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

On the Cover: The watercolor triptych by David Drymala includes the Texas Capitol on the left, Dave’s ordeal in the middle, and his father, Alan Drymala on the right. Not exactly the family picture one dreams of, but it is a very powerful piece nevertheless.
Dear NAMI Members,

I want to thank you for the opportunity to serve the membership of NAMI Texas as your President. I have been a member of NAMI since 1999 during the time when my son was diagnosed with Bipolar Disorder at the age of 13. My husband, Kim, and I had the opportunity to attend one of the first Visions For Tomorrow classes in the Dallas area. I am truly grateful to Linda and Leroy Zweifel, who came to teach that weekend. From then on it has been my passion and mission to give back to NAMI by being an active member, sharing my time, talents, and treasures. I have had the opportunity to serve as an Information and Referral volunteer in the NAMI Dallas office, serve on the NAMI Dallas Board of Directors, teach Visions For Tomorrow, train Visions For Tomorrow teachers, help update the Visions For Tomorrow curriculum, facilitate support groups, participate in the NAMI Walks, and now serve on the NAMI Texas Board of Directors.

Many of us have much to give to NAMI whether it is at the local, state, or national level. I appreciate all of you and all that you have done for NAMI this past year. Now, at the very onset of the New Year, I want to encourage each one of you to look at the talents you have to offer throughout the coming year. What are your passions? What are your strengths? Are you good with networking? Do you have good organization skills? Can you commit to giving back throughout the year? Remember, an organization is only as strong as the contribution of its members.

Together we can create a spirit of cooperation between NAMI Texas and our affiliates. And, NAMI Texas is here to do just that. The job of NAMI Texas is to do the very best we can to assist you in accomplishing our mission—bringing hope to every Texan with mental illness and their families, through education, support and advocacy. In order to do this, we will continue to build strong relationships with you, our Affiliates.

I also want you to save the date – March 4, 2009. Come rally with us on Capitol Hill! This is an all day event, including a program and training in the morning, followed by a rally and visits to the legislator’s offices in the afternoon. Now is the time to solicit funds to help with the expenses to travel to Austin. It is important that your affiliate participates in advocating for our loved ones with mental illnesses. Let’s all MARCH FORTH ON MARCH 4TH!

Bring your spirit of cooperation and together, we will unite our voices in support of change—change that is needed to make recovery a reality for everyone! Best wishes to you and your family for a very happy, healthy and prosperous New Year!

Patti Haynes
President, NAMI Texas BOD

FROM THE PRESIDENT

NAMI TEXAS Staff

Robin Peyson
Executive Director

Deborah Rose
Director, NAMI Texas Educational Programs

Lisa Moore
Director of NAMI National Educational Programs

Esther Teller
Development Director

Kelly Jeschke
Membership Coordinator/Office Manager

Kristalle Jaime
Staff Accountant

August Williams
Advocacy Trainer

Cindy Meyer
Quality Management NAMI Texas Education Curriculum

Spotlight on...

Kathy Busby

Since the onset of my son’s illness, we have found calm and solace in taking nature walks. In our walks we often come across some bit of nature often overlooked on the forest floor, whether an inconspicuous wildflower, a small fallen branch with lichen, moss and fern growing on the surface, or some strange insect we have never seen before. I then sketch and/or photograph what we have found and later do a watercolor or colored pencil drawing of the object.

Good things have come out of adversity for us. Besides getting good exercise, the walks brought my son and me closer and allowed him to talk to me more than if we would have just been at home watching nature on television. Also, it brought me back to my art that I had neglected for many years; I had to learn that self-care is very important in the healing and recovery process of our loved ones. ☞
NAMI TEXAS Public Policy Initiatives for the 81st Legislative Session

The NAMI Texas Public Policy Committee worked together to develop the most urgent issues for the 81st Texas Legislative Session. Based on recommendations from a statewide forum of mental health advocates and organizations, organized by Mental Health America Texas, the following issues were developed by NAMI Texas Public Policy Committee and approved by the NAMI Texas Board of Directors.

Working collaboratively, the various mental health organizations in Texas will address these issues, with one or more taking a lead on specific issues.

1. Recovery Oriented Community Services
   Increase funding for Community Services to increase capacity for Recovery Oriented Services
   - In order to follow through on the needs of persons who have entered service through the increase crisis capacity, we must have adequate recovery oriented community services. With the new emphasis on mobile crisis outreach, funding is needed for increased capacity in the community for recovery oriented services. Most community mental health centers now have waiting lists for services; funding is needed to address this shortfall.

   - Recovery Oriented Community services can prevent the need for ever increasing crisis funding.

2. Crisis Redesign Maintenance
   NAMI Texas supports the maintenance of the crisis redesign funding for the next biennium.
   - In order to maintain the programs that have been started around the state, NAMI is advocating for $106 million in crisis redesign maintenance funding
   - In areas where the crisis programs are implemented, the desired effect of diverting from jails and state hospitals is being achieved.

3. Children’s Services
   Increase funding to enhance both capacity and range of children’s services.
   - Children’s services have received declining funding over recent years.
   - Additional funding is required to reach more of our children who need help with more robust services.

4. Substance Abuse and Co-Occurring Mental Illness
   NAMI Texas supports funding to address the lack of adequate programs for co-occurring substance abuse and mental illnesses.
   - Because of the frequency of co-morbid mental illness and substance abuse disorders, more focus and funding should be put on treatment that is directed to both disorders.
   - Both mental health and substance abuse professionals should be trained to treat SA/MH co-morbid conditions.

Other NAMI Texas Supported Issues:
NAMI Texas will generally provide support on the following issues:
- Veterans’ mental health initiatives
- Additional state hospital capacity for staffed beds
- Jail diversion strategies
- Not guilty by reason of insanity issues
- Competency restoration initiatives, both inpatient and outpatient
- Mandatory judicial training
- Education about mental illness for public school students and teachers K-12

As always, should other legislative issues of interest arise, we will provide support to the extent our resources allow. ∞

Save The Date & Get On The Bus!

March 4th for Mental Illness Rally on Capitol Hill with NAMI Texas and Others

An all day event, with a program and training in the morning, followed by a rally and visits to the legislator’s offices in the afternoon. Call 512-693-2000 for further information or email August Williams, awilliams@namitexas.org.
Mental Health: A Public Health Priority
by Robin Peyson, Executive Director NAMI Texas

When most people think about public health (the approach to medicine concerned with the health of the community as a whole), they do not think mental health. The health issues that grab attention in the United States as most pressing today are cancer, diabetes, heart disease, obesity or HIV. However, a review of the facts shows that mental illness is higher in impact than many other public health issues.

Many Americans will suffer from a brain disorder during their lives. The National Institute of Mental Health (NIMH) estimates that approximately 27% of Americans 18 and older (about one in four adults), experience a diagnosable brain disorder in the course of one year. That is an estimated 60+ million people in the United States in 2007. Approximately 6% experience serious mental illness. In fact, the World Health Organization found that 25% of all people around the world will be affected by a psychiatric illness at some time in their lives. One in four families is likely to have at least one member with a behavioral or mental disorder. In addition, the Surgeon General’s Report on Mental Illness finds that 20.9% of children, ages 6 to 17, experience a brain disorder over the course of six months, with 11% experiencing significant impairment.

Brain disorders are more prevalent than many issues that receive more attention. How does this compare to the public health issues that are front and center? The National Center for Health Statistics for the Center for Disease Control reports that, in the United States, 23.6 million or 7.8% of the population are estimated to have diabetes, 10.7% of those 20 and older and .2% of those younger than 20.

In 2005, the CDC completed a national survey in which they estimated that a total of 6.5% have a history of myocardial infarction, angina/coronary heart disease or both. CDC now estimates that 1.1 million adults and adolescents (prevalence of 447.8 per 100,000) were living with diagnosed or undiagnosed HIV infection in the United States at the end of 2006.

Only obesity rivals the prevalence of mental illness, with a prevalence of 25.6%.

What accounts for the failure to accord mental health the priority in public health that it requires and deserves? Why do public health authorities continue to neglect mental health, given these statistics? The traditional focus of public health has been on physical health, and that outdated legacy has had perverse effects. The Institute of Medicine in its ground-breaking report, Crossing the Quality Chasm, estimated that there is typically a 17-year lag between new knowledge and its incorporation into clinical practice, and we are confronting that lag today. The basis of the traditional focus – the unstated premise that mental illness is all in the mind - is still with us.

Mental health is not mental. However, the Diagnostic and Statistical Manual (DSM) states the following: “The term mental disorder implies a distinction between “mental disorders” and “physical disorders” that is a reductionistic anachronism of mind/body dualism. Compelling literature documents that there is much “physical” in mental disorders and much “mental” in physical disorders. The problem raised by the term “mental disorders” has been much clearer than the solution, and unfortunately, the term persists in the title of DSM IV because we have not found an appropriate substitute.”

Treatment can be remarkably successful. In determining priority for the public health dollar, it is appropriate to ask if the money would be well spent on mental health. Many policy makers and the public do not know about the successful outcomes of the modern treatment of mental illness. According to the NIMH, the treatment success rates of serious psychiatric illness range from 60% to 80%.

Depression has a treatment success rate of 88%
Panic Disorder has a treatment success rate of 75%
Schizophrenia has a treatment success rate of 60%

In contrast, the treatment success rate of cardiovascular disease is 45-50%. In the case of congestive heart failure, 20% die within one year of diagnosis. For pancreatic cancer, 90% die within one year and 97% die within five years of diagnosis. For many, public perception about treatment outcomes has not kept pace with the science and research on mental illness, which contributes to the persisting stigma of mental illness.

Treating mental health problems can also improve other public health problems. But the most pressing reason to make mental health a public health priority is the findings of a multi-state study on the morbidity and mortality of individuals with mental illness. The Center for Disease Control reported that individuals with major mental illness who are served by the public mental health system die at least 25 years earlier than the general population. In Texas, years of potential life lost was 29.3 years.

While suicide and injury account for about 30-40% of excess mortality, about 60% of premature deaths in persons with serious mental illness are due to cardiovascular disease, diabetes, respiratory diseases, and infectious diseases. In addition, people with mental illness have a higher prevalence of modifiable cardiovascular risk factors, such as smoking, overweight, obesity, lack of moderate exercise, harmful levels of alcohol consumption, excessive salt intake and poor diet. People with serious mental illness use fewer medical services; fail to seek medical care, suffer from the long term use of antipsychotic medications, are poor, unemployed, ill-housed, and stigmatized (with resulting low self-esteem).

What can we do? How can these issues be addressed? Texas can take several key steps.

The National Association of State Mental Health Program Directors recommends the following:

Prioritize the concern that mental health is a public health issue
Target providers, clients and families
Focus on prevention and wellness
Track morbidity and mortality in public mental health populations
Implement established standards of care
Prevention, screening, and treatment
Improve access to and integration of physical health and mental health care

The upcoming Texas legislative session presents a perfect opportunity for NAMI members and all those who care about mental illness to educate legislators about this critical information and advocate for change. NAMI Texas will work with legislative leadership to support an Interim study on how Texas can best address these issues. Public agencies that serve those with serious mental illness must address these issues with the urgency that this data demands.

Note: To read more about these issues, visit our website at www.namitexas.org. In addition, the Hogg Foundation on Mental Health has provided leadership on integrating mental health and physical health care in Texas. This fall, they sponsored a conference which highlighted different successful and promising approaches to achieving integrated solutions. Look for articles on these community-based projects in upcoming NAMI Texas newsletters. The Hogg Foundation also has a publication, Connecting Body and Mind: A Resource Guide to Integrating Health Care in Texas and the United States. Go to http://www.hogg.utexas.edu/PDF/IHC_Resource_Guide.pdf to download a copy.

NAMI TEXAS Winter 2008
Great Minds Think Alike About Remission and Recovery

“Mom, the doctor says I am in remission.” I had no idea what those words meant. This was the beginning of a conversation nine months ago that I never expected to have with my son (or anyone else for that matter). Remission and recovery were magic words we used but never expected to be real. Ten years ago, when Josh was diagnosed with bipolar disorder we talked about recovery being a goal, but I don’t think I ever really let myself think of it as a reality. These days, people are talking about recovery and remission from mental illness; this is a huge step forward.

Remission aims for the elimination of a person’s symptoms and restoration of a person’s quality of life at home, at work, and in the community. According to professionals who focus on a recovery strategy, remission occurs when symptoms are absent for at least six months.

As with illnesses such as cancer or diabetes, early detection of mental disorders greatly increases the chances that an individual will receive treatment and experience a better quality of life. Early detection means early treatment plans and higher odds for recovery. Untreated mental disorder can lead to more severe and difficult to treat symptoms and to the development of co-occurring disorders.

Hearing from a mental health professional that recovery is an achievable goal can make a tremendous difference in a person’s approach to treatment and success. Hearing from family and loved ones that it is doable, and even better, that it has been achieved, makes it real and attainable. Hope is essential in recovery.

NAMI Texas is moving our members forward on the road to remission and recovery with a new curriculum. This education program, Great Minds Think Alike (GMTA), is written for teens and can be taught by adults and teens who are involved in a recovery program. The best leader of all is one who leads by example. Great Minds Think Alike aims at two distinct goals: to help teens recognize and understand their illness, and to set the goal and plan for a successful recovery.

It is a cornerstone belief of NAMI Texas that all children and youth should have the opportunity to find success in their daily lives. This is often not the case for children and youth with mental illness. The barriers these young people face often prevent them from recognizing even the smallest of success. The GMTA program will enable youth to realize what winning looks like, and how to accomplish his/her own triumph.

People of every age should know that serious mental illness is not necessarily a life-long diagnosis, and that it is possible for anyone to recover and enjoy a full and productive life, with episodes of illness progressively tapering off. Does this mean there is a cure? No, and there is no magic pill or vaccine either. But managed symptoms, healthy lifestyles and achieving a quality of life is really all that any of us wants and expects, isn’t it?

For more information on GMTA and other NAMI Texas programs, email Deborah Rose at dcr@namitexasrfi.com. ∞

Great Minds Think Alike About Remission and Recovery

Helping Someone You Love Recover from Borderline Personality Disorder (finally and completely!)

by Tami Green
Reviewed by Jim and Diane Hall, Houston, Family Educators for NAMI and NEA-BPD (National Education Alliance for Borderline Personality Disorder)

Tami Green, a NAMI member and consumer in remission from Borderline Personality Disorder has written a series of booklets focusing on self-help and recovery from symptoms of mental illness. In her latest booklet, “Helping Someone You Love Recover from Borderline Personality Disorder (finally and completely!)”, Tami tells the poignant and terrifying story of her struggle and tenacious journey into the world of wellness.

With candid openness, she grieves her losses: employment, children, relationships, and nearly her life. After several hospitalizations, she was diagnosed with the symptoms of BPD. Frightened, she began the process of confronting the disorder. She found a therapist willing to treat her on a sliding scale and attended a family BPD support group. She learned that Dialectical Behavioral Therapy (DBT) is a lifeline to mental health for those with emotion regulation disorders like BPD. With the support of her weary, near desperate boyfriend (now husband), she began DBT skills training with a certified therapist, read books, and became an active supporter of the National Education Alliance for Borderline Personality Disorder. As her recovery progressed, Tami began to reach out to bewildered family members and loved ones of the BPD support group. She began to make public presentations about her illness and determinedly pursued a calming, healthy lifestyle. She is now in remission and is a trained facilitator for NAMI’s Peer to Peer course and the new NAMI Connection support group for peers. In her own words, this booklet is short, practical, and personal.

Tami’s books are available through her website: www.borderlinepersonalitysupport.com

“Jim and I highly recommend this booklet to those challenged with BPD symptoms and their friends and family members. Tami gives valuable insight into this serious disorder that many with BPD symptoms do not wish to share publicly. Her tips and guidance are enlightening and hopeful for those of us who find ourselves in chaotic and tumultuous, yet caring, relationships.” ∞
Culture influences, even dictates, how we define, interpret, and accept or refute our health and illness conditions. A rather mundane illustration of cultural nepotism is our reactions to foods. Take silk worms, for example. They are delicacies in many parts of the world. Yet, most if not all Americans, including those who are descendants of silk-worm “loving” immigrants, are repulsed by their shape alone, not to mention their taste. This repulsion is not diminished by insisting that they are a healthier food because they contain less fat and starch and more proteins than hamburgers. Numerous other food preferences can be cited as being strongly influenced by cultures or habits formed since childhood.

So how do Asian cultures influence how Asian Americans deal with mental illness? At the outset, let me make it clear that there are more Asian cultures and subcultures than often acknowledged or known by typical Americans. Myself included experientially. So what I am about to say is by necessity more a caricature (or in academic terms, an “overgeneralization”) than the truth. That said, here I go with the overgeneralizations.

Point # 1. Asian cultures tend to somaticize psychological or emotional conditions. In the most abstract conceptual scheme, there is a tendency among Asians and Asian descents to associate an emotional state or behavior with some specific bodily organ, such as anger with bile, sexual potency or impotence with the kidney, sadness or depression with the lack of proper functioning of the lungs, etc. Even in the Western modern world, folks still equate poetically “love” with the “heart” which is nothing more than a blood pumping organ! Anyway, this prevalent somaticizing tendency among Asian peoples makes it difficult for Asians and Asian Americans to grasp the psychological and psychiatric concepts that underlie presenting problems, diagnosis, and treatment approaches of American psychological or psychiatric interventions. Putting it rather simplistically, “If it’s an organic problem, how can talk therapy or brain therapy help?”

Point # 2. A tendency to view a person not as an individual but an existential unit within a cross-sectional network. This is akin to the Western view of an individual as a mere entity that ensures the continuation of a nation. Within Asian cultures, the concepts are more complex. For example, in my present existence on earth, I may be viewed as nothing more than the reincarnation of my former life, and as such may have to settle unfinished businesses of that life. Or, I may be viewed as the one who, by destiny, must pay for the debts or bad deeds of some ancestral forbearers of mine. Fortunately, on the positive side, my prosperity and health may also be viewed as no more than the results of my ancestors’ good deeds. These very complicated conceptual underpinnings, which are often referred to simplistically as “fatalism”, can dictate that I or others must not try to alter my life course, even if it does not seem optimal. So you see, if my mental illness or [abnormal] behaviors are interpreted along these lines, I and my family would not readily seek the Western intervention to modify them. Alternatively, if I were to reveal my mental illness [or any other illness] to the world, I may lead others to inculpate my ancestor(s) or even my parents and view them negatively.

Point # 3. “What is stigma?” is like the question, “What is a feast?” Here is one fairly comprehensive definition: “a stigma is an attribute, behavior, or reputation which is socially discrediting in a particular way; stigma causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one.”

Our dilemma is this. While we, from the Western perspective, think that the ways Asian cultures or Asian Americans view/think/about with respect to mental illness are “stigmatizing”, they may turn out to be normal views, thoughts, and actions culturally.

Point # 4. What to do? Within the constraint of this newsletter, let me just hasten to list the few things we can do to reach out to the Asian Americans who suffer a mental illness and their families.

• First, make whatever services we may have linguistically and culturally available.
• Second, co-locate mental health/illness services with physical health/illness services.
• Third, when dealing with Asian American clients and their families, be more direct (rather than indirect) in your counseling and treatment planning.
• Fourth, reach out to the younger Asian American generations and leverage their influence on their elders in order to slowly change their cultural views of mental illness.
• And fifth, but not least, provide as much community education, in the community’s language and conceptual context, as one can.

By Tuan D. Nguyen, Ph.D., MHMRA of Harris County, Texas
2008 Annual Conference
Roadmap to recovery
October 17th and 18th, 2008
Melissa Gibbons (Tarrant Co.) and Jeanette Taylor (Gulf Coast) who won a prize for the highest selling auction item.

John Hoezel (NAMI Grayson, Fannin, Cook) speaks at the Affiliate Presidents Luncheon.

Hope/One Way Street at the CIT workshop

Special thanks to friends of the 2008 NAMI Texas Conference

Hyatt Lost Pines Resort, Bastrop
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Baxters on Main, Bastrop
Whole Foods, Austin
for their generous gifts in-kind

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Together we can prevail.
Save The Dates!

**NAMI Texas 25th Anniversary Conference**
Thursday ~ Saturday, October 22 ~ 24, 2009
Houston Marriott Westchase

Please join us to celebrate our Silver Anniversary with enlightening and inspirational workshops and special events!

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Save the Dates for these **NAMI WALKS**

March 28, 2009 NAMI San Antonio

May 2, 2009, NAMI Metro Houston

October 10, 2009 NAMI Austin

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**RANDALLS GOOD NEIGHBOR PROGRAM**

Help us help our community - link your Randall’s Remarkable Card to NAMI Texas.

Randalls offers customers a way to direct donation dollars to their favorite non-profit organization. Through the Good Neighbor Program, members and friends of an organization can link the NAMI Texas account number to any Remarkable card by completing a Remarkable Application Form at any Courtesy Booth. Fill in the top portion and the “Good Neighbor Program” section, indicate account number # 9411 (for NAMI Texas) and shop Randalls!
Smarts & Hearts Advocacy Training

NAMI Texas is the fortunate recipient of a grant from The Texas Council for Developmental Disabilities for Leadership and Advocacy Training to be provided to six regions throughout Texas. August Williams has joined the NAMI Texas staff through this generous funding to train groups of consumers, family members, and professionals in the newest NAMI National advocacy curriculum called Smarts & Hearts.

Smarts & Hearts is a step-by-step education process, training individuals to tell their personal story effectively to public officials. Participants learn to tell their story in one to two minutes, and through effective role-playing, how to meet their state legislators. The interactive training helps participants develop a succinct point of view so they are ready to greet a state legislator or public official, compose a clear, concise e-mail or make a compelling phone call. The skills taught in Smarts & Hearts can inform any advocacy or public speaking cause, but this training assumes greater impact during the Texas State 2009 Legislative Session.

With support from NAMI Texas' Executive Director Robin Peyson, August Williams led the first Texas Smarts & Hearts training in Amarillo in late November. There were 15 attendees from Amarillo's Agape Center, a peer-run program developed by the Texas Mental Health Consumers. The training was a great success. Nearly all attendees completed their stories and practiced conveying them to the group. Discussions of advocacy were raised, along with the confidence of participants who found that they are already advocates but had not formalized their skills prior to this training.

A second Smarts & Hearts training will take place in Austin on December 10th & 11th. NAMI Texas is currently creating its Smarts & Hearts schedule for 2009. Please contact August Williams at the NAMI Texas office at: 512-692-2000 for further information.

Financial support for this program from the Texas Council for Developmental Disabilities (TCDD) is $67,550, made available from the U. S. Department of Health and Human Services, Administration on Developmental Disabilities, with $20,072 for the program from non-federal sources.

Welcome August Williams to the NAMI Texas Staff!

August Williams was recently hired to the NAMI Texas staff through a grant from the Texas Council for Developmental Disabilities to provide advocacy and leadership training. Originally from Vermont, August moved to Texas five years ago after completing her Bachelor's degree in Social Work at the University of Vermont. While pursuing her degree, she worked at a residential group home for teenagers and also completed an internship at a psychosocial clubhouse for adults diagnosed with a mental illness.

August has always been drawn to the mental health field, and has worked hard to support and better services for people with mental illness. August worked for both Goodwill Industries of Central Texas and Austin Travis County MHMR as a caseworker and trainer, before joining the NAMI family.

Her interest in improving treatment and support for those with mental illness has motivated August to continue her education, and she is in the process of achieving her Master's degree in counseling from St. Edward's University. With this degree, August will continue to pursue her passion for helping people improve their confidence and participate fully in their community.

Welcome Esther Teller to the NAMI Texas Staff!

Hi. My name is Esther and I have always been an avid reader of books about mental illness and mental health. I love to read and relate, to enter worlds both fictional and real, and to escape from them. Like Popeye, I yam who I yam, and therapists, support groups, and anti-depressants have all helped heal me and I am grateful. As an adult daughter of a long-deceased mother with severe depression, I grew up with a long-held family principle that “physical health without mental health does not exist.” Therefore, I choose life. And I happily and proudly choose to be Development Director of the NAMI Texas staff.

For eighteen plus years, I have raised funds for and publicized (either as a professional staff member or as a volunteer) Cause/
NAMI TEXAS DEPENDS UPON YOUR CONTRIBUTIONS

Check choice or fill in your own amount:

- $1,000 or more
- $500
- $250
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$_________ In memory of ______________________
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Also, you can go to www.namitexas.org to make a donation and/or to join NAMI Texas

MEMBERSHIPS

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

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