INSIDE:

- A Son’s Perspective
- NAMI Texas Good to Great
- Visions for Tomorrow
NAMI Texas Board of Directors
2006 – 2007

**Board President**
REGION 5 Director
Term: 2004-2007
Lee Burns

**Vice President**
At Large Director
Term: 2005-2008
Donna Fisher

**Treasurer**
REGION 7 Director
Term: 2004-2007
Bill Matthews

**Secretary**
REGION 1 Director
Term: 2006 - 2009
Angela Ellis

**REGION 2**
Director
Term: 2005-2008
Alice Clark
NAMI Texas Consumer Representative to the NAMI National Consumer Council

**REGION 3**
Director
Term: 2006-2009
Victor Ortiz

**REGION 4**
Director
Term: 2005-2008
Paul A. Jurek

**REGION 6**
Director
(Open)

**REGION 7**
Director
Term: 2005-2008
Roger Morin

**REGION 8**
Director
Term: 2006-2009
Mary Robins

**REGION 9**
Director
(Open)

**REGION 10**
Director
Term: 2005-2008
Patti Haynes

**REGION 11**
Director
Term: 2006-2009
Jerry Parker

**REGION 12**
Director
Term: 2007*
Karen M. Garber

**REGION 13**
Director
Term: 2007*
Lisa M. Tomaka

**Parliamentarian**
Jackie Shannon

**TCOOMMI (Texas Correctional Office on Offenders with Medical or Mental Impairments) Representative**
Maurice Dutton

* Appointed to fill Board vacancies; will run for election in October, 2007.

---

3 Message from the Executive Director

4 NAMI Texas: Good to Great

5 Letter to the Editor

6 NAMI Texas: A Son’s Perspective

7 Affiliate Corner

8 Visions for Tomorrow and Family-To-Family: A Comparison

9 New NAMI Texas Board

9 Implementing Breaking the Silence in Austin ISD

9 Just Released!

10 Peer to Peer Classes Begin!

10 New Recovery Tool for Houstonians

10 Grants Update

11 Through My Window

13 Assisted Outpatient Treatment (AOT)

13 Texas Jail Diversion/Incarcerated Vets Committee

14 NAMI TEXAS Public Policy Priorities

15 Happy Anniversary, Recovery, Inc.!

15 NAMI Texas Staff

17 NAMI Awards Dr. Charles L. Bowden

18 Save the Dates

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

On the cover: Jason N.
Dear NAMI Members,

I have now been Executive Director of NAMI Texas for slightly over one year, and it has been a year of challenges and opportunities. I and the Board have been busy examining where we have been, where we need to go, and moving strongly in that direction. Please see this issues’ column from Lee Burns, President of our Board of Directors, for a more detailed description of this process and the tools we are using to redefine our strategic priorities.

We are now taking the steps needed to help NAMI Texas survive and continue our important work in this state, through supporting the work done by our Affiliates on the front lines—providing education, support, and advocacy for individuals with mental illness and their families. In reality, we have an army of dedicated volunteers across Texas, because our work is done through all of your efforts! The job of NAMI Texas is to do the very best we can to assist you in accomplishing our mission.

We have sent a survey to every Affiliate President to ask them how we can do a better job in being of service. The Board will use these survey responses to develop an Affiliate leadership training program. NAMI Texas will then hold an Affiliate Leadership Training on Sunday, October 7, the day after our Annual Conference on October 6, 2007. Both of these events will be held at the Hyatt Regency Hotel in Austin, Texas, a convenient location to the NAMI Austin Walk, which will be held the morning of October 6th, starting on Town Lake, next to the Hyatt Hotel. Our annual conference will be held following the NAMI Austin walk.

Our hope is that members of the Executive Committees of every Affiliate, as well as individuals who are going to be assuming positions of leadership in their Affiliate, will plan to participate in this training opportunity. NAMI Texas will be in touch with Affiliate Presidents to provide invitations and additional details in the coming months, following analyses of our survey responses.

So save these dates, and come join us for these events! Thanks for all your hard work and support.

Robin Peyson
Executive Director, NAMI Texas
NAMI Texas: 
Good to Great

As an element of our renewal process, I introduced NAMI Texas’ Board of Directors to some of the “Good to Great” concepts after reading Jim Collins’ monograph, “Why Business Thinking is Not The Answer: Good to Great and the Social Sectors.” These concepts hit a nerve with me for a couple of reasons. First, I had heard a lot of talk about NAMI Texas having past leaders that believed it should be run more like a business and some that felt like the grass roots origin would be lost or compromised if it were run like a business. Secondly, I believe NAMI is a good organization with a long and rich heritage, bringing hope to folks affected by mental illness, but there is still much to do. So, moving from good to great seemed like a good idea to me.

The hedgehog framework involves focusing on recognizing, improving and making decisions... 

Jim Collins’ contention is that nonprofit organizations are not well served by looking to business for a model of success. The real issue is a matter of focusing on a few key principles that successful social sectors and business sectors have in common. His research was done in the business sector, but he says that 60% of his ongoing interactions occur with social sector nonprofit organizations.

Jim Collins used structured interviews and surveys of more than 100 non-profit organizations to bring together five issues that form the framework of “Good to Great” for Social Sectors. While there are other valuable principles in his book, I believe one of the most helpful principles for NAMI Texas is framework called “the hedgehog.”

Mr. Collins says, “that the essence of a Hedgehog Concept is to attain piercing clarity about how to produce the best long-term results, and then exercising the relentless discipline to say, ‘No, thank you’ to opportunities that fail the hedgehog test.”

The hedgehog framework is best seen as the intersection of three circles representing “what you are deeply passionate about, what you can be best in the world at and what drives your resource engine.” The hedgehog framework involves focusing on recognizing, improving and making decisions based on these three keys to a nonprofit organization’s success. I expect that NAMI Texas will refine and fine-tune each of these over time as the organization’s leadership learns more about the interaction of the three keys.

In his famous essay “The Hedgehog and the Fox,” Isaiah Berlin divided the world into hedgehogs and foxes, based upon an ancient Greek parable: “The fox knows many things, but the hedgehog knows one big thing.”

More precisely, a Hedgehog Concept is a simple, crystalline concept that flows from deep understanding about the intersection of the following three circles:

1. What you can be the best in the world at (and, equally important, what you cannot be the best in the world at). This discerning standard goes far beyond core competence. Just because you possess a core competence doesn’t necessarily mean you can be the best in the world at it. Conversely, what you can be the best at might not even be something in which you are currently engaged.

2. What drives your economic engine. All the good-to-great companies attained piercing insight into how to most effectively generate sustained and

---

robust cash flow and profitability. In particular, they discovered the single denominator—profit per x—that had the greatest impact on their economics. (It would be cash flow per x in the social sector.)

3. What you are deeply passionate about.
   The good-to-great companies focused on those activities that ignited their passion. The idea here is not to stimulate passion but to discover what makes you passionate.

WHAT YOU ARE DEEPLY PASSIONATE ABOUT
Success for any organization, non-profit or for-profit, is measured by how well it fulfills the mission. Therefore, predictably the mission is the first key. I have been told the NAMI Texas mission is a three-legged stool of Support, Education and Advocacy. Or as I like to say “bringing hope to Texans affected by mental illness.” These concepts are not new but they are simple to understand and easy for me to get enthusiastic about.

WHAT MAKES US BEST IN THE WORLD
What NAMI Texas can be Best in The World at is very similar to the areas that our affiliates could be Best in the World. NAMI Texas can be best in the world only through its affiliates or through support of its affiliates. If we do otherwise, we become like a big affiliate, which is not helpful to our local affiliates, our members, or NAMI Texas. In fact, acting like a big affiliate creates confusion, duplication of effort and wastes precious resources. Through each of our affiliates, NAMI Texas provides training for support groups, training for trainers of our educational programs and training for advocacy on mental illness. This does not mean that we do not do things directly like lobbying at the state level, which is much more difficult if an affiliate tried to do it alone. More importantly, NAMI Texas can communicate which current bills in the legislature are relevant to our organization and how these bills would benefit our members and encourage each affiliate member to join together to speak in one voice.

WHAT DRIVES YOUR RESOURCE ENGINE
The resource engine of NAMI Texas has to do with attracting the Time and Money of our members and building the NAMI Texas Brand so we can attract the Time and Money of others in our community. NAMI Texas’ success is much dependent on how effectively we deliver the education, support and advocacy programs through our affiliates. This is how we are able to pay the expenses needed to “bring hope to Texans affected by mental illness.”

The NAMI Texas Board has approved some plans for implementing our own hedgehog. I believe that debating and talking through the importance of focusing our efforts on activities that build all three circles is important to our future: the passion we each have for

CONTINUED...See Good to Great, page 16

Letter to the Editor

NAMI Texas Board member responsibilities
April 6, 2007

Last spring Robin Peyson and the Board of Directors of NAMI Texas asked me to Chair a new Long-Term Development Committee. The mission of this committee is to seek out and recruit high profile people in Texas to serve on an Advisory Board, or even on the Board of Directors, and to actively lead the organization in sustaining itself financially. This would involve major gifts and long-term substantial fund generation.

As Robin is aware, I have been disappointed in the lack of enthusiasm in members of NAMI and especially members of the Board about serving on this committee.

The difficulty in finding folks willing to serve has led me to ponder the mission of NAMI Texas and the organization and responsibilities of the members of the Board of Directors.

It seems to me that the mission and projects of NAMI Texas have not changed substantially since February of 2006 when we learned we were no longer to be included in the grant monies provided by the Texas Department of State Health Services – the major funding source of NAMI Texas. This loss of funds has sharply reduced the ability to execute the mission and complete the projects.

NAMI Texas is not the organization that it was in 2005. Therefore, it

CONTINUED...See Letter, page 18
NAMI Texas:
A Son’s Perspective

Below is a paper written by Tyler Clark for a college course he is taking (edited for length.) I thought it was a great way to tell folks about who we are and what we do. As Alice Clark, who is a member of the NAMI Texas Board of Directors and his Mom, said, “He really gets it!” Thanks, Tyler.
—Robin Peyson

NAMI is dedicated to the eradication of mental illnesses and to the improvement of the quality of life of all whose lives are affected by these diseases. NAMI, the National Alliance on Mental Illness, was founded in 1979. NAMI has become the nation’s voice on mental illness, a national organization including NAMI organizations and affiliates in every state and in over 1100 local communities across the country, who join together to meet the NAMI mission through advocacy, research, support, and education. NAMI is the nation’s largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families.

NAMI has advocated for the routine availability of evidence-based practices for the treatment of severe mental illness, such as assertive community treatment, which provides a full range of services to consumers around the clock in the community, rather than having mental health services limited to treatment centers. NAMI is a grassroots organization, since it is run primarily by volunteers. However, NAMI regularly receives funding from the pharmaceutical industry, which also routinely dovetails its marketing messages with NAMI Affiliates in advocating for the destigmatization of mental illness.

One of NAMI’s main goals is to bring awareness to the fact that people can recover from even the most serious and persistent mental illnesses, such as schizophrenia, major depression or bipolar disorder. Studies suggest that 90% of individuals recover or significantly improve when provided the appropriate treatments and support systems.

NAMI believes that our nation simply cannot afford to continue to fail our youth with mental disorders who need treatment. The tragic consequences of our failure to identify youth through early assessment and to intervene with appropriate mental health treatment and services are well documented. About 3,000 youth die every year from suicide, 90% of those who commit suicide have a diagnosable and treatable mental disorder. Screening for the health and well being of children is a well-established practice. Children are screened for vision, lead poisoning, hearing, scoliosis, tuberculosis, appropriate developmental progress and more. NAMI believes that mental health screening is essential to identify mental illnesses in children. Research shows that early identification and intervention leads to improved outcomes and may lessen long-term disability.

Dedicated NAMI members, leaders, and friends work tirelessly across all levels to meet a shared NAMI mission of support, education, advocacy, and research for people living with mental illness through various activities, including: public education and information, family and consumer peer education and support, advocacy on behalf of people living with mental illness and for the health of our communities, including visible public events that raise funds and awareness while engaging the public.

With the efforts put forth by the NAMI members and leaders and their mission to support people living with mental illness, my mom was able to get back on her feet. When my mom’s depression finally caught up with her, it took her away from our family. With the support of NAMI and its members, my mom was able to get back on her feet and regain the relationships she cherished with /UIforward

CONTINUED…See Perspective, page 16
NAMI Metropolitan Houston NAMIWalks Kickoff Luncheon
March 14, 2007 at the Houston City Club

From left: Dan Skarke, Janssen Pharmaceutica, Judy Timson, NAMIWalks Regional Coordinator, Tom Hamilton, NAMI Metropolitan Houston, Warren Karmol, NAMIWalks Director and Ashley Montondon, NAMI Metropolitan Houston

NAMI Rockport Update

In June NAMI Rockport will celebrating its 10th anniversary in Aransas County. We are a small group, but a strong one for a town our size (8,500), with 20 paid up members/families and frequent guests. Though our meetings average about 15 people, our member ratio exceeds that of NAMI’s in most big Texas cities! We’ve become well known here in our town and get frequent calls from churches and community leaders looking for help, information and referrals. We were a subset of NAMI Corpus Christi for 7 years and became an affiliate in 2004.

Our motto is “Help, hope, and understanding for families, consumers and friends.” We also strive to add education and fun to this motto. We are participating in a local Health Fair this month. We have several “Outings” per year just for recreation and have staged a major “Fun Walk for Mental Health” together with the local MHMR for the past 9 years which has become an accepted and welcomed event on the community’s calendar.

CONTINUED...See Rockport Update, page 16

NAMI Johnson County Established

In 2004, the Operation Blessing Bipolar Family Support Group was founded by our current President, Gloria Jones. The group was the first attempt at meeting support needs for bipolar impacted families in Cleburne, Texas. In late summer 2005, long-time NAMI members Faye and Tommy Johnson moved into the area. The group, having learned of NAMI, met on October 20, 2005 with Joe Lovelace, then the Executive Director of NAMI Texas, for a briefing. The meeting resulted in the decision to become a NAMI Affiliate.

Organizational work began at that time and work it was! The group had much to learn about NAMI and also had much more to learn about incorporating as a 501(c)3 business entity in these post 9/11 times. November, December and January 2006 were spent studying organizational requirements utilizing the NAMI Affiliate Tool Kit.

Coincidentally, Robin Peyson had now become our new NAMI Texas Executive Director. Initial contact with Robin helped us understand that we (the Affiliate candidate) were responsible for ensuring that the incorporation was achieved and that we fully comply with State and Federal laws and regulations. Organizational guidance was to be achieved with NAMI Texas support.

Even though Robin was new on the scene, she gave us a good start. The group soon realized that State/Federal requirements had stiffened significantly, especially when we learned that we could not establish a bank account for the potential corporation until after it was formed and approved by the IRS. Figuring that out, we clumsily but resolutely marched on and did achieve our full approval in October 2006. We were formally accepted as a NAMI Affiliate at the October Board meeting of NAMI Texas.

We are now aware that there are even bigger challenges before us, as we struggle to improve and develop. However, for new Affiliates to come, we would recommend obtaining the services of an Attorney (pro bono, hopefully) and some advice from a CPA. Further, state and federal filing fees will run about $750.00 at the current rates. These tasks are not easy, but it is essential that it be properly done and maintained so long as the corporation is in existence.

NAMI Texas would like to welcome our newest Affiliate, NAMI Johnson County, to the NAMI family!

By Bill Roberts, President of NAMI Johnson County
Visions for Tomorrow and Family-To-Family: A Comparison

By Deborah Rose, Visions for Tomorrow, National Program Director

For years I have heard that the Family To Family curriculum (FTF) and Visions For Tomorrow (VFT) were similar in the information provided. I never thought much about that since it was always explained to me that FTF was for families with adult children and VFT is for families with small children and adolescents. This seemed self-explanatory to me and I truly did not give it a lot of thought. Since becoming responsible for the VFT program and the direction it is going, however, it occurred to me that knowing the differences was important to me and how well I performed my job.

So I sat down with a few of the VFT teachers who are also FTF teachers and I asked them to tell me what they thought – “Were there any differences in the two curriculums and if so, what are they?”

The answers were enlightening. While both curriculums teach about brain disorders, FTF teaches schizophrenia, major depression, bipolar disorder (manic depression), panic disorder, obsessive-compulsive disorder, and borderline personality disorder. VFT teaches these disorders as well, along with ADHD, ODD, Conduct Disorder, RAD, Autism, Tourette’s Syndrome, Anxiety Disorders including Post Traumatic Stress Disorder and Eating Disorders. Along with the additional disorders, the symptoms in these disorders are much different at times for young children compared to adults and the issues affect not just how successful these children are in school but how they develop mentally, socially and sometimes physically. These issues are addressed in the VFT workshops.

Both curriculums teach about brain biology, problem solving, have exercises for developing empathy and communications skills. VFT has a progressive communication workshop that incorporates Neuro-Linguistic techniques for additional communication skills that are not featured in FTF.

VFT also addresses issues such as the Juvenile Justice System, schools, and transition stages from childhood into adolescents into adulthood. VFT also has Workshops that discuss not just the different types of therapies but also alternative methods of treatments. Not to forget the families’ needs, there is a section not just for coping for the individuals but also for the marriage itself.

After my conversations with these teachers, I was reassured that FTF and VFT, while having common goals of helping the families and encouraging empathy and advocacy, have some major differences. The main reason for this is the families have major needs that are different because mental illness, while debilitating in all ages, affects...
Implementing Breaking the Silence in Austin ISD

By Norma Bangs, Family Education Coordinator

Stigma is a major obstacle to people seeking and receiving treatment. This is especially true for children and adolescents with mental illness. However, in any given year, less than 1 in 5 of these children receive needed treatment.

In addition, mental illness in adolescents is linked to suicide, alcohol and drug use, and school violence. Yet mental illness is the least understood topic in classrooms today. Often, school personnel lack information on the importance of early identification and treatment; when children and adolescents get early treatment, recovery is accelerated and the brain is protected from further harm related to the course of a mental illness. With a better understanding of mental illness, we can reduce the incidence of these problems.

In response to these needs, three veteran teachers from New York, who are also mothers of children with serious mental illness, conceived the idea of developing lesson plans to teach students about serious mental illness. In 1991, along with committee members from their local NAMI Affiliate, they created lessons that grew out of their personal experience both as parents and teachers, for use in schools with teachers and counselors.

In the summer of 2006, NAMI Texas approached NAMI Austin and the Austin Independent School Districts Director of Special Education to collaborate on a grant proposal to bring Breaking the Silence to all school counselors, special education staff, as well as staff from Communities in Schools. When the grant proposal was not funded, Catherine Weaver, President of NAMI Austin, and the AISD stepped up to the plate, providing support for the adage “Where there is a will, there is a way.”

As a result, in November, 2006, with funding from NAMI Austin, Sondra Helweg and I, both members of NAMI Austin, provided training to all middle and high school AISD counselors in Breaking the Silence during a school in-service. Sondra is a counselor at Bowie High School, AISD, as well as being a teacher of the NAMI education programs, Family-To-Family, and Visions for Tomorrow. She has also been honored as the Counselor of the Year at Bowie High School. She brings passion and commitment to her work, and also serves on the NAMI Austin’s Education Committee.

Breaking the Silence was well received and counselors attending engaged in enthusiastic dialogue on how to use this program in their schools. They identified many creative ways to use these materials with their students, and are excited about the expected impact. The hope is that this training will continue annually, establishing this education as an integral part of AISD’s in-service training.

Just Released!

Surviving Schizophrenia: A Manual for Families, Patients, and Providers
(5th Edition)

Since its first publication in 1983, Surviving Schizophrenia has helped thousands understand this complex and often stigmatized illness. In clear, sympathetic language, this definitive book describes the nature, causes, symptoms, and history of schizophrenia, taking readers inside the minds of those living with the disease.

This completely updated fifth edition includes the latest research findings, information about the newest treatments, and answers to the questions most often asked by families, patients, and providers.

“A comprehensive, realistic, and compassionate approach... Should be of tremendous value to anyone who must confront these questions.” – Psychology Times

“E. Fuller Torrey is a brilliant writer. There is no one writing on psychology today whom I would rather read.” – Los Angeles Times
Peer to Peer Classes Begin!

Peer to Peer Classes in Austin, Houston and Monahans began this year!

Peer-to-Peer is a unique, experiential learning program for people with any serious mental illness who are interested in establishing and maintaining their wellness and recovery.

The course was written by Kathryn Cohan McNulty, a person with a psychiatric disability who is also a former provider and manager in the mental health field and a longtime mutual support group member and facilitator.

An advisory board comprised of NAMI consumer members, in consultation with Joyce Burland, Ph.D., author of the successful NAMI Family-to-Family Education program, helped guide the curriculum’s development.

Since 2005, NAMI’s Peer-to-Peer Recovery Program has been supported by AstraZeneca.

New Recovery Tool for Houstonians

By Ashley Montondon
Peer to Peer Mentor and State Trainer

Houston’s first ever NAMI Peer-to-Peer Recovery Education Course for consumers just wrapped up in April, 2007. Over a nine week period, participants in the class shared common experiences, developed personalized relapse prevention plans, and learned coping strategies and relationship skills.

This first class brought together a diverse group of consumers, who have experienced a wide range of mental illnesses, from all over the Houston area. As class members related their stories, they recognized and discussed the trauma they had experienced as a result of their illnesses. This sharing opportunity created a unique bond, and participants were able to share their insights, perspectives, and compassion with one another. As class members connected, everyone helped lift and support each other to a higher level of recovery.

Our goal at NAMI Metropolitan Houston is to extend this education and support to anyone who wants to develop skills and tools for recovery. The next Peer-to-Peer course will begin in May, and we want registrants! Just call NAMI Metro Houston at 713-970-3455 or Ashley Montondon at 281-441-1312 for more details and to get on the list of class attendees. Expect Recovery! with NAMI Metropolitan Houston’s new Peer-to-Peer class.

Grants Update

TEXAS CENTER FOR THE JUDICIARY

NAMI Texas submitted a proposal to the Texas Center for the Judiciary in January, and it has been accepted. We are honored to be sponsoring a mental health track at the next annual judicial training, held in Galveston every September.

Presenters and their topics will be Brian Shannon, speaking on criminal competency proceedings and the insanity defense; Judge Polly Jackson Spencer, speaking on the Mental Health Crisis Intervention model implemented in San Antonio; Judge Nancy Hohengarten, speaking on the experience of Travis County as a Mental Health Learning Site through the GAINS Center for Jail Diversion and as a test site for the Mental Health Cost Simulation Tool through the Council on State Governments, and John Snook from the Treatment Advocacy Center, discussing Texas laws and assisted outpatient treatment, and what other states are doing in this area. This training is being made possible through the support of the Swalm Foundation.

INCLUSION GRANT

NAMI Texas also submitted a proposal, in collaboration with NAMI San Antonio and NAMI Metropolitan Houston, to NAMI National for an Inclusion Grant. Our grant was accepted, and will provide financial support to these Affiliates to continue implementation of their faith-based outreach efforts, which began in 2006.

This grant will also provide start-up mini grants to up to five additional Affiliates in Texas who are ready to implement faith-based outreach efforts in their communities. Interested Affiliates have been asked to submit applications to NAMI Texas for review and evaluation by a committee made up of representatives of Affiliates and the Executive Director of NAMI Texas. Successful applicants will be notified by May 1, 2007.
Music is Food for the Soul

By Jeanine Hayes
Director of the Iris Place Singers

I am so proud of the consumers who have joined together to express themselves through music. The Iris Place Singers is a group of volunteers from PLAN of North Texas, Inc. who have been asked to sing at many different functions such as NAMI, Dallas, PLAN annual meetings, conferences, Eddie Deen’s Celebration for Recovery, Dallas City Hall and The Meyerson.

We are always looking for new members who love music and who want to be part of a supportive group. As consumers, we share a common bond and use our music to communicate our feelings, thoughts and messages of hope for all.

CONTINUED...See Music, page 17

Recovery
By Kinike Bermudez

Recovery Now
is living in the Present
Releasing the Past.

Recovery means
Putting into action
Releasing all Fears.

Recovery Grows
Each time I leave my comfort zone,
Releasing all Doubts.

Recovery soars
When I find joy and comfort.
Releasing all Hope.

Recovery lifts me high
beyond my expectations
Removing all Barriers.

Why can’t life...

By Stacie K.

Why can’t life be just
daisies and butterflies
A nice drive down an
old country road
in an old pick up truck
Why can’t the weather
be cold in the winter and
springtime in the summer
I’d like to just go somewhere
Anywhere
I’d like to take a canoe
across a nice quiet lake
Feel the grass under my feet
without the worry of
spiders and snakes
A hot air balloon ride
over rolling hills
And just why can’t we
have our cake and eat it too
Who made up all the rules
Why must we do so much
to travel such a short distance
Why can’t we all get along
and dance through out the streets
Why must we drink,
smoke or take a pill
just to take on the daily rigors of life
I wait, not so patiently,
to have a daises and butterflies life
One where we get along
One in which we don’t
need assistance
taking on life’s bumble bees
Maybe one day
Maybe in another life
or in another dimension
these will be our daily life
and then again... maybe not
Crazy: A Father’s Search Through America’s Mental Health Madness

Sunday, May 6, 2007 at 3 pm
Thompson Conference Center Auditorium
The University of Texas at Austin
SW Corner of Dean Keeton & Red River
Visit www.namiaustin.org for more information.

NAMI Austin, in cooperation with The University of Texas School of Social Work, is pleased to announce an upcoming event you won’t want to miss. Mark your calendar and make plans to join us on Sunday afternoon, May 6, to hear author/journalist Pete Earley speak about the state of our nation’s mental health system. A panel discussion will follow Earley’s presentation. Panelists include Charles L. Bowden, MD, Karren Professor of Psychiatry, The University of Texas Health Science Center at San Antonio; Susan Stone, MD, JD, a general and forensic psychiatrist in private practice and also an attorney/consultant; and Joe Vesowate, Assistant Commissioner for Mental Health Substance Abuse Services, Texas Department of State Health Services.

This program is open to the public at no charge but seating is limited. To reserve a seat, please call the NAMI Austin office at (512) 420-9810 today.

NAMI Texas, Austin Area MHC, Inc., Austin State Hospital, Austin Travis County MHMR Center, Depression and Bipolar Support Alliance Texas, Mental Health America in Texas, PLAN of Central Texas, Seton Shoal Creek Hospital, St. David’s Community Health Foundation, Texas Mental Health Consumers, and The Texas Federation of Psychiatry are event co-sponsors.

When Pete Earley’s son was diagnosed with bipolar disorder, it sent him on an effort not only to get his son properly diagnosed and treated, but to understand the nation’s mental health system. Earley’s book about the experience is Crazy: A Father’s Search Through America’s Mental Health Madness.

“I had no idea what it was like to be on the inside looking out…until my son, Mike, was declared mentally ill” said Earley.

“The jacket of Pete Earley’s book Crazy is dramatic and desperate: a faceless young man hunches in the fetal position under the words of the subtitle. Earley, a seasoned former investigative reporter for the Washington Post, drew inspiration for Crazy from his experiences with his son Mike's evolving bipolar affective disorder. The already embattled mental health system may assume that Crazy will be yet another attack on treatment providers, who face a near-impossible mission when confronted by exigencies such as limited insurance coverage and declining inpatient bed space. Nothing could be further from the truth. In Crazy, Earley provides a remarkable and fresh look at the US mental health system. He does so in a balanced, honest, self-reflective, and informed way.” – The Journal of the American Medical Association

In June 2006, Pete answered questions and discussed the findings in his book during a two hour session at the NAMI National Convention in Washington D.C.

“People with severe mental disorders should not have to become criminals in order to get meaningful treatment,” Earley declared.

He warned the audience that 300,000 persons with severe mental disorders are currently being held in jails and prisons, another 500,000 are on probation, and 700,000 go through the court system each year.

He called on NAMI members nationwide to help demand reforms that would stop jails and prisons from being used as our new mental asylums.

Visit Pete Earley’s website to read the first chapter from his book, hear an audio interview, and learn more about the impact his book is having on the nation.

Website: www.peteearley.com

NAMI Austin (National Alliance on Mental Illness) – offering support, education and advocacy for mental health recovery
Mailing Address: P.O. Box 50434, Austin, Texas 78763 | Phone: 512.420.9810 | Website: www.namiaustin.org
Assisted Outpatient Treatment (AOT)
Reprinted from the Spring 2006 issue of Catalyst, Treatment Advocacy Center

In most states, treatment interventions are no longer limited to inpatient hospitalization. Most jurisdictions now permit assisted outpatient treatment (AOT). Assisted outpatient treatment is court ordered treatment (including medication) for individuals who have a history of medication noncompliance, as a condition of remaining in the community. Typically, violation of the court-ordered conditions can result in the individual being hospitalized for further treatment.

Forty-two state statutes permit assisted outpatient treatment. (Only Connecticut, Maine, Maryland, Massachusetts, New Jersey, New Mexico, Nevada, and Tennessee do not.) Studies and real-world implementation show that AOT reduces arrests, incarcerations, violence, and homelessness. It also reduces hospitalization and improves treatment compliance.

AOT reduces hospitalization. A randomized controlled study in North Carolina demonstrated that intensive routine outpatient services alone, without a court order, did not reduce hospital admission. When the same level of services (at least three outpatient visits per month with a median of 7.5 visits per month) were combined with long-term AOT (six months or more), hospital admissions for those with schizophrenia and their psychotic disorders were reduced 72 percent and length of hospital stay by 28 days compared with individuals without court-ordered treatment. The participants in the North Carolina study were from both urban and rural communities and “generally did not view themselves as mentally ill or in need of treatment.” Data from the New York Office of Mental Health on the first five years of implementation of Kendra’s Law indicate that of those participating, 77 percent fewer experienced hospitalization.

AOT improves treatment compliance. In New York, the number of individuals exhibiting good service engagement increased by 51 percent, and the number of individuals exhibiting good adherence to medication increased by 103 percent. In North Carolina, only 30 percent of patients on AOT orders refused medication during a six-month period compared to 66 percent of patients not on AOT orders. In Ohio, AOT increased compliance with outpatient psychiatric appointments from 5.7 to 13.0 per year; it also increased attendance at day treatment sessions from 23 to 60 per year. AOT also promotes long-term voluntary treatment compliance. In Arizona, “71 percent [of AOT patients]... voluntarily maintained treatment contacts six months after their orders expired” compared with “almost no patients” who were not court ordered to outpatient treatment. In Iowa “it appears as though outpatient commitment promotes treatment compliance in about 80 percent of patients while they are on outpatient commitment. After commitment is terminated, about three-quarters of that group remained in treatment on a voluntary basis.”

Texas Jail Diversion/Incarcerated Vets Committee

By Maurice Dutton, TCOOMMI Representative

The purpose of the Texas Jail Diversion/Incarcerated Vets Committee is “to seek means and methods of collaboration between the agencies and organizations of the Veterans Health Care System and the agencies and organizations of the state of Texas in order to improve the treatment of the medically and mentally ill, those individuals with traumatic brain injuries, and/or substance abusers who come in contact with the Texas Criminal justice System”. Special attention is being given to collaborative efforts between the Veterans Health Care System and the Texas Correctional Office on Offenders with Medical and Mental Impairments (TCOOMMI) and with the local MHMR Jail Diversion Committees mandated under HB 2292.

The Committee is hosted and facilitated by NAMI Texas. Its membership is made up of representatives from the Veterans Health Care System, TCOOMMI, the Texas Department of State Health Services, University of Houston School of Public Health, the Veterans of Foreign Wars, Corporation for National & Community Services, Texas TBI Advisory Council, NAMI National Board, and NAMI Texas. The Committee first met on October 25, 2005 and continues to meet on a regular basis.

A Memorandum of Understanding (MOU) between the Veterans Health Care System VISN 16, VISN 17 and VISN 18 and TCOOMMI has been approved. This MOU allows for appropriate information to be shared between the VA and
NAMI TEXAS Public Policy Priorities for the Legislative Session

• The Legislative Appropriation Request by the Department of State Health Services: As the first priority, NAMI Texas will support the DSHS LAR and the request for Crises Redesign funding, after reinstating the 10% reduction to the budget.

• Insurance Parity for Mental Illnesses: NAMI Texas will support the efforts to achieve Mental Health Insurance Equity.

• Amending the Insanity Defense: During past legislative sessions, various “fixes” have been undertaken to bolster the NGRI Insanity Defense. Two important issues remain that would make the defense much stronger and provide some additional safeguards for both the jury and the defendant: 1) Informing the jury of the consequences of a person being judged NGRI, and 2) changing the wording of “know” to “appreciate.” (Under the present insanity defense, juries are only allowed to consider whether the defendant understood that his or her actions were legally wrong at the time of the offense. This standard does not allow consideration of the fact that a person with a severe mental illness may be aware that family or society would consider his or her behavior illegal, but may not be able to appreciate the moral aspect of the behavior and/or conform his or her behavior to the requirements of the law. A Law Review article is being published by Texas Tech School of Law that will be distributed to legislators.

• Support the Health and Human Services Commission exceptional items for $31.5 Million: to reduce program waiting lists and fund for population growth for adults and children seeking mental health services and supports additional funding of $60,000,000 to increase by 1% the number of eligible Adults and Children served by Resiliency and Disease Management.

• Support additional funding for community based treatment of the mentally ill offender who has come in contact with the Texas Criminal Justice System.

• The Legislative Appropriation Request by the Department of State Health Services:

As the first priority, NAMI Texas will support the DSHS LAR and the request for Crises Redesign funding, after reinstating the 10% reduction to the budget.

In addition, NAMI Texas has developed Public Policy Positions on the following:

• Transportation of Psychiatric Patients
• Assisted Outpatient Treatment
• Scope of Practice and the Treatment of Psychiatric Patients
• Death Penalty Issues

Due to our current limited resources, NAMI Texas has not been as active this Legislative session. However, through close collaboration with other advocacy organizations, including Mental Health America in Texas, Depression Bipolar Support Alliance, Texas Society of Psychiatric Physicians and Advocacy, Inc, our voices are being heard.
Happy Anniversary, Recovery, Inc.!

By Sarah Grant Reid

May is not only Mental Health month, it is also the 70th anniversary of Recovery, Inc.

Since 1937, Recovery, Inc. (RI), has provided a self-help mental health Method that has helped people throughout North America and abroad. (RI) is an international, non-profit community service organization that was founded by the late Abraham Low, M.D., who developed the self-help method after many years of research, study and treatment of patients.

People from all walks of life come to Recovery meetings because they share a common problem: nervous symptoms and fears. Some are under the care of doctors or other health care providers, while others simply have read or heard about us from a friend or relative.

RI's practical coping techniques can help people struggling with nervous symptoms that include depression, anxiety, anger or stress. Many people also get help for symptoms such as heart palpitations, dizziness, shortness of breath, sweats, fatigue, headaches, numbness, chest pressure and sleep problems. Some people have fears of being alone or of crowds or people, traveling, closed or open spaces, eating, choking and especially fear of making mistakes. Others have obsessions, compulsions, phobias or unsettling thoughts or sensations.

At the weekly meetings, members learn how to identify and manage negative thoughts, reactions, beliefs and behaviors that lead to emotional pain and disturbing physical complaints which have no physical cause. You can learn the Method by attending group meetings regularly; studying Dr. Low's authoritative works, and practicing the Recovery principles in your daily life.

The organization has been completely member-managed since 1952. Volunteer leaders, who are experienced members of the group and have received leadership training, are our group leaders. The Method can be used on its own, or in conjunction with professional help or medication.

All you need to do to get started is to attend a meeting. There is no registration, appointment or waiting necessary. If you wish, you may bring a supportive friend or relative with you to the meeting. There is no fee to attend meetings. A voluntary collection is taken at each meeting and annual memberships are available.

We're in the phone book, or you can write to RI's International Headquarters at 802 North Dearborn Street, Chicaco, Illinois 60610 or call (312) 337-5661. For N. Texas, contact Sarah Grant Reid: (972) 243-6748. Other information and a complete list of group meeting places can also be found by visiting our web site at www.recovery-inc.org.

For 70 years, Recovery, Inc. has helped millions of people to get well and stay well – to live a balanced life.
TCOOMMI so that veterans can be referred from the Texas Criminal Justice System to the Veterans Health Care System for services (continuity of care). The Department of State Health Services also has issued a memo to all Regional MHMR Centers recommending that they invite representatives from VA Health Care Centers and Clinics to be members of their local Jail Diversion Committees. A memo also has been sent by VISN 17 to all of their Health Care Centers and Clinics recommending that they send representatives to the local Jail Diversion Committees.

Five VA pilot sites have been set up to work with TCOOMMI and the local Jail Diversion committees. They are located in Dallas, Waco, San Antonio, Houston and El Paso. They are to develop appropriate policies and procedures that can be refined and used as “best practices” for other locations to emulate. The VA sites also will identify contact individuals and services to be provided to the veterans who come in contact with the Texas Criminal Justice System.

For additional information, please contact Maurice Dutton at mdutton@grandecom.net.

ROCKPORT UPDATE continued

We didn’t get where we are without lots of support from NAMI Corpus Christi, our community and Coastal Plains MHMR. We were encouraged by ACCESS, a local non-profit counseling service, the Chamber of Commerce, and given lots of help by Coastal Plains MHMR & our local clinic. They help us by letting us run copies, enable mailings and solve problems as they arise. Without Charles Sportsman, George Marriott, Kay Pickett and Andrea Tippett we would be swimming in icy waters! MHMR staff and management and local counselors frequently speak at our meetings. Without their support we couldn’t make it.

Our group is made up of people with lots of enthusiasm and get up and go – well distributed among consumers and family members. Our meetings are well attended – we have a calling committee of two who make calls before each gathering; we have 6 board members who put in lots of hours and are there when needed. Last summer Jowell Hearn and Lou Ann Garcia were trained to give IOOV presentations (In Our Own Voice) and have made 7 to date. Lou Ann participated in making a NAMI National’s radio commercial that has now been released nationally.

By Nina Shannon, President of NAMI Rockport

GOOD TO GREAT continued

people affected by mental illness; the training, tools and infrastructure to support our mission effectively with the most accomplished for the invested funds; and finally the resources necessary as the input needed to make it all work. The time, money and brand are just like the gas in our cars. Gas is needed to get the car running but once running you can go places and accomplish things. The time, money and brand allow NAMI Texas to accomplish our mission, and when the resources allow us to perform the activities that drive the passion of our members and community, it draws more resources. More resources allow more to be done for those that can not do for themselves.

With the focus, I believe that NAMI Texas will be successful on its path to renewal.

Lee Burns served as Board President from October 2006 to April 14th, 2007.

PERPECTIVE continued

her family. What makes the NAMI organization so successful is the way it takes the people it once helped and encourages them to help people that have the same problems they do.

My mom now teaches classes at support groups and provides resources for people with the same problems she once had. NAMI gave my mom a chance to get her life together and without NAMI, I wouldn’t have the same mom I have today. My mom always tells me that she doesn’t regret all the bad things that have happened to her while fighting her depression, because she finally found what her calling in life was and that’s helping people. Helping people like my mom gain back control of their life is the reward of all the hard work and time that the leaders and members of NAMI sacrifice. Mental illnesses will never be fully curable, but with the help of NAMI, life for people with a mental illness will be a more productive one.

By Nina Shannon, President of NAMI Rockport

AstraZeneca
NAMI awards Dr. Charles L. Bowden Mental Health Research Award

For his research on Bipolar Disorder, Professor Dr. Charles L. Bowden received a $50,000 award from the National Alliance on Mental Illness (NAMI) at the Second Annual NAMI Research Gala on October 18, 2006 in Washington DC. The award was presented to Dr. Bowden from Academy Award winning actress Patty Duke.

The 2006 Mind of America Scientific Research Award recognizes a scientist whose research has led to a greater understanding of mental illness. Dr. Bowden is a world-renowned professor, researcher and doctor, authoring and editing more than 300 publications, publishing seven textbooks, and serving as the principal investigator for over 70 studies. His work focuses mainly on the symptoms and characteristics of bipolar disorder and the effectiveness of mood stabilizing medication.

"Dr. Bowden is a leader in his field and we hope that by giving him this award, it will inspire other researchers to follow his example in helping to forge a universal understanding and acknowledgment of mental illness," said Ann Pincus, co-chair of the NAMI 2006 Research Gala. Other co-chairs of the event were Senator Susan Collins (R-ME), Congressman Pete Stark (D-CA), and Kay Redfield Jamison. Patty Duke was the Honorary Chair of the event.

Dr. Bowden is the Nancy U. Karren Professor in the Department of Psychiatry at the University of Texas Health Sciences Center at San Antonio. He is active in numerous professional societies and on editorial boards including those for the 'Journal of Bipolar Disorder and Essential Psychopharmacology'.

In his acceptance speech, Dr. Bowden thanked the Advisory Committee, stating, "This is just the beginning of where we need to be for mental health research – I hope that someday, mental health research will be a top priority for our nation."

In addition to being a member of the Board of Trustees of the American Psychiatric Association, Dr. Bowden is also editor-in-chief of "Medscape Mental Health", part of Medscape, Inc., the most referenced electronic medical database in the world. Dr. Bowden is listed among the “Best Doctors in the U.S.” in the area of mood disorders.

Also in attendance at the Gala were Senator Pete Domenici (R-NM), Michael Fitzpatrick, NAMI Executive Director, author Kay Redfield Jamison, former football star Ken Harvey, Al Hunt, artist Judy Collins, and the director of the National Institute of Mental Health, Thomas Insel.

NAMI is the nation’s largest grassroots mental health organization dedicated to improving the lives of persons living with serious mental illness and their families. Founded in 1979, NAMI has become the nation’s voice on mental illness, a national organization including NAMI organizations in every state and in over 1100 local communities across the country who join together to meet the NAMI mission through advocacy, research, support, and education.

MUSIC continued

I personally have been able to draw on my experience with music. It challenges and sustains me. I began taking piano lessons when I was six and continued through college. The onset of my illness began at age 24 and my life changed dramatically. Music was put on hold for many years. That's why I'm glad to use it now. I feel like I am waking up musically.

Music is the window to the world. It can be very moving. I have found over the years that music is extremely therapeutic. Music helps people with a mental illness to feel free to express themselves. Even with psychosis, music seems to lift the veil of confusion and pain of one experiences. Music is a language. It is a way to communicate to others. I soothes the most stressful situations. There is a calming, less anxious, less anxiety filled motivation. The music directs us. It tells us what to do and how to do it.

I feel so grateful to be able to work with friends, colleagues, and fellow consumers. We live with this mental illness but it does not have to get us down. Anything is possible and I have seen some wonderful results from people who have something to say and who care. I feel excited about our Iris Place Singers. They have come a very long way and I am proud of them.

As we go through life’s journey, may we stop, listen and hear the harmony from within. It will help to open our hearts and minds in educating, empowering and erasing once and for all the stigma of mental illness.

We can accomplish this together!
LETTER continued

is my belief that the make-up and the responsibilities of the Board of Directors must change to reflect the current needs of the organization.

Members of the Board of Directors must, today and in the future, be very sensitive to and aggressive in meeting the challenges facing the organization. No longer can Board members be passive in their service, coming to Board meetings, when convenient, and not actively serving on the committees that must do the work of the organization.

I feel that at least one or two Board members need not necessarily be family members or Consumers. Rather, they should be high profile Texans who are familiar with and dedicated to sustaining the financial strength of NAMI Texas. As you have said, more and more foundations will not fund non-profits who do not have community leaders on their boards.

In the future, NAMI Texas should be careful about seeking Board members from those who are actively leading Local Affiliates. We must always remember, the Local Affiliate is the backbone of NAMI and NAMI Texas. NAMI Texas should not weaken Local Affiliates by recruiting their leadership without making sure qualified people are left to replace them. Local Affiliates should be encouraged to train future leaders – much like Dallas did a few years ago and Austin is starting to do.

Leaders of NAMI Texas must understand and be willing to devote the time and talent required of the positions for which they agree to serve.

You wrote, “Being a leader of our organization at this critical juncture is a major responsibility and not one to be entered into lightly.” I could not agree more. I urge the Nominating Committee to seek the type of leadership that NAMI Texas so richly deserves and urgently need.

Sincerely,
Ed Kuny

VISIONS continued

people differently depending on their age. And while children are young and living in the home, you have the issues of siblings and their needs, schools and how to help the child be successful, then how to help the child transition into adulthood. All the while, you are trying to keep the family intact and see to the needs of everyone, not forgetting that the family did not give up its life as individuals or as a unit.

I think it is obvious that FTF and VFT BOTH provide a much-needed service in similar arenas. Many of the teachers agree and are so dedicated they are now volunteering to teach both curriculums. These teachers represent to me the hope of the future as they bring to our younger families their wisdom and joy of living. In the meantime, let’s get the families the help they need that is best suited to them. There is a need for more than one curriculum any place there is mental illness. If you have families with young children who are in need, we can help.

For more information, please visit: http://www.namitexasvft.com/

Save the Dates!

- NAMI Dallas NAMIWalks
  May 5, 2007
  Band Shell, Fair Park

- NAMI Metropolitan Houston NAMIWalks
  May 5, 2006
  Sam Houston Park

- NAMI Austin NAMIWalks
  October 6, 2007
  Auditorium Shores

- NAMI Texas will hold our ANNUAL CONFERENCE on Saturday, October 6, 2007, after the NAMI Austin Walk! Look for more details in the coming months on our website at www.namitexas.org. We will have a one day conference this year.

- On Sunday, October 7, 2007, we will hold an Affiliate Leadership Training, so stay tuned for additional information on this exciting opportunity.

18 NAMI TEXAS © Summer 2007
ANNOUNCES OUR FIRST ANNUAL FUNDRAISER
JUNE JEWELRY EXTRAVAGANZA!!

Who: THE NAMI TEXAS FUNDRAISING COMMITTEE IS HAVING A JEWELRY AUCTION ON eBay

What: WE ARE COLLECTING MEN, WOMEN AND CHILDREN’S JEWELRY - SEMIPRECIOUS STONES, SILVER, GOLD, ANTIQUE, COSTUME, RETRO, AND HANDMADE WATCHES, RINGS, BRACELETS, NECKLACES, EARRINGS AND CUFF LINKS

Where: FROM EVERYWHERE, FROM ANYONE - YOU, YOUR FAMILY MEMBERS, YOUR FRIENDS, YOUR NEIGHBORS, YOUR CO-WORKERS, MEMBERS OF YOUR FAITH COMMUNITY AND YOUR SUPPORT GROUPS - YOU SEND IT IN - WE’LL DO THE WORK

When: WE ARE COLLECTING JEWELRY BETWEEN NOW AND MAY 7TH. DURING THE MONTH OF JUNE WE WILL AUCTION THE JEWELRY ON eBay

Why: TO RAISE MONEY WHICH WILL ENABLE NAMI TEXAS TO CONTINUE TO BRING HOPE AND RECOVERY THROUGH EDUCATION, SUPPORT AND ADVOCACY TO TEXANS AFFECTED BY MENTAL ILLNESS

How: GO TO www.namitexas.org, DOWNLOAD THE DONATION FORM, SIGN IT AND SEND IT WITH YOUR JEWELRY DONATION. YOU CAN ALSO DOWNLOAD DIRECTIONS ON “HOW TO BID ON eBay” FROM THE NAMI TEXAS WEBSITE

SEND ALL JEWELRY TO: PATTI HAYNES
3718 DRAKESTONE AVE
ROWLETT, TX 75088

For questions, contact Patti at phaynes57@yahoo.com or 972-475-4786

ALL JEWELRY MUST BE SENT TO PATTI HAYNES BY MAY 7, 2007
DON’T FORGET TO BID ON THE JEWELRY DURING THE MONTH OF JUNE ON eBay!!
NAMI TEXAS DEPENDS UPON YOUR CONTRIBUTIONS

Check choice or fill in your own amount:

☐ $1,000 or more  ☐ $500  ☐ $250  ☐ $100
☐ $50  ☐ $25  ☐ Other __________

$________ In memory of ________________
    From _____________________________
$________ In memory of ________________
    From _____________________________
$________ In memory of ________________
    From _____________________________

MEMBERSHIPS

☐ Family/Individual $35  ☐ Professional $75  ☐ Corporate $1,000

Name______________________________
Address____________________________
City_______________________________
State_________ Zip _________________
Phone_____________________________
Email_____________________________

Send your Membership/Contribution to:
NAMI Texas
2800 South IH 35, Suite 140
Austin, TX 78704

Also, you can go to www.namitexas.org to make a donation and/or to join NAMI Texas

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