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To find a NAMI Texas affiliate in your area, please call 1-800-633-3760 or visit www.namitexas.org

Suzanne Worrell created the cover art, Three Red Tulips. The painting was created with water-soluble oils on canvas. It is 25 1/4” wide x 31 1/4” tall. $600. “I created this painting from a photograph that I had taken of a live pot of red tulips that my mother in law had given me. I think that the painting is very dramatic. It turned out well.”
Supporting local affiliates is a primary function of NAMI Texas. While the Board of Directors and staff are committed to this support, determining what form that support should take can be difficult. So we’ve tried to come up with a variety of ways to solicit input from affiliates: monthly conference calls for Affiliate Presidents (or their representatives), Affiliate surveys, and two networking opportunities at the upcoming NAMI Texas Conference on October 6-7th at the Hyatt Regency on Town Lake in Austin.

The first opportunity will be a networking breakfast for affiliate presidents and the NAMI Texas Board of Directors on Saturday, October 6th. Each Affiliate President should have already received an email inviting them (or a representative of their choosing) to breakfast from 8:00 to 9:30 am on the 17th floor of the Hyatt Regency on Town Lake.

At this breakfast, we will be asking you for ideas for upcoming topics for conference calls, ways to increase affiliate participation in future activities and the most basic question of all: what do you need from NAMI Texas? We had hoped the recent affiliate surveys would answer that question, but the number of affiliates responding was less than encouraging. So I urge you to take advantage of this opportunity to not only give feedback to the Board of Directors, but to meet and mingle with other Affiliate Presidents. You will have another opportunity to complete the survey in the near future.

The second networking opportunity will be Sunday morning, October 7th. NAMI Texas staff will be available in specified areas to meet with members and answer questions about programs and services. Want to know more about Family to Family and meet other Family to Family teachers? That opportunity will be available. Want to know more about Consumer Education Programs? You’ll have that opportunity. Do you have questions about Children’s Education Programs? You will get your questions answered!

I hope you will take advantage of these upcoming networking opportunities, and I’d like to remind you that your feedback is an important part of the NAMI Texas planning process. See you at the conference!

Donna Fisher
NAMI Texas President

Dear NAMI Members,

FROM THE PRESIDENT

NAMI TEXAS Staff

Executive Director
Robin Peyson

Consumer Education
Coordinator and Special
Events Coordinator
Diana Kern

Director of Educational
Development
Deborah Rose

Family to Family Educator
Norma Bangs

Family Education
Coordinator
Lisa Moore

Office Manager
Kelly Jeschke

Office Assistant
Kristalle Jaime
Shaping NAMI Texas’ Future
Meet The Candidates...

Region 5
Lee Burns

I have been nominated by NAMI Austin to represent Region 5. I have been an active member of NAMI for the past three years and I have served on the Austin board for the past year as its secretary and on the Texas board for the past 3 years.

I believe serving on the NAMI Texas board provides me an opportunity to bring hope to Texans affected by mental illness. Regarding financial management; I graduated magna cum laude with a bachelors degree in business and have served as the Treasurer to NAMI Texas October 2006 - September 2006 prior to being elected board President in October 2006 - April 2007.

I believe equality of health insurance, health care, destigmatization and decriminalization of mental illness would be natural outcomes if mental health were address as a public health issue. Therefore the most pressing public policy issues facing NAMI Texas is addressing mental health as a public health issue. It costs society too much in the quality and longevity of life not to admit that mental health is a public health issue requiring significant systemic solutions.

I first became aware of NAMI 7 or 8 years ago as we struggled with the behaviors of a mentally ill family member. My wife Mary and I learned so very much from NAMI members. Mary and I attended Family to Family (“F2F”) with two great teachers, Ermine Smith and Susan Mulcahy. I taught F2F classes for a couple of years and learned even more from those who attended our classes. I have gained so much and I have so much to give back.

The most pressing internal and organizational issue facing NAMI Texas today is continuing to develop activities that support our affiliates while sustaining our fiscal future. I believe we have begun the appropriate course of action over the past year. Under my leadership as president the board improved its internal communications by meeting monthly and improved its external communications by establishing a monthly call with the affiliate presidents. In addition we embraced the leadership themes in the book “Good to Great” and we installed the eTapestry contact, membership and donor web based tool for NAMI Texas and its affiliates. These activities resulted in an improved focus on our members and affiliates.

Region 6
Paula Hendrix

Nominated by: NAMI Lufkin

As president of NAMI Greater Longview for the past 2 years, I have had the privilege and opportunity to meet and network with individuals from many organizations in our area. Due to more visibility from networking and starting education classes, our affiliate has seen a steady growth.

I would like to make a difference in the lives of people affected by mental illness. Through our education programs, the NAMI Texas Convention and the NAMI National Convention, I have seen what a difference NAMI programs make in the lives of individuals. I would like to work to make thee programs available to all areas or our state.

I have worked in accounting for forty years. I was the Accounting Manager for an insurance agency for ten years. My duties included accounts payable, accounts receivable, payroll and reports, ordering supplies, etc. My husband has been a self-employed Electrical Contractor for twenty-eight years and I have done all of the above for business. I have also been on the Budget & finance Committee for my Church for the last five years.

While there are numerous public policy issues facing NAMI Texas members, I believe getting legislators, insurance companies, and law enforcement to accept the TRUTH that mental illness is a biological and physical illness just like Alzheimer’s Disease, seizures, cancer, strokes, etc., is imperative before real reform in our laws and budgets can be accomplished.

I think the best way to accomplish this is through programs like In Our Own voice and family members bombarding these people with our stories.

I have to say that God brought me to NAMI. When my son was diagnosed with paranoid schizophrenia at the age of 26, I really didn’t have a clue about mental illness. Although we knew something was definitely wrong with our son, severe mental illness never occurred to me. After he was diagnosed, I began reading all I could find on the Internet and in books about schizophrenia. And, I found good information which I discussed with my son’s psychiatrist.

I thought my son needed a support group of people that could relate to the things he was facing. When I asked his doctor about this, he told me there wasn’t a support group for my son; but, he suggested that I contact NAMI for myself. I had never thought about a support group for me. Although I called to find out about local meetings, I really didn’t think they would understand what we were going through.

It wasn’t until 6 months after the death of my son in an accident that I went to my first NAMI meeting. The idea of a support group just seemed to stay in my head. My first meeting was a total revelation for me. After hearing the stories of the members, I knew without doubt they could relate to the experiences we had gone through. Sharing the wisdom they had learned over the years was a wonderful support for me. I couldn’t wait to attend the next month. I realized that,

continued on next page
I’ve had nearly 30 years of non-profit management experience working with contracts, grants, fund-raising and budgets. When I served on the state board of directors for MHA in Florida we had special challenges raising funds without competing with the local affiliates. I do have sensitivity to the issue of competition with local affiliates for funds.

Funding, adequate funding, for services is the critical issue. I believe the only way to see increases in resources is to create a grass roots movement of advocacy by consumers and family members (voters) who will demand adequate services in lieu of incarceration. We need to help legislators and congresspersons understand that the costs of untreated mental illness don’t go away...they just appear elsewhere. This can be done through grass roots advocacy.

We need to develop a comprehensive continuum of care that offers opportunities for resiliency and recovery, not simply stabilization and maintenance.

I have a clinically depressed brother who also is addicted to alcohol and drugs. He never received any treatment because it was not acceptable to talk about mental illness in my family. His illness nearly destroyed my family that is how I first became involved with NAMI. I have since had two sisters diagnosed with depression, and my own experience with depression which first occurred with the terminal illness and death of my husband eight years ago. My sisters both received treatment because I talked about my experience with depression and panic attacks when my husband was ill. Helping people to understand mental illnesses and understand that it is healthy and appropriate to talk freely about mental illnesses seems to be the most valuable aspect of my involvement with the NAMI movement.

Restructuring and developing new organization/operational plan with strategic goals. Continued examination of all aspects of programming to get “the greatest bang for the buck,” and board support for staff is the critical needs at this time, I think.

Continued from Paula Hendrix

education without the support group left a big hole. It takes both to regain balance in your life. I sincerely believe this applies to consumers as well as family members. Seeing people come and find that balance at NAMI is awesome!

Funding our programs across the state is definitely a priority. Fundraising and grants are extremely important. I believe both of these will come easier, if we all work together to make NAMI Texas the point of first reference with psychiatrists, mental health clinics, emergency rooms, and law enforcement when they come in contact with a person with mental illness and/or a family member of the person. Word of mouth is the best way to advertise. The more we spread our services, the more our name is spread. I plan to do as much networking as possible to make NAMI programs available. I don’t want people waiting three years to call us, like I did, thinking we can’t help. I know we can help and I want to share this with as many people as possible.

Region 7
Leon Evans

President/Chief Executive Officer
The Center for Health Care Services
San Antonio, Texas
Nominating Affiliate: NAMI San Antonio

Mr. Evans began his career in the health care industry conducting research on autism while still in college. That was thirty-seven years ago. He has been in Texas for thirty-five years now, the last seven years serving as President/Chief Executive Officer in his current position, where he is responsible for ensuring services to the mentally ill, mentally disabled, and substance abuse addictive in Bexar County, with a staff of over 650 employees.

Previously, Mr. Evans served as Director of Community Services for the Texas Department of MHMR, where he was responsible for setting operational policies state-wide and ensuring that performance criteria was being met. Mr. Evans has also worked at other community mental health centers around the State in various capacities.

He is also a graduate of the Governor’s Executive Development School, LBJ School at the University of Texas.

Professionally, he is a member of the Executive Directors Consortium of Texas, the Mental Health Workgroup of the Texas Strategic Healthcare Partnership, the State Jail Diversion Committee, the Mental Health Corporation of America, the National Association of Counties Justice and Public Safety Steering Committee, and is currently Chairman-elect of the National Association of County Behavioral Health and Developmental Disability Directors (NACBHDD).
FEATURE

At Large
Elvia Ruelas

Presently, I serve as the NAMI Laredo President. We are a small but committed NAMI affiliate. I joined NAMI during the 1990’s, “decade of the brain.” I have learned that through education and advocacy, families can support their loved one suffering a brain disorder.

I want to serve on the NAMI Texas Board of Directors because I can bring to the table the many concerns and issues that are facing families and consumers in our region. I have previously served on the NAMI Texas Board as Board Secretary, and I learned that our organization is an essential force in impacting the progress of mental health services in Texas.

I have some fundraising experience as I have served in the advisory committee at our local mental health center. We are currently working on a major project for Mental Illness Awareness Week, October ’07. I also serve on the SCan (Serving Children and Adolescents in Need) Board. Yearly, I accompany the executive director to present our proposals to the United Way Board.

I believe that the most pressing public policy issue facing NAMI Texas members today is adequate funding to all centers in our state. School counselors I work with call me frequently for assistance for those students that are on waiting lists for treatment.

Most mental health treatment to children and adolescents is on a crisis basis with limited; we must search for other options.

At Large
Sharon DeBlanc

I have been a member of NAMI since 1994. I am a family member, and have had four serious episodes of Major Depressive Disorder in my lifetime, one requiring hospitalization. I have worked in the field of mental health since 1993, and consider it both my vocation and passion.

I would like to serve on the NAMI Texas Board of Directors to help strengthen our state chapter and promote the Recovery philosophy for persons living with serious and persistent mental illnesses. I believe that my personal and work experience provide me with a wide range of knowledge that can benefit the board.

As a board member of both NAMI Collin County and NAMI Dallas Southern Sector, I have been involved in fund raising for our chapters. In addition, as a ten year board member of the Plano PTO, I participated in planning and executing numerous fund raising drives and activities.

The most pressing public policy issue facing NAMI Texas members remains the continual need to advocate for better funding for public mental health treatment in Texas. As Texas continues to drop to the bottom of the states in funding services, and our population continues to grow, the need is acute in all areas of the state. In addition to more funding, the state needs to focus on the Recovery Model that empowers consumers to self-direct their care and provides opportunities for Peer Provided Services that allow consumers to model Recovery to others.

I joined NAMI as soon as I learned of its existence, largely for the comradeship of being with other families who lived with the difficulties posed by mental illness. The friendships and bonds that I have established with NAMI members all over the state have been invaluable to me.

Currently, adequate funding to be able to deliver the support services needed by the affiliates is the most pressing need of NAMI Texas. It will be the duty of the board to assist the Executive Director in finding novel and innovative ways to raise the funds needed to meet our goals.

Consumer Council
Alice Clark

I am Alice Clark, and I belong to the NAMI Collin County Affiliate. I believe I qualify for this position because I work on a regular basis to educate and support consumers and train teachers. I also realize the dedication and time one must invest to be a successful representative.

I want to continue the work I’ve started over the past 2 years as the Consumer Representative. Consumers need to be educated and led to recovery. I am dedicated to improving the quality of our consumer participation in NAMI Texas.

During the past 2 years on the NAMI Texas Board of Directors, I have served on the Fund Raising Committee. I am aware of the financial state of our board, and I am working on a 5 year business plan for a NAMI Texas Consumer Council or Coalition.

One public policy issue facing consumers is the question of restraints. Too many people are dying after being held with restraints. NAMI must take action in the form of educating policemen and hospital staff about the danger of tasers and restraints.

My therapist suggested I attend NAMI meetings. I wanted to do something to give back. When I started to recover, I wanted to make sure other people would not have to suffer the way I have. The most valuable thing about my participation in NAMI has been the reward I feel when a consumer listens to me, and it makes a change in their life. I, openly, share my experiences; and consumers tell me they appreciate it. When someone says that I helped them with a problem or made them feel better, I cannot explain how valuable that is to me.

Our budget and our membership are two very pressing issues. Our membership must take these matters on seriously. Each NAMI member must realize how important personal and corporate fund raising is to our future. We all must encourage people to join NAMI. Every member must participate in fund raising efforts. We must all take action in order to succeed.
“Be the change you want to see in the world.” – Gandhi

For all of us who have experienced mental illness on a personal basis, we know the depth and truth of Gandhi’s words. Unfortunately those suffering from chronic mental illness are often unable to advocate for the rights they undoubtedly deserve. We as family members and friends take on the burden of protecting this unrepresented population.

I am currently working at NAMI Texas as the Family Education Coordinator. I recently graduated from Pepperdine University in the Clinical Psychology masters program with an emphasis in marriage and family therapy. While at Pepperdine, I worked as a relationship educator for Pepperdine’s Center for the Family. The goal of the program was to better equip Pepperdine’s undergraduates to deal with the challenges of college life. We provided these students with communication tools and educational information that will foster healthier relationships not only in college but for the rest of their lives. In conjunction with Pepperdine, I worked as a therapist intern at Sylmar Health and Rehabilitation Center with adults who suffer from severe mental illness.

Within NAMI, I taught two Family to Family classed in California and sat on the Ventura board as recording secretary. I am now recording secretary for the NAMI Austin board.

Like many I have struggled through the mental health system. While still in high school in Amarillo, Texas, my loved one became incapacitated by paranoid schizophrenia. Watching her worsen, witnessing suicide attempts, and struggling through failed attempts to help, I was inspired to, at the very least, begin to research her illness. I began working with persons with mental illness through different organizations, researching texts and books, and studying Texas law. My loved one’s suicide almost four years ago came as a harsh ending to a tragic and misunderstood life. I, however, refuse to be complacent in my limited understanding of this disease, or any mental illness. My time has become dedicated to understanding these illnesses, advocating for patient rights, and supporting family members.

NAMI has been a tremendous aid in my quest for understanding. The support and encouragement I have both been able to receive and give has been life changing. NAMI is an outstanding organization that is making unparalleled advances in the mental health field. With our membership growing, our voice is growing louder. I am excited about the changes our voices have already demanded and the future improvements that are sure to come if we continue to be united in our quest.

Motivated by all the information left to discover, the lessons I can learn, the individuals I can help, and the people that I could not help, I will continue to strive to be the change I want to see in the world.

Welcome Lisa Moore to the NAMI Texas Staff!

The Lecture Series is sponsored by DBH Neuroscience Seminars
DBH is an innovative group directed at educating professionals in the fields of mental health and education, as well as parents and caregivers, raising the awareness of the general public on issues such as Bipolar Disorder, Autistic Spectrum Disorders, Attention Deficit Disorder, and more.

Contact is http://www.behaviorquest.com

Demitri Papolos and Janice Papolos, authors of the bestselling work The Bipolar Child.

Katie Couric (middle) is anchor and managing editor of the CBS Evening News with Katie Couric and also a 60 Minutes correspondent and the anchor of CBS News primetime specials.
Working with the Media

By Jerry Fulenwider
NAMI San Antonio

The first thing to remember about working with the media is patience.

It takes a lot of time and prior planning to get to talk to one of them in person. It takes networking and knowing someone that can help you make contact with reporters. If you don't have that, you have to start from scratch and work your way up. That's what Betty, my wife, and I did when we started in 1996.

Then NAMI Texas Executive Director, Eldon Baber, asked me to be the media coordinator for San Antonio when NAMI started its Campaign to End Discrimination Against People with Brain Disorders (in 5 years!). I knew where the San Antonio Express-News was, but not a living soul inside the building. I watched the TV stations but did not know anyone in them either.

So what to do: We got started with the Department of Psychiatry at the medical school and its Friends for Psychiatric Research. Betty and I were attending a Mental Illness Awareness Week program that Marge Holmes and other founders of NAMI San Antonio set up at the Hilton Palacio Del Rio. Somehow Betty was talking with the Chief of Psychiatry at UTHSCSA, Dr. Robert Leon, about his pet project at the school, the “Friends.” That opened a lot of doors for us.

We got active with the Friends, got on its development board, and under Dr. Charles Bowden's leadership and friendship, we were off in terms of knowing people who could help us with the media.

The first opportunity came when we needed some newspaper help to get mental health parity through the Texas legislature in 1997. I think Joe Lovelace was moving and shaking the legislature and wanting to hear from all the major newspapers in Texas as a means of showing our “power” to the legislators.

Lynnell Burkett was the editorial board chairperson at that time, and her mother had suffered from depression for many years. So we had a person with an interest in the problem. She gave us an appointment with the board to discuss the issue of insurance parity. I told her I would have some people there that had knowledge of the problem and could answer any questions the board might have. We had several medical and insurance experts, plus families of children with mental illness without enough or any health insurance.

We got that article in a week's time. The bill passed and Gov. George Bush signed it. (That's another story). A little luck helps too.

The next editorial board meeting came with Bob Richter and two of his editorial writers (Glora Padilla was one of them and is winning the Betty Fulenwider Media Award this year), and Dr. Alec Miller from the State Hospital, and another NAMI member besides me, Mary Robins, who had a child with a mental Illness. Before that meeting I had become an advisory committee member for Dr. Miller's Clinical Research Unit at San Antonio State Hospital. The issue this time was getting the atypical antipsychotics approved for Medicaid. Dr. Miller had studied two or three of them by that time at the Clinical Research Unit at SASH. So you see, I had experts at both editorial board meetings - that became my trademark. They told me one time it was not necessary to fill up the board room with experts, they trusted me. We got the editorial January 1, 1999.

Then the writers like Marina Pisano, Joe Holley, Nicole Foy, Cindy Tuniel and Gloria Padilla started. I fed them articles from NAMI enews and NIMH and they all told me they wanted to continue receiving them after I had sent them the first one. After some digging around by these people, and Wendy Rigby from KENS 5 TV, they saw the multitude of articles they could do - forever - and still not cover all the stories about people with mental illness that need telling.

After they start reporting on mental health issues, you MUST to write them back complimenting them on what they did, and continue to encourage them to write more, which they have done. Persistence pays off. Keep sending them material NAMI and NIMH supply on a regular basis. This gives them a place to start until they get thoroughly familiar with the problems of mental illness.

Getting back to networking stated earlier, Betty and I became committee or advisory members of many committees within and without the mental health community which produced for us - CONTACTS. The Health Science Center, San Antonio State Hospital Clinical Research Unit, Center for Health Care Services Behavioral Health Planning Advisory Committee, the San Antonio Symphony Board, Las Casas Foundation, etc. It takes a lot of CONTACTS. This is crucial for success with the media.

The Express-News, Joe Holley and Marina Pisano won the NAMI National Media Awards for 2003. Several San Antonio Express-News writers have won NAMI Texas and Center for Health Care Services Awards. Recently Wendy Rigby of KENS 5 TV has won Center and Nami Texas awards.

Patience, persistence, perseverance, networking and contacts all pay off in working with the media in getting our message across to the public. Obviously, you must have an issue to start with. Bring your experts to the table with you, along with recent statistics on mental illness. Their time as journalists and reporters is very limited. Just as in television reporting, it is the “sound bites” that get the most attention. Be prepared; create sound bites for your reporters and editorialists. And have fun educating the public!

Jerry & Betty Fulenwider
Imagine Art

Imagine Art is a Christian ministry committed to seeing the lives of artists with disabilities transformed - in the context of a loving community that calls the artists out of a place of isolation and artistic stagnation and into a place of impassioned creativity and service to others. Founded in 1997, Imagine Art serves artists with disabilities nationwide. Each artist is served through an Artist Plan that individually identifies their goals, barriers and potential resources to enable success. Artists are encouraged to attend our monthly Starving Artist Breakfast (every 2nd Saturday) and monthly artist field trips. The studio, located in East Austin, is a creative workspace for artists honing their skills and seeking interaction with other artists. Professional art supplies, artistic direction and peer teaching enable the artist to explore a variety of media, techniques and styles. Workshops offer professional development opportunities in the areas of portfolio development, photography or finding the right gallery. The web gallery offers a venue for artists to market their work to a worldwide audience. A newly developed program, the Career Palette, offers both job placement services and small business development services for the artist. Imagine Art invests in the artist willing to take a risk. We offer an authentic community that encourages the artist to move forward in pursuit of their life’s calling. Services are designed to restore the artist – from what hinders – and firmly place them on a new path, with a community of encouragers to do what God has called them to do.

Spotlight on Debbie Boyd Kizer

Interests in both disability and art led Debbie Boyd Kizer to develop Imagine Art in 1997. Working in the disability community for more than 18 years, she has served to rehabilitate and reintegrate individuals with disabilities into inclusive communities. Facilitating independent living to employment options, she has experienced the possibilities and the contributions that people with disabilities bring. Her first child was born with a cognitive disability in 1992. A long time addiction to drugs and alcohol led to a personal diagnosis of bi-polar disorder in 1997.

Like the completion of a circle - I experienced disability on so many different levels - it simply became a natural part of life. The disability culture became a community where I learned to live authentically - overcoming both my addictions and the strongholds of my illness.”

In the midst of her illness, she used a process named ‘Person Centered Planning’ - in an effort to identify her vision, talents, contributions, interests, barriers and conditions. Imagine Art evolved out of this process - incorporating her two loves - art and disability. Like a carrot to a donkey - this vision enticed, nourished and fed her and one year later she found herself working with a small grant and a few artists. It has been a long road of ups and downs and this grassroots organization has literally bore witness to her ebbs and flows - as the lines of where she stopped and the organization began blurred. In their 10th year - as the anniversary approaches - the founder finds herself settled into a position as Artistic Director, serving under the leadership of a new Executive Director, David Gaddy. Happily married to Brad Kizer, her 15 year old begins to explore employment options while her 18 month explores climbing the furniture.

Imagine Art studios is located at 2001 East 12th Street. 512-448-1840 www.imaginart.net imagineartaustin@yahoo.com

Jeneieve McDonald

I do know that the magical influences of my early childhood made a strong foundation for my survival. My Mother, Father, Grandparents and Uncle were all very eccentric. They were artists, dancers, entrepreneurs, psychics, and metaphysicians. They nurtured the artist in me by encouraging my imaginary friends and my fantasy world.

Through all my experiences, I would say that being an artist has saved my life many times. It has been a way for me to deal with the deaths of friends and family, health problems, injuries, clinical depression, anger, war, earthquakes, and hurricanes. I have also had the wonderful experiences of expressing how it feels to love, dance, feel joy, listen to music and to travel. I love life and I want to experience life and record it on canvas. My artwork is the end result of the hard experiences I have had such as child sexual abuse, sexual assault, death, violence and being disabled. I have used my art as a therapeutic way to transform my experiences into something I could deal with. I have created a safe environment in which I spew my emotional turmoil, as a result it has been a healing tool, so that I can experience love, peace and joy in my life.
THROUGH MY WINDOW

Suzanne Edmiston Worrell

Suzanne Edmiston Worrell's creativity became apparent early. As a very young child, she made stopmotion animated film, made flip books and clay sculptures, and carpeted—and even wallpapered—her Barbie's dollhouse.

Today, Ms. Worrell's first love is painting. "I like to go with an inspiration," she said. "Sometimes, I like to put the paintbrush on a canvas and see what comes out." Her background primed her for work as an artist. Her grandmother was a painter, and a cousin, Lori Ellison, is a painter in New York. Ms. Worrell, who lives in Austin, earned a bachelor of arts in studio art in 1991 from the University of Texas, Austin, specializing in painting. A few years later, she turned her attention to computer graphics and animation, which can be seen on her Web site: www.Suzanimation.net.

Soon after she expanded her artistic interests, Ms. Worrell, 39, was diagnosed with paranoid schizophrenia and was hospitalized. During the hospitalization, she started taking medication and learned about the illness by taking a required class. "The staff didn't baby you," Ms. Worrell said. "They had classes for different illnesses to help move [patients] toward growth and healing. I made friends there, and that helped."

Lydia "Drey" Ward

Lydia moved to Austin, TX in 1989, and attended Austin Community College, majoring in Studio Art. There, she was a student of Madolyn Umlauf who inspired and deeply influenced her to paint in oils. One of the assignments was a self portrait with the use of all the colors possible. Lydia picked up the use of bold striking colors. Lydia is a realistic painter who uses color in a surreal way.

Lydia was diagnosed with a learning disability in the third grade. Her grades always suffered but she was able to pass and graduate from high school. In the 6th grade, she was offered a scholarship to a six-week art camp in the summer. There, Lydia found her purpose, her love in life: a passion to paint.

In 1979, at the age of 20, she began working as a professional chef. At the same time, Lydia was diagnosed with bipolar depression. Refusing to accept her diagnosis she continued to work as a professional chef for another 15 years. In 1995, Lydia became unable to continue to work because of a debilitating depression. Lydia went on to receive social security disability income to support her and her son.

In 1999, Lydia came into contact with a non profit organization called Imagine Art. Imagine Art was under the umbrella of VSA at the time. Imagine Art helps people with disabilities access the arts professionally. Under this program Lydia was able with support to pursue a career as an artist.

Lydia began volunteering for Imagine Art in 2001 on a daily basis. In 2004, she received the Volunteer of the Year Award from the Austin Mayor's Committee for People with Disabilities. Today, Lydia works as an Americorps VISTA volunteer at Imagine Art and continues to pursue her passion for painting.

Carol Gonzales

My own personal philosophy is that life is about emotion and taking risks, and art is one area where I routinely employ that outlook. Therefore, I am open to trying new tools and unusual materials as well as various combinations of mediums. Discovering new ways of doing things has been my own personal challenge as well as an integral part of my creative process. “The unexplored ever awaits.”

My artwork is contemporary in style. I detail my designs using bright or rich colors denoting lots of movement. I use a variety of materials, which in turn provide textural as well as illusionary dimension. Much of my artwork has a tactile quality; people want to touch my work and I encourage them to do so.

I have created thousands of designs in the past three years by being cognizant of design in everything that surrounds me, and through library research while working non-stop. One process includes checking out approximately 15 books at a time, I focus on a single page that moves me, and then I do not let myself turn the page again until I’ve drawn out and exhausted every idea I can glean from the original source of inspiration.
**Tien Bahn**

Born in Vietnam on March 15, 1957, Tien Bahn lived a traditional lifestyle fully engaged in her culture and community. A freak accident occurred as Tien sat watching a vehicle being repaired, a large and heavy part fell from the vehicle and struck her head - she was forever changed. Despite traditional Chinese Medicines and teas, Tien’s condition worsened over the next year. She was unable to get the medical help that she needed and unable to afford special treatments. Her family made a decision to move her to America in 1984.

She and her sister made the journey together and started a new life in America. Tien was able to stabilize her health with specialized treatments and medicine. She still suffers from daily pain - pain in both her head and her heart.

Once stabilized in America, Tien got a job at the Hyatt Hotel, where she worked for 5 years. Unable to maintain the job due to her health conditions, Tien changed positions and worked for Goodwill Industries hanging clothing on racks. This position was eventually phased out and Tien found herself without daily activity and purpose. She began to attend a facility for persons with mental illness, the Self Help Advocacy Center (The SHAC), where she read the Bible daily and practiced Tai Chi. The receptionist noticed her inactivity and encouraged her to try and draw, giving her pictures from calendars and magazines. Remarkable, Tien was able to capture the image realistically and with ease. Imagine Art, a local project serving artists with disabilities, later moved into the facility and Tien participated in classes and access professional art supplies. She went to an oil painting class a few times, but when she got paint in her eye it hurt for days. That led her to trying watercolor paints.

Today, Tien creates images of flowers, fruits, birds and the occasional landscape, using watercolor and gouache as her chosen media. She works both at home and at the studio of Imagine Art. Her ambition is to sell her works and make a little money. She recognizes that a job in the community is not where her future lies. Her vision allows her to create the art that she is passionate about using the gifts that God has given her. Her prayer is that God will bring money to her through the sale of her work.

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**Saundra Fleming**

Saundra Fleming was raised in Texas and Louisiana where she completed a Bachelors of Science with honors in Psychology in 1982. She has two brilliant and hilarious children, one a musician and the other a social worker. It wasn’t until she traveled to Chicago in 1992 did she begin to dream and to paint.

The following has been said about her work by her colleagues:

“S. Fleming is a committed, prolific artist whose ideas are startlingly poetic and extremely challenging. She seems to inhabit a place that I imagine to be akin to a multidimensional crossroads where alternative realities collide and co-mingle. I am aware of no other artist in Austin or the surrounding area who is doing work with this kind of daring originality.” -Billy Kirkland; previous owner of art gallery Eeka Beka and art collector

“Her bold sense of leadership and idiosyncratic artistic vision inspired myself and many other artists during her heyday in Chicago” -Matthew Kopp; Artistic Director, Oro Art & Design

Saundra pursues activities assisting with volunteers at Imagine Art.

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**Luci Reader**

As a resident of Austin, I have been profoundly influenced by the vibrant arts movement of this capitol city. Working in oils, I have been showing and selling my paintings in various Austin venues, including First Thursday and the Doherty. I have now realized my dream of having a studio/gallery, the” Galleria Galaxie”, which opened in East Austin in October of 2006.

I owe much of my success to the encouragement I have received from the arts organizations and artists I have come to know, including the supporters and artists from Imagine Art, VSA, and NAMI. Within this hub of diverse creative minds, my passion for painting—and my success as an artist—has exceeded my own expectations.
**THROUGH MY WINDOW**

*Cynthia Herbst*

“Welcome to the small picture window of Esinti’s lifeline! The first 30 years, beginning in 1956, were equally divided between North Dakota, New Mexico and Texas. It would be hard pressed not to catch the “love-of-art bug” growing up under the watch of my artist mother and supportive father. In ’72, I was given the opportunity to work with the Navajo Indians. So began my romance with stones and silver -- rudimentary, tactile and intuitive...not schooled with formal training. College years, 1974 and onward, began with a focus on sociology/psychology. Life would never be the same after Southwest Texas University...clay simply stole my heart! The next few years were mixed with the treasured arrival of two of my sons and more studios. Laying down the art, 1984 marked the start of a life-time within a lifetime. Missionary humanitarian work in Mexico, Guatemala, El Salvador, Colombia and Romania. From refugee camps to running a home for street children (and the adoption of my third son) to art therapy with the mentally ill in Eastern Europe...to home schooling three incredible sons. This lifeline has been colored by cultural exchanges, rather grave illnesses/injuries, God’s unending goodness and a blessed rage to live and to give. A return to the USA in ’97 thrust me into the typical, but foreign to me after years gone, work race here. I had hopes to return to my art, little did I anticipate that another traumatic head injury would be the catalyst! So after a 30 year break, as part of my cognitive rehabilitation, in 2003 I began to make jewelry again. I have barely begun...thank you for your share in Esinti’s lifeline. Remember...”there is no easy way to the stars from Earth” (Seneca)...but the journey is rich.”

∞

**Nancy West**

This painting, “In the Flow” originated from a story told by a dear friend about the redwood trees in California. As these magnificent trees grow they develop an extremely shallow but intricate root system. In fact, as individual trees it would be impossible for them to remain upright. However, these root systems weave together to form a network or community providing the structure that holds them up. The union of the man with the trees supports the primary theme that all living things are of equal value and together they represent a harmonious celebration of life.

In 2002, I stumbled into Imagine Art; the artists’ organization founded by Debbie Kizer and supported by volunteer Lydia Drey Ward that literally brought me back from the dead. It has been an incredible journey having struggled all my life with mental illness and years of self medication to feel like the proper medication has finally given me a new lease on life.

I was born in Dallas, Texas. Having undiagnosed mental illness when I was five, I intuitively and subconsciously sought something that would provide me with my own sense of stability; I found that through painting. As our family moved around the United States, I continued entering and winning art contests in public schools and private shows throughout my elementary and high school years. When I was nine years old living in Houston I was diagnosed as Bi-Polar and I took my first private art lessons where I was introduced to oil painting.

In the midst of struggling with a life-time of mental illness and 11 years of drug addiction, I searched different art institutions and colleges to salvage any talent that could have possibly prevailed. I was drawn to the University of Texas at Austin in the 1980’s and quickly developed relationships with three wonderful professors. But soon after graduation, I was overcome with deep depression. I lost all power to create.

With my own spiritual redirection and connection to Imagine Art, it took three years to finally find the combination of medications that balanced out my body’s chemistry.

In the process of improving my health - there has been a major shift in belief system and ultimately in my art. Now, I believe painting is a gift given to me by the Spirit of the Universal Creator; and in order to honor that spirit I must return the gift by showing up to each canvas or project to visually express myself.

Today I have a full-time art career as an artist, volunteer & educator. Armed with new energy and vitality I have re-entered the world of professional art and I am again showing my work locally and nationally while fulfilling requests for commissions.

∞
We Shape Our Lives

We shape our lives through dreams, thoughts, words, and actions.

Dreams we can’t live without.

Those beautiful things that give us the drive to go through the day; that guides our plans in life. Thoughts are just a lead to what words and actions we will take.

Words which can hurt or heal, actions that can tear down or build up.

The steps we take through life are our choice to make. Although the steps are taken by us, the repercussions can be felt by the billions or trillions.

Through our thoughts, words and actions, an empire can be made or broken down.

We can lead ourselves and others to a life of peace and harmony or we can bring down the wrath of GOD Himself.

While not all the things we do can effect so many, sometimes they make a profound effect upon the few we hold so dear.

Take not lightly the path you follow in life. While it may seem so easy and uneventful to follow one of the many paths that we walk through life remember that what may seem the hardest gives inner strength, peace, and all the blessings of being a pathfinder for others to follow.

About the author... by Stacie Killmoor

My name is Stacie Killmoor. I am 34 years old. My diagnoses are Schizoaffective and ADHD. I have been diagnosed for over eleven years now and it wasn’t until a move to a different clinic about a year or so ago that I was finally put on a mixture of medicines that allow me to be as close to whom I was pre-diagnosis. I have always been a very Christ centered person. I have been writing songs and poetry and the like since I was about 9 years old. I always give credit for my writing to GOD and divine inspiration. He created me and therefore the credit, I believe, should go to Him. I have been going to NAMI meetings on and off for a few years now. I am in the NAMI Northeast, Humble chapter. I have participated in the NAMI Good Oil Days for three years now and once or twice at the library passing out information about mental health and NAMI. I participated in my first NAMI walk this year.

Overcoming by Lisa Bohannon

Have you ever felt so depressed that you wanted to give up? I have! In my early 20’s, I went through a depressed state so bad that I wanted to die. I lost interest in daily living. I began hearing voices and withdrew from the outside world. I kept asking–How am I going to take care of myself? How will I be able to hold a job?

The voices! They kept haunting me. It was a living nightmare. My parents realized that I needed help, so they placed me in a mental hospital. My parents did not quite know what to do with me but they knew that I needed professional medical help.

I lay curled up in my mental hospital bed. My nurse sat on the edge of my bed and I could feel her presence. I wanted to reach out to my nurse. To let her know how much it meant for her to be there.

When I was released from the hospital it wasn’t the end. It was the long upward struggle to live life to its fullest. Now, I struggle daily wondering why it was me that had to suffer with a mental illness. The illness took a toll on my life. But, I just can’t give up. Some people never get to be over their suffering. I was one of the lucky ones. But why me? It had taken years of counseling and finding the right medication. It took time to take an interest in daily living again.

Now my health is so important to me. I don’t take things for granted anymore. I watch my diet and stay active. I want to make something of myself with what enjoyment of living I do have left with my life. For instance now 20 years later, I’m holding a job. It may be just sacking groceries in a grocery store. I have ambition to push myself harder now that the illness is controlled. I am also a regular volunteer at Presbyterian Hospital of Dallas. I am at the same hospital where at one time I was so depressed that I wanted to die. I work in the Marketing office and I play the piano regularly for the patients.

I do believe that studying music over the years has been an asset to getting well over my mental illness. I think that people that have music in their lives tend to function better. Those with a mental illness have to push themselves harder than others and to sometimes just even get up to face another day. Even so, people like me can learn to enjoy life. I can live life to it’s fullest, even after recovery from a mental illness.
Many of you might have heard of the term Prosumer but maybe don’t know what it means. There are actually many uses for the term. A person who is a semi professional videographer is called a prosumer. Early consumers who worked in the mental health system were called Prosumers. However, we use the term a bit differently. A Prosumer is someone who wants to be proactive in their recovery and gives back to their community. We are not a support group, although support happens. We are an empowerment group. We follow a Salutogenic Model that focuses on wellness. Topics of meetings range from “Understanding How to Make Good Choices” and “Recognizing Anger for What It Is”, to having State Representatives come to talk to us about how to talk with legislators so that they will listen. The most common reason people stop coming is that they have gone back to school or back to work, or both. In other words, they are living life again.

Our meetings start with food. We sit beside each other and share a meal. It is hard to share a meal with someone and not learn something about them. Soon, you are exchanging phone numbers, finding out what dentist is good and has a sliding scale fee and who else is up at 2 in the morning and doesn’t mind phone calls. Once you share a meal with us, you are part of the family as we celebrate birthdays and other special events in our lives.

Prosumer members are making names for themselves out in the community. They are making a positive difference in their lives and in the lives of those they help. We work with the San Antonio Food Bank, Habitat for Humanity, Salvation Army and gather toys for kid’s stockings each Christmas. On their own, Prosumer members help out at their churches, volunteer at Elf Louise, volunteer at the Center for Health Care Services and other such endeavors. Through helping others, they grow in their own recovery process.

We also have a monthly newsletter that keeps consumers up-to-date on things happening in the community. Also, you can find articles on wellness and how to achieve it, as well as articles by consumers looking at recovery in differing ways. Through the newsletter, circulation about 1,700, we have Prosumers all over the world. Recently the Prosumers along with the Depressive Bipolar Support Alliance of San Antonio and the Alliance for Mental Health Consumer’s Rights, put on a concert to produce a CD with songs that have positive “I” statements. Artists donated their time and talent in writing these songs. When people are feeling disempowered, they can sing to the CD to raise their self esteem. One Prosumer in Florida was so inspired, he has authored a whole CD on his own called “Positively I”.

Prosumers are living their dreams, proving that recovery is possible. I invite you to our meetings. It is open to anyone because we are all recovering from something. Come and learn how to bring wellness, laughter, fun and happiness into your life. Recovery Is Possible!

For more information check out our website at www.ProsumersInternational.org or call us at 210-653-5267.
Many of you have heard her speak and have the same reaction as everyone around the country—She is brilliant, full of humor, fun, compassionate, dedicated to NAMI and an inspiration for everyone. Her new book is called, “My Stroke of Insight”. I have read it and it is as inspiring as her talks. Her recovery from a stroke is well detailed in the book and will offer you not only the inspiration to recover from mental illness but help you understand your brain better and that YOU are capable of recovery and growth. Please buy this book! And go to her website to read more about Dr. Jill: http://drjilltaylor.com/

The Conference will take place at the Hyatt Regency on Town Lake on 208 Barton Springs in Austin, TX. To get the $159 room rate please call the Hyatt at 800-233-1234. Tell them you are attending the NAMI Texas conference.
Just When I Thought I Knew So Much!

_A family members’ enlightenment through the hearts and minds of persons expecting recovery and working toward it._

By Norma Bangs, Family Educator

In May of 2006, Robin Peyson, NAMI Texas’ Executive Director, approached me with an offer of contract work, (yes, once again) for NAMI Texas. I am a family member and I have been involved with NAMI Texas as an employee and an affiliate volunteer.

I was somewhat stunned because Robin asked if I would be interested in coordinating training for _In Our Own Voice, IOOV_. I pointed out to Robin that this was not something I could do because it was my understanding _IOOV_ was a consumer program designed to focus on outreach and awareness by consumer presenters. As our discussion continued it was made clear that I would only be coordinating this training, and would not be an actual trainer.

With the help of an _IOOV_ Grant from NAMI National, I began coordinating an _IOOV_ training to bring 15 consumers to Austin in June, 2006. Later that year, I coordinated a _Peer to Peer_ training. The result of this work was rewarding in a most surprising and personal way. The _IOOV_ and _Peer to Peer_ trainers and trainees were wonderful to work with. They were flexible in allowing me to observe most of the trainings except the “story telling” section.

The trainers, trainees and mentors gave me the meaningful gift of sharing. They helped me to better communicate and understand my own family member as an individual with strengths, dreams and hopes, instead of a person with mental illness.

I have been involved with NAMI at the local, state and national levels of the organization for the past 20 years. I have experience and background with NAMI education, specifically family education and _Family to Family (FTF)_ and _Family to Family (VFT)_ training, and made presentations on _FTF_ in English and Spanish. I thought I knew all there was to know about mental illness and how it impacted family life as a unit. Although I did know much, I had not experienced first hand what a person with mental illness feels and thinks. What an eye opener!

I was amazed at how these important lessons helped me to better communicate with my own family member. It has opened a whole new world of communicating and enjoying time spent with my daughter. I always knew she had great courage but had lost sight of the fact that she struggles every single day toward her recovery and how resilient she truly is.

At this writing my daughter has graduated from the _Peer to Peer_ program. I see a big difference in her. She seems more motivated, less reclusive and wants to participate in support groups. The _Peer to Peer_ mentors have developed a group titled the _EXPECT RECOVERY_ support group from the classes and get together for social outings. My daughter enthusiastically attends which helps her to continue to work toward her own recovery.

A special thank you to the trainers and consumer trainees that attended the _IOOV_ and _Peer to Peer_ trainings. You have given me a very special gift that I have been able to share with my daughter.

_Here’s what I learned from _In Our Own Voice_ and _Peer to Peer_:_

I learned that mentors and presenters have incredible strength, courage and determination.

I learned that each individual has an identity and their own unique personality.

I learned to respect individual experiences and individual choices.

I learned the importance of being “mindful” of the moment.

I learned about some of the characteristics of trauma and how it predictably affects people’s emotional experience and how it relates to having mental illness.

I learned about the similarity to the emotional stages families go through when confronted with trauma in any illness.

I learned to wonder and question, “Is this as good as it gets?”

Visions for Tomorrow In-Service Program

By Deborah Rose

To play on words of a famous quote, “It is the best of times…”

The reason I say this is that many wonderful things are happening with NAMI Texas and will continue to happen and grow. Since piloting the Visions for Tomorrow (VFT) In-Service program, we have already had success with the three affiliates in Texas. So far the largest contract has been for almost Twelve Thousand Dollars! That is a lot of money for an affiliate, especially when you consider that money is being received for what NAMI is known to do well – offer education programs. And if this doesn’t excite you, maybe this will. In the course of one year, during the original pilot session, Dallas was able to reach almost 300 Dallas County employees, including case workers, psychologists and judges. In addition to the employees, over 45 family members were reached due to this program that might not ever have heard of NAMI, much less Visions For Tomorrow. These are all people that NAMI Dallas was able to reach, educate and empower and they were able to raise funds and increase their membership utilizing what they learned from the Visions.
NAMI Spells E.D.U.C.A.T.I.O.N.

NAMI members are like everyone else. We have our good days and our bad days. I don’t think we have more bad days than others, but I do think that our bad days may be more intense on average than most.

Coping with “bad days” has become an art form for me. Used to, coping for me was to get in the car and drive for hours aimlessly. The quiet of the drive relaxed me and I would fantasize about driving to exotic places and meeting interesting people and getting just any kind of job that would let me rent a room with a kitchenette.

And that worked for while. Then the day came that I came home from a quick trip to the store to find three police cars at my house.

My son had blown a hole in the floor of the closet and called the police. He was twelve. The guns had been locked up and the ammunition had been hidden. My days of driving were ended and it was time for me to find a more practical solution.

I don’t know how this happened, but I did not find NAMI. NAMI found me. Shortly after the ‘hole ‘n the flo’ as we refer to that time in our house, I received a call from a woman and I had no idea who she was. She couldn’t tell me how she got my number. She only knew I had a child with a mental illness. I politely informed her I had a child with bipolar disorder, he was not mentally ill. (“Was I really that undedicated?”) She only knew I had a child with a mental illness. I politely informed her I had a child with bipolar disorder, he was not mentally ill. (“Was I really that undedicated?”) She invited me to a group and my husband and I went. This was my introduction to Visions for Tomorrow in 1999.

I remember being fascinated that there were other parents who had stories that were identical to the ones we had. The information was about things I had never heard of and I remember thinking how simple this all seemed. Something the doctors had left me feeling that once was overwhelming and scary, now seemed to make sense and there was hope and treatment and my son would not grow up to be homeless and he could have a wonderful life.

Before these classes, I had been hopeless and desperate. After the first class I was hopeful, empowered and felt that the future could be promising again for my son and for our family.

A little education goes a long way to take away the darkness and Visions for Tomorrow classes have given me not a candle but a huge spotlight to show me the way.

NAMI provides a wealth of information and support and is many things to different people. My first experience with NAMI was about education. Knowledge is power. That is the motto for my own business. Through Visions for Tomorrow and other education courses designed for all kinds of people, NAMI continues to empower individuals so that they can help themselves and help their loved ones.

NAMI education programs are free to families and individuals and there is a reason for that. How do you put a price tag on something so valuable? Bad days – yes I still have them. But I also have the knowledge on how to deal with them. It started when I learned about mental illness and how to help my loved ones. And I also learned how to help myself and it only took 12 little workshops. Visions for Tomorrow is aptly named. Now I have an idea of what the future can hold for me and my family.

I am so pleased to be able to announce that my story – “Josh’s Story”, was accepted by the people who produce the Chicken Soup books. My story is one of 150 out of five thousand submissions.

This book is being co-authored by Jack Canfield, Mark Victor Hansen, Karen Simmons and Heather McNamara. The people behind Autism Today actually began the idea behind this book. The book will be released September 3, 2007 and is called Chicken Soup for the Soul: Children with Special Needs.

The story title of my submission is actually “Seeing Through Josh’s Eyes. This is the same story that is used in the opening of the Visions For Tomorrow curriculum, to help people to understand why education on mental illness is very much needed.

I hope this book will help us in our endeavors to educate and make the public aware of what is needed by our children.

Chicken Soup is also launching a new website, www.soulsupporter.com. This site offers a friendly environment where members can trade stories about their children, their hopes, hardships, frustration and triumphs in being a part of the lives of children with special needs. This site is meant to offer support and reassurance to everyone it reaches.

For Tomorrow In-Service Program.

And this is only the beginning. Recently NAMI Texas waived ALL licensing fees to all NAMI affiliates, across the nation. Visions For Tomorrow is now available and affordable to anyone who wants it and they, too, can utilize the VFT Professional In-Service program to expand their outreach and fund raising abilities.

Next, to continue on this new strength of advocacy and empowerment, NAMI Texas will offer its newest curriculum, Great Minds Think Alike (GMTA). This program will benefit ages 12 – 17 and will encourage teens to participate in having great mental health by knowing about their symptoms, potential triggers and how they can better manage those symptoms.

NAMI Texas has stepped up to the plate as a strong affiliate partner to all affiliates across the country, offering support and resources of a much larger organization, while maintaining a personal grassroots mentality. We hope you join us in celebrating better times to come by offering education and strengthening advocacy with these powerful programs. If you have any questions, please contact NAMI Texas at 800-633-3760.
Carolyn Karbowski and her husband Eddie Karbowski set out to live the American dream and raise a family. As time went on the American dream did not exactly turn out as she had planned. As her second son got older she and her husband realized things were not right and they began to look for help and answers. With no help and few answers, Carolyn began to take matters into her own hands and the journey of NAMI Gulf Coast began.

Carolyn Karbowski founded NAMI Gulf Coast in 1988, 2 years after her son Ken was diagnosed with schizophrenia. Her family’s struggle to cope with this devastating illness led her to discover that there were few services, no education programs, and no community support for families of those with mental illness. Carolyn resolved to change this, and with compassion, determination, and love for her son, she founded NAMI GC and has worked tirelessly for the past 18 years to ensure that other families in her community won’t have the lonely and disheartening experience that she endured.

In 1988 the real story began with the birth of NAMI Gulf Coast. She began by putting up flyers all over town, inviting families to attend an organizational meeting. The first meeting was in her garage and two people showed up. The next meeting was in the old Alvin Clinic and three people came. However she was not discouraged and never gave up. (The night of the Gala over 250 people attended).

The Gulf Coast NAMI is known and recognized statewide and nationally. They have three very active chapters that are best known for not just complaining but for rolling up their sleeves and working

continued on next page

Mike Winburn and Carolyn Karbowski
On June 23, 2007 in Pampa Texas, NAMI Texas Panhandle held a 10 mile bicycle tour!

The affiliate raised $1000 and almost reached our goal of $1200. We sold raffle tickets over a four month period at NAMI meetings, one homeless coalition meeting, to friends and family, and held booths on five different days at the grocery store and two different local quilt shops.

This money raised was used to lessen the cost our affiliate spent to send two new teachers to Dallas to be trained as Visions for Tomorrow instructors, cover the travel expenses, and supplies cost.

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By Angela Ellis, President of NAMI Texas Panhandle

Carolyn Karbowski’s family at Gala husband Eddie, Son Mike (back row) and Ken (left to right)

Galveston District Attorney Kirk Sistrunk, Norma Villarreal and Dr. Sharon Hall

Julie Masters, Mayor of Dickinson and Juan Pena, City Council Member District 3

Julie McCracken, NAMI Texas Panhandle member

Everette Vaughn and Laura Hayes Everette won a quilt as a door prize! The six year old in the yellow jersey is Brianna Pate (granddaughter of Angela Ellis) Brianna completed the 10 mile route!
The volunteers and their dogs who participate in the Austin State Hospital (ASH) Pet Pard’ners program are truly a blessing. They go through seven weeks of training, have a wonderful graduation ceremony and then start visiting patients in their units. The ASH Pet Pard’ners bring sunshine into the lives of our patients.

Some of the patient comments are:
• The ladies and the dogs are a blessing. Hope they keep coming back.
• Just more and more – maybe have pets on our wards
• May God bless her and keep her (handler) and Ginger (dog).
• Bring the dogs back again really soon.
• Bring cats, bring hamsters, and bring horses.
• The dogs were beautiful, well groomed and gentle.
• Pets help give us a home life environment and console.
• Nice change of pace seeing the dogs!

From staff:
• The Pet Pard’ners put a lot of our patients at ease, give them something to look forward to and a good happy experience to think about afterwards. Thank you.
• I am really glad to see the program at ASH. I strongly believe that contact with safe animals has a calming and soothing effect on people.

If you would like join this wonderful program at the Austin State Hospital, please email Debbie Trammell, Volunteer Coordinator at debbie.trammell@dshs.state.tx.us.

From NAMI Austin Volunteer Diana Kern:
Taking Chester, my 100 lb golden lab to visit the patients at ASH is a wonderful experience for us. Chester gets lots of attention and I get to experience the special interactions that happen between the patients and the pets.

Watching the patients come alive by sharing Chester’s love helps me with my own recovery. Susan and I have visited the patients twice now and Chester and Cassie are developing a beautiful relationship! I would take Chester, aka, Chester Brown, to visit once a week if I had the time!

From NAMI Austin Volunteer Susan Mulcahy:
The dogs are great conversation starters. Patients pet and praise them and the dogs (and I!) just lap it up. Soon the patients and I are swapping stories about the funniest, sweetest, and worst things dogs we know have done. The people who’ve never been around dogs, especially such big ones, seem fascinated and ask questions.

Diana and Frances brag about how handsome Chester and Stevie are. Well, Cassie is getting kind of old, she has a few noticeable warts, and a bite-shaped piece of her ear is missing, and she’s still a happy, loving girl. There’s beauty in that, too, and I think the patients see it.

From Frances Musgrove, NAMI Austin Volunteer:
As we drive onto the ASH campus Stevie (my Golden Retriever) starts getting excited: he knows. We have had patients take his leash and walk him around to visit others. We have had a patient sit on the floor and play ball with Stevie, some get so excited they just can’t stop telling their stories of when they had a dog. They get excited and watch how he does tricks, drinks out of the water faucet, catches the ball. It’s a win-win for all, all of us benefit.
Complete with graduation cap and the official Pet Pard’ner scarf, Diana kisses Chester for a job well done!

Susan Mulcahy and Cassie prepare for the graduation ceremony.

Stevie (Ray Vaughn) and Frances Musgrove celebrate after an exciting graduation ceremony.
Cultural Competency in Our Neighborhood

We Can Make A Difference

By Pam Cann

How well do we know or understand our neighbor? Who is our neighbor?

Majose Carrasco, Director of the NAMI National Multicultural Action Center, did an excellent job in bringing special meaning to these questions as she led the 30+ people from different NAMI-TX affiliates in attendance at the Cultural Competency Workshop held in Houston on July 14, 2007.

Quite frankly, I personally brought a very narrow-minded view of what culture differences include -- color of one's skin, the primary language spoken, different religious beliefs, perhaps, come to mind. Little did I realize that in order to be culturally competent, I needed to broaden the circle that encompasses who I am and ask the question -- What can I do to break any barriers between myself and another person that might benefit from my outreach and be brought into my circle, specifically my NAMI affiliate, in order to diversify and strengthen it as well as be a support and advocate for that person.

To get started, we went through several exercises “tools” that are the composite of our Self-Assessment Toolbox. For example, the first exercise, Getting in Touch with Your Own Social Identity, helped us realize all the many different components that shape who we are. Related discussion described as the “Iceberg Concept of Culture”, revealed nine-tenths of culture is below the surface such as handling emotions, food, family relations, age, status of women, concept of justice, religion, etc. Another exercise, Spiritual Self-Knowledge, indicated our support systems and who or what helps us find meaning and a sense of purpose. If these things are important to us, how can we share that support to those that desperately need a “friend.” It was pointed out that we have on perceptual lenses -- We don’t see things the way they are, we see them as we are.

Exercise 3: Acknowledging Your Cultural Heritage, which led us to discuss how we relate to people who are NOT of our culture. Several in the group described how they had been discriminated against because of their race, the hurt and anger they felt at this injustice and ways their wounds have been healed somewhat. How we relate to various groups of people whether they be Christian, pro-life advocate, HIV-positive, elderly, political refugee, rapist, person with mental illness, Black American, pregnant teenager, abortion provider, gun rights advocate, etc., we must ask ourselves if we feel we can greet this person warmly and welcome him or her sincerely. Can we honestly be an advocate for this person so that he or she will be treated with dignity and respect? Can we accept this person as he or she is and be comfortable enough to listen to his or her problems and give him or her support?

Becoming familiar with the diverse cultures we may be working with will give us more confidence. For example, some Asian and Latino individuals may not make eye contact for they feel it shows disrespect to the speaker or some cultures stand much closer than we are comfortable with.

We must build bridges and establish a relationship with those of cultural differences. In order to do this we must exercise the following Cultural Competence Principles: (1) Each person is a unique individual. (2) Individuals exist within a cultural context. (3) Attention to cultural details and knowledge helps to inform and facilitate engagement and retention of NAMI members. (4) Differences and similarities between NAMI and people from diverse backgrounds are recognized, honored, respected and validated.

Practical ways of reaching out to others in our town would be to invite a leader with a similar interest of mental health from a different culture to join the NAMI board. Go to that community and offer support to meet their needs -- providing food or childcare at a meeting or function is always a good draw, post education classes such as Family to Family and Visions for Tomorrow, have brochures of services offered and where to get them, provide interpreters if needed, network and establish personal relationships and support groups. Awareness and acceptance of differences is essential in creating a cultural competence continuum, which is a necessity in all realms of health care.

Just as in the parable (Luke 10:25-37) of The Good Samaritan who felt compassion for a man of a different culture, no matter where we are in our journey, we are commissioned to reach out to others we meet, for he or she is our neighbor. Only then will positive things start to happen.

Pam Cann and her husband, Jim, live in Kerrville with their son-Stephen, dog-Coco, and cat-Kenny. Son, Chris, lives in Austin and supports their NAMI efforts. Pam is on the board of NAMI Kerrville and the Kerr County Mental Health Clinic Advisory Board, as well as a member of First UMC-Kerrville and NAMI San Antonio. NAMI Kerrville was one of several affiliates awarded a grant for the Faith-based Initiative, so the Cultural Competency Workshop was a priority and very helpful in relating to the community surrounding Junction House, a mental health drop-in activities center that Pam started with the help of Jean Williams and others on the Advisory Board. Currently, they are meeting in the activities room at the Cedar Elm Place Apartments, a 14-unit apartment complex; for those with a mental illness, built and sponsored by NAMI Kerrville...
New Studies Track Treatment Outcomes for Kids with ADHD

Reprinted from HealthDay

Children with attention deficit hyperactivity disorder (ADHD) showed sustained improvement but were still at increased risk of behavioral problems in the years after treatment, say researchers.

Four studies appearing in the August 2007 issue of the Journal of the American Academy of Child and Adolescent Psychiatry evaluated the outcomes of children who participated in the Multimodal Treatment Study of Children with Attention Deficit Hyperactivity Disorder (MTA), the first major randomized trial comparing different treatments of ADHD. The initial results of MTA were published in 1999.

During the 14-month controlled treatment period, children with ADHD were assigned to receive usual community care or one of three treatments: medication alone, medication plus behavioral therapy, or behavioral therapy only.

Ratings from both family members and teachers favored the combination treatment, and careful medication management was more successful than medication provided through usual community care sources.

After 14 months of controlled treatments, families were free to choose the kind of treatment their children received, if any.

In one of the follow-up studies, researchers evaluated the children three years after the controlled treatment ended -- when they were 10 to 13 years old. They found that while 45 percent to 71 percent of the children were taking medication, continuing medication treatment was no longer associated with better outcomes.

“Our results suggest that medication can make a long-term difference for some children if it’s continued with optimal intensity and not started or added too late in a child’s clinical course,” Peter Jensen, a researcher at Columbia University, said in a prepared statement.

A second study in the same issue of the journal found that children differed in their response to medication. A team at the University of California, Irvine, reported that about a third of the children showed a gradual, moderate improvement; about half showed a large initial improvement that was sustained through the third year of follow-up; and about 14 percent responded well initially but then symptoms returned during the second and third years.

The study’s authors suggested that withdrawing the medication on a trial basis may help physicians determine if some children still need to take medications.

Another study by the same group suggested that taking medication for ADHD was associated with slowed growth. A group of 65 children who had never taken medication grew larger -- about three-quarters of an inch taller and six pounds heavier -- than a comparison group of 88 children who stayed on medication over the three years of follow-up.

A final article from the University of Pittsburgh reported that, despite treatment, children with ADHD showed higher-than-normal rates of delinquency than kids without ADHD (27.1 percent vs. 7.4 percent) and higher rates of substance abuse (17.4 percent vs. 7.8 percent) after three years.

Researchers will continue to follow the children to determine their outcomes in adolescence and adulthood.

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