR AND PSYCHIATRIST:
Things I have learned in changing civil commitment laws
by Darold Treffert, M.D.

Dr. Treffert, a Wisconsin psychiatrist, has been a tireless advocate for reform of his state’s treatment law. He coined the term “dying with their rights on” and was among the first to begin cataloguing preventable tragedies — his vision inspired TAC’s database at www.psychlaws.org/ep.asp. His work in passing a landmark law in Wisconsin has reverberated through the nation. Here he offers advice on what worked in his legislative battles.

Real life instances help
Civil libertarians hate them because they clutter up, with glaring and irre- futable reality, what they would prefer to be philosophical debates about free will, police powers and parens patriae. Legislators understand, and relate to such ‘anecdotes’ (as opponents dismissively refer to them) because they put a real, live face and human price on the tragedies that ensue from non-action. Witness [New York’s] Kendra’s Law, [California’s] Laura’s Law, and others that have emerged after (regrettably) some tragedy. In Wisconsin, the Onalaska shootings of a priest and three parishioners by an obviously ill man whose family had vainly tried to help before that tragedy was persuasive evidence for change. Such instances provide compelling, real-life (and death) evidence of need for thoughtful deliberation, and then, the public can be more persuasive than professionals
Professionals can certainly use their expertise to help define and explain the problem, and even help craft remedies. But in the legislative arena where these battles are fought, let- ters, testimony and phone calls from families and friends, and concerned groups like NAMI, trying to exercise a simple ‘right to be rescued’ over a ‘right to be sick’ for persons they care deeply about, are more persuasive and influential than professional tes-timony alone. The most effective strategy is a combined effort of families, friends and a concerned public with knowledgeable, down-to-earth, articulate, and equally concerned professionals.

Persistence pays
Like the wheels of justice, the wheels of legislative change grind slowly also. It was 12 years, and several legislative sessions, before [Wisconsin’s progressive treatment standard] the “Fifth Standard” finally became law in 1996. But even that long delay was not wasted time in that during those years hearings and other publicity and discussions took place that gave the issues involved necessary visibility and debate. In that interim, other innovations occurred beyond enacting the law itself, such as settlement agreements, and improved local programming for chronic mentally ill persons. But such delays entail multiple meet- ings, waiting your turn at lengthy hearings, enduring stereotyping to accomplish significant chang-es. But it is well worth the effort once successfully completed.

Stereotypes persist
“Warehouses,” “One Flew over the Cuckoo’s Nest,” “locking people up,” and other outdated stereotypes about psychiatric facilities and treatment continue to exist, and be promoted, by opponents of civil commitment reform in spite of overwhelming evidence to the contrary regarding modern-day treatment and pro- grams, the vast majority of which are out-patient, not inpatient, and short-term, not long-term.
A MOTHER AND FIRST-TIME ADVOCATE

What I learned when we took on the legislature – and won
by Sheree Spear

Sheree Spear had never set foot inside a capitol building and knew little of the legislative process. What began in November 2002 as a one-person, dining room table, letter writing campaign ended eight months later in a bill with the Governor’s signature. A tenacious first-time advocate, here she shares some lessons she learned.

Getting this law passed was one of the most stressful, challenging, and rewarding experiences I’ve had. My passion for changing North Dakota’s treatment law came from my inability to get my son in for even a 24-hour psychiatric evaluation when we could all see he was suicidal, paranoid, and delusional. We were repeatedly told we couldn’t get him help because we couldn’t prove he was dangerous.

My passion also comes from the inner pain my son lived with. And from watching how the paranoid ideations prevented him from voluntarily accepting the very treatment that would free him. Here’s how he describes the experience of having schizophrenia and not getting proper treatment: “I know now that there is a heaven and a hell. And they are here on earth. Because what is constant pain and suffering? That’s hell. That’s where I’m at. And I can see heaven here, just as clearly as I can see you sitting there. And I watch other people living in it. But I can’t get there.”

Use personal stories to educate
Many people will not care about the issue unless they first hear personal stories. Early on, a legislator opposed to our bill set up what turned out to be an informal hearing. I thought I would immediately get to the exact words in the law I wanted changed. Instead, I said, “Before I get into specific language, I’d like to make a 1-2 minute opening statement.” I knew they would split hairs and not care about why the law needed to be changed unless they heard personal stories first.

Make your case in two minutes
It helped me to have a 2-minute, memorized, compelling, logical spiel that condensed: a personal story, the extensive legal research supporting the change, national trends and tragedies, and names of supportive groups. Why 2 minutes? That is about the most time I could expect from a legislator passing by on their way into or out of session.

Create materials that make your case
I created a visual map of the commitment process that was effective in quickly showing that the proposed language would not change the process in any way. The many safeguards in place to protect people’s rights would not be compromised. I learned that opponents would try to kill a bill simply by creating enough doubt. If they could do that, they wouldn’t even need to supply concrete reasoning for their position. To counter that, I explained the current commitment process and criteria for involuntary treatment and how these create a gap in the law that results in tragedies.

It turned out that educating people was my primary job and one of the most significant keys to gaining support.

Use available materials and research
You don’t have to create everything from scratch. The extensive legal research the Treatment Advocacy Center provided was the solid footing supporters needed to confidently attach their name and reputation to the bill. The personal stories are needed, but they are not enough.

Legislators need to know proposed legislation has been thoroughly examined from every aspect, including issues of civil rights, due process, and constitutionality. What other states are doing and why it is critical information.

Get stakeholder input
I never wanted this to be ‘Sheree’s bill’, even though moving it forward was my personal project. I sincerely wanted stakeholders across the state, in all areas, to have input. I made that clear in all my meetings – from presentations to the Police Chief’s Association and the Sheriff’s Association to one-on-one meetings with state attorneys, mental health workers, consumers, and family members. Their input made the resulting bill better.

Remember that passion is the ultimate power
While still in the early, letter-writing stage, my boss offered to do anything to help me. I said, “Well, do you know anyone who is really powerful?” He looked at me awhile and then said, “You are the most powerful person I know.”

I was stunned. It was so profound and totally challenged my perspective. I not only remembered his words through this tough process, but will remember them for life.

I believe the informal hearing I mentioned earlier was an attempt at intimidation and an effort to kill the bill before it ever got off the ground. Instead of the intended affect, here’s what I thought afterward: In this situation, these people have the power and I don’t. But that kind of power can come and go. My passion will outlast their power.

Probably the most important thing I learned is that personal passion, directed constructively, is very powerful indeed.

Reprinted from: Treatment Advocacy Center (www.psychlaws.org) 3300 North Fairfax Drive, Suite 220 Arlington, VA 22201 703.294.6001, info@psychlaws.org

Advocacy: Continued

“Those who think their life is untouched by untreated mental illness may be surprised to learn all North Dakota residents will chip in to pay a half million dollars or more to house Jeffrey Scott in the Bismarck prison. He was sentenced in December to 20 years for shooting his mother’s fiancé... His family had tried for years to get him help for his mental illness.”


In the Pipeline
Abbott Laboratories
The FDA recently approved a new once per day indication for bipolar therapy Depakote called Depakote ER. Additionally, an indication for epilepsy has recently been approved and Abbott is currently seeking approval and performing studies on a similar mental health component that would treat bipolar and pain.

Eli Lilly & Company
A study recently released showed that the atypical anti-psychotic, Zyprexa, might delay and reduce rates of manic and depressive relapse in patients with bipolar disorder.

Novartis
The FDA’s Psychopharmacologic Drugs Advisory Committee will meet June 16 to discuss the white blood cell monitoring schedule for patients on long term Clozaril (clozapine) therapy. The committee will consider whether the frequency of monitoring can be decreased following a period of bi-weekly monitoring.

Pfizer, Inc.
An intramuscular formation of the atypical antipsychotic, Geodon, was recently approved and is now available. Pregabalin, a selective neuromodulator for epilepsy, anxiety and neuropathic pain is scheduled for submission this year. Medications in development include a nico- tinic receptor partial agonist for smoking cessation and Geodon for mania.

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Putting It All Together

Overview of NAMI Texas Pre-Summit and TDMHMR New Freedom Commission Summit

By John Hoelzel

The 78th Legislature found that Mental Health (MH) dollar savings and smarter spending could come from serving MH consumers in our communities, not in jails and prisons. This saves money, improves treatment, and cuts down on revolving doors into jails and prisons. It also stops the demand for more county services and funding for homeless and emergency room needs.

The 78th Legislature also believes that savings will come from consolidating 12 agencies into 5 under Health and Human Services (HHS) TDMHMR Summit Statements. Representative John Davis from Houston stated the legislative intent of HB2292 is to implement Jail Diversion as implemented by Leon Evans, MHMR Executive Director of Center for Health Care Services, and to implement Disease Management as implemented by Linda Parker, Executive Director of Hill Country MHMR. TxDHMR has asked to be 1 of 4 Pilot states to implement the President’s 6 MH goals published in his New Freedom Commission Report. TDMHMR will soon publish the proposed Texas MH Plan as outlined by the six summit workgroups.

NAMI Pre-Summit Statements

Greg Phillips from HHSC estimated that MHMR Center service contracts would be forthcoming from HHSC in about 6 months. These contracts will be outcome-based, NOT “target-based” like they were from TDMHMR. He said MH dollars saved from consolidations such as administration, purchasing, and eligibility functions will be used for MH service funding as much as possible. Restoration of some CHIP funding was cited as the first example of this commitment.

What’s the Outlook?

These dramatic changes have been received with very diverse reactions, from criticism and pessimism, to high optimism. It’s up to those who understand both the need for MH service improvement (made very clear in the President’s New Freedom Commission Report) and the potential for the initiatives outlined above to produce significantly improved outcomes (such as hope, resilience, and recovery) to assure Texas gives it our best shot. You can find pessimism and low expectations among long term NAMI advocates and MHMR staff. But the folks that will make it happen are those who have caught the vision of the potential already demonstrated by Evidence-Based Practices like Jail Diversion and Disease Management.

Personal outlook of NAMI GFC President

I believe that the Service Providers who move briskly into training their staff in Disease Management (such as how to achieve 5.5 hours per day of consumer service) and who learn to form community partnerships for Jail Diversion will find their customer satisfaction soaring, and their balance sheet improving. This environment offers opportunity to do what is right for the most seriously mentally ill, and to be rewarded for it.

John Hoelzel is President of NAMI Grayson, Fannin, Cooke

A New Mental Health System for Texas

By Cliff Gay

Everyone agrees the public mental health system in Texas is broken and needs to be fixed.

Many say, however, the 78th Texas Legislature made the system worse by cutting funding.

Let me share my view, as a person who lives with a mental illness and advocates for others.

NAMI (The National Alliance for the Mentally Ill) Texas, of which I am a member, went into this session telling legislators the state’s mental health care strategy is in need of repair, if not replacement.

“More Money”, we believed, could not purchase a public mental health system that works.

The results were significant policy improvements, a few of which include:

• The consolidation of 3 agencies into one with the new Department of State Health Services administering public health, mental health and substance abuse services. No longer will persons in need face a confusing, fragmented service system that is only partially responsive to their needs;

• Targeting funds for the most seriously ill (those with schizophrenia, bipolar disorder and suicidal depression) in a manner that engages early with the right treatment in the right amount and for the right duration to avoid the common outcomes from the current system - relapse, rehospitalization, suicide or arrest;

• Holding the providers of services accountable with contracts that require the delivery of proven treatments in a rational, cost-efficient and patient focused system of care;

• Continuation of the Enhanced Mental Health Services Initiative that provides communities with funds for specialized mental health services and caseloads for adult and juvenile mentally ill offenders.

There were no easy choices this session.

But, to do nothing because there was no new money would only continue the senseless and costly tragedy that results from a failed mental health policy.

I applaud the courage taken by our legislators this session, which will move us toward a better-structured mental health system. One in which Texans can be proud to invest more money when new funds are available.

Cliff Gay is member of the board of the National Alliance for the Mentally Ill (NAMI) of Texas and NAMI Dallas.

FDA OKs Long-Lasting Schizophrenia Drug

On October 29, 2003, drug makers Johnson & Johnson and Alkermes Inc. reported that the U.S. Food and Drug Administration approved sales of a long-acting injected form of top-selling schizophrenia drug Risperdal.

The drug, called Risperdal Consta, is an injected version of J&J’s daily pill. It is the first long-lasting, newer-generation antipsychotic to be approved by the FDA, according to the companies.

The potential market for the drug is huge. Schizophrenia, a brain disorder that impairs a person’s ability to think clearly, relate to others and distinguish between reality and fantasy, is estimated to affect more than 2 million Americans.

A patient given the new drug will receive an injection of Risperdal Consta at a doctor’s office every two weeks.

Risperdal Consta, which is already sold in 43 other countries, employs technology that involves encapsulating a drug in a polymer so it is released into the body slowly over time.

J&J, based in New Brunswick, New Jersey, estimated that as many as 75 percent of schizophrenia patients have difficulty taking oral medication on a regular basis.

Chief Executive Richard Pops says, “Treatment is directed toward making sure the patient doesn’t relapse.”

NAMI Texas: The State’s Voice on Mental Illness

Winter 2003
The Celebration Recovery event that began last year in Austin came about because of my personally witnessing a friend’s constant pursuit for health and wellness after a severe mental health episode. As a newcomer to NAMI Austin, I along with others were completely amazed at the courage of this individual as she moved towards wholeness both mentally and physically.

This person’s experience may not reflect the years of hardship that many persons who have a serious and persistent mental illness go through or have gone through. Because she was able to very quickly recover her life that often can be managed with the correct diagnosis, medication, support and other possible services.

By witnessing someone move from a horrible psychotic episode that was induced by being prescribed an antidepressant, when her illness required a mood stablizer in addition to antidepressants, into recovery and continued health, made me begin to think that others, too, may also be working extremely hard to function happily and productively in society. I also began to wonder if persons with mental illness were being informed enough about the real possibility for recovery. This is not to say that the person is “cured” of their illness but that the illness is a part of their life that often can be managed with the correct diagnosis, medication, support and other possible services.

What began last year from a grant that allowed us to provide speakers, a few raffles and an awesome concert by Ruthie Foster, turned into a big-bigger blessing than we could have ever imagined. This year, we were put out on the stage and moved the event into a full-blown celebration with clapping, dancing and singing. Ruthie’s music touched the audience deeply and we loved having her sing her Cross Over and Overcome song which signifies that persons with mental illness can and do recover.

Some of the organizations who joined in and played a big role in this event included: The Austin Harvard School; they made the fried Twinkies. The Bipolar Depression Support Alliance handed out educational materials and antidepressant kits. NAMI Austin passed out temporary Tattoos and the Texas Mental Health Consumers held a raffle with over 25 terrific prizes! We all felt great knowing that those proceeds went to such an important agency.

Someone in the crowd was lucky enough to take home the grand prize of a 27-inch TV! We even had a huge pumpkin that everyone got to guess the weight of. Other wonderful things that the day and evening had in store, was the auctioning of a beautiful hand made quilt made by people in recovery at the Austin Area Mental Health consumer’s organization.

With their support as well as others, we were able to increase our visibility by frying Twinkies! The Irwin Foundation who supports events just like Celebration Recovery was a glorious event that makes me proud to be a member of NAMI Austin and the outreach we do in our community to make a difference in the lives of people who live with a mental illness, “commented, Brenda Coleman Beattie NAMI Austin President, shortly after the day’s festivities.

We can proudly say that we succeeded in this ultimate goal. The event was a huge success and more importantly, we were able to touch so many people who left with more hope, more promise and a greater belief in recovery.

“Although it was a cloudy day above, the sun was shining brightly at Fiesta Gardens and was accompanied by the full moon at night. Celebration Recovery was a glorious event that makes me proud to be a member of NAMI Austin and the outreach we do in our community to make a difference in the lives of people who live with a mental illness,” commented, Brenda Coleman Beattie NAMI Austin President, shortly after the day’s festivities.

We want to extend our deepest gratitude and a special thank you to the Irwin Foundation for providing the funding for this event through an unrestricted grant from Astra-Zeneca Pharmaceuticals. We could not have done an event of this size without your support.
Help Us Light the Way

Celebrating 20 Years of Commitment to the Mentally Ill. Support us as we move into the future.

Conquering mental illness and destroying the stigma and discrimination against it takes work every day of the year. For the past twenty years, NAMI Texas has worked to improve the lives of the mentally ill through advocacy, education, and awareness. Donations have made our mission a reality.

Help NAMI Texas shape a better future for those with mental illness by supporting our organization. Donations can be made monthly or annually, by individuals, families or corporations. Support NAMI today and help us light the way to the future.

Be a Ray of Light for NAMI. Help us celebrate the next 20 years as we light the way.

It’s easy, simply supply a credit card number, and we’ll automatically charge $20 a month. As a Ray of Light Donor, you’ll also receive a free gift to recognize your support.

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: ___________________________

You can also charge your Visa, Master Card or American Express account:
Account Number: _______________ Expiration Date: ____________
Signature: ___________________________

Please cut along the dotted line and remit with check or money order to NAMI Texas, 811 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.

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Three years ago, Chance Gothart almost became a ward of the state. The 13-year-old Austin boy, who suffers from a brain disorder that sparks irrational rage and violence, broke his teacher’s nose. He tried to choke a classmate. He was expelled from 14 day care centers.

His family could not afford to get him intensive care. Federal money for the treatment he needed goes only to children in state care, so Chance’s parents considered relinquishing custody just to get him help.

“That was our last-ditch effort,” said Sherri Gothart-Barron, Chance’s mother. “At the time, he was a hazard to himself. He was a hazard to others.”

Today, Chance still has problems. But thanks to a community-based program that helped his whole family, he improved enough to continue living at home and has not been hospitalized since 1999.

That’s a scenario federal legislators want to replicate. Each year, approximately 250 Texas families give up custody of their children in order to get them psychiatric care. A recent federal study showed that in 2001, 12,700 children in 19 states were placed in child welfare or juvenile justice agencies for the same reason.

Now several Washington politicians are proposing the Keeping Families Together Act, which would make more money available for community-based programs that help keep children out of hospitals and in their homes. The legislation has not yet been scheduled for congressional hearings.

“In my opinion, this [legislation] is one of the most important things that can happen for these families because right now they are being torn apart by public policy,” said Melanie Gantt, public policy director for the Mental Health Association in Texas.

How home may help

Three years ago, Chance was featured in an Austin American-Statesman series on child relinquishment. He was a moody 10-year-old who liked smashing rocks and fashioning swords out of sticks. He was also prone to violent outbursts. He had been hospitalized at least twice a year between the ages of 4 and 9.

He was 2 when he smashed his head through a window, 3 when he said he wanted to die and 7 when he held a piece of glass to his throat.

“I dragged him out of restaurants lots of times while he was kicking and screaming, and I restrained him in the car until Sherri could pay the bill and get out of there,” said his father, Kevin Barron. “Sometimes we would take two cars, just in case.”

In April 1999, the Children’s Partnership accepted the family. The federally funded group offers help such as after-school care, transport under Medicaid, the federal health insurance program for the poor. That money can be used to pay for intense psychiatric care.

That’s what Valarie Garza did with her son Daniel. After he attacked his mother, Daniel was arrested and ordered by the juvenile court system to attend a residential treatment center. But when he assaulted two staffers, the center tried to kick him out and send him home.

That’s when Garza decided to relinquish custody.

“If the treatment center couldn’t protect other people from him, how could I?” she said. “I have two other children I had to think about.”

The Keeping Families Together Act is designed to keep parents from having to make that decision. Directors Research Institute. The state can’t afford to provide mentors, respite, therapy and psychiatric care for everyone who needs it.

In 2002, the Texas Department of Mental Health and Mental Retardation was financially able to serve about one-quarter -- 40,000 -- of the children estimated to be at risk for serious social and psychological problems. Children often wait four to six weeks for a psychiatric assessment and about two months for treatment at their local community mental health center.

The result: Children grow sicker and eventually need the intense help provided at residential treatment facilities, Gantt said. But at $300-$400 a day, those centers are too expensive for many families. Even the best insurance plans only cover limited mental health services.

Consequently, parents sometimes relinquish custody of their children because they can get money under Medicaid, the federal health insurance program for the poor. That money can be used to pay for intense psychiatric care.

“Mental health advocates agree that treating mental illness in the community is better for families because it allows children to stay at home, in their schools and with their friends,” said NAMI Texas: The State’s Voice on Mental Illness By Andrea Ball AMERICAN STATESMAN STAFF Saturday, October 18, 2003

Getting better

Despite his ability to live at home, Chance still struggles with his illness.

His parents pulled him out of one middle school because they thought the school was not appropriately addressing his physical and mental health needs. Another school kicked him out because he talked back, disrupted classes and screamed at the principal.

“He’s still a major handful and requires a lot of our time,” Gothart-Barron said.

But Chance is far less violent, she said. He controls his anger with behavior management and is not medicated because drugs stopped working for him. He runs, plays video games and draws.

On a recent night at a restaurant, Chance and Cheyenne sat drawing on the paper tablecloth, bickering like any other pair of siblings. Later, Chance argued, whined, interrupted, told jokes, wrote his Christmas list, broke his mother’s pen and licked his pasta bowl so no one else would touch it.

Outside, he spun, spun, spun around a building column.

Maddening? Sure, his mother said. But it’s manageable. They made it through another night without an ugly scene, and that’s more than they could say a few years ago.

“Compared to where Chance was when he was 9, he’s a success story,” she said. “He really is.”

“The study will help Texas evaluate its options regarding improving community-based services for children with serious emotional disturbances,” said Kristie Zamrazil, spokeswoman for the Health and Human Services Commission.

Daniel never got the community-based help he needed, Garza said. Today the 17-year-old lives in a transitional living center for youth in state custody. Though he still sees his family, Garza said, the decision hurt their relationship.

“It was horrible, and he will never forgive me,” Garza said. “He thinks I don’t love him anymore, and I don’t want him anymore.”
Southwest Brain Bank
University of Texas Health Science Center at San Antonio - Department of Psychiatry

A Center for Mental Illness Research and Repository of Human Brain Tissue

Who We Are
The Brain Bank was developed to collect, study and distribute brain tissue to qualified scientific researchers. Our goal is to help understand the origins and improve the care of mental illness, especially schizophrenia and mood disorders. We are located in the Department of Psychiatry at the University of Texas Health Science Center at San Antonio.

Donation
We are seeking donations from individuals who had mental illness, especially schizophrenia, bipolar illness and major depression. We are also seeking donations who have never had a mental illness. Unfortunately, we are unable to accept donations from individuals who had been on a ventilator or have/had a highly contagious illness.

How to Donate
There are two methods to make a donation. The first is to contact us at any time and register. We will discuss the donation process and take medical and psychiatric information. We will then periodically keep in contact with you to update our information. The second method is for the surviving relative to contact us at the time of death. At the time of death, the relative will give consent for the donation. The following persons are in order of priority for permission: spouse, adult child (if more than one, all must agree), parents, sisters and brothers, guardian or authorized person.

You Can Make a Difference
Your and your family's decision to make a brain donation is a precious gift. This gift will help researchers identify changes in the brains of individuals with mental illness. As the pathology is identified, we will be better able to treat these devastating illnesses. If you would like additional information, please call us at 1-800-354-4705. All information is confidential.

Special Thanks to the Texas Bar Foundation and The Swalm Foundation
NAMI Texas is pleased to announce that through a joint project with the Texas Bar Foundation there will be a new edition of the “Texas Criminal Procedure and Offender with Mental Illness: An analysis and Guide” published in 2004. Professor Brian Shannon and Daniel Benson of the Texas Tech University School of Law will donate their time to research, write and produce the book.

Since its inception in 1965, the Texas Bar Foundation has awarded more than $6 million in grants to law-related programs. Supported by members of the State Bar of Texas, the Texas Bar Foundation is the nation’s largest charitably-funded bar foundation.

The Swalm Foundation recently approved a grant to NAMI Texas to assist us as we raise the level of public awareness in local community throughout Texas, reach out to the minority communities and expand our educational opportunities for all of our members.

By Alex Lindkvist
NAMI Walks State Coordinator

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The NAMI Texas Store is Now Open

These items, and more, available at your local NAMI Store.

Backpack $15 or 2/$25
Totebag $3.00
Neck Wallet $5.00
Magnet $1.00

Canvass Briefcase $8.00
Travel Mug $10.00
Keychain Flashlight $2.00
Pins $2.00 each

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