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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.
May I extend to you and your family best wishes for a very happy, healthy and prosperous New Year! With another milepost in sight and another year coming to us with hopes and opportunities for service, may we all stop a moment to reflect upon our pleasant relations of the past year, 2002. It is, indeed, with gratitude that I look back upon the past year and thank you for your support and trust in electing me your president. Now at the very outset of the New Year, I appeal to you to attend the meetings, let your positive thoughts and energy be contagious and focus on our goals. Your presence will be the barometer for our efforts; your actions will determine the path, and your ability to work as a team will determine the length of the trip. All of these things will spur the administration on to greater achievements. It will be more than an indication of support; it will be an inspiration for even better outcomes. As my first article to the members of NAMI Texas, I would like to share some thoughts about the topic of “windows of opportunity.”

An open window invites light, not darkness; that opening welcomes what is new, powerful and revealing. As we enter into the year 2003, I would like to talk about the windows of NAMI Texas. There are various types of windows for opportunity: windows through which everyone sees; windows through which others see; windows through which only you see; and, windows through which no one sees. We all know that the size, thickness of panes, dust, mold and the clearness through polishing of the panes, contribute to these windows as we peer from both the inside and outside. Each of us has our own window and what we see depends on the size, focus and condition of our window. It is through our individual windows that we determine the windows of opportunity and growth for NAMI Texas. I would like to challenge you to decide which type of window you want to exhibit in 2003. What will your window reflect? Let’s all begin where we are at the present time. What does everyone see through our individual window? The public part of us or the window, through which everyone sees, is derived from what we disclose through our experiences, sharing of ideas and wisdom. Perhaps a good question may be: to whom do we market in brochures, on the Web, through our advocacy efforts and educational efforts? NAMI Texas has public visibility. We are not in a private place as we enter 2003; what everyone sees though our window reveals what we stand for, our content, our issues, our beliefs, our positions and our ability to work as a team both within NAMI and with other agencies. It is our arena where we interact and communicate. Our goals and opportunities are never fixed, but instead are expanding.

The window through which others see, usually represent the part of us that is partially concealed. Behind the state-of-the-art brochures, the strong voice and the brightly colored publicity, is an ever-challenging pane that may conceal our private fears and sometimes our personal expectations. When we are no longer interested or focused, when we become tired of hearing about others’ incessant problems or when we have a negative evaluation of our attitude to-

It is when we step out into the open and re-evaluate our purpose to the overall focus that we begin to empower others.
ward a meeting, it may be important to look carefully at our window from within ourselves. People have a way of knowing when we bring only a small part of ourselves to display. It is when we step out into the open and re-evaluate our purpose to the overall focus that we begin to empower others. The year 2003 brings to all of us an opportunity to grow in skills, experience, confidence and team leadership.

Windows through which only you see may actually resemble blinders. While we may think we are concealing our thoughts, others often view this as a negative attitude, not listening or acknowledging what others are contributing, or insisting that we stick to a process that has not and continues not to be in the best interest of the organization. No matter how carefully we make decisions, our impact will be reduced if we are in a blinded area. Windows through which only we can see may prohibit us from seeing behaviors, mind sets and fears that may block our abilities for growth, impact and uniqueness. It is time that NAMI Texas evaluates a realistic view of the direction we are headed on all aspects – advocacy, education and support – for both the volunteers and the staff. Windows through which no one sees may be compared to a blank screen on a computer. A dull and dusty window does not excite anyone; it does not make an impact; it is darkening the way for changes that would bring life into covered window panes, strategies and plans. Windows through which no one sees are blocked with private and personal issues, myths of unknown paths and purposes, and are never explored or developed to their clearest purpose.

So, what do we, as members of NAMI Texas, need to become open, shining, reflective and purposeful? How can we shine through the dust and cloudy windows of the past years? As I have re-evaluated my own purpose and goals, I have noted four points that I will share with you: I believe I must be willing to let go of old and past baggage; I must honor and solidify to what I propose and say; I must be willing to contribute to and lead toward solutions without knowing the outcome; and, I must commit to discovering and staying with the process of growth. I would like to ask each of you to consider these four points. Let’s research, create, plan, commit and work together. Let’s set our goals and then creatively work to improve NAMI Texas. When we feel as though we are approaching a potential dead-end, a frustration or a low energy level, let’s pull together for strength and focus, and ultimately, we will impact and make a powerful statement for NAMI Texas.

Linda Groom may be e-mailed at lindagroom42@hotmail.com

On January 3 & 4, 2003, the NAMI Texas Board of Directors met in Austin. Many new members were welcomed to their leadership positions while some familiar faces got right back on track working for NAMI Texas mission and goals. Left: Linda Zweifel and Judy Biggs. Above: NAMI Texas Board members Evelyn Burgar (Region 5), Tom Jackson (Region 9), Stephanie Contreras (Region 9), and Leo DiValentino (Region 3).
Becoming A Household Word

NAMI’s “Call to Action” could not have come at a better time for Texas. Our transition period is over and a “Texas Call to Action” will be our focus for 2003. There is so much to be done and it will take action as well as true commitment from all the NAMI Texas members and supporters to move our issues to the front page of our communities.

NAMI Texas needs to become a household word. We, as an organization need to apply the 3 W’s & and H:

Who are we: A nonprofit organization that is the voice for mental illness in Texas.

What we do: We advocate, support and educate individuals, families and friends of individuals who live with persistent and severe mental illness.

Where we are: We are located all across the country and in 44 local affiliate and support groups in Texas.

How are we going to make this happen? How can we become a household word if no one knows who we are, what we do and where we are?

It’s time for change, change is not always easy and sometimes very frightening, however, it does provide an avenue for forward movement and that is the direction that NAMI Texas is headed.

We are going to ask:
-Our members to join together and speak out at all levels of their local communities;
-Community businesses and community leaders into our organization;
-Our local Senators and Representatives to meet with us so NAMI Texas and local NAMI affiliates can bring the issues that affect individuals with mental illness, to their attention;
-The media, to work with us on a public awareness campaign

In return, NAMI Texas will:
-Provide technical assistance to established affiliates;
-Assist small affiliates to become stronger or help incorporate them into chapters of larger affiliates;
-Ask for cooperation and new ideas to spread our message across Texas
-Keep a scorecard of our activities and challenge ourselves daily;
-Increase our funding through grants and other contributions;

This is an aggressive outline for this next year and we are going to be very busy! If we truly believe NAMI Texas is the State’s Voice on Mental Illness - we must become a household name. We are counting on NAMI Texas Board of Directors, staff, members, friends and supporters to help make this happen.

Dianne Bisig
Executive Director

Dianne Bisig may be reached at the NAMI Texas office or e-mailed at dianne@texami.org.
It is here whether or not we want it to be and now we must decide what to do with it – 2003! The question is not what we did with 2002, but what we are planning for 2003 in the World of NAMI Texas. It is time to make that decision – what are you planning to contribute to the lives of persons affected with mental illness, their families and friends? When we consider that there are only 12 months, 52 weeks, 365 days or 8760 hours in 2003, we note that time is ticking away. How are we planning to make the most of every hour, day, week and month? The question that is proposed to you is: will you join the education and support efforts of NAMI Texas and its local affiliates? Will you attend, recruit for classes, teach and mentor in 2003?

In order for 2003 to be the most productive and effective year ever at NAMI Texas and its local affiliates, it will take “team work” and lots of it. What this means is that each of us must search within ourselves about our commitment and how we personally plan to develop and enhance our efforts. We cannot succumb to the convenience of waiting for others to volunteer – we must volunteer our own efforts.

There is a place in the World of NAMI Texas for each and every one of us. I encourage you to consider, ask questions and then decide on the education curriculum, support group, presentation or other effort to which you will dedicate to this coming year.

Over the holidays, I read an article about the importance of “finding your pulse while connecting with your passion.” When we touch the private spaces of our lives where our spirit flourishes, we experience the greatest level of freedom and exhilaration through moments of simplicity. What takes us to our essence may be a creative project or finding ourselves at the center of an event that opens doors. Sometimes, it may take a dangerous diagnosis or crisis to wake us out of our numbness and feel the beat of our own pulse. In this realm of awakening, we discover what is really important in our lives and with that knowledge we are charged by our passion and literally grounded in that power. That is when we speak out and act with great impact.

Why make a commitment? There is great energy in a commitment – it may be that you are going to be a speaker, that you are going to be available to others or that you are planning never to stop learning. It is both personally and professionally healthy to return to your first commitment and reconfirm yourself while choosing to make this next step. If we lose touch with our earlier enthusiasm, if we contemplate a shift in focus, and especially, if we are beginning a new venture, it is time to reexamine our “why.” It will probably take us back to our reasons for the original commitment and alert us to anything that might be missing in this endeavor. It also will probably reconfirm the rightness of our choices and reconnect us with that early spark.

How do we get in touch with our “why” to our commitment? It
seems that there are three basic reasons that most persons commit to reaching out to others: we feel alive, we get action and we receive dividends. Our lives can literally be on the rocks, but in front of a class, helping one-on-one or in a support group, we become free. We feel in control, organized and focused, and perhaps almost as though we are on a high. Yes, it can definitely be addictive, but what a powerful addiction! Let’s take a moment to think about the audience and the shared energy; the freedom that surfaces when we are organized and prepared; and then the interaction and creativity between the audience and the presenter. Soon, we find ourselves taking every opportunity to look for ways to get response and to break the monologue format – we become creative and alive. A sense of humor may flow from us to our audience – what a stress reliever!

In this realm of **awakening**, we **discovery** what is really important in our lives and with that **knowledge** we are charged by our **passion** and literally grounded in that **power**.

What dividend do you want to receive: meaning, challenge or personal growth? What you say and how you say it has meaning. To rephrase Maslow, when your tool is a hammer, you get to hit the nail on the head. When your audience (class or support group) confirms it, you hit the jackpot. There is nothing as exciting as when you see that someone “gets it” or that you have said it with such simplicity and passion that the words seem to comfort and heal the pain of another person. If you are hooked on challenge, you are hooked for life because there is always another one waiting in the wings. If challenge is your choice, you will need adventure, risk, charge and ideas. If personal growth is the focus of your selection, you will need to prepare for a personal journey that requires personal training and improvement, inner strength and knowledge. Regardless of which dividend you select, that divided will accrue through each opportunity as you speak for persons whose lives are affected by mental illness, their families and friends, and the dividend will have compounded interest, figured daily!

Please contact your local affiliate president or NAMI Texas and let us know your choice of dividend for 2003. We look forward to hearing from you!

**Linda Zweifel may be e-mailed at linda@texami.org.**
Join me in a collective sigh of relief now that the 2002 campaigns and election are finally over. The time has come to put away our political weapons of destruction and get to work on addressing the real issues facing Texas families.

Although I will not be returning to the Legislature as chairman of the Senate Committee on Health and Human Services, it was my responsibility to complete an interim study, as directed by acting Lt. Gov. Bill Ratliff, on several important issues related to mental health services for Texas children. After months of public hearings, stakeholder meetings and suggestions by state agencies and other interested parties, the recommendations are complete and were submitted to Ratliff, legislators and other state leaders for consideration next session.

It is no secret to my constituents and colleagues that I am a longtime advocate for those affected by mental illness and mental retardation. Through these recommendations, it is my hope that Texas will put this issue in the forefront of the fiscal and policy decisions during the 78th legislative session. We have placed this problem on the back burner for too many years and, unfortunately, we are reaping what we have sown or, more accurately, what we have not.

Research tells us that mental disorders and problems can touch any of our lives despite our social class or economic background. However, we know that some children are more at risk than others are. Prenatal damage from exposure to alcohol, illegal drugs or tobacco, low birth weight, poverty, neglect, abuse, unsatisfactory relationships, parental mental health disorders and exposure to traumatic events are among the factors that influence the mental health development of a child. Sadly, the symptoms of the children with mental health disorders often manifest themselves in child suicide statistics, child abuse and neglect reports, and in our overburdened juvenile justice system.

I have often said that when faced with serious challenges in difficult situations, we must be proactive, not reactive, in looking at real solutions. For this reason, our committee took an in-depth look at the availability and adequacy of mental health services for children, adolescents and their families. What we discovered is a well-meaning but fragmented system of more than 10 state agencies that provide or participate in the children’s mental health services. We also heard from families frustrated by the long waiting lists and confused about the complicated infrastructure of these programs and services.

Statistics show that more than 660,000 Texas children have mental health disorders; of those 150,481 meet the criteria for “serious emotional disturbance” and require publicly funded services. However, in 2001 only 40,000 children were served by the state’s mental health agency.

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It is not my intention to be critical of any state agency, but rather to give an example of how this crisis is not a legislative, funding or educational priority. The numbers are staggering, and the costs are enormous. These children disrupt our classrooms, our homes and our care-giving environments. Resources are poured into our special-education classes, health care systems and public facilities.

Some families see the problem as so overwhelming that the only alternative is to relinquish the custody of their child so they can receive publicly funded mental health services. By doing so, the parents are seen as unfit, and their ability to make decisions in their child’s life is strictly limited.

Although I have painted a grim picture, I believe the light of hope is seen in the faces of our children. God made them incredibly resilient; if addressed early enough, many of their problems can be prevented or reduced. We know that the opportunities to affect them can be missed, and that is why early intervention and prevention are so important.

The committee has recommended the statewide expansion of the “Systems of Care” model and integrated funding efforts at the Health and Human Services Commission (HHSC) through a graduated process by 2009. Current research indicates that the most effective method of intervention involves a model of service called “Systems of Care.” This model involves developing individualized “wraparound” teams. They consist of schools, community mental health care centers, social service organizations, juvenile justice programs, psychiatric treatment programs and primary health care organizations unique to each child.

The team will work together and be jointly responsible for the coordination of services for a specific child. The system presupposes that young people with emotional and behavioral problems respond more favorably when they are allowed to remain with their families and in their communities while receiving treatment. Unlike more traditional approaches that focus mainly on treating the child, this system provides both the child and family with an active role in devising the plan of treatment. “Wraparound” is a process in which the strengths of the child and family are the driving forces behind a treatment plan.

The next recommendation directs the HHSC to evaluate all funding streams at local, state and federal levels for children’s mental health. Maximizing every dollar to meet the growing need for services and supports in a fiscally responsible manner is imperative. To do this, we must coordinate all publicly funded children’s mental health programs. Texas must appropriately address the needs of children with serious emotional disorders before they reach a “crisis level.”

Currently, the state spends millions each year to provide mental health services to children in the juvenile justice system or through Child Protective Services because these children are unable to access care in a more appropriate setting. School-based mental health programs are proven to reduce the risk of mental illness through population-based methods. This approach recognizes children at risk and offers treatment to those who are beginning to have problems.

Another recommendation to the Legislature requires that the Texas Education Agency, in conjunction with the Texas Department of Mental Health and Mental Retardation (MHMR), the Texas Department of Health (TDH) and the Texas Commission on Alcohol and Drug Abuse (TCADA), assess these

“Imagine having to choose between getting mental health services for your child and retaining rights as a parent. Yet many parents face this dilemma for various reasons.”
programs and make recommendation to develop them further.

Research shows that the earlier children with emotional disturbances are reached, the better the outcome and the less money is spent on costly services. Currently, MHMR and the Inter-agency Council for Early Childhood Intervention (ECI) are working together to develop a continuum of care for preschool-age children with early signs of emotional, behavioral or mental problems. We know this is an excellent way to reach children under age 7. Unfortunately, funding levels for this program only serve 10 percent of the children in Texas who could benefit.

Lastly, we recommend that the Legislature direct and fund MHMR to develop the statewide capacity for therapeutic foster care and intensive community treatment. This would provide the support for children and families to help avoid parental relinquishment of custody to the Texas Department of Protective and Regulatory Services (TDPRS). It is inconceivable that during 2001, parents of hundreds of children relinquished custody to the state in order to access residential treatment.

Imagine having to choose between getting mental health services for your child and retaining your rights as a parent. Yet many parents face this dilemma for various reasons. Residential care is often not available or affordable, insurance coverage is limited, or parents are not eligible publicly funded services.

This column only scratches the surface of the interim study and recommendations of how to approach this serious problem in Texas. It does not take a licensed psychiatrist to figure out that mental health disorders are expensive problems that require constant maintenance and oversight every legislative session. As the old saying goes, “Pay now or pay later.”

Sadly, our study shows that many of our children are paying for the neglect of this problem in devastating ways. Mental health problems are not seasonal and will not go away if left untreated. They only grow more complicated and difficult to address. Meanwhile, families are ripped apart, and our children are being lost.

The torch is being passed to my colleagues, and the responsibility to keep the flame burning on this issue is up to them. It will be our responsibility as citizens to keep all of our elected officials accountable for the decisions they make about mental health services for our children.

Stay involved and connected — our children are depending on us to send them into the future happy, hopeful and healthy. Let’s not let them down.

Sen. Mike Moncrief, D-Fort Worth, of Texas District 12 did not seek re-election in 2002. This column was adapted from a speech he made in November.


By Parent Advocacy Coalition for Education Rights (PACER) and the National Endowment for Financial Education (NEFE).

Information on step-by-step planning and financial management techniques on the following issues:

Organizing Insurance Planning for the future Resources Price: $3

Order on the web: www.pacer.org www.nefe.org
Santa is everywhere.
Little children are making their lists, going to the stores, and climbing up on Santa’s knee to recite their lists—those “goodies” they hope will be there when they wake up on Christmas morning. Others in our community have shared the spirit across the nights of Chanukah (which came early this year). Still others share the special time of year by enjoying the week of Kwanzaa with their family and friends. The magic of the voting public to make those difficult decisions as to what will be “best for Texas” for the next few years. Some describe this session and the financial difficulties facing the State as one of the worst in recent memory. Others just flat out say it will be the worst-period! Still, others see this as a true opportunity to “scrub down” each aspect of Texas governmental operations enduring that tax support continues to be justified and reevaluates entities have been saying new dollars (over the base level of funding) are needed in Fiscal Year 2004/2005 just to stay the “same.” The Texas Department of Mental Health and Mental Retardation (MHMR) is one such agency. Without “new” dollars above the baseline in FY 2004/2005, many areas of TDMHMR will have to “shrink”—reduce services and supports— to balance their budget and “live within their means.” No one truly is all around and is truly special. Would it not be wonderful if the way we share and treat each other at this time of year became the norm all year long?

But, in truth, this is but a moment in time. When this passes in a few short, short weeks, the dark clouds of the 78th Legislative Session will descend upon Texas and the difficult task of creating a balanced budget will fall squarely on the shoulders of the dedicated men and women who stepped forward, and for elected office, and won the vote of confidence from the major-party of the voting public to make those difficult decisions as to what will be “best for Texas” for the next few years. Some describe this session and the financial difficulties facing the State as one of the worst in recent memory. Others just flat out say it will be the worst-period! Still, others see this as a true opportunity to “scrub down” each aspect of Texas governmental operations enduring that tax support continues to be justified and reevaluates entities have been saying new dollars (over the base level of funding) are needed in Fiscal Year 2004/2005 just to stay the “same.” The Texas Department of Mental Health and Mental Retardation (MHMR) is one such agency. Without “new” dollars above the baseline in FY 2004/2005, many areas of TDMHMR will have to “shrink”—reduce services and supports— to balance their budget and “live within their means.” No one truly is all around and is truly special. Would it not be wonderful if the way we share and treat each other at this time of year became the norm all year long?

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budget, seeking new “efficiencies,” “improved” ways of doing business cost effectively, and efforts to “save” dollars in one place to “shift” to another area of demonstrated, intensive need. All areas can’t and won’t be of equal status. Some, by much effort and the credibility of those providing the data, will convince the Legislature and “rise to the top” for special attention.

And, there exactly is the “rub.” It’s the message- the merits of the message- the data that supports the message- and the credibility as to who delivers the message. It will take all of us speaking out in alignment with the same voice- the same message- to convince the Legislature that the crisis is real in the public and private mental health and mental retardation system of services and supports. We are “sinking” into what, perhaps, can be described as “third world” status. I am no a pessimist by mature- quite the contrary- some describe me as an unabashed optimist. I do believe that you make lemonade when life throws lemons at you. But, this is contributing status. We have waiting lists that are by-and-large real- real people in need of services and supports needed to address the aspects of their mental ability. (You won’t believe how many legislators- who are caring, concerned Texans- who don’t believe our waiting lists are “real.”) We have a “system” today- the public “safety net”—that has gaping holes and is shredding rapidly. We have families moving toward “critical mass” as they age (or stress out) and are less and less physically or economically capable of taking care of their loved one with mental disabilities. We have a state rapidly growing in size- rich in the diversity of its resident population- with one of, if not the highest, percentage of its population who are uninsured. If you haven’t noticed, it’s not just the “poor” and the unemployed that are uninsured any more. Many working folks, some in “middle-class” jobs can’t afford the cost of health insurance.

What is our state’s commitment for the mentally disabled? What is our commitment for the health of those who reside in Texas? We are sure to find out as the 78th Legislature will be making these critical decisions that will direct us over the next two fiscal years. If we’re waiting for Santa to show up- we’re in for a rude awakening. All concerned must speak up now- loudly and often- with a united voice of concern. We must articulate the real need with business-like information to prove this investment of Texas dollars in needed, now, will save money in the long run (pay now- or pay more later), and will be deployed in an efficient and effective manner. Speak out- please- now and often. Or, don’t complain later. Santa has come and gone- now we have the reality of the 78th Legislative Session.

We are sinking into what, perhaps, can be described as “third world” status.

This article originally appeared in the Dec. 2002-January 2003 publication Interface. It has been edited for length.
Mark you calendars for.....

NAMI TEXAS
Rally & Capitol Day
MARCH 26, 2003

10:00AM to 12:00PM – Rally
1:00PM to 4:00PM – Legislative Visits
South Capitol Steps

Contact Diana Kern for more information.
512-693-200, 1-800-633-3760
diana@texami.org

“Don’t Cut The Safety Net!”
NAMI Dallas Beneficiary of Homespun Charm with Original Production of *Grits, Anyone?*

When faced with the illness of our loved ones, who among us has not asked “what can I do?” At these dark moments, we feel ill equipped to cope with the day-to-day, much less go out and make a difference. But through NAMI, many of us have found strength we didn’t know we had.

Carole Harrell, a Dallas area mother, has taken that support and combined it with her God-given talent as a playwright to make NAMI Dallas and LifeNet’s *Housing for Homeless Women with Mental Illness Project* the beneficiaries of a winter fundraiser like no other: the production of the original family comedy “*Grits Anyone?*” and a dinner gala.

This must-see production is about four women going to the Grits Festival. Their bed and breakfast has burned down the night before their arrival, and the only place available to them is an old bungalow at the edge of the woods. There is a little romance, lots of tea-sipping and grits-stirring, and a great deal of laughter.

Says Carole, “The Gala will be great fun! Macie Jepson of WFAA-TV in Dallas is the honorary chair and those glamorous stars from Hollywood, Jane Withers and Ann Blyth, will be our very special guests-plus a few surprise special guests. The chef at the Eisemann Center Renaissance Hotel promises a fabulous meal and our award-winning director, Cynthia Hestand, is assembling a memorable cast. Please come and enjoy the evening and help us raise money for housing for homeless women with mental illness.”

A long-time playwright, Carole had previously founded Morningstar Theater Foundation, whose tagline is “acting for a better community.” Begun in 1996, Morningstar became a 501(c)3 foundation in 1999 in order to benefit local charities through theatrical productions. “Grits Anyone?” will be the group’s seventh production, and combined with the dinner gala, their largest undertaking to date.

So the next time you ask yourself “what can I do?” remember Carole Harrell and you’ll know the answer is “plenty.” And come on to Dallas this February so the next time you hear “Grits, Anyone” you can be sure and say, “yes, please!”

Contact Morningstar Theater Foundation at 972-744-4650
Recently I saw a young man in my office for what he had identified as a drug and alcohol problem. During the evaluation, it became apparent that he had both the chemical dependency problem that he had identified, and an underlying bipolar disorder (manic depressive disorder), as well. In his case, it appeared as though the bipolar disorder had clearly preceded his drug and alcohol problem. As I explained to him, this “dual diagnosis”, he understandably had many concerns and questions. “What is this dual diagnosis you say that I have”? “Which came first”? “Which should be treated first”? “How is it treated”? “Which is the prognosis”? “Is a 12 step approach to treating the chemical dependency portion of the problem appropriate, etc”? These were but a few of his questions.

Half of the people with chemical dependency problems have a co-existing psychiatric diagnosis of one type or another, and individuals with diagnosed psychiatric problems are likewise at much higher risk of chemical dependency problems. I will try to answer a few of the questions my patient posed to me.

The term “dual diagnosis” is usually meant to refer to the co-existence of a chemical dependency diagnosis, along with some other psychiatric diagnosis of the same individual. The psychiatric diagnosis can be anything from a thought disorder, such as schizophrenia, or a schizoaffective disorder, a mood disorder such as depression, or bipolar disorder, or the anxiety disorders, or for that matter, any other psychiatric disorder.

Asking the question about which came first, and which should be treated first, are not really as practical as simply deciding to treat both of them simultaneously. The significant point here is that they both must be addressed in order for ones recovery to be sustained. If the mental health component isn’t addressed, ones sobriety will be at risk, even if they are working a good program for chemical dependency. If the chemical dependency isn’t addressed, then their psychiatric recovery will be compromised as well. In short, they both have to be addressed at the same time. In addressing how the dual diagnosis is treated, one would have to look into the psychiatric problem and see what the available treatment options are for that particular disorder. Many psychiatric problems require medications, others require psychotherapy, some require a combination of both. Chemical dependency problems, for the most part require 12 step approaches. Treatment approaches therefore would involve some combination of the above.

My brief list is not meant to be exhaustive, and in some cases there are some other modalities that need to be included. The prognosis depends upon the severity of the psychiatric problem and of course the severity of the chemical dependency problem. Some psychiatric problems are far more difficult to treat than others, and certainly some chemical dependency problems are more difficult to treat than others. Ones motivation, however, their perseverance, and willingness to stay with the treatment for the duration, is a huge factor in a good prognosis. Also, hugely important is the support of their family and having access to the required medical treatment. The last question had to do with 12 step approaches, and their appropriateness in dual diagnosis cases. The 12-step approach is a spiritually based approach. There is nothing about the co-existence of psychiatric problems that would make a 12-step approach any less desirable. 12 step founders had tremendous respect for the medical establishment, and in fact one of the original founders was a physician. Ones duty is to work their 12-step
program and to make sure that their treating physician’s are well aware of their chemical dependency problems, and try to select physician’s that have some additional knowledge of chemical dependency problems. The 12 step based program is spiritually based and is therefore not appropriate for 100% of people, although the vast majority of people are very comfortable with it.

If you think you may have a dual diagnosis, rather than feeling demoralized at the thought of having the “double trouble” of the second problem, look at it as the prognosis for the chemical dependency problem, just got better if you simply get the co-existing mental health problem addressed.

MY PERSONAL EXPERIENCE

See Me...I Am Not a Diagnosis
by Audrey Ferguson

As a person with a disability, if I was asked, “How do you want to be treated?” My answer would be, “I want to be treated as if I don’t have a disability.” This is tricky however. Clearly I have an answer because often there are times when it becomes an issue. Is it up to people to ignore this fact? Or even worse, to refuse to support me when I need it because I’m seeking to live a “normal life”?

I am trying to live life as normally as possible. For instance, I have been asked several times, “Have you taken your medication today?” I know that this question is asked of me because others have interpreted what I have said as strange. I feel that this is irrelevant. Everyone says strange or weird things.

On the other hand, if I am in the hospital because I have had an episode, it’s nice for the people I care about to come and see me; to be kind to me; to not offer criticism, or contempt for the position I find myself in at that moment.

When I am dealing with the concept of respect there are a lot of boundaries, not just one clear boundary line. Some of these lines are blurry. But when they are crossed, the other person thinks that this one aspect of my life, this “disability thing”, becomes the whole picture, the “whole enchilada”, the whole person, until that is all that they see.

This is not all that I see when I look at myself. And because of this, I am very hesitant to reveal to anyone what my diagnosis is. This becomes an issue for me. This becomes something that we have to talk about, talk around, talk through and then I must deal with the other person’s preconceived notions.

I have dealt with notions like “crazy”, and “the line between genius and insanity”, and my illness being the fuel for my creativity; and parallel ideas: that I’m a dark person; that I am a moody person; that I think bizarre things. Even worse are the assumptions that others make: “You could make yourself better if you tried. Just think positive.” As though happy thoughts were a panacea.

Our society is hostile to people with disabilities. People on television, in radio, and in films, portray people with mental illness as lunatics, or as creative geniuses. The truth is much simpler. I try to live a normal life. I want the same things that everyone wants. I want a family, a career, respect and love. I’m not out to murder anyone, or cut off my ear.

I was shocked when I was diagnosed. The level of ignorance out there surprised me. And it is still out there. People just do not know. They don’t understand that a diagnosis of mental illness is not a death knell to my ability to be normal. It is a diagnosis. And like any diagnosis, it comes with restrictions on my behavior and my life, but it does not turn me into society’s image of a person with a mental illness. If I manage to get this across to some-
one, they seem to think I am some enormously strong person. They think that I have this special strength of character. This is another misconception. It has nothing to do with strength of character. It is simply a fact. I am a person first. I AM NOT bipolar disorder. Bipolar disorder is a list of symptoms.

Assumptions will then develop. Where do these assumptions come from? The only answer I have is that the information, which is currently being given to the average American about mental illness, is bad…very bad. How do I know? I know because I have been on the receiving end of it for seven years. I’m not angry with the average person for being ignorant. I’m angry at a system that could inform these people but does not. It’s within the power of that system to educate.

Instead, our society has archetypes of the mentally ill, such as Vincent Van Gogh and Brad Pitt in “Twelve Monkeys”. The reality of the true struggle of mental illness is left behind. Maybe people do not want to face what is true about mental illness. They don’t want to know what it’s like to wake up one day and have their thoughts dominated by an unrealistic fear; a sudden fear that they are doomed and that someone is out to get them. They don’t understand the paranoia that goes along with this illness.

When I am suffering from paranoia, no one can convince me that I am not in danger. I know and believe that I am. The letter in the mailbox, the man I see on television, every aspect of my life becomes evidence of a conspiracy. Everything I see and touch and feel is scary and surreal. It’s not glamorous. It doesn’t sell. But it’s true, and I live with it and go on.

If I could appear on television long enough to speak to people, I would tell them to go have lunch with a person with mental illness. I would tell them to open up their minds and have a conversation with someone whose reality is different, yet parallel to theirs. I think that they would be surprised at the similarities between us.

I graduated from “Partner’s in Policymaking” last year, an advocacy program sponsored by the Texas Council for Developmental Disabilities. I was taught to see myself as an individual, not a diagnosis. I believe that if I can learn this, other people can too.
ADVOCATING: A “DO” & “DON’T” GUIDE

Don’t surprise people in politics. Avoid going public on an issue until you have touched base with your affiliate director and board chairperson.

Don’t give inaccurate information. If you do not know the right answer, promise to get it and then follow through.

Don’t discuss changes in a bill. Once the legislator agrees to sponsor a bill or amendment, it belongs to him or her. NAMI Texas will be working with legislation during the Session.

Don’t be rude to legislators or their aides.

Don’t send form letters. Personal notes get read.

Don’t bypass your legislator by contacting one from another district!

Don’t speak for a legislator’s position on an issue.

Don’t get off the message or introduce new issues that are not part of the platform if you are representing your NAMI affiliate.

Every bill must pass through a related committee in the House and Senate and be adopted in both chambers before it becomes law.

DID YOU KNOW??:

In 2001, during the 77th Regular Session, more than 5,000 bills were filed, but only about 1,000 were passed into law.

WHY DON’T YOU WRITE THEM?:

Mailing Address for House Members:
Honorable Rep. ______
Box 2910
Austin, TX 78768-2910
FAX: 512-463-5896
Email: first.last@house.state.tx.us

Mailing Address for Senate Members:
Honorable Senator ______
Box 12068
Austin, TX 78711-2068
FAX: 512-463-0326
Email: first.last@senate.state.tx.us
**Do** work closely with your local NAMI affiliates and NAMI Texas office to coordinate your work with legislators on behalf of your community.

**Do** fund all legislative advocacy efforts with personal funds.

**Do** keep your advocacy focused on issues or funding—not political candidates.

**Do** seek out opportunities to let your legislators know when an issue is important to you with a personal visit, phone call or hand-written note.

**Do** distill your message. Legislators’ time is in demand and their attention can be limited. Practice saying your message in one sentence and hitting your key points in a few minutes.

**Do** prepare ahead for visits to legislators. Make an appointment and bring materials to leave that outline your key message.

**Do** follow-up visit with a “Thank You” note, another copy of your materials and any additional information you have promised.

**Do** be professional, courteous and positive.

**Do** courtesy copy area legislators on controversial issues that involve the press.

**Do** tell your legislator how the issue affects individuals who live in his or her district.

**Do** establish a personal relationship with your legislators and their staff before the session. Welcome newly elected legislators immediately after election and offer to brief them on your services and issues.

**Do** expect a long wait if you intend to give public testimony. Submit written testimony or call legislators if you cannot travel to give testimony.
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:

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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.