A New Policy Statement to Treat Serious Mental Illnesses

One man’s journey to recovery

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Our Thoughts and Prayers are with the Families
The new freedom commission on mental health is emphasizing, in a recently released sub-report, that the mental health movement needs to move from a maintenance model with current knowledge and resources. It is now recognized that people with mental illness can recover.

In other words, the “concept of recovery” in the future ought to be the overriding principle that guides mental health services and programs. The goal is to enable mental health services and programs to lend a self-determined life rather than remaining dependent upon the mental health system for a lifetime.

My purpose in writing this article is to share my story of recovery. “The Perfect Recovery” for me included, simultaneously:

1. Visits with a Psychiatrist and medication.
2. Weekly visits with a psychologist, individual and group therapy.
3. “Recovery, Inc.”’s “weekly, self-help, peer support group meetings; initially; 3–4 recovery meetings per week for a 15 month period.

I currently attend one recovery meeting per week and am on medication.
I was a Recovery, Inc. group leader for 11 years.
How did Recovery, Inc. help me?

Recovery, Inc. teaches its members that there are two levels of care:

1. Professional care is needed for the original diagnosis, medication and Counsel, i.e. treatment.

2. Self-Care which involves the vast majority of our lives (i.e. the 167 hours left in a week after a one-hour Doctor visit.)

We learn that part of self-care is to seek professional care when it is needed. For example, at the group meetings we share our experiences of everyday life where no advice or counsel is needed. Advice and counsel is in the domain of the professional.

My one year of intensive professional care and 15 months with Recovery, Inc. meeting attendance spanned a period of 3 years. After an initial 6 months of professional treatment, I thought I was well and quit treatment. Six months later I relapsed and my symptoms were worse than before. I went back into treatment for 6 months and again thought I was well and quit treatment a second time. However, I relapsed 6 months later. Toward the end of this 2-year period, I learned of Recovery, Inc. and attended 3 recovery-group meetings every week while going to the psychiatrist, the psychologist, and taking medication. After my second relapse, I moved to Chicago and attended 3–4 meetings weekly for over a year.

Up to this time, I had attended 5 colleges and Universities over an 8-year period but only earned one-year college credits. Also, I would have several jobs each year except for 4 years in the Air Force. The Jobs included messenger work, mailroom, farm work, janitorial and stockroom jobs.

Finally I was able to return to college and graduated three years later with a degree in Accounting from Seattle University in 1962. Since then, I have worked as an Accountant or Administrator until I retired from full-time work on July 31, 2002.

I still consider myself a consumer. However, a NAMI Affiliate President jokingly calls me an “imposter”, suggesting, “Doug is too functional to be a Mental Health Consumer.” He says, “You act more like you were never mentally ill.”

How did I live and what was it like before my recovery? I ran away from home as a teenager and was homeless for a short period of time. I spent two days in jail. In high school and college (before I received any treatment), I suffered from a preoccupation with thoughts like “I’m no good. Nobody likes me.”

If a teacher called upon me to answer a question, my face would turn red, my heart would start pounding, I would start trembling, and my voice would be shaky. I was terrified in school that my symptoms would show and people would know that there was something wrong with me.

I was so overwhelmed with panic when I rode the bus that I chose to walk 25 blocks to the Doctor’s office.

After high school, I joined the Air Force for 4 years. One airman called me the “the quietest person he had ever met.” Another airman, at another time, called me “the most fearful fellow he had ever seen. I was afraid of anything and everything.

My symptoms had become so intense by the time I had gotten out of the Air Force at 22 years of age, that I dropped out of sight and took a bus to Los Angeles instead of going home to my family in Seattle, Washington.

It was in Los Angeles, that I first sought help. It was after my first relapse, my psychologist sent me to a psychiatrist who prescribed medication for my depression. When I moved to Los Angeles, I obsessively checked the stove and lock on the door 20 or more times a night. I was so overwhelmed with panic when I rode the bus that I chose to walk 25 blocks to the Doctor’s office.

I would stop for a cup of coffee at a restaurant, but think everyone was staring at me, so I ran out after only 10 or 15 minutes. I thought I could relax and hide by going to a movie (where it’s dark and I could be inconspicuous), but I became so restless that I would have to rush out after 30 minutes. After my second relapse, I moved to Chicago.
where Recovery, Inc. was founded, and there were 30 groups plus a daily afternoon panel. Usually, I took an elevated train to work and to meetings. For the first 6 months, as the train raced into the station, I had a strong impulse to throw myself onto the tracks in front of it. This is scary when your impulses are so strong “they almost take over”. It’s like your being “pulled onto the tracks” by some unknown force.

Recovery, Inc. was founded by a Psychiatrist, Abraham A. Low, M.D., in Chicago in 1937, to prevent relapses and the chronic disorders of psychiatric patients. Dr. Low founded Recovery, Inc., to extend his time by training patients to help other patients to learn the principles and apply the techniques of psychiatric self-help.

At Recovery’s weekly group meetings, and with Recovery’s literature, I gradually learned the principles, concepts and discipline to restore my self-management skills, formerly lost to my illness. In Recovery, I learned how to regain self-leadership. It’s the difference between being symptom-led, being a victim of terrifying thoughts and paralyzing symptoms, or of being a victor over one’s life.

Psychiatric patients have lost their self-leadership to the “tyranny of their symptoms” and the “terror of their fearful and temperamental suggestions”, to the whim and caprice of their ever changing thoughts, feelings, and impulses.

I have built a perfect recovery by utilizing all the resources available to me, both professional care and self-care. I am profoundly grateful to the professionals that have helped me over the years and to Recovery, Inc. for its system of self-help techniques that enable me to function the 167 hours of the week that I am on my own.

Douglas Elbert is the NAMI Texas Treasurer.
He is a member of NAMI Waco.
In the fall of 2002, NAMI Texas went public declaring “dead” the current mental health policy of this state.

We proved through the numbers of former MHMR patients now in the criminal justice system (150,000) and the lack of access to early, effective treatment by those most seriously ill that the state’s mental health care strategy was not in need of repair, it needed replacing.

We stated that Texas needed a new policy that would serve as a catalyst for change.

Strangely enough, the environment for that change arrived in the form of a 10 billion dollar budget shortfall and a Republican dominated House in search of solutions.

In House Appropriations, the debate over funding for MHMR produced the most extensive public policy debate I’ve heard about treating Texans who have a serious mental illness.

In a classic discussion Chairman Talmadge Heflin, advocated for systems change, and Rep. Sylvester Turner, stood strongly for more funding, to solve the problem.

Both are correct.

However, in a session where both Democratic and Republican legislators said “no new money” and severe budget cuts were the norm, failing to do the right thing was costing Texas a lot.

NAMI Texas then engaged several legislators around “systems change.”

What does “systems change” mean in a state funding mental health at 47th?

What does it mean in a state where the public mental health system must treat any mental illness where the person demonstrates a serious impairment in social, occupational or school functioning?

What does “systems change” mean when Senators and Representatives say that the cost of not effectively treating serious mental illnesses multiplies the cost to the criminal justice system?

What does “systems change” mean when you have a system so over capacity that less than 1 out of 2 who are in it get adequate treatment?

The House Appropriations Committee listened to suggestions from several sources and elected “systems change” to focus existing state resources on a reduced priority population (adults with schizophrenia, bipolar disorder and severe clinical depression, and children with serious emotional disturbances) using disease management strategies.

Key leadership agreed that, in a session with a huge budget shortfall, a reprioritization of resources around the most serious but highly treatable disorders made the most sense.

They instructed, however, that the current practice of treating only episodes of crisis must stop. A practice they heard witnesses state engaged—in effect—in ineffectively—episodes of the illness rather than concentrating treatment over the course of the illness.
They instructed that the “criminalization” of the mentally ill must stop. A practice they came to believe occurred due to a lack of sustained, effective treatment.

The “new treatment strategy” is contained in HB 2292 and is a significant declaration of public policy. HB 2292 passed its first vote in the House Friday evening.

It also contains sections calling for consolidation of the HHSC agencies (dismemberment of TDMHMR) and establishment of a preferred drug list requiring supplemental rebates.

The state’s mental health care strategy was not in need of repair, it needed replacing.

If HB 2292 becomes law, it will result in fewer people being served by our public mental health system.

The community mental health centers will have the challenge of finding resources for those not in the new priority population. But, those served will be served effectively.

There are no easy choices.

To do nothing because we have no new money only continues the senseless and costly tragedy that results from our current failed mental health policy.

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Here’s the relevant portion of HB 2292

Sec. 533.0354. DISEASE MANAGEMENT PRACTICES AND JAIL DIVERSION MEASURES OF LOCAL MENTAL HEALTH AUTHORITIES.

a) A local mental health authority shall provide assessment services, crisis services, and intensive and comprehensive services using disease management practices for:
   (1) adults with bipolar disorder, schizophrenia, or clinically severe depression;
   (2) children with serious emotional illnesses.

b) The local mental health authority shall engage an individual with treatment services that are:
   (1) ongoing and matched in type, duration and intensity to the needs of the individual;
   (2) focused on a process of recovery designed to progress an individual through levels of service;
   (3) guided by evidence-based protocols and a strength-based paradigm of service, and
   (4) monitored by a system that holds local authorities accountable for specific outcomes, while allowing flexibility to maximize local resources.

c) The department shall require each local mental health authority to incorporate jail diversion strategies into the authority’s disease management strategies for managing schizophrenia and bipolar disorder to reduce the involvement of those client populations with the criminal justice system.

d) The department shall enter into performance contracts between the department and each local mental health authority for the fiscal years ending August 31, 2004, and August 31, 2005, that specify measurable outcomes related to their success in using disease management to meet the needs of the target populations.

e) The department shall study the implementation of disease management practices, including the jail diversion measures, and shall submit to the governor, lieutenant governor, and speaker of the house of representatives a report on the progress in implementing disease management practices and jail diversion measures by local mental health authorities. The report must be delivered not later than December 31, 2004, and must include specific information on:
   (1) The implementation of jail diversion measures undertaken; and
   (2) The effect of disparities in per capita funding levels among local mental health authorities on the implementation and effectiveness of disease management practices and jail diversion measures.

f) The department may use the fiscal year ending August 31, 2004, as a transition period for implementing the requirements of Subsections (a)-(c).

g) This section expires September 1, 2005.
It was an empowering experience.
– Martha A. Ortegon
Don’t cut the safety net!

Having attended the first rally I can safely say not only has the rally grown in number but in excitement and purpose.

– Cliff Gay
What a day it was. The sun was shining on our beautiful Texas Capitol and on the more than 1,000 consumers, families, professionals and friends attending the “Don’t Cut the Safety Net” Rally. The morning began with those on the south steps of the Capital joining together singing and getting acquainted, (one of the songs was written by a consumer from Dallas). Joe Lovelace, Public Policy Consultant for NAMI Texas acted as the official MC for the rally. He told the crowd that just as the Marines had landed in Iraq, all of us here today are the Marines for the Mental Health System and that the mental health “Marines had Landed”. Our mission was to let the Texas Legislators know that there should be no cuts in funding to the mental health systems, programs and services. Eight of our Texas Legislators took the time from their very busy schedule to come and join with us to speak to the crowd. Judge Susan Criss from Galveston came all the way to be part of the rally and a mental health deputy also spoke to the crowd. NAMI Texas members, and individuals from the TDMHMR Community Centers spent the afternoon visiting with their individual legislators. All in all the day was an overwhelming success. The message was delivered and heard. The final decisions are yet to be made. It’s up to us to keep up the momentum. Just as the Marines opened new doors of opportunities and ideas for sharing to the people of Iraq, NAMI Texas is opening new doors to expand our membership and share the message with the people of Texas. A special thanks to all who helped make this day a success.
A Report from the NAMI Texas Bylaws Committee

In an effort to update and better align NAMI Texas Bylaws with NAMI National and other accredited non-profit organizations, the Bylaws committee for NAMI Texas has reviewed, revised and is recommending modifications to the NAMI Texas Bylaws. With these changes, NAMI Texas will be a proud leader that recognizes the grass roots efforts and increases the visibility of the local affiliates while being inclusive of individuals with mental illness, their families, friends and professionals who reach out to their community. The Bylaws committee has reviewed NAMI National bylaws, NAMI bylaws from various states, Texas Statutes for Non-Profit Groups/Organizations, and other documents to present NAMI Texas with bylaws that are inclusive updated separated from policies and procedures; definitive of the role of the Board and its members; and offering control and authority to the local affiliates.

Some of these revisions are recommended because of budget changes and needs;

The projection of NAMI Texas into the future as a modern, aggressive non-profit organization, dedicated to the eradication of mental illnesses and to improvement of the quality of life of all whose lives are affected by these illnesses;

The provision of structure and framework to continually build a statewide organization of which every one of its members can be proud.

It is imperative for NAMI Texas to expand its outreach while stepping into the future. The NAMI Texas Bylaws Committee requests your review and support of these proposed bylaw changes in the best interest for NAMI TEXAS. The affiliate presidents will have a copy of the bylaws no later than May 5, 2003 and it will also be available on the NAMI Texas Web site at www.namitexas.org for review. These revisions in the NAMI Texas bylaws are essential for the growth and survival of this organization in a state with an under-funded Health Care System.

B. Following are some of the highlights of the revision of the Bylaws:

1) A separation of the responsibilities of board membership from regional responsibilities. The process of regional representation will be developed in the policies and procedures with input from the affiliates.

2) Clarifying the definition of membership.

3) Alignment with our national organization in the number of directors along with nomination and election processes.

4) Moving towards an inclusive and integrated organization for all—eliminating a dedicated position for a consumer director, while opening up the process for consumers and family members to be elected at large.

5) Allowing a process to move forward whereby all present board members will complete their elected terms on the board during the transition.

6) Opening up the nomination process for board directors to affiliates who traditionally do not attend the annual conventions and/or who have difficulties attending.

C. The presidents of the NAMI Texas Affiliates have been invited to attend a retreat on May 23-24 to discuss and analyze the Bylaws revision.

D. A special called membership meeting will occur on June 14 to vote on the revision of the Bylaws.
A word of appreciation from the family of Thelma M. Drews

The kindness and generosity shown to all of us during the time of Mother’s brief illness and death are greatly appreciated. The beautiful flowers, plants, gifts, cards, donations, calls and emails were encouraging to both Mother and Dad. I want to express our heartfelt appreciation for the outpouring of love, prayer and thoughtfulness over the past three months. During this life change, we are especially blessed to have each of you as friends!

Linda A. Zweifel

REMINDER:

Don’t forget to mail in your exhibitor registration

The next time you’re at Randalls, pick up a Remarkable Card application at the courtesy booth to fill out and link your card to our account. Randalls will pay us 1% of your account total.

Enter #9411 and donate to NAMI every time you shop at Randalls!

By using your card, you will also be eligible for exclusive discounts, giveaways, enter-to-wins, direct mail rewards and Airmiles.

AIR:

Southwest Airlines offers up to 10% off most fares for air travel to and from the NAMI Conference with the convenience of Ticketless Travel. To qualify, call Southwest Airlines Group and Meetings Reservations at 800-433-5368 and reference the assigned I.D. Code G0115. Reservation Sales Agents are available 7:00 a.m.–8:00 p.m. Monday-Friday or 8:30 a.m.–5:30 p.m. Saturday and Sunday, Central Standard Time.

The Omni Marina Hotel is holding a block of rooms at $80.00 single, $100.00 double, $110.00 triple and $120.00 quad per night. The cut-off date for accepting reservations into this room block is Thursday, September 4, 2003. Reservation requests received after 5:00 p.m. local time, at the Omni Marina Hotel, on the cut-off date, will be accepted on a space and rate availability basis. Check-in time is 3:00 p.m. and checkout time is noon.

All reservations must be guaranteed by a valid major credit card, which will be supplied at the time of reservation. Cancellations will be accepted prior to 12 p.m. noon local hotel time, on the day of arrival.

For more information about the hotel, call (361)887-1600 and identify yourself as attending the NAMI Texas Conference in September.

The cut-off date for accepting reservations into this room block is Thursday, September 4, 2003.
2003 NAMI Texas Conference Registration Form
Setting the Standard - Lighting the Way

September 18–20, 2003
OMNI Marina-Corpus Christi
(361) 887-1600
707 North Shoreline
Corpus Christi, Texas

Name: (to be printed on name tag)________________________________________

Address:__________________________________________

City, State, Zip:__________________________________________

Daytime Phone:__________________________ Fax:__________________________

Email address:__________________________________________

Please check which registration fee you are enclosing:

☐ Consumer Registration ($65)
☐ General Registration ($75)
☐ I wish to add a donation of $__________
   for registration fees paid for others.
☐ Late Consumer registration 8/29/03 ($70)
☐ Late General registration 8/29/03 ($85)

☐ Thursday 9/18 Kickoff reception/Flagship
   $25.00

Please check all that apply to you:

☐ Consumer
☐ Family Member
☐ Speaker/Presenter
☐ Mental Health Professional
☐ Exhibitor/Sponsor
☐ Member NAMI ________

Special Dietary Needs

☐ Vegetarian ☐ Diabetic


CANCELLATION POLICY:

All Cancellations must be received in writing no later than August 29, 2003. All monies will be refunded minus a $25.00 processing fee. After August 29, 2003, NAMI Texas will make no partial or full refunds for cancellations or failure to attend the program.

Return registration form to:
NAMI/MGA Inc.
606 N. Carancahua, Suite 1500
Corpus Christi, TX 78476

Phone /Fax:
(361) 225-4500
(361) 225-4505(fax)
La causa número uno de suicidio en los Estados Unidos es, la depresión que no se atiende. Esto significa que identificar y dar tratamiento para la depresión es crítico para poder salvar la vida de miles de personas cada año. El problema se hace más grande cuando nos damos cuenta de que la depresión y el suicidio no solo afectan a la persona, sino que a todas las personas que le rodean. El señor Ibarra recuerda con tristeza al amigo que perdió por un suicidio. “Me sentí muy mal porque pienso que era algo que se hubiera podido prevenir.” Lupe Morin lucha con los recuerdos de intento de suicidio de su hija y su hermano. “Estoy muy agradecida con Dios porque sus intentos no tuvieron éxito. Pero en realidad, siempre te preguntas si lo volverán a hacer.”

La depresión puede distorsionar la forma de pensar al punto que la persona ya no puede pensar con claridad o de forma racional. Tal vez no se den cuenta de que tienen una enfermedad que se puede curar o tal vez piensen que no les pueden ayudar. La enfermedad de depresión puede causar pensamientos de desesperanza de debilidad, los cuales les pueden llevar a tener ideas de suicidio.

Es muy importante educar a la gente acerca de los síntomas de la depresión y de las señales de advertencia de suicidio para que las personas que sufren de esta enfermedad puedan obtener la ayuda que necesitan.

El joven Francisco nos platica que desde niño a sufrido con depresión, pero finalmente encontró la ayuda que necesitaba en un grupo de apoyo. El esta muy agradecido por los cambios que ha tenido en su vida. “Ahora me siento bien, tengo un lugar a donde ir y gente que me comprende, mas energía, y por fin tengo amigos.” Los grupos de apoyo le permiten a las personas en situaciones similares hablar con otras personas y compartir sentimientos, pensamientos y miedos. Esto le da a las personas un escape que tal vez no tenían antes. La terapia profesional y el apoyo de la familia son iguales de importantes y, en una situación ideal, todas deben existir al mismo tiempo. Si usted o uno de sus seres queridos están sufriendo por la depresión, busquen ayuda antes de que la situación sea muy tarde.

Saludos
La Alcancía Nacional de Tejas (NAMI) esta invitado a personas Hispanas a escribir artículos en Español. Pueden escribir sus experiencias con la enfermedad mental, artículos de interés que hablen de algún recurso, evento o investigación o alguna otra cosa relacionada a la Salud mental.

Por ejemplo;
En San Antonio Tejas, la clase de Visión para Mañana, un curso preparado para familias que tiene una persona diagnosticada con enfermedad mental, se reúnen en los Miércoles a las 6 de la tarde y las clases son por 12 semanas y además es gratis. Diez madres están tomando esta clase y están maravilladas con lo que están aprendiendo y a mismo tiempo preparándose a ser abogacía para sus niños.
Espero que usted también se anime y mande sus artículos en Español.

Gracias a la Señora Dianne Bisig, Directora de NAMI-TEXAS por esta invitación a nuestra comunidad Hispánica.

Juntos Y Unidos Podemos Hacer Mas!

#9411

Don't forget to link our Good Neighbor Number to your Remarkable Card and help us raise funds the easy way!
Q&A by psychiatrist John E. Marcellus, MD
American Board of Psychiatry and Neurology in Child, Adolescent and Adult Psychiatry

What are the most important things that a person affected with mental illness can do to maintain a level of wellness and move forward in his/her cycle of recovery?

It is important that persons affected with mental illness maintain a structured and well-planned lifestyle and attitude. Commitment to helping oneself is essential to the cycle of recovery and control of the illness. While there is no cure for mental illness, there are many successful medications and therapeutic approaches that allow many individuals the opportunity for a fulfilling lifestyle. Additionally, the following recommendations enhance the effectiveness of the treatment plan and team:

- Keep all appointments with the psychiatrist and psychologist.
- Take medications as prescribed, both in quantity and as scheduled.
- Live a healthy lifestyle which includes a balanced diet and exercise.
- Stay away from alcohol and recreational drugs.
- Educate yourself about mental illness, specifically your diagnosis, and locate a support group to attend regularly.

What is the recommended role of family and friends?
Ongoing support from family and friends contributes an essential element in the cycle of recovery and level of wellness for the person with the mental illness as well as the overall family unit. When there is family support, there is a notable difference in both the level and timeliness for the first steps toward “getting better” in the early days of the illness. Mental illness affects the most important organ in our bodies which targets our mood, thoughts, coping skills and ability to meet our own needs. Talking with other families who have already experienced several years of facing the day-to-day challenges of living with mental illness is vital for family and friends. The following involvement is highly recommended and encouraged:

- Education about mental illness, symptoms, behaviors, coping skills and its impact on the patient and the family, is essential. If family members and friends can obtain education in the early stages of the illness, the entire family benefits immediately.
- Support of the patient, support of efforts attempted, and encouragement with medication compliance is crucial.
- Attending support groups and self-care seems to keep the focus on the family and supporting all efforts to move forward with life.
Donate to NAMI Texas and help us conquer the stigma and discrimination against mental illness!

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.

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.

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

Join your local NAMI Affiliate

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