This newsletter is the first to be issued under my watch, so to speak, as the new Executive Director of NAMI Texas. You will notice some changes, including art and poetry that have been submitted by our members, which will be a regular feature. It has been wonderful working with Diana Kern, who listens to my ideas and makes them a reality, and our wonderful volunteer, Margie Gardner, who helps us design and produce every newsletter. Thanks also go to those Affiliates and sponsors who made this newsletter possible through their generous financial support. If you enjoy this newsletter, please take a moment to review our list of Patrons and let them know their contributions make a difference.

I have been here for four months, and they have gone by fast. As you know, NAMI Texas faces a challenge like none before. We lost our funding from the Department of State Health Services last February, which represented two-thirds of our budget. Unfortunately, we submitted grants that exceeded the page limit requirements, and as a result, they were not competitive. We have two additional grants which will end on August 31, 2006, the end of our fiscal year. We have savings to help keep our doors open in the immediate future, but clearly, this is a critical time for NAMI Texas.

We will certainly submit proposals to DSHS in the future, should those proposals fit with the mission of NAMI Texas. However, in this last round of proposals, DSHS made some significant changes that will have an important impact on any future NAMI Texas application. DSHS has made a policy decision not to cover overhead costs of state organizations that are not tied to a specific project. DSHS also broadened the eligibility requirements for their grants to include any non-profit organization and quasi-governmental entity, not just family/consumer operated organizations. This means any non-profit can now apply, and that Community MHMR Centers, can, and did, apply for these mental health block grant funds.

I have been hard at work writing grants, but it is unlikely that grant writing will be sufficient to fund NAMI Texas completely. Why do I say that? Because our past funding from the state covered almost 100% of our operating expenses, and finding new funding that covers things like our rent, our lights, our phones, etc. is very difficult. Most grants limit the percent of overhead that can be included in the project budget being submitted, anywhere from 8%, as in the grant I just completed, to 15%, with an average of 10%. Funding for specific projects is considered restricted funding, meaning the funds can only be used to cover expenses for implementing a specific project. In addition, most grants...
It has been my privilege to have been present during the most spectacular period of progress in the treatment of persons with severe mental illness in the history of the world. I would like to share my recollections with current participants in this remarkable transformation to help them realize how far we have come in such a short time. This sharing may be helpful at a moment when we can see all too well how far we have yet to go.

I do not mean to ignore the contributions of Sigmund Freud to the understanding and treatment of the neuroses and personality disorders using the “talking therapy” of psychoanalysis. Neuroses and personality disorders undoubtedly cause enormous suffering and some disability. But these disorders have been called the minor mental illnesses because they rarely cause the severe disability and symptoms of psychosis. Psychoses or major mental illnesses in the past nearly always required hospital care. The average length of stay was about two years and it was sometimes even for a lifetime.

In 1938, the year I entered college, insulin shock therapy and electroconvulsive therapy (ECT) were discovered in Austria and Italy respectively. These were the first treatments in the history of the world that specifically improved the mental state of persons suffering from the severe mental illnesses.

By 1944, ECT was already being used in private and public settings. During my internship I assisted in the administration of ECT to private patients in the medical wards of a medical school hospital, using an electronic machine built by one of my medical school classmates.

During my psychiatric residency from 1947 to 1950, insulin therapy was regularly used for treating persons with schizophrenia, although with limited success. The risks were becoming better recognized and soon led to the conclusions that the limited benefits did not justify the significant risks of harm. Improving methods of administering ECT were achieving results of 70% to 90% complete relief of the symptoms of severe depression.

During the decade of the 50's, the treatment of schizophrenia was revolutionized. A drug called Largactil was tested in France as an anti emetic and antihistamine. It was ineffective. Fortunately someone noticed Largactil had a calming effect in some patients. Trials showed it had profound effects on the symptoms of schizophrenia. Patients that had been hopelessly hospitalized for years suddenly were able to converse sanely, act appropriately, recognize and respond lovingly to family members, and in effect became able to rejoin the human race. The medication was introduced to the United States as Thorazine and was rapidly being used in private and public hospitals, and soon thereafter given to outpatients.

In 1955 the population of U.S. mental hospitals reached its peak at over 700,000 patients. There were more patients hospitalized with schizophrenia than with any other illness in any type of hospital. The mental hospital population has steadily declined since then to about 100,000. In Texas the peak population was near 30,000 and has now declined to less than 3,000. This transition has been called “deinstitutionalization.” The implication has been that this was a major nationwide policy decision to get patients out of hospitals. The more likely reality was that with Thorazine many patients improved so much that in one individual case after another it became impossible to justify continued hospital confinement.

The locus of treatment changed. Persons that had been locked up in hospitals for years were suddenly home with their families. Many others had been so long in hospitals that they had no family or other human connection. Homelessness as a result of mental illness began to become a nationwide problem. All of these persons needed outpatient medical care to continue the management of the near magical change that the new medicines had created. The Congress responded by funding a study, The Joint Commission on Mental Illness and Health. Directed by a former Texan, Jack Ewalt MD, the Commission recommended a range of new mental health services to deal with outpatients and persons who needed only partial residential help. In the final report, “Action for Mental Health,” a nationwide network of community based centers was
proposed where persons could receive diagnosis and consultation, emergency care, outpatient treatment, short term inpatient care, evaluation to determine if there was a need for longer term inpatient care. In addition, educational programs were expected where citizens of the community could learn about mental illness and what could now be done about it. Federal funds were appropriated to help such Community Mental Health Centers get started.

Another exciting development around 1960 was the Congress decision to provide funds for each state to study its own needs and resources for dealing with mental illness in the new era of available effective treatment. Texas responded with the establishment of an Office of Mental Health Planning which I was assigned to set up. Judge Abernethy of Plainview agreed to be the Chairman. Bob Sutherland, Director of the Hogg Foundation, and Cy Ruilman, Commissioner of the Texas Department of Hospitals and Special Schools were his co-chairmen. A hundred or so distinguished Texans accepted our invitations to serve on a dozen task forces to look at all aspects of our problems and our means of dealing with them. The group was one third experts in the many aspects of mental illness, one third politicians, and one third citizen advocates. The result of their year of work was that in January of 1965 House Bill 3 was presented to and passed by the Legislature with minimal modifications. House Bill 3 has been the basis for the development of our network of 42 community-based, publicly supported mental health and mental retardation centers, now serving patients in all areas of the state.

Another exciting development of the early 1960s was the introduction of Parnate, Tofranil, and their relatives of antidepressant medications. Suddenly there was an effective alternative to electroconvulsive therapy. Even more patients could be treated successfully with medications. Hospitals became less central.

1970 brought another breakthrough. Lithium Carbonate finally became available in the U.S. Now we had a medication that seemed to be specifically beneficial for persons with Bipolar Disorder, then usually called by its older name of Manic-Depressive Psychosis. Psychiatrists now had medications that benefited the three major mental illnesses: Schizophrenia, Major Depression and Bipolar Disorder.

In the years since, there has been steady progress in pharmacological studies improving the effectiveness and decreasing the side effects of the three major groups of medications. There has also been progress in the development, growth, and improved effectiveness of community centers where patients, professionals, and medications come together.

The wonderful advances of these last sixty years have not solved all problems derived from mental illness. We still have much to do. Some problems are of our own making. We have converted standard treatments for severe mental illness from years long confinement in dreadful mental asylums to an obligation to take outpatient medications. This has led to a radically increased demand for treatment. Not surprisingly, more patients are asking for treatment. Medications still have side effects that some patients dislike, so medication refusal can be a problem. Families see how effective medications can be, often demanding medication treatments that their sick family members avoid.

The costs of all medical care are unsolved for many persons. Health insurance is predominately a benefit of employment. Mental illness often impairs a person’s ability to work. Therefore a disproportionate number of persons with mental illness are unable to afford private care. Since we do not have universal health insurance, mentally ill persons must turn to public providers. But we citizens say, through our legislators, that we cannot afford to treat all those that are sick and unable to afford care. The result is that we do a pretty good job of treating a third to a fifth of persons with major mental illness, but the remaining two thirds to four fifths are left to their own devices, which are often simply tragic.

We still have far to go, but the changes that I have observed in my professional lifetime give me hope that we will continue to improve.

Beyond the Border

By Diana and Jim Hall

Hi! We’re Diane and Jim Hall. We’re retired and live in Houston and work 40 hours a week on a slow week. No pay. Our family battles a serious mental illness—Borderline Personality Disorder (BPD). Although our family has been challenged by mental illness diagnoses for 20 years, our volunteer story began about four years ago.

In August, 2001, in White Plains, NY, several family members, consumers, and one professional created a new organization devoted to BPD. The National Education Alliance for Borderline Personality Disorder (NEA-BPD) was founded just as we were adjusting to yet another diagnosis for our relative's struggle with mental illness. Through the years the diagnoses changed: depression, bipolar illness, cyclothymia, eating disorders, and substance abuse. Now a new one, Borderline Personality Disorder. We knew nothing about the condition.

We started reading. We discovered through the writings of Gunderson and Berkowitz that Borderline Personality Disorder is the most common, most complex, and one of the most severely impairing types of personality disorders.

The traits that comprise BPD involve marked instability of self-image, mood, impulse, and relationships. Such individuals are easily upset, are unable to develop stable relationships, and have extremely impaired abilities to handle life responsibilities. Often patients present with complaints of depression, eating disorders, or substance abuse.

About three fourths who seek treatment are female (one of every 33 women). Males with the disorder may end up in the penal system as their behaviors are more often directed antisocially at others (one of every 100 men).

BPD traits are fluctuating. At times, the person may seem quite healthy and insightful. However, when threatened by a loss, the separation and feeling of abandonment is often associated with intense anger. The anger may be expressed as self-destructive threats or acts accompanied by an unbearable sense of loneliness. Anger also may be a response to feelings of self-loathing from perceived failure and/or remorse and embarrassment over impulsive behaviors. Current literature reports a completed suicide rate of 9% among those diagnosed with the illness.

Robert O. Friedel, M.D., Medical School of Virginia, reports in Current Psychiatry, 2006, that studies of subjects with BPD strongly suggest a coupling of biological and psychosocial etiologies. According to Dr. Friedel, recent neuroimaging studies show abnormalities in the brain regions known to be associated with the expression and control of three of the four main behavioral dimensions of BPD: emotional dysregulation, aggressive impulsivity, and cognitive-perceptual impairment. He also states that data directly supports a role of serotonergic dysfunction and indirect data suggests that dopamine dysfunction also may be involved.

Treatment options include psychotherapy, group therapies, family support programs and medication.

The psychological treatment approach with the most convincing outcome data is Dialectical Behavior Therapy (DBT). This is a manualized cognitive behavioral treatment approach developed by Dr. Marsha Linehan, University of Washington. DBT presumes that BPD arises from an emotional dysregulation predisposition paired with an invalidating environment. Therapy is directed at modifying the patient's expression of anger, control of impulses, and, most especially, control of self-destructiveness. Recommended readings are Cognitive Behavioral Treatment of Borderline Personality Disorder, M.M. Linehan, Guilford Press, New York, 1993, and the companion manual, Skills Training Manual for Treating Borderline Personality Disorder also by Linehan.

A twice-per-week individual psychotherapy called Transference-Focused Psychotherapy (TFP) has been developed over a period of decades principally by Otto F. Kernberg, M.D., Weill Medical College, Cornell, and is described in a treatment manual. According to Frank Yeomans, M.D., Ph.D., also of Cornell, the distinguishing feature of TFP is the belief in a deep psychological structure of the mind that underlies the specific symptoms of BPD. The focus of treatment is on a fundamental split in the

The Hall’s Favorite Booklist
Borderline Personality Disorder – DeMystified by Robert O. Friedel, M.D.
Borderline Personality Disorder: A Clinical Guide by John G. Gunderson, M.D.
Cognitive-Behavioral Treatment of Borderline Personality Disorder and Skills Training Manual For Treating Borderline Personality Disorder by Marsha M. Linehan, Ph.D.
Handbook of Personality Disorder, Theory and Practice by Jeffrey J. Magnivita, Ph.D.
Practice Guideline for the Treatment of Patients With Borderline Personality Disorder, American Psychiatric Association, October 2001
patient’s mind that divides perceptions of self and others into extremes of bad and good. This split determines the patient’s experience of reality and perceptions leading to the symptoms of chaotic interpersonal relations, impulsive self-destructive behaviors, etc. The therapist helps the patient understand the fears and anxieties that influence the fragmented sense of self. The goal is to integrate the patient’s identity leading to decreased emotional lability, impulsivity and interpersonal chaos.

Mentalization-Based Treatment (MBT) developed by Anthony Bateman, M.D., and Peter Fonagy, Ph.D., University College of London, is a therapeutic process by which the patient interprets the actions of self and others as meaningful based on desires, needs, feelings, beliefs, and reasons. Continuing to be aware of feelings of self and others while being emotionally charged is a goal of this therapy.

A Systems-Based, Cognitive Skills Treatment for Borderline Personality (STEPPS) designed by Nancee Blum, University of Iowa, includes two phases, a 20-week (2 hours/week) beginning outpatient group, and a one-year, twice monthly advanced group called STAIRWAYS. STEPPS stands for Systems Training for Emotional Predictability and Problem Solving. Key professionals, friends, and family members, who are identified as the client’s “reinforcement team,” make up the client’s system. These individuals together learn a common language to communicate about the disorder and the skills to manage it, as well as ways to reinforce and support the newly learned skills.

The program has three components: awareness of illness, emotion management skills training, and behavior management skills training. The program is fully manualized. The Borderline Evaluation of Severity over Time (BEST) scale allows clients to rate the intensity of their thoughts, feelings, and behaviors each week. Preliminary data suggest that patients experience improvement in BPD and mood-related symptoms.

Psychoanalytic Supportive Therapy is a type of individual psychotherapy that involves one or two meetings a week. The therapist seeks to sustain in the patient the alert, calm state of mind conducive to learning, and explore the feelings that trouble the client and the actions he or she takes to avoid or relieve pain. A goal is to address and manage anxiety more efficiently leading to a greater satisfaction in normal living.

Glen Gabbard, M.D., Baylor College of Medicine, stated during the March 4, 2006 BPD Symposium in Houston that regardless of the specific therapy applied, in his years of experience, the selection of the therapist is one of the most important components for successful outcome. Therapists with positive experiences in dealing with the Borderline diagnosis are a key factor in therapist/clinic/program selection.

Along with psychosocial treatments for the disorder, it has been clearly demonstrated that specific psychopharmacologic intervention is effective for BPD as well. As stated by Robert Friedel, M.D., in Current Psychiatry Reports, 2006, “The most frequently reported controlled pharmacologic studies have involved low doses of traditional narcoleptics and atypical antipsychotic. These studies have been uniformly successful in showing efficacy, safety, and tolerability of these agents in the disorder. Other classes of drugs also have been studied in borderline subjects and were shown to have efficacy compared with placebo control conditions. These include selective serotonin reuptake inhibitors, mood stabilizers, and the nutraceutical agent omega-3 fatty acid. These drugs typically have two main effects in patients with BPD: they significantly reduce the primary symptoms of the disorder, and they seem to enable patients to retain and successfully apply the information and techniques they learn in various forms of psychotherapy.”

By the fall of 2002, our family member’s symptoms had escalated to a dangerous level. We started a nation-wide search for established and highly recommended treatment programs. Due to the number of favorable research studies of the Linehan DBT treatment module, we called and contacted over 100 hospitals, universities, treatment clinics and individual psychiatrists and psychologists across the country.

We settled on three possibilities. At that time, we were in the Ohio area and our family member was meeting with

See Beyond the Border… page 26
Crazy: A Father’s Search through America’s Mental Health Madness

By Diana Kern,
NAMI Texas Events Coordinator and Consumer Advocate

In the book, *Crazy: A Father’s Search through America’s Mental Health Madness*, Pete Earley tells a story that is all too familiar to NAMI members. As an award-winning journalist for over thirty years, Mr. Earley has effectively captured the absurdities of the mental health system in our country through his investigative journalism and his personal understanding of mental illness.

Mr. Earley’s son, Mike, has a psychotic episode while in college and breaks into a stranger’s home, takes a bubble bath and causes significant damage. Thus begins their long journey into the broken mental health system that so many of us confront every day in this country. Mr. Earley learns all too quickly just how difficult it is to receive necessary treatment for his son’s mental illness. He uses his frustration to launch a personal and professional inquiry into a confusing mental health system coupled with an irrational criminal justice system.

Mr. Earley is granted full access to the Miami-Dade County Jail’s “forgotten floor” – the jail’s primary psychiatric unit where prisoners are housed without treatment. He can see firsthand that, indeed, our jails and prisons have become the repository for persons with serious mental illness. The prisoners have committed both felonies and petty misdemeanors, all because of their untreated brain disorder. Yet there is no chance at rehabilitation in jails. The prisoners linger in their psychoses for months at a time, only to await a bus ride to a psychiatric facility where they receive minimal treatment in order to have a competency hearing and then are brought back to the jail to await a hearing that will probably never happen.

During this year long examination into “America’s mental health madness,” the author follows consumers, both inside and outside of the jail, to chronicle their lives and offer the reader concrete examples of how offenders with mental illness are treated as criminals first and persons with mental illness second.

*Crazy* is a book that NAMI members can use as an advocacy tool to improve mental health care in their communities. When jails become a part of the continuum of care for persons with a serious mental illness, we must speak up and demand change. It is an atrocity that this population of people who cannot function without psychiatric treatment are treated as subhuman, as criminals instead of consumers with brain disorders, as the lowest of the low.

Mr. Earley provides the history of deinstitutionalization and the changes in America’s civil rights laws to give us a full perspective on why our mental health system is broken. As mental health advocates, it is important for us to know why our mental health system is so shattered. Knowing the history of mental health laws can teach us, not only why consumers cannot receive appropriate treatment for their mental illness, but also provide us with the information necessary to become effective advocates. Knowing the history of our country’s mental health delivery system is important to understand. We can use this knowledge to prevent mistakes of the past.

In the eight years that I have been involved with NAMI, I continually see how difficult it is for us to educate the uneducated about mental illness. As a

NAMI Texas will be distributing the book *Crazy: A Father’s Search through America’s Mental Health Madness* to the 150 Representatives and the 31 Senators in our state Legislature. It is this group of people who make the final decisions on the state mental health budget and mandate the laws that affect persons with serious mental illness. We need them to read this powerful book so they can help improve the lives of the most vulnerable citizens of our state.

In order to accomplish this, NAMI Texas needs donations to cover the cost of the books. We want to make sure that this book gets into the hands of every Legislator. Thank you for furthering the mission of NAMI Texas.

Please make your check payable to NAMI Texas and mail it to:
NAMI Texas
c/o Diana Kern
2800 South IH 35
Ste 140
Austin, TX 78704
The Bob Meadours Act is an example of successful mental health advocacy in Texas. Passed in 2005 and also known as Senate Bill 1473, it came out of the experiences of Stennie Meadours and Patsy Gillham, who used their personal tragedy to reform public policy in the law enforcement arena. These two determined women sought the help of Representative Garnet Coleman and other Legislators. Through these efforts administrative rules have been passed that require law enforcement officers to be trained in de-escalation techniques, thus mandating crisis intervention training (CIT) throughout the state. All 1200 police chiefs and 66,000 law officers must receive the training by 2009. This law brings on much needed change, yet it is only one part of the solution. This training must be coupled with adequate mental health services in every community.

Patsy and Stennie were able to take an abstract phrase – criminalization of persons with mental illness – and make it into something real and tangible. They spoke up for themselves and others like them. They were able to make a positive change in the law enforcement arena. Their success was a direct result of their ability to communicate their story to others who could effect change. It is the same for all of us. We must speak up and make our voices heard. We must demand that changes be made and be held accountable if they are not made.

As Mike Earley points out in his book, mental illness can happen to anyone and that is the single most important truth that strikes fear in people and perpetuates stigma. If we want help from our Legislators, the media and the general public, it is essential that we speak up. Not only do we need compassion personally and as a group, we need help in finding solutions.

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Mike Earley gave his father permission to use his name and his experiences in Crazy with the hope that his story would help someone else. This was a very brave step and I hope that it aids in Mike’s recovery. I know that telling my story, my trials with my illness, the treatment that I did or did not receive, my endless search for the right medications, my experiences with mental health deputies (now known as CIT’s) and all my entrances and exits into and out of mental hospitals, has been an integral part of the success of my recovery. I am a mental health advocate because I want others with a serious mental illness to have what I have now. I want consumers to know that they matter in this big world and with treatment they can live a fulfilling and meaningful life. I want consumers and their families to know that there is hope.

As Mr. Earley points out in his book, mental illness can happen to anyone and that is the single most important truth that strikes fear in people and perpetuates stigma. If we want help from our Legislators, the media and the general public, it is essential that we speak up. Not only do we need compassion personally and as a group, we need help in finding solutions.

In 1987, the Texas state legislature established Texas Correctional Office on Offenders with Medical or Mental Impairments (TCOOMMI), a statewide initiative to formalize collaboration between the criminal justice and mental health care systems.

TCOOMMI provides a formal structure for state criminal justice, health and human service, and other affected agencies to communicate on policy, legislative, and programmatic issues affecting criminal-justice-involved individuals with mental health impairments. Comprised of representatives from 21 agencies and organizations, this group is charged with:

- Identifying gaps in local service coverage
- Developing plans to meet treatment, rehabilitative, and educational needs
- Coordinating procedures to provide these services
- Evaluating these programs to make recommendations for improvement
- Administering funds to develop, operate, and evaluate programs
- Establishing, coordinating, and evaluating a regionalized continuity of care system

http://www.tdcj.state.tx.us/tcomi/tcomi-home.htm

See Crazy…page 27
New Therapy for Treatment-Resistant Depression

The power of scientific research to improve the lives of people living with mental illness and to change perceptions about psychiatric disease was the subject of an important article in The New York Times on Sunday, April 2, 2006.

Called “A Depression Switch,” the piece by David Dobbs highlighted the ongoing work of several NARSAD-supported scientists, particularly Dr. Helen Mayberg, professor of psychology and neurology at Emory University, and her research about a potentially new therapy to help severely depressed people who have not responded to other treatments.

The novel approach, called deep brain stimulation or DBS, involves implanting electrodes near the center of the brain in a region called Area 25 and submitting it to low voltage to moderate its activity. Dr. Mayberg has found the region to be involved in modulating mood and depressive symptoms.

How DBS, which is still under investigation, significantly helped the lives of people who underwent this procedure was detailed movingly in the article. The New York Times web site reveals that since “A Depression Switch” was published on Sunday it has been one of the publication’s most emailed articles, indicating its message has touched many people.

The Magazine section feature also pointed out that Dr. Mayberg’s approach to targeting a brain network or circuit, such as Area 25, represents a new way of thinking about depression. Older approaches have focused on the pervasive action of brain chemicals.

Supporting innovative research to change the lives of people with mental illness has been the mission of NARSAD: The Mental Health Research Association for the past 20 years. NARSAD is the largest donor-supported organization in the world devoted to funding scientific research on brain and behavior disorders.

Dr. Mayberg first received support for her depression research from NARSAD as a Young Investigator in 1991. She won an Independent Investigator grant in 1995 and still draws on funding from a 2002 Distinguished Investigator award, which focuses on DBS. She currently is a member of NARSAD’s Scientific Council, which advises the organization about other promising research to support.

Other NARSAD-affiliated scientists cited in The New York Times article were Dr. Wayne Drevets, Chief, Section on Mood & Anxiety Disorders at the National Institute of Mental Health and a NARSAD 1996 Young Investigator, 1999 Independent Investigator and Scientific Council member; and Dr. Andreas Meyer-Lindenberg, an NIMH researcher and a 2000 Young Investigator.

Since 1987, NARSAD has given $194 million to the world’s leading scientists to unravel the complexities of schizophrenia, depression and many other psychiatric diseases. By understanding the causes and course of these conditions, scientists are now finding new diagnostics and treatments for these illnesses.

NARSAD has given NAMI Texas permission to reprint this article. To learn more about deep brain stimulation visit www.narsad.org.
**Why Study Families?**
Earlier studies suggest that a tendency to develop obsessive compulsive disorder runs in some but not all families. However, most relatives will never develop the illness. In our family studies, we examine DNA patterns for evidence of genes or chromosome regions that may increase the risk for, or for some be protective against, risk of a psychobiological disorder. Better knowledge of this genetic typing may eventually lead to better understanding of treatments. We urge individuals suffering from OCD or related disorders, along with their family members, to participate in a scientific study which will hopefully help us better understand the causes of these disorders.

**What is Obsessive Compulsive Disorder?**
OCD is an anxiety disorder with either or both of the following:

- **obsessions:** recurrent and persistent thoughts, impulses, or images that are intrusive, cause anxiety or distress, and seem impossible to ignore or suppress

- **compulsions:** repeated behaviors (hand washing, putting things in order, checking things, excessive collecting/hoarding) that the person feels driven to do in order to feel less anxious.

Obsessions are often recognized as irrational and can drive the person to perform unrealistic, time consuming, compulsive or ritualistic behaviors that interfere with daily life or relationships. This can cause a great deal of suffering for the one afflicted, and for his or her family.

**Why Should I Participate in a Family/Genetic Study?**
Many families have already joined the study, and many more are still needed. The reason most often given is, “If I can help prevent this from happening to anyone else, I’ll do anything.” These families share our hope that finding genetic markers and vulnerability or protective genes for OCD and related disorders will help researchers understand more about their medical basis.

You are an essential part of this research. Without the help of people like you and your family, no study of gene-environment characteristics could be done and little progress would be made. We depend on your participation.

**How Does a Family Get into the Study?**
Usually someone who suffers from OCD, or a family member, calls or writes to us. We do an initial screening. We ask permission to contact relatives, explaining the program and inviting participation. Those who accept, send back a consent form noting the best time for us to call.

Participants contribute in three ways – a confidential questionnaire packet, an interview, and a sample of blood.

**About the Questionnaire Packet**
Answers are strictly confidential and can contribute to better understanding of different experiences with OCD. Participants are paid according to NIH compensation guidelines: generally $50 (more if additional questionnaires are needed later).

**Scheduling an Interview**
Scheduling is done to best suit the family member. The interviews may be in person or over the telephone. Weekend and evening phone appointments are available for those who need them. No travel is needed.

**About the Interview**
- It asks about one’s health history and that of some relatives.
- It can be done on the telephone or in person.
- Participation is voluntary, and very careful privacy rules are observed.
- Participants are paid $25 as compensation for sharing their time with us.

**About the Blood Sample:**
- Only a few ounces are needed.
- The blood sample can be taken at the family member’s own clinic or doctor’s office.
- We cover charges for the procedure and for shipping to our research lab.
- Participants are paid $25 as compensation for giving blood.

**Confidentiality**
All of the information obtained in the Family/Genetic Study will remain completely confidential, even among family members. No information about participants is shared with employers, insurance companies, or any other government agencies. When research papers are published, no names or other identifying information about individual participants will appear.

**Will I learn if I carry a gene for OCD?**
This study alone will not allow us confidently to identify genes that contribute to OCD. For this reason, participants will not be given information about the results of genetic tests performed on their DNA samples. We will provide participants with annual updates on the progress of this research project in the form of a mailed newsletter. Participants who would prefer not to receive this newsletter may say so, and no newsletter will be sent.

To participate, call or e-mail Mrs. Kazuba at 866-644-4363 (866-NIH-GENES) or kazubad@intra.nimh.nih.gov.
The staff of the Bipolar Disorder Genetics Project invites adults who have experienced bipolar disorder to join our study. Interested individuals can participate on their own or with other family members who are affected and wish to take part. Individual volunteers’ siblings, as well as parents, may be asked to participate.

**What Is Bipolar Disorder?**
Bipolar disorder (also called manic-depressive illness) is a mental illness involving episodes of serious mania and depression. The person’s mood usually swings from overly “high” or irritable to sad and hopeless and then back again. There may be periods of normal mood in between. The mood swings can cause serious behavioral problems.

**Why study families?**
Earlier studies suggest that a tendency to develop bipolar disorder runs in some families. However, most relatives will never develop the illness. In our family studies, we look for the genes that may be causing some family members to be at risk for bipolar disorder. As we discover the nature of each gene, we hope to develop better treatments. We urge people suffering from bipolar disorder to participate in a scientific study, which will help us better understand the causes of this disorder: We may also wish to include additional family members.

**Why Should I Participate in a Family/Genetic Study?**
Many persons who suffer from bipolar disorder, or who have a close relative with the disorder have already participated in the study. The reason most often given is, “If I can help prevent this from happening to anyone else, I’ll do anything.” These individuals and family members share our hope that finding genetic markers and genes will help medical researchers understand more about the causes of bipolar disorder: As a result, we will be able to develop more effective medications. You are an essential partner in the research. Without the help of people like you and your family, no study of inherited traits can be done and little progress will be made. We depend on your participation.

**How Does An Individual or Family Get Into A Study?**
Usually someone who suffers from the disorder or a close relative calls or writes us. After an initial screening, we will determine if you meet criteria for our study. Depending upon your family history, we may ask permission to contact relatives explaining the program and inviting participation. Those who accept send back a consent form noting the best time for us to call.

Participants contribute in two ways. Participants will be interviewed and a small amount of blood will be collected and shipped to the study site. Scheduling is done to best suit the participant. While some of the work is done face-to-face, a majority of it can be done over the telephone. Weekend and evening appointments are available for those who need them. No travel is necessary.

**About the Interview**
- A personal psychiatric and medical history is taken.
- It can be done on the telephone.
- It takes about two to four hours.
- Information is kept in strict confidence, even from family members.
- A small stipend is paid.

**About the Blood Sample**
- Only a few ounces are needed.
- Blood can be drawn by the volunteer’s own doctor.
- Any charges for the procedure or for shipping are prepaid or reimbursed.
- It will allow for examination of the DNA which may carry the tendency for bipolar disorder from generation to generation.
- A small stipend is paid for giving blood.

**Confidentiality**
All of the information obtained by the Bipolar Genetic Study will remain completely confidential, even among family members. When research papers are published, no names or other identifying information about individual participants will appear.

**Will I learn if I carry a gene for bipolar disorder?**
This study alone will not allow us confidently to identify genes that contribute to bipolar disorder. For this reason, participants will not be given information about the results of genetic tests performed on their DNA samples. We will provide participants with annual updates on the progress of this research project in the form of a mailed newsletter.

*To participate, call or e-mail Mrs. Kazuba at 866-644-4363 (866-NIH-GENES) or kazubad@intra.nimh.nih.gov.*
Other NIMH Research Studies

Adult Bipolar Studies at NIMH

■ Tamoxifen and Bipolar I Mania
Treatment study; inpatient. Examines the medication tamoxifen (Nolvadex™) for patients in the manic phase of Bipolar I disorder. This is a 4-week study. Ages 18-60.

■ Mifepristone & Bipolar Depression
Treatment study; inpatient. Examines the efficacy of mifepristone in the depressive phase of bipolar I or II disorder. This is a one-month inpatient study. All participants will receive drug and placebo. Ages 18-75.

■ Riluzole & Bipolar Depression
Treatment study; inpatient and outpatient. Examines the efficacy and safety of riluzole (Rilutek™) compared to placebo in patients with bipolar I or II depression. This is an 8-week study. Ages 18-70.

■ Ketamine & Bipolar Depression to Test Rapid Antidepressant Effects
Evaluation study; inpatient. Examines the effectiveness of an NMDA antagonist in rapidly improving depressive symptoms in Bipolar I or II depression. This is an 8-week study. All participants will receive drug and placebo. Ages 18-65.

Adult Depression Studies at NIMH

■ Depression & AMPAkiner
Treatment study; inpatient and outpatient. Compares an AMPAkiner receptor potentiatior to placebo for the treatment of Major Depression. This is an 8-week study. Ages 21-55.

■ Depression & Yohimbine to Test Rapid Antidepressant Effects
Evaluation study; inpatient. Examines the mechanism of action of one dose of yohimbine in improving depressive symptoms overnight. This is a 6-week study. All participants will receive drug and placebo. Ages 18-60.

■ Treatment-Resistant Depression & Ketamine & Riluzole
Evaluation study; inpatient. Phase I: Open-label treatment with a single dose of ketamine. Phase II: Randomized to double-blind treatment with riluzole or placebo for 4 weeks. Ages 18-65.

■ Depression & Medication Combination
Treatment study; inpatient and outpatient. Compares the efficacy of a combination of antidepressants (SSRI & dopamine agonist) to the efficacy of the antidepressants alone. This is a 9-week study. Ages 18-65.

To participate, call Libby Jolkovsky at 301-402-9347.
Atendemos pacientes de habla hispana.

In Our Own Voice: Living with Mental Illness

NAMI Texas sponsored a training for In Our Own Voice on May 13-14, 2006 at the Holiday Inn Town Lake in Austin. In Our Own Voice (IOOV) is a recovery education presentation given by trained consumer presenters for other consumers, family members, friends, professionals, and lay audiences.

In our Own Voice is a practical tool to educate and increase awareness about the true nature of brain disorders, commonly known as mental illnesses. IOOV is a program for and by consumers to promote education, empowerment and recovery.

The presentation covers issues frequently faced by those dealing with severe mental illnesses. This program is ideal for consumers, family members, health providers, law enforcement officials, faith communities and/or any community or civic organization.

National trainer, Marty Raaymakers trained twelve consumers from different areas of Texas. Affiliates sending trainee representatives to attend this IOOV training were from Victoria, Rockport, El Paso, San Antonio, South Texas, Lubbock and Austin. Each trainee was presented with a certificate and left with inspiration and confidence to further promote awareness in their local areas about mental illnesses.

Congratulations to all the trainee presenters! You all did a great job and NAMI Texas is proud to have you on board as trained presenters. — Norma G. Bangs, IOOV Coordinator, NAMI Texas

Writer Seeks Interviews for Book about Mental Illness & Spirituality

Author Christopher D. Ringwald, visiting scholar and director of the Faith and Society Project at the Sage Colleges in Albany, N.Y., is seeking people with mental illnesses to talk about their spiritual beliefs and practices for a book and/or articles on the subject. Ringwald especially welcomes responses from members of traditionally underserved populations, those who work outside the mental health field, and people who have not received behavioral health services.

Interested parties may send a phone number where they can be reached to ringwc@sage.edu, or call the author at 518-292-1727. Participants may remain anonymous in the published works.
Raise Funds Quickly and Easily!

Donate items and make money for your local affiliate and NAMI Texas too!

With the help of Junk to Joy and eBay, over 30 million people will have access to your donated items. With the bidding power of eBay, your donation will be more likely to make a LOT more money than a garage sale or auction. Get rid of your clutter AND raise money too!

Advertising and promotion on an international media

Each item listed will include information about NAMI Texas and the donating members affiliate, along with contact information for both organizations.

So not only is this a fund raising project, it is also a stigma busting project. By giving NAMI a bigger, international exposure, the entire world will now have the opportunity to learn about mental illness and the harm created by stigma.

But the power of promotion extends even further

If your donation is an original art piece, we will feature the artists’ bio and web site if one is available. If your donation is an item from a store or boutique or business that you own, we will promote your business.

So this is a three way win, win situation. Money for NAMI Texas, money for the affiliate of your choice and free, international advertising for your business or art venture.

Here’s how it works

• 50% of the money collected goes to the Affiliate of your choice
• 20% to NAMI Texas
• 20% commission to Junk to Joy
• 10% to pay eBay and Paypal fees

If no affiliate is named, the affiliate portion will be paid to NAMI Texas.

Junk to Joy pays fees out of pocket, so if the item does not sell, there is still no cost to NAMI Texas or any of their affiliates.

Junk To Joy does have the right of refusal, so if you have any questions, please contact them at 214-340-0711 or refer to the list at refer to the list of eBay rules at: http://pages.ebay.com/help/policies/items-ov.html.

If you wish to have an item returned to you if it does not sell, you have to make prior arrangements with Junk To Joy. You can contact them at the number above or email them at info@junktojoy.com. They will also fax or email you the form needed to be returned with the item, giving them the right to sale it on eBay.

We are very excited that this opportunity has been made available to us and are equally happy to be able to assist all our affiliates in a practical way to keep those funds coming in to help continue our work in education and advocacy.

For more information send an email to: dcr@junktojoy.com or call 972-272-0829.

Help the Uninsured Get a Quick Start on Rx Savings

With the new quick start savings card from Together Rx Access, individuals who lack prescription drug coverage and are not eligible for Medicare don’t have to wait to start saving on the medicines they need.

Individuals and families can determine if they qualify for the quick start savings card by calling 1-800-250-2839. If eligible, the card can be used at the pharmacy counter that day.

Most cardholders save 25% to 40% on brand-name prescription drugs and products with the free-to-get and free-to-use Card. The program includes more than 300 brand-name medicines and products, prescribed to treat diabetes, hypertension, high cholesterol, allergy, asthma, arthritis, and depression, and other common conditions. Savings on a range of generic medicines are also available.

E-mail Amy Niles at amyniles@aoi.com to request a supply of quick start cards that you can distribute to those who may be eligible.

For more information about the program, go to www.TogetherRxAccess.com.
Planning for the Future

By Marcia Toprac, Ph.D., PLAN Board Member

PLAN of Central Texas: Serving individuals with mental illness and their families by providing an array of support services to assist with immediate needs and to plan for the future

Planned Living Assistance Network (PLAN) of Central Texas, Inc., is a grassroots organization founded by family members of adults who have severe mental illnesses. Their concerns about the long term well-being of their loved ones drove them to take matters in their own hands to address shortcomings in public and private mental health services.

PLAN of Central Texas began as a support group for families investigating the long-range needs of their family members to live independently in the greater Austin community with a decent quality of life. In the early stages of PLAN’s development, the founding members met with NAMI groups and staff of the local mental health center to gather ideas and create their vision of the new organization.

The Hogg Foundation for Mental Health provided funding for a consultant from PLAN of North Texas to assist the group of Austin families in moving from planning to actually providing services. Status as a non-profit 501(c)(3) organization was achieved in April 2002. PLAN of Central Texas is a member of the National PLAN Alliance that has 26 affiliates in 21 states, including PLAN of North Texas (Dallas/Fort Worth area).

PLAN is now the only private organization in Austin that offers a full range of support services (case management and psychosocial rehabilitation) customized to meet the unique needs of the adult with mental illness and their family. The most commonly requested services by new PLAN clients are help with obtaining or retaining public benefits (e.g., SSI, SSDI, Medicaid, Medicare) and assistance with finding housing or employment.

Other services offered include patient and family illness and medication education (medication monitoring, refilling prescriptions, dealing with doctors), financial management training (budgeting, using checkbook/ATM card, planning for large purchases), development of a healthy and productive lifestyle (grocery shopping, meal planning, exercise, worship, support groups, tutoring, volunteering), development and maintenance of relationships (social skills training, use of phone/computer, planning and companionship to social events, family visits), and respite services (planning for crisis needs, providing respite for families facing crises). All services are provided on a fee-for-service basis.

In addition to the “care management” services described above, PLAN of Central Texas offers monthly social activities for adult consumers and quarterly socials for our member families. Families or consumers pay a nominal annual fee.

Recent grants provided by the Seawell-Elam Foundation have enabled PLAN of Central Texas to offer additional services: a support and education group for families that meets twice monthly and a recovery group for consumers that also meets bimonthly. A Licensed Professional Counselor intern facilitates both groups. The grants have also enabled PLAN to offer our care management services to a limited number of families on a cost-sharing (reduced cost) basis.

Finally, like the other PLAN organizations in the National PLAN Alliance, PLAN of Central Texas provides information and referrals to families interested in assuring the long term well-being of their loved ones with mental illness through the establishment of special needs trusts.

PLAN of Central Texas is currently providing care management and group services to 25 families. However, the program is rapidly expanding with new grant funds and new staff reaching out to engage families and consumers with broader socioeconomic and ethnic diversity. The organization now employs five care managers, a coordinator and an office manager, all on a part-time, hourly basis.

Members of the PLAN Board of Directors foresee even greater growth through our increased collaborations with local and state NAMI organizations and other support and advocacy organizations. An indicator of PLAN’s new orientation towards more collaboration is our recent move to co-locate with NAMI Texas at their offices on south IH 35.

Plan is making a difference in the lives of families in Travis County and neighboring counties. Recently a new PLAN member noted the value of the services to their entire family:

“(PLAN services) has not only touched our 30-year old son profoundly, but has also changed the prognosis of our entire family: from our 91-year-old grandmother, to two married siblings and their wives, and two unmarried siblings, our son’s girlfriend, to my husband and myself – 11 people in all dramatically affected by the PLAN services available to our son and to us – a lifetime has had wide ranging and dramatic positive effects.”

If you would like more information or have an interest in becoming involved with PLAN of Central Texas, visit our website at www.planctx.org or call us at (512) 851-0901.
NAMI Metro Houston

What a wonderful first NAMIWalks we had on May 20! It was successful beyond expectations. The weather was sunny with a bit of a breeze at Sam Houston Park in downtown Houston. The Walk route was along Allen Parkway, with a beautiful park on one side and the Houston skyline behind it. Some walkers took a mid-walk break, basking in the mist of a fountain on the way.

The crowd consisted of about 800 people – with 42 teams walking and many volunteers. The Menninger Clinic, the MHMRA Stars, and United Behavioral Health were among the largest teams. Teams came from all over the greater Houston area.

Thanks to many donors and sponsors, led by Presenting Sponsor Bristol Myers Squibb, NAMI Metropolitan Houston raised $105,000 with more donations coming in! To all of our volunteers and participants, thank you for making our first NAMIWalks such a fun and successful event. We couldn’t have done it without you!

— Bonnie Cord, President, NAMI West Houston and Carolyn Hamilton, President, NAMI Metro Houston

NAMI El Paso

NAMI El Paso conducted one In Our Own Voice (IOOV) presentation with 45 participants and one Family-to-Family class in Spanish that graduated 19 participants. The Menninger Clinic, the MHMRA Stars, and United Behavioral Health were among the largest teams. Teams came from all over the greater Houston area.

NAMI El Paso had six community Special Presentations that drew a total of 639 participants. We also hosted an Immigrant Conference and Health Fair that was attended by 580 people. And we conducted two radio interviews and two television interviews on Spanish language media. These broadcasts reach both sides of the border.

— Victor Ortiz, President

NAMI Lufkin/NAMI Nacogdoches

NAMI Lufkin and NAMI Nacogdoches were sponsors along with the Burke Center, Rusk State Hospital and other groups, in producing a one-day Mental Health seminar in Nacogdoches on April 20, 2006. The social work department of Stephen F. Austin University also played an important role in the excellent success of “Mission Possible 11.” Our own Diana Kern and Cliff Gay each performed separate workshops for consumers. Plans are already under way for Mission Possible XII, to be on April 7, 2007. Diana and Cliff – many thanks for your efforts.

— Lyle Moel, President, NAMI Lufkin

NAMI Humble

NAMI Humble is now a member of NAMI Metropolitan Houston and are in the process of changing our affiliate status to chapter status. We believe this will give us a stronger foundation to unite with other NAMI’s in Harris County and in Texas. We will have a greater opportunity to work face to face in our own community. Once the merger is complete, our new name will be NAMI Metropolitan Houston – Northeast Chapter. We will continue our support groups and our excellent 4th Tuesday meetings.

A few of us are giving testimony “What It’s Like Walking in Our Shoes” to the Houston Police Dept CIT officers in their refresher classes. Officer Frank Webb has asked us to give them a glimpse of how our lives are affected by mental illness. We are appreciative of the opportunity and have been so warmly received by these seasoned CIT officers.

We spend a lot of our energy promoting NAMI to our community. We have outreach to the “Good Oil Day Festival,” the Chamber of Commerce Business and Health Expo, Senior’s Health Fair and our three Harris County libraries. We sponsored with Janssen Pharmaceutica and presented the documentary Out of the Shadows. The panel Q&A was represented by Dr. Gary Miller, Chief of Staff at Kingwood Pines Psychiatric Hospital, Jack Callahan, Advocacy, Inc., Mary Robins, NAMI Advocate, Sheryl Bybee, our superhero Consumer Advocate, Brett Needham, LMSW and Officer Frank Webb, HPD Crisis Intervention Team. Due to an unexpected “glitch” we were unable to show the film and are planning a “Night at the Movies” in June for the film to be shown.

We just completed the Inaugural NAMI Metropolitan Houston NAMIWalks 2006! The NAMI HumbleBees came with 29 walkers and two Chihuahuas and brought in nearly $2,000 from individual donations. A standing “O” goes out to our HumbleBees and the NAMI Metro Walk Team for the months of hard work and dedication.

Every week we are getting 2-3 calls from new people that have found NAMI and are in desperate need of our services. It is for these and for all who are affected with mental illness that we do what we do. WATCH US GROW!

— Gwen Coleman, President
**NAMI Grayson Fannin and Cooke**

**College Short Course on Suicide Prevention**

On May 4th a cross section of our community enjoyed a lecture at Grayson County College's high tech Center for Workplace Learning auditorium on suicide prevention by Skip Simpson, one of two lawyers featured in the book, *Suicide Lawyers: Exposing Lethal Secrets*. Skip is with a Frisco, Texas firm, Simpson & Stacy which has a focus on representing survivors of suicide.

Skip explained suicide numbers that highlight the urgency and passion he brings to his education. “Eighty-five Americans did more than think about suicide today; they did it. Another 2,096 attempted it, often with serious injuries. This year in America there are 10,000 more suicides than murders and three to four times more deaths by suicide than by AIDS. It’s easy to ignore if it doesn’t hit close to home, but in a 15-year period more Americans will die at their own hand than died in combat in the entire 20th century. It is our problem, whether we want it or not.

His slide presentation helped us know how to recognize, react and intervene when a loved one is at risk for suicide. Watch out especially for an increase in alcohol abuse combined with agitation, severe psychosis, panic attacks, depression, or insomnia as well as statements of hopelessness or helplessness. Part of this training centered about asking the right questions to discover suicidal intent. For example we should explore their thoughts about suicide “right now,” during the past 8 weeks, their past, and plans for the future. Detailed questions that assume such thoughts might include: have you thought of shooting yourself? Have you thought of overdosing? Have you thought of hanging yourself? Don’t worry about planting ideas in their mind; they will actually be relieved that someone cares enough to talk about it.

Once you discover suicide intent, take the person to the Emergency Room to get help and, if admitted into hospital, get them on continual suicide watch. It only takes 4 minutes for someone to hang themselves. Tell the ER doctor details about their statements that show danger to themselves or others. If the ER doctor is planning to send them home, ask for a mental health second opinion.

This training was co-sponsored by TMC Behavioral Health Center, Community Specialty Hospital, NAMI GFC, and MHMR Services of Texoma. — John Hoelzel, President

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**Graduation to the future for Mental Health Consumers**

Saturday May 20th was graduation day for 10 Grayson, Fannin, and Cooke County mental health consumers who have completed practice teaching 12 modules to each other. This very successful practice-based education on mental illness, called Texas Team Solutions.

Team Solutions is a flexible educational workshop that uses two-hour modules addressing medications, coping skills, types of mental illnesses, medication compliance, supportive services, and more. This curriculum, developed by Eli Lily, is taught by mental health consumers to other mental health consumers, family members and professionals. There is no charge to take the course and handouts are available.

This training is endorsed by NAMI GFC. Class session topics are: Helping yourself prevent relapse; Avoiding crisis situations; Managing crisis and emergency situations; Recovering from mental illness; Understanding your illness; Understanding your symptoms; Coping with symptoms and side effects; You and your treatment team; Understanding your treatment; Getting the best results from your treatment; Nutrition, wellness, and living a healthy lifestyle; and Fitness and exercise.

— John Hoelzel, President

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**NAMI Dallas**

On Saturday, May 6, 2006 more than 1300 walkers and their pets travelled the 5K route from Dallas’ Heritage Village to Dallas City Hall and back to Heritage Village to celebrate the second annual NAMI Dallas Walk for America (*photo above*). Dallas Police Chief David Kunkle, honorary chair of the walk, spoke about his personal commitment to mental health and cut the ceremonial ribbon at 10 a.m. on an almost-rainy morning. Great music, food, special speakers and good friends filled Old City Park at Dallas’ Heritage Village with the joy of the moment, and hope for tomorrow to raise money, destroy stigma and promote recovery. — John Dornheim, President
NAMI Austin

On May 13, NAMI Austin held its first ever Recovery Conference at the Woodward Hotel. More than 130 professionals, family members and consumers took part in the one day event, which included two keynote speakers, six workshops and an award ceremony.

The day began with Houston State Representative Garnet Coleman talking about his own recovery from mental illness and how he is working diligently to increase state funding for mental health services here in Texas. Representative Coleman was introduced by Travis County Judge Samuel Biscoe, who acknowledged the critical role that Travis County has in ensuring that residents have access for proper mental health treatment and ongoing support systems.

Following Representative Coleman’s inspirational talk, the attendees moved to the six workshops, which covered a wide range of topics including housing, food and mood, recovery from addiction and mental illness, supportive employment, legal assistance and the family’s role in recovery. The workshops were ably facilitated by Pennie Hall, Renee Lovelace, Carol Peters, Tracy McCullick, Cathy Weaver and Eric Blumberg. After lunch the same six workshops were repeated, allowing participants to take part in presentations they may have missed in the morning.

Recovery expert Dr. Joel Feiner made his keynote presentation following the second round of workshops during which time he mapped out ways that family members and consumers could better work to achieve a more seamless road to success despite the challenges inherent in dealing with lifelong mental health issues.

NAMI Austin presented four awards during the conference: Mayor Will Wynn received the NAMI Austin Leadership Award; Austin’s director of Neighborhood Housing and Community Development, Paul Hilgers, received the Holman Award; NAMI Texas’ Diana Kern received the Harold Scogin Sunshine Award for her contributions to consumer support, advocacy and education; and Becky Mascot received the Outstanding Mental Health Professional Award for her work as an advocate for the rights of patients at Austin State Hospital.

NAMI Austin would like to give a big thank you to Community Clinical Research and the Pecan Plantation MHP for their financial support; to Austin Travis County MHMR, the Mayor’s Mental Health Task Force Monitoring Committee, the New Milestones Foundation, Planned Living Assistance Network of Central Texas and the Travis County Commissioners Court for their co-sponsorships; to all of the workshop panelists and facilitators and finally, to all of the consumers and family members for making this event one for which all of us can be proud.

— Eric Blumberg, Program Coordinator

NAMI Rockport

Lou Ann Garcia and Jowell Hearn, Rockport consumers, qualified for the “In Your Own Voice” (IOOV) training, coordinated by Norma Bangs of NAMI Texas. Phillip Bickell, NAMI Rockport member and artist-in-residence is making birthday cards for our next meeting. Robin Pollock, local special education expert made such an interesting, vibrant presentation in April on childhood mental illness that she we asked her to continue and finish her talk in May!

NAMI Rockport held their annual cooperative walk (9th Annual) with Coastal Plains MHMR on May 20th. This is a big event for all NAMI members. It is a walk for all of Aransas County – the whole community is invited including wheel chairs, walkers, dogs, horses and sailors from the Navy Base. A panel of judges awards a trophy to the community team with the best team spirit. There’s a free lunch after the walk for everyone and door prizes galore.

— Nina Shannon, President

NAMI Temple

NAMI Temple sponsored two community awareness programs during Mental Health Awareness month in May. Wayne Gregory Ph.D, from the Waco VA and NAMI Waco, presented a program on post traumatic stress disorder and Larry Edgy from the Depression Bipolar Support Alliance (DBSA) presented one on depression. Also in May, with Central Counties Center MHMR, we co-sponsored an exhibit at the Temple Library of Consumer art and information about Mental Health. We had two people attend the Family to Family training in Austin and we hope to be able to put these teachers to work in our community.

We are a small group, but we believe that for a person with mental illness to be successful in their recovery, the community must understand mental illness, hence our efforts in providing community awareness programs. We do five programs a year, with two of them coming in May. We also provide support for families and friends twice a month. We may be small, but we are mighty!

— Pat Roy-Jolly, President
NAMI San Antonio

NAMI San Antonio and the Mental Health Task Force of Bexar County launched an interfaith Faith-based Mental Health Ministry Initiative that could serve as a model for Texas. Although the project was in the formation stages for at least seven months, the kick-off was April 8 with a day’s training for about 70 clergy and laity from 25 local churches.

“We want Houses of God in San Antonio, Texas, the eighth largest city in the nation, to be welcoming and supportive places for people with mental illnesses and their families,” said Yolanda Alvarado, head of the Mental Health Ministry Initiative. “We have made inroads and we now have ministries shaping up.”

The training was designed to:
- Train clergy and laity in mental health ministry concepts.
- Encourage clergy to provide spiritual counsel and speak from the pulpit from a mental health perspective.
- Train laity to establish and operate support groups for either consumers, family members or both.
- Make clergy and laity aware of services available so that they can make referrals and become advocates.

Alvarado said she touched base with NAMI faith-based mental health programs in Oregon, California and Missouri, but none had a model for initiating interfaith mental health programs.

For information on NAMI San Antonio’s efforts, please contact Yolanda Alvarado at (210) 734-3349 or yhalvarado@yahoo.com.

— Yolanda Alvarado

NAMI Greater Longview

We have just completed our first With Hope in Mind education program and hope to start another one in August. It was a great workshop. We had great cooperation from local professionals to provide a Q&A panel for our last night. On May 24, we partnered with Sabine Valley Center, our local MHMR, and Janssen Pharmaceuticals to provide an educational experience for our local Police Department and Gregg County Sheriff’s Department. In their briefing rooms, we set up the virtual hallucination wand that allows someone to experience what it is like for a person with paranoid schizophrenia to do “normal” activities.

On June 3, we are again partnering with Sabine Valley Center and Janssen to provide a Regional Schizophrenics Anonymous (SA) program. We will be showing the documentary, Out of the Shadows, by Susan Smiley and have a panel discussion after the viewing. We will also have a guest speaker to talk about schizophrenia and hope to be able to get a SA group started in our area. We are hoping to be able to start Visions for Tomorrow in our area next fall. Three of us are looking forward to attending the National Convention in DC.

— Paula Hendrix, President

San Antonio Express-News Columnist and Psychologist Dr. Maria Felix-Ortiz (left) presents tips and basic training on facilitating a support group. In Our Own Voices speaker and NAMI member Juana Lopez (right) of San Antonio talks about her struggles and victories in her battles with major depression at the Interfaith Training sponsored by NAMI San Antonio and the Mental Health Task Force of Bexar County.

NAMI Gulf Coast

For those that attended the 2006 fundraiser, it was obvious to see it was a huge success! So many people attended, enjoyed company, food and advocating for people with mental illness. For those that could not attend your support did not go unnoticed. With all of your support NAMI Gulf Coast successfully raised just over $20,000.

Not only did the 2006 fundraiser create opportunities for mental health advocates, law makers and families affected by mental illness to interact, but created awareness for those interested in supporting a worthy cause.

A many of you already know Dr. Michael Fuller was honored for his dedication to families, children and people affected with mental illness. Special thanks to Dr. Fuller for his moving acceptance speech.

So many people, businesses and volunteers offered their time, money and talents to support this event. All of which deserve a big huge thank you. The pharmaceutical companies of Pfizer, Janssen, Bristol-Myers Squibb, GlaxoSmithKline, and Alamo made major contributions to this event and their support is appreciated. Special thanks go to Inspectorate and the cook-off volunteers who donated all of the food and time to help serve our guests a delicious and hearty barbeque feast.

Most important NAMI Gulf Coast wants to thank the countless volunteers who gave endless hours of before, during and after the event. With out you this event truly could not be possible!

As we press through 2006, NAMI Gulf Coast appreciates your dedication and support through advocacy and spreading the word about the wonderful things we work so hard to accomplish for people affected by mental illness. By working together we can make a difference for so many people.

— Carolyn Karbowski, Executive Director
Cognitive Therapy
Event – Thoughts – Feelings – Behavior
By Ken Scadden
The idea is that an unchecked event can lead to distorted thoughts which in turn produce negative feelings and people make bad decisions. The good news is that for any given event you can turn your thoughts and the running tape of automatic thoughts into positive ones which changes your mood and you can live without regret. This means you can reduce guilt. That is if you do not stuff your feelings and let them cycle until they are addressed. For example, you say “I am not a failure but a fallible human being.”

In the movie “Under Siege II”, Steven Segal is quoted as saying “Chance favors the prepared mind.” By finding a quiet place by hypnosis or visualization techniques, we can implement the above model on cognitive therapy to picture ourselves in a situation and what our behaviors might be. Of course, it’s not black or white, when we implement these fortune telling ideas, it almost never goes as planned. But we get better at it everyday. And it increases our ability to succeed.

Some good tools to have and be aware of are from David Burns M.D. and called the ten forms of distorted thoughts. When we are more in tune with identifying distorted thoughts and feelings we gain more control over our life. The ten forms of distorted thoughts are:

1. “All or Nothing Thinking” – we think that things are absolute or black and white.


3. “Discounting the Positives” – dwelling on the negative thoughts and not appreciating that you have positive qualities.

4a.) “Mind Reading” – assuming you know what others are thinking.

4b.) “Fortune Telling” – predicting that things will turn out badly.

5.) “Mental Filter” – Only processing information that is negative.

6.) “Should Statements” – carrying that monkey one your back instead of saying you made a choice.

7.) “Magnification” – exaggerating the importance of negative outcomes.

8.) “Emotional Reasoning” – saying “I feel like an idiot therefore I am an idiot.”

9.) “Blame” – or more commonly known as personalization. It is telling others that it’s all their fault for making me feel in a negative way.

10.) “Labeling” – calling others a fool, for example.

The sooner we can get a handle on this model and practice it for a couple of months the more wiser we become, and the better we feel. Some of the things I’ve learned by implementing this therapy are as follows.

• Time is short make it count – from the movie the “Titanic.”

• Don’t base your self-esteem on how others react to you.

• If you do not open up and share your heart you will be more likely to not find love. It is about trust, but you can test the waters without wearing your heart on your sleeve.

• We make the best of what we have.

• Some people may not play by the same rules. It is at that time to have a good sense of humor about the situation. But that does not mean you can not assertively apply the guidelines for them to follow.

• And finally, the thing in life is to adapt and change slowly and grow daily. To control those things you want to have constant. The trick is, in the same vein as the “Serenity Prayer”, is to identify what you want to change and what you want to keep constant.

Remember, tomorrow will be a better day than today.
Austin’s **Imagine Art** is an interfaith non-denominational Christian-led organization, serving the spiritual and practical needs of a unique population – artists with disabilities. Spiritual services as provided through Imagine Art occur primarily within our Church partnerships. Imagine Art continues to focus on the artistic needs of the artists served while connecting them within a network of churches to meet individual needs for counseling, recovery, food or housing. Imagine Art serves artists with disabilities as they are professionally accessing the arts. Imagine Art has four categories of artist that it serves: the hobbyist; the artist in development; the emerging artist; and the professional artist. Artwork on this page, and the front cover, was created by Imagine Art artists.

~ www.imagineart.net ~
How People with Mental Illness Became Famous

By Marcus C. Johnson

I decided to write this article because in 1995 a visiting minister came from nowhere in the church hall and told me I’m going to be famous one day.

Many people with mental health don’t become famous because it’s the way you cope with the illness.

To be a good writer you need to be passionate about reading, and that’s something Sylvia Plath did.

I enjoyed reading her book because she talked about education. I’m going to share with you some of the people that became famous with mental illness.

Here they are: Isaac Newton, Abraham Lincoln, Ludwig Von Beethoven, Jane Pauley and Winston Churchill.

Isaac Newton was most famous being a mathematician of the 17th Century and Abraham Lincoln was the 16th president of the United States. Ludwig Von Beethoven was a composer with Bipolar Disorder, Jane Pauley was a NBC news broadcaster and last but not least Winston Churchill was a Prime Minister of Great Britain. If you have a dream, stick to it, no matter what the obstacle.

The Up Side of Down

and Other Things I am Thankful For

By Jennifer Schumacher

I recall days, when I was unfettered and free.
When mental anguish, was an unfamiliarity.
No need for drugs. Life was fine!
All was well within my mind.
Why there was a change, is difficult to express.
Serotonin and brain waves became a mess.
Drugs now assist, too many to recall.
I know without them, I would fall.
Stability is my goal. Medication a must.
No shame have I, for the affliction dealt.
Blessed to help others, from what I have felt.
I have learned to laugh rather than cry.
This IS me and I don’t ask why.

Clockwise from above:
Three Cats by Laura Hanus
Longing for You by Sue Edwards
Flowers in Vase by Sarah Ocano
Reflections by Nancy Barnes
Concho Valley MHMR’s Ronnie Rowe has been teaching weekly art classes at the San Angelo Museum of Fine Arts for four years. His students create art using a variety of different materials, including oils, watercolors, acrylics and pen and ink. Class members work very hard during the year and in March they once again displayed their work at The Coop Gallery. Some of his students’ artwork is shown here on pages 22-23.

Clockwise from top left:
Horse by Jerlene Kennedy
Lady Sings the Blues by Nilian Cortez
Abstract Shapes by Chris Garcia
Homestead by Jerlene Kennedy
Yellow Lilies by Chris Garcia
Two Cats by Laura Hanus
Cats with Purple Backdrop by Laura Hanus (center)
~ Poetry by Jerlene Kennedy ~

Apple Blossom
Apple blossom white
A sight pure delight
Falling like snow
From the sky.

Rainbow
Colors in the air
Yellow
Blue
Green
Cool and Clean
Refreshing and real.

Sparrows
Sparrows flying high
Signature across the sky
Search for peaceful rest.

Dew
Grass shines like emeralds
Spider webs lace with gold and silver
Brings peace to the soul.

“Art therapy, poetry therapy, music therapy and other expressive therapies can reach and touch feelings and help to identify them in oneself and others. The goals of art therapy are to move toward healing and growth. The end results can be enlightening, empowering the artist or writer with a stronger sense of identity, accomplishment, and self-knowledge.”

— Diana Kern
There wasn’t anything Betty Sterns Fulenwider wouldn’t do to increase understanding of mental illness. Ironically, becoming a tissue donor was the one thing the advocate of brain donation for research into the causes of psychiatric illness wasn’t able to do.

Fulenwider, 76, died at the Methodist Specialty and Transplant Hospital on Friday, eight days after a massive stroke, heart attack and quintuple bypass operation.

Her husband, Jerry, as active a mental health advocate as she was, said he contacted the Harvard Brain Tissue Resource Center at McLean Hospital in Belmont, Mass., to see if a donation was possible.

“She was a firm believer in that and as it turns out, they couldn’t take her brain because of the stroke,” Jerry Fulenwider said.

The couple’s advocacy dates to 1982 and was due to family members having the disease, he said. That was the year that Fulenwider, who was born in Houston, and her husband, a native of Uvalde, moved to San Antonio.

They left Kansas City, Mo., when he received a promotion with Abbott Laboratories.

A graduate of the University of Houston, she’d held several jobs but devoted hours to national organizations such as the National Alliance on Mental Illness (NAMI) and its state affiliate, NAMI Texas.

She also was involved with the University of Texas Health Science Center Friends of Psychiatric Physicians and the San Antonio Alliance for the Mentally Ill.

Receiving the Special Service Award from the Texas Society of Psychiatric Physicians in 2004 at its state meeting in San Antonio was “thrilling for her,” said her husband, who shared the award as a recipient.

NAMI bestowed several honors for her struggle to attain better access, treatment and support services for people suffering from mental illness.

The couple recently celebrated their 50th wedding anniversary on a cruise to Cozumel, Mexico, with the family.

Two daughters, Cynthia Miletta of Lewisville and Lisa Fulenwider of Houston; a son, Adam Fulenwider of Junction; and two brothers, Leon Sterns of Crockett and Jerry Sterns of Willis, also survive.

A memorial service will be held Wednesday at 5 p.m. at St. George Episcopal Church at 6904 West Ave. A reception will be held in the parish hall after the service.

Instead of flowers, memorial contributions may be made to St. George Episcopal Church; or to NAMI, P.O. Box 15348, San Antonio, 78212; or to the YMCA of the Rockies, 2515 Tunnel Road, Estes Park, Colo., 89511. — May 14, 2006

Charles Bangs

Trudy Holder
Trudy Holder was a family member and volunteer of NAMI Golden Triangle in Beaumont. She served as secretary/treasurer, was a Family-to-Family educator and a Visions for Tomorrow family education teacher. She did speaker presentations for the Region 5 Education Services Center, Jasper Federation of Families, Bridge City ISD In-Service, Port Neches Groves and Nederland Elementary/Middle School Conference and Parent Involvement Conference on mental illness and children. Trudy won the Texas Vocational Office Education Teacher of the Year and served in several capacities on her local and state school boards. She was also the committee chair for the MHPAC for 2006.

Tina Pollard
March 10, 1956 – April 10, 2006. Tina was a member of NAMI Lubbock. The family suggests memorials to NAMI or a charity of your choice.

Bill Sullivan
NAMI Texas said goodbye to William Robert Sullivan on Friday, April 7, 2006 in Lewisville, Texas. Bill had been an active volunteer in the NAMI Texas family for 23 years. He was a “tireless worker” in the Fort Worth and Denton Affiliates and also dedicated his expertise to the NAMI National Veterans Council (NVC). From the NVC comes this tribute, “It is clear to us that Bill was a passionate and tireless advocate on behalf of disabled veterans and others living with a mental illness and their families. His legacy is one of positive and lasting change, and he will be deeply missed.” Donations made be made in Bill’s name to NAMI Texas.
Beyond the Border...continued from page 7

a therapist in Erie, Pa. We met with the therapist as a family to ask for assistance in the choice of the next treatment step. As divine intervention would dictate, we were driving away from that important meeting with the therapist when we saw a storefront office with the sign “NAMI of Erie County.” We drove up and walked in. The president was manning the desk and within the hour she had signed us up for NAMI’s Family-to-Family class starting the next week!

By the spring of 2003, we belonged to NAMI Erie County and NAMI West Houston. In May, we trained to become Family-to-Family teachers. We joined another NAMI chapter closer to our home in suburban Houston, NAMI Ft. Bend. We attended numerous chapter meetings across the city of Houston and participated in lots of support groups. We learned. We connected. We weren’t alone.

On the internet, we discovered the NEA-BPD website (www.borderlinepersonality-disorder.com) and made arrangements to attend their annual conference that fall of 2003 in White Plains, NY. We met the officers of NEA-BPD and began discussions of organizing a one-day symposium on BPD in Houston the following year. The Menninger Clinic, Baylor College of Medicine and NAMI Metro Houston became partners in organizing the first Houston symposium on BPD. We signed ourselves up for Family Connections teacher training – a 12-week course for families with a loved one challenged by the BPD diagnosis. The goals of the course are similar to Family-to-Family but specific to BPD.

We taught our first NAMI Family-to-Family class for NAMI West Houston in the spring of 2004. We were hooked. We also took support group facilitator training and started a NAMI support group in Ft. Bend County. We attended our first NAMI National Convention in Washington D.C. in September of that year. The expertise of the speakers, the Capitol Hill visitations we participated in, and the trip to the National Institute of Mental Health in Bethesda were experiences beyond our expectations.

In October, Jim was invited to speak for the first time at the annual NEA-BPD conference in Los Angeles. His role was, and continues to be, a representative for families with a loved one challenged by BPD. November 6, 2004 marked the first Houston symposium for Borderline Personality Disorder co-sponsored by The Menninger Clinic, Baylor College of Medicine, NAMI Metro Houston, and NEA-BPD.

The successful conference resulted in a beginning of BPD education and services in the Houston area and beyond. The symposium generated plenty of interest among area families to join the first Family Connections 12-week class. In the spring of 2005, we taught both the NEA BPD Family Connections class on Saturdays and the NAMI Family-to-Family class on Thursday nights. We were double hooked!

Family Connections is an education course for families, much like the NAMI Family to Family class. The course offers education and research but the subject matter is specific to BPD. The uniqueness of the program is the teaching of select Dialectical Behavioral Skills to family members to facilitate communication and understanding with our loved ones. Skills sessions focus on Relationship Mindfulness Skills, Emotion Regulation Skills, Effective Communication Skills, Validation Skills, and Problem Management Skills.

To carry over support after the first Family Connections Class, we started a twice monthly support group for BPD family members. Recently, a new format has been implemented at alternate meetings to include a professional who leads a round table family support discussion.

The Family Connections class is now offered twice a year in Houston. A couple from Austin is interested in bringing Family Connections to their city. Ideal prospective teachers for the Family Connections course are: those who have taken the course and/or those who have taught the NAMI Family to Family course and have a BPD loved one. The training is a two night, three day course taught by Drs. Alan Fruzzetti and Perry Hoffman at either Reno, Nevada, or White Plains, NY.

At the NAMI National Convention in June 2005, Dr. Perry Hoffman, President of NEA-BPD and Jim presented on BPD at the “Ask the Doctor” session. We will present again at the NAMI National Convention this year in Washington, DC. NAMI now includes BPD under the NAMI umbrella as a serious mental illness. This is a major development toward strengthening services to the BPD population.

The need for Family Connections is growing and so is the interest. In January 2006, the NeuroPsychiatric Center and MHMRA of Harris County organized a two-day visit from Dr. Marsha Linehan, creator of Dialectical Behavioral Therapy. One day consisted of case studies for professionals and the second day was devoted to a workshop on DBT attended by professionals, family members and consumers.

2007 promises to be equally active – including a third BPD annual symposium in Houston. In addition to professionals, these conferences and symposiums are open to families and consumers.

Is there satisfaction in what we do? Yes! Our personal involvement in teaching and advocacy efforts for all mental illnesses has enhanced our lives. “To teach is to learn” is a true mantra. We become more calm, more confident, more compassionate with each class we teach. During “down times” when a day or week has been particularly sad, challenging, or frustrating, I have to leave it all outside the classroom door and concentrate on those in our class or support group. I always, ALWAYS leave the classroom feeling better than when I stepped in.

Our contacts with key professionals and service providers place us in a more viable position to help our family and others in need. We’ve made many wonderful new friends. It’s satisfying to help others in crisis and confusion and guide them away from the pitfalls we experienced. See Beyond the Border...page 28
Nominations for NAMI Texas Awards Now Being Accepted

Every year, NAMI Texas accepts nominations for various awards. Award recipients will be announced at the 2006 NAMI Texas Annual Conference to be held at the Omni Southpark in Austin October 15–17, 2006.

**Legislator of the Year Award**

Given to a Texas legislator who has helped make improvements in the mental health system and positively effects the lives of persons with mental illness.

**The Betty Fulenwider Media Award**

Given to a member of the media (radio, television or print) who educated the public about serious mental illness and the need for better treatment, broke the stigma of mental illness and/or told a personal story.

**Charley H. Shannon Advocate of Justice Award**

Given to a Texas advocate who effected positive change for persons with serious mental illness in the response of the criminal justice system, mental health agencies or the Legislature.

**Professional of the Year Award**

Given to a professional (researcher, scientist, educator, therapist or psychiatrist) who works to improve the lives of consumers and/or their families and promotes recovery for persons with a serious mental illness.

**Consumer Quality of Life Award**

Given to a consumer of mental health services in Texas who inspires, mentors and stands as a model of recovery for persons with serious mental illness.

**Volunteer of the Year Award**

Given to a volunteer or affiliate who has gone above and beyond to improve the lives of consumers and/or their families.

You may download nomination forms for these awards from the NAMI Texas website at www.namitexas.org. Nominations for these awards must be received by NAMI Texas no later than September 8, 2006.

Diana Kern
NAMI Texas
2800 S. IH-35, Ste. 140
Austin, TX 78704
Fax: (512) 693-8000
Beyond the Border...continued from page 26

We’ve learned “new tricks for old dogs” are possible: we can change our thoughts and behaviors to create a healthier atmosphere for our family’s recovery process.

Jim and Diane may be contacted at jahall2@hotmail.com or NAMI Ft. Bend at (281) 494-5193.

**Additional Resources**

- **National Education Alliance for Borderline Personality Disorder**
  P.O. Box 974 Rye, NY 10580
  Phone: (914) 835-9011
  E-mail: NEABPD@aol.com
  www.borderlinepersonalitydisorder.com

- **Borderline Personality Disorder Resource Center**
  Phone: (888) 694-2273
  www.bpdrsrc.org

- **Borderline Personality Disorder Research Foundation**
  Phone: (212) 421-5244
  Bpdrf.usa@verizon.net
  www.borderlineresearch.org

- **National Alliance for Research on Schizophrenia and Depression**
  Phone: (516) 829-0091
  www.narsad.org

- **National Institute of Mental Health**
  Phone: (301) 443-4513
  E-mail: Nimhinfo@nih.gov
  www.nimh.nih.gov

- **Linehan Behavioral Tech Information Site**
  www.behavioraltex.com

- **University of Washington Behavioral Research and Therapy Clinics**
  www.brtc.psych.Washington.edu

Executive Director...continued from page 3

also cap the total amount that can be applied for. And, as you know, it is unlikely that NAMI Texas will be awarded every grant for which we seek funding. What does this mean in terms of NAMI Texas’s future?

It means that NAMI Texas, like almost all other non-profits, will need a very active Board whose responsibilities include contributing or raising money. Talk to other non-profit organizations, and ask them about this. We have a Board who has not had to fulfill this role recently, but those involved in earlier days of NAMI Texas faced this challenge and responsibility, as do all of the Affiliate Boards today. I am happy to tell you that our Board’s Executive Committee has recognized this need and established three new committees: a Funding Development Committee, a Board Development Committee and a Fund Raising Committee.

The Funding Development Committee’s goal is to develop a donor base, to assist NAMI Texas in soliciting long-term unrestricted funding. Ed Kuny has graciously agreed to be the Chair, and he is currently soliciting members.

In addition, the Board has established a Board Development Committee, who will be working with the Nominating Committee, in recognition of the need for our membership to nominate and elect Board members who have the experience and skills critical to the success of NAMI Texas, now and in the future. You will see some of their decisions reflected in this year’s nominating and elections process, as information on every nominee will be posted to our website for membership viewing, including their responses to a specific set of questions. Board member have also completed a survey that will help us assess our current strengths. In addition, every Affiliate President has been sent information providing guidance for members as they make their Board nominations, based on the needs for specific skills and expertise needed at this time.

The Fund Raising Committee will take on specific projects to raise funds on an ongoing basis. I have lots of great ideas that can be started immediately, and the Executive Committee is actively looking for leadership for this Committee, as well as Committee members who have the time and are ready to make the commitment to be actively involved. The Chair will need to be energetic, have great management skills, good attention to detail and follow-through, and be excellent at motivating other people. Stephanie Contreras has graciously agreed to be Interim Chair.

NAMI Texas was started in 1984 by a group of dedicated volunteers with a vision for what was possible. Today, we call ourselves “The State’s Voice on Mental Illness.” We have a rich history of making a difference in the lives of individuals with mental illness and their families across the state, because of the work done by our members every day, week after week, providing education, support and advocacy in our communities. It is the primary purpose of NAMI Texas to support these efforts in every way possible. I have confidence that, while we are going through some tough times, we will be able to say, as an organization, that this crises has a silver lining – the opportunity for real change, to become more effective as we rise to meet this challenge.

I hope I can count on your support. Thanks.

_Robin Peyson_  
Executive Director, NAMI Texas
Opening Speaker, October 16 – Michael Fuller, M.D.
Michael Fuller, M.D., is an Associate Professor in Adult Psychiatry at the University of Texas Medical Branch in Galveston. For over 20 years, Dr. Fuller has practiced, researched and taught several disciplines within the psychiatric field. His specialties include: Post-Traumatic Stress Disorder; Attention Deficit Disorder; Court Ordered Evaluations; Crisis/Trauma; Forensics; Head Trauma; AIDS/HIV; Chronic/Terminal Illness. He travels around the state teaching the “Making Choices” program for consumers, family members and professionals. This year, NAMI Gulf Coast honored Dr. Fuller at a gala for his dedication to help dispel stigmatization and his compassion and concern for persons with serious mental illness.

Luncheon Speaker, October 16 – Dr. Edward Knight
Edward Knight, Ph.D., is Vice President for Recovery, Rehabilitation and Mutual Support for Value Options. He also serves as an Adjunct Professor of Rehabilitation Sciences at Boston University. Dr. Knight worked as a private consultant with The Empowerment Partners and he was the CEO of the Mental Health Empowerment Project, Inc. Within 12 years, Ed helped grow the project from 12 self help groups to over 600 groups. Dr. Knight has worked with several research centers and his areas of research interest are mutual support, recovery, rehabilitation and co-occurring substance abuse and mental illness. Dr. Knight is a consumer of mental health services. He was diagnosed with schizophrenia in 1969 and has been homeless.

Conference Schedule of Events

**SUNDAY, OCTOBER 15**
- 3:00 pm – 7:00 pm: Registration
- 7:00 pm: Meet & Greet
- 7:00 pm: Exhibit Setup

**MONDAY, OCTOBER 16**
- 7:00 am – 6:00 pm: Registration/Exhibits
- 7:00 am – 8:00 am: Continental Breakfast
- 8:30 am – 9:30 am: Opening Session
- 9:30 am – 10:00 am: Break
- 10:00 am – 11:30 am: Breakout Sessions
- 11:30 am – Noon: Break
- Noon – 1:30 pm: Keynote Luncheon
- 2:00 pm – 3:30 pm: Breakout Sessions
- 3:30 pm – 4:15 pm: Break
- 3:45 pm – 5:15 pm: Breakout Sessions
- 6:00 pm: Reception

**TUESDAY, OCTOBER 17**
- 7:00 am – Noon: Registration/Exhibits
- 7:00 am – 8:00 am: Continental Breakfast
- 8:00 am – Noon: Voting
- 8:00 am – 9:00 am: Regional Caucuses
- 9:00 am – 9:30 am: Break
- 9:30 am – 11:00 am: Breakout Sessions
- 11:15 am – Noon: Closing Session

**CEUs will be available for LPCs and LMSWs**
Registration
- Registration Fees: $55 for consumers; $75 for family and friends; and $95 for professionals.
- Register by completing the registration form below and mailing it along with your check made payable to NAMI Texas.
  NAMI Texas
  2800 S. IH-35, Suite 140
  Austin, TX 78704
  Phone: (512) 693-2000

Hotel Accommodations
OMNI AUSTIN HOTEL AT SOUTHPARK
4140 Governor’s Row
Austin, TX 78744
Phone: (512) 448-2222
Fax: (512) 442-8028
Website: www.omnihotels.com

- When inquiring and making room reservations please identify yourself as someone attending the NAMI Texas Conference in October.

Hotel Room Rates
Single/Double Room: $129* per night
* The hotel cut-off date for this special room rate is September 22, 2006.

Hotel Shuttle Service
Complimentary airport shuttle (7 am – 11 pm) to and from Austin-Bergstrom International Airport.

Directions
From Austin International Airport:
Take Texas Route 71 East and continue for 5.3 miles to Woodward Street and turn left at stop light. Turn right onto Freidrich Lane. Turn right onto Director’s Blvd. and the turn right onto Governor’s Row. The Omni Austin Hotel at Southpark’s entrance will be on the left.

From the North via I-35 southbound:
Traveling on I-35 South, pass through Austin downtown to Exit 230B. Take parallel frontage road toward US-290 West / Ben White Blvd / TX-71 intersection. Turn left at the stop light and then turn right on Governor’s Row. The Omni Austin Hotel at Southpark’s entrance will be on the right.

From the South via I-35 northbound:
Traveling on I-35 North, follow to Exit 230 toward TX-71 / Ben White Blvd / US-290. Take parallel frontage road and turn right onto Director’s Blvd. Then turn left onto Governor’s Row. The Omni Austin Hotel at Southpark’s entrance will be on the left.

From the East via Hwy 71 westbound:
Traveling west on TX-71 proceed past Austin-Bergstrom International Airport for about five miles. Follow to Woodward Street and turn left at the stop light. Turn right onto Freidrich Lane. Then turn right onto Director’s Blvd and right onto Governor’s Row. The Omni Austin Hotel at Southpark’s entrance will be on the left.

Conference Registration Fee:
$55 for consumers
$75 for families & friends
$95 for professionals

Please make your check payable to NAMI Texas and mail along with your registration form to:
2006 NAMI Texas Conference
NAMI Texas
2800 S. IH-35
Suite 140
Austin, TX 78704

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NAMI Texas
2800 S. IH-35
Suite 140
Austin, TX 78704

If you have questions or need more information, please call NAMI Texas at 512-693-2000.

Never doubt that a small group of thoughtful committed people can change the world:
indeed it’s the only thing that ever has!
– Margaret Mead
Recent research reported by the University of Chicago Center for Psychiatric Rehabilitation has found that nearly 90% of consumers of mental health services identified themselves as religious or spiritual. However, earlier studies have shown that mental health professionals tend not to be very religious with less than 50% of them endorsing religion as a core value.

About Conversation on Compassion
In the spring of 2004, three mental health professionals were asked to share their views on accessing one’s healthy spirit. In this conversation, Edward Knight, Ph.D., Nancy Kehoe, Ph.D., RSCJ, and Sheila LeGacy identify the tools necessary to nurture a healthy spirit among those who suffer with psychiatric disabilities, their family members and mental health professionals.

Among the topics they discuss are: issues of hope and determination, validation of one’s spiritual or religious experience, looking deeply at grief and suffering, distinctions between spiritual experiences leading to psychosis as opposed to spiritual experiences leading to connection, professional resistance to talking about spiritual issues, and self-care.

About the Mental Illness Education Project
The Mental Illness Education Project produces videotapes about people whose lives have been touched by mental illness. The primary goal of the Project is to address discrimination and neglect among those who are affected by mental illness. The videotapes present first-hand perspectives of individuals with mental illness in the context of their whole lives — personal and family relationships, communities, treatment, recovery, and work. The videos are designed to stimulate productive discussions among mental health consumers, family members, clinicians, and others.

We need your help...
The Mental Illness Education Project is seeking funds to edit this exciting conversation that speaks to the heart of our mission: giving voice to the experience of recovery.

To help support this effort, please contact MIEP Videos at 1-800-805-5581 or by email at info@miepvideos.org. You can help us complete this videotape by making a tax-deductible donation to MIEP. The Mental Illness Education Project is a 501(c)(3) non-profit corporation. For more information about us, please visit our website at miepvideos.org.
Mental Illness Awareness Coalition's
Mental Health Advocacy and Leadership Conference
Westin La Cantera Resort, San Antonio, Texas
August 12, 2006

Join leaders of the Depression and Bipolar Support Alliance of Texas, Federation of Texas Psychiatry, Mental Health Association in Texas, NAMI Texas, Texas Mental Health Consumers, Texas Academy of Psychiatry, Texas Medical Association, and the Texas Society of Psychiatric Physicians as we join forces once again to participate in media training and plan for the 2007 Texas Legislative Session.

Enjoy a weekend of fun, education and fellowship with the partners of the Mental Illness Awareness Coalition. Meet new friends and reestablish relationships while participating in a dynamic and inspirational educational program led by Joel Roberts.

To download a conference registration packet, please visit www.txpsych.org and click on “Mental Health Advocacy and Leadership Conference.”

CONFERENCE REGISTRATION FEE
$45 per person for physicians
$25 per person for resident physicians, allied health professionals and spouses
$20 per person for Coalition Partners (MHA, NAMI, DBSA and TMHC)
Conference registration deadline is August 1

HOTEL ACCOMMODATIONS
Westin La Cantera Resort
San Antonio, TX
210-558-6500 or 800-228-3000
$179 single/double per night
Hotel reservation deadline is July 12