Inside:

Conference 2009

Story of Recovery from Longview

Symposium on Mental Health at Texas Southern University
## NAMI Texas Board of Directors - 2009 - 2010

<table>
<thead>
<tr>
<th>Position</th>
<th>Name</th>
<th>Region/Term</th>
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<tbody>
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<td>Board President</td>
<td>John Dornheim</td>
<td>(REGION 2 Director) 2008-2011</td>
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<tr>
<td>Vice President</td>
<td>Sharon DeBlanc</td>
<td>(REGION 6 Director) 2007-2010</td>
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<tr>
<td>Treasurer</td>
<td>Basil Casteley, Jr.</td>
<td>(REGION 7 Director) 2009-2010</td>
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<tr>
<td>Secretary</td>
<td>Paula Hendrix</td>
<td>(REGION 1 Director) 2009-2012</td>
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<td>(At Large Director)</td>
<td>Andy Gibson</td>
<td>(REGION 3 Director) 2009-2012</td>
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<td>(At Large Director)</td>
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<td>TCOOMMI (Texas Correctional Office on Offenders with Medical or Mental Impairments Representative)</td>
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<td>(At Large Director)</td>
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<td>Ex-Officio Past President Patti Haynes</td>
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<td>(At Large Director)</td>
<td>NAMI Texas Veterans Council Representative to the NAMI National Veterans Council</td>
<td>2007-2009</td>
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<td>Jody Schulz</td>
<td>(REGION 4 Director) Filled by At Large 2009-2011</td>
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<td>(At Large Director)</td>
<td>Thai St. John</td>
<td>(REGION 5 Director) 2008-2011</td>
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<td>(At Large Director)</td>
<td>Andrea Hazlitt</td>
<td>(REGION 8 Director) 2009-2012</td>
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<td>(At Large Director)</td>
<td>Elvia Ruelas</td>
<td>(REGION 9 Director) 2007-2010</td>
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<td>2008-2011</td>
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</tbody>
</table>

## Contents

3. 25th Anniversary Conference Wrap Up
4. A Report from the NAMI Texas 25th Anniversary Conference
5. You’ll Never Walk Alone: 23 Years of NAMI Conventions
6. Conference Photos
7. Education: Standing on Holy Ground
8. Education: The Difference NAMI and In Our Own Voice Makes
9. Stories of Recovery: A Story of Hope and Recovery from Longview, Texas
10. Outreach: Symposium on Mental Health at Texas Southern University, Houston
11. News in the State: Via Hope – Texas Mental Health Resource; a new resource for all of Texas!
13. More Conference Photos

## NAMI Texas Staff

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Executive Director</td>
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<tr>
<td>Lisa Moore Yoch</td>
<td>Director of Education, Via Hope</td>
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<td>Consumer/Family Network Coordinator, Via Hope</td>
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On the Cover: Photo taken at 25th Anniversary Conference by Karen Pena

We are looking for poetry and art work by consumers for possible use in future newsletters. Please submit them to kjeschke@namitexas.org
25th Anniversary Conference Wrap Up

by Robin Peyson

Patti Haynes, President of the Board of NAMI Texas opened our 25th Anniversary Conference, welcoming a packed room. Held in Houston on October 23 and 24th at the Marriott Westchase Hotel, over 300 people attended. Robin Peyson next made a presentation on the history of NAMI Texas since its founding 25 years ago, noting that NAMI Texas has stayed true to its grassroots mission of providing support, education and advocacy for consumers and families. Dominic Carter, the keynote speaker, then spoke about his book, No Momma’s Boy, and the impact learning about his mother’s mental illness had on his life.

Over the next two days, conference participants had a total of 26 workshops from which to choose.

Our Conference actually started Thursday evening with Movie Night, including popcorn, sponsored by Value Options. Movie Night has become an annual tradition, and this year, we showed two movies. “When Medicine Got it Wrong”, a documentary by Katie Cadigan and Laura Murray, traces how a group of concerned parents created NAMI, a grassroots program that changed how the medical profession and the wider society viewed schizophrenia. Also shown was “Canvas”, an account of a father and a ten-year-old son’s firsthand experiences with a mother attempting to cope with schizophrenia. The movie was written and directed by Joseph Greco, upon whose own life the movie is based.

Friday morning began with our annual Affiliate Presidents Appreciation Breakfast. The annual award for most growth in membership was presented to NAMI San Antonio. Accepting the award was Ed Dickey, President of the Board, President-elect Kim Balado and Jerry Fulenwider, member of NAMI San Antonio.

The day ended with our first ever gala dinner and dance, emceed by Sharron Melton, co-anchor of KTRK’s morning newscast and Harris County Judge Ed Emmett, Gala Dinner Speaker. The dedication of many volunteers, friends and the support of our Affiliates. Andrea Hazlitt, member of the NAMI Texas Board of Directors, chaired the Silent Auction Committee. With lots of hard work by Committee members; Linda Cantu, Karen Pena, Carolyn Hamilton, Jeannette Taylor, Donna Fisher, Jane Harmon, Alice Clark and Paula Hendrix, our auction was a great success. A special thank you to Margaret McKoin, for her creative spirit, and for making our great table decorations possible.

NAMI Texas presented many special awards during our 25th Anniversary Gala. In particular, we honored the founders of NAMI Texas. Jerome and Hazel Byers, Betty Cobb, John Hoelzel, Carolyn Karbowsky, Jackie Shannon, Patsy Cheney, Genevieve Hearon, Marge Holmes, Carol Shaper, and Bob and Diane Wege all received a special Founders award. Though unable to accept in person, President George W. Bush received an award for his work in support of mental health, including mental health parity legislation in Texas, and the Presidents New Freedom Commission on Mental Health. Additionally, Legislative Hero Awards were presented to Rep. Garnet Coleman, Rep. John Davis, Senator Robert Duncan, Senator Rodney Ellis, Rep. Craig Eiland, Rep. David Farrabee, Rep. Jerry Madden, Rep. Elliot Naishat, Senator Leticia Van de Putte, and Senator John Whitmire. We also presented the Above and Beyond Award, which is only awarded in those years that NAMI Texas wants to provide special recognition for extraordinary service. The Gulf Coast Center was the recipient this year for their dedication, bravery and extraordinary service to the consumers and families of Galveston struggling to cope with the impact of Hurricane Ike.

One of the highlights of Saturday was our 2009 Annual Awards Luncheon. The Charley Shannon Advocate of Justice Award was presented to Judge Polly Jackson Spencer. We had two winners of the Mark Korenck Consumer Quality of Life Award: Janet Paleo and the San Marcos Peer Support Group. Herb Bateman received the Mental Health Professional of the Year Award. The Longview News Journal received the Betty Fulenwider Media Award, as did Robert Arnold, with KPRC-TX, Channel 2, and Kim Horner of the Dallas Morning News. The Volunteer of the Year Award went to Fifi Wetheredge. Bobby and Nancy Allen received the Dedication to the Cause Award. Dora Pozzi was honored for her Creativity, Hard Work, and Loving Commitment to NAMI. The last award of the day was presented to Carolyn Hamilton, who received the Jackie Shannon Enduring Volunteer Award.

The 25th Anniversary Conference would not have been possible without the leadership of John Dornheim, who served as Chair of the Conference Planning Committee for the Board of NAMI Texas, and the members of the Committee; Sharon DeBlanc, Patti Haynes, Jeannette Taylor, David Gibson, Carolyn Hamilton, Tomas Ojeda, Karen Pena, Donna Fisher, Andrea Hazlitt, Margaret McKoin and Alice Brink. Thanks to these individuals and the NAMI staff for their many hours of hard work and service on behalf of NAMI Texas.

Thanks also to the Sponsors of our 25th Anniversary Conference whose support and generosity made the Conference possible. Texas Star Giving Level-AstraZeneca; Gold Giving Level-Eli Lilly and Company, Bristol Meyers Squibb and the Family Support Foundation for Mental Illness; Silver Giving Level-Pfizer and Systems of Hope; Pearl Giving Level-Shire, Value Options and Ortho McNeil-Janssen; Lighthouse Giving Level-Bluebonnet MHMR Center and the Menninger Clinic, Houston.
This paper contains the views of my daughter, Renee Carver, a resident of Pflugerville, who has been diagnosed with multiple mental illnesses and is mentally challenged. She, along with family and friends, has been fighting for a cure since 1977. Please read her report on the experiences she gleaned from the conference.

October 2009. With some mist in the air and relatively stop-and-go traffic on the road, my dad and I started driving to Houston. I had been looking forward to the 25th Annual NAMI Texas Conference for many months. We arrived at the Houston Marriott West Chase hotel. Wide eyed and impressed, we entered the hotel, looked around and went to the front desk and registered for a room. We were given two key cards, and we went out to the parking lot and got our luggage. A very nice young man helped us pull the cart. He was also a guest at the hotel and did not want any money; he just wanted to be friendly and help. Not too many people would do that, but he did.

Dad and I went up to our room, settled in and got comfortable in the nice room, overlooking the commons area from the 6th floor. I went to the ice machine. Dad went too. We had some trouble figuring out how to get ice. We were like two hillbillies or "dumb Aggies". We figured it out and proudly walked back to our room, and on our way we looked down at the lobby through the glass walled elevator and saw people coming in and smiling and greeting each other. After we got situated in our room, put our bags up, fixed something to drink, we finally began to relax, but I was restless and bubbling with enthusiasm. I think I got Dad irritated so I shut my mouth and read the hotels complimentary newspaper while Dad turned on the television and watched some educational channel. There was a program about how cars are assembled and how our technology has come so very far. I thought to myself, I wish the human brain could be better understood and technology could be used to end mental illness or neurobiological brain disorders in our lifetime. All we can do is keep hope and be supportive of persons with mental illness and people who face day in and day out challenges with our issues in common.

Five p.m. rolled around and I took my medication and set back and relaxed. My medication takes the edge off and helps avoid anxiousness. Dad watched the news. I kept looking at the clock. I was hungry. It seemed like an eternity before Dad said, "let's go downstairs and get something to eat." We ate at the hotel dining room. It was not very good but was filling. I had BBQ ribs and sweet potato fries. After supper we walked around to kill some time. We sat in the lobby while Dad called Mom and checked in with her. I went from the lobby to a big conference room where a movie was held. The first movie was like a documentary about mental illness. It was about some milestones in mental health issues such as past and recent approaches to people as patients and some patients as people from the dark ages to the present. It was interesting. The second movie was about a woman who had schizophrenia. Her hurdles with the ins and outs of reality and struggle to fight with daily challenges. I could identify with a lot of it. Some of the woman's symptoms and daily battles were like mine. I had a lump in my throat. The movie ended and the lights were turned on and my Dad was standing in the aisle motioning for me to come with him to our room. It was two hours later than my normal medication time. Dad and I went to the elevator, pressed the sixth floor button and made our way to our room. I took my meds, and though I thought I would have difficulty falling asleep, I slept right away. Dad had a bad night fighting a sore throat and coughing.

Friday, October 23rd. I got up at 6:15, quietly showered, took my morning meds and went downstairs. Not too many people were up and about. I sat on the couch and looked at my watch. I saw two people approach me. I greeted them and was told that breakfast would begin soon for the NAMI Conference. I was hungry. I am always hungry as an increased appetite is one of the side effects of my medication. I ate breakfast in the conference room with a consumer that I knew from the previous year. He gave me a hug and we talked about our past year. After breakfast, I registered for the conference and picked up my name badge and program schedule. I took Dad a pastry and cup of coffee as I knew he would not feel like going downstairs. We looked at the program and Dad helped me figure out which classes I would attend.

The first one was Psychiatric Rehabilitation – A Holistic Approach. In this class some of the main points emphasized recovery, full community integration and improved quality of life. To rehabilitate a person, an individual, tailored program was used. There are personal networks, access to the community, peer support, individual therapy, skills training, church, self care, recreation, leisure skills and physical fitness. When a person utilizes these resources, he or she can move on towards more stable lives by feeling a sense of hope and self-respect. The next class was Mentalizing Borderline Personality Disorder and was above my comprehension. It went into detail about possible causes of BPD and treatment used. Improvement of social skills, which are very impaired, and ways to reaching maturity were probed. Interestingly enough, BPD gets better after a person ages, usually in the 30's. I am 48. I feel better. Looking back, I can see many stormy times in my life. I am more stable. I’ve got a long way to go. My therapist uses Dialectical Behavioral Therapy. I have walked a long journey and still have far to go. The next class was Drawing from Within – Art Therapy for Mental Illness. This was quite refreshing.
You’ll Never Walk Alone: 23 Years of NAMI Conventions

by Carolyn Karbowsk

Twenty three years ago, devastated with the news of our son’s recent diagnosis of a major mental illness, my husband and I headed to Ft. Worth to a convention held by some organization called the Texas Alliance for the Mentally Ill. I cried most of the way to Ft. Worth, but when we walked into that convention and saw about 600 people talking, laughing and going on with their lives, I was truly amazed. At first I thought surely they are not dealing with the same kinds of problems we were, only to find out that some of the families we met had a lot more challenging situations than my husband and I. It was then I realized, I didn’t know how they were coping, but I was going to find out and start doing what they were doing. We were welcomed by many amazing, wonderful people.

During that first convention, my husband and I went to as many breakout sessions as we could, like sponges, trying to soak up everything in such a short period of time. Later, during breaks we spent time with family members sharing what we had learned. I will never forget the closing of that session as we held hands and sang the song, “You’ll Never Walk Alone.”

There have been many, many conventions since then for our family. I have not missed one state convention since then, except for 2008 in the aftermath of Hurricane Ike which kept us home. Conventions are like family reunions for me. It is a wonderful time to see families, while we laugh, share and or cry, whichever is needed.

I have learned so much through NAMI, and the organization saved our lives. The one thing that always stands out in my mind is what I learned at the first convention. With NAMI, “You’ll Never Walk Alone,” there is always someone there to help and support.

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conversational tone when speaking to the 20 or so people in the room. We listened attentively. First we were told to take a piece of paper, fold it in half and write our first name on it. Then on the back, draw how you feel about your name. Different responses came. “I like my name”. It makes me feel “in control”, “happy”, “disturbed”. Then we talked about using art as a therapeutic tool towards an outlet. We did two other expressions of mood through art. There was a lot of interaction. I had fun.

SCIT Program for Schizophrenia-Social Conditioning (Social Condition and Interaction Training). This focused on showing pictures of social situations with facial expressions and body language, which persons with schizophrenia often misinterpret or have a distorted perception of. The SCIT program goes into detail about social cognitive training for persons with schizophrenia and how it helps with common daily events.

The Borderline Personality Disorder presentation gave basic information about BPD and how and why it comes up and plagues a person. Since one of my diagnoses is BPD, I found this class really hit home to me. When they talked about causes and treatment for BPD, I was entranced by the over simplification of the disorder. It is very complex and pervasive. I left the room and after the class ended with jumbles of questions regarding recovery and some comfort learning that persons with BPD improve with age. I am 48. Mental Illness and the Bible was the last class I attended and the class was quite controversial. A lot of different religious beliefs were delved into and how they affect persons with mental illness especially those with thought disorders of schizophrenia. Very common religious delusions are “demons are in my head” and “the devil is in control” or “the devil’s voices told me to do it”. I have experienced some of these delusions. I have not gotten rid of them despite the classes and education I have received. My mind was all jumbled up when the class was over. But one thought stayed with me, God loves me just the way I am.

I met Dad out in the hall. He was carrying a couple of suitcases. We walked in a light rain to the car, loaded our luggage and drove off. I slept most of the way from Houston to my parent’s house in Austin. It was a good experience. I had a good time at the NAMI Texas Conference 2009. I really did.
Standing on Holy Ground

by Dorothy Horne

The difference is a wall. We have one, they don’t, and upon it we hang not only our hats and diplomas, but also our judgments and prejudices. The wall also serves to block our view. We can’t see their faces; therefore, we can pretend they’re not there. And I’m not proud of this, but when I encountered them on the street, I wouldn’t look at them. I’m not sure why – fear maybe, or so I wouldn’t have to acknowledge their need or pain.

This all changed for me these past two years.

“Please tell your daughter to hang in there and not to give up.”

“Tell her we’ll be praying for her.”

“Tell her we know she will make it.”

These comments were not made at the gym or church or work, but at a transitional living facility for the homeless in Longview called Fredonia Place. All who lived there were diagnosed with a mental illness, and many also had substance abuse issues. They were participants in a Peer-to-Peer Education Program – “Recovery: Learning to Live Well,” a nine-week course sponsored by NAMI (National Alliance on Mental Illness). The course provides participants with comprehensive information on mental illness, as well as such things as coping skills, self-care strategies, communication skills and relapse prevention. The classes are open to all diagnosed with a mental illness and taught by instructors who have achieved a level of recovery in their own lives.

At this particular session my husband and I were there to tell our story as family members (from the NAMI Family-to-Family classes) dealing with mental illness. The class members welcomed us with kindness and acceptance. They did not turn away from us, like I had from them. They listened, empathy and understanding in their eyes. Just broken people, looking for what they’d lost, and not so different from you and me.

As we talked, I realized our struggles were dim in the light of what they must be facing on a daily basis, but as we concluded, what they did amazed us. They didn’t talk about themselves, or the burdens they had been carrying, or show any resentment of us and our “middle-classness”. They were Christ’s hands and feet to us – encouraging, loving and caring --- not only for us, but for our daughter whom they had never met. For us, on the other side of the wall. For us, who had turned our faces from them on the streets. As we continued to talk and visit, many did share, with hope and determination, their stories and dreams with us. They embraced us before we left, and said to please come back.

At Fredonia Place that night, a miracle happened for us; where there had been a wall, our homeless friends had created a door, and grace and mercy flowed through it. As we walked out, we realized we had been standing on Holy Ground.

We lose some of our humanity when we turn our back on our fellow sojourners in this life. All of our stories are part of a Bigger Story in which “no life or environment is BEYOND God’s redemptive power, and no life or environment is ABOVE God’s redemptive power.” When we finally recognize this, perhaps our paths will lead us through yet another door – that to the kingdom of heaven.

“Blessed are the poor in spirit, for theirs is the kingdom of heaven.”

[*Quote from Rev. Scott Dudley at Presbyterian Global Conference several years ago.]

Dorothy Horne lives in Longview and is active in the local chapter of the National Alliance on Mental Illness.

The Difference NAMI and In Our Own Voice Makes

by Allen Allgood

Did you survive Y2K? Did you stock up enough bottled water and batteries? Well 1999 for me was the year I came apart after being suddenly, abruptly admitted to the behavior hospital. While in the hospital, I was diagnosed with bipolar disorder. Two months later, I returned to my career with the retail advertising dept. of the daily newspaper.

Then in 2003, I was not enjoying my job, I was having problems with staying focused as I had in 1999. I was not making my goals and quotas and causing some concern with my clients, people whom I had good rapport with in the past. Daily deadlines were beginning to overwhelm me. Management could see all my struggles, so I was given an early retirement at the age of 55.

For the next two years I continued seeing my psychiatrist and therapist. I was determined to start over in employment. I grew paranoid that no one would hire me. I began to seek disability. When I changed therapists in July of 2005, my new therapist recommended that I attend a NAMI meeting. At NAMI I met Andy Gibson, who conducted the support group, and I immediately began to feel understood, safe, welcomed and accepted. While tolerating my humor, he encouraged me to become an In Our Own Voice presenter with him and Harold Stout.

Today, I am joyfully serving as an IOOV presenter. We present all over Lubbock, to groups such as the nursing schools at Texas Tech University and South Plains College or any group studying or needing to be informed about mental health disorders. The mission of IOOV presenters is to show what recovery really looks like. Even though I have not been able to keep employment, I know I am accepted in NAMI. I will never give up hope. Hope does not stop!!!

If you have a story about how you have been helped by a NAMI education program or support group, and would like to share it with us for possible use in future newsletters, please e-mail it to kjeschke@namitexas.org.
A Story of Hope and Recovery from Longview, Texas

by Annette Haggerty

My name is Annette Haggerty, and I reside in Longview, Texas. In college, I began hearing voices telling me that I was nobody and I was never going to make it in life. After college, I had several jobs, but none lasted very long because of my illness. I became involved with drugs and alcohol. The voices became worse, and I also started seeing things that were not real. I became very depressed and isolated myself from the outside world. My mother, brothers and sisters did not understand what was happening with me—neither did I. They were tired of trying to help me. My illness continued to get worse. The voices started telling me to find the highest bridge and jump off. One day I got in my car and headed off to do just that. As I was driving to a high bridge, I saw a police car and panicked and tried to get away. After a car chase down Interstate 20, the police stopped me before I got to the bridge. I ended up in jail for a day and then was committed to a hospital for nine months.

I was first diagnosed with Bipolar Disorder and given several medications. The side effects were so horrible; I quit taking them when I got out of the hospital. I began self-medicating with drugs and alcohol to quiet the voices. I moved several times including to New York, to Karnack and back to Longview to get away from my problems, voices, and visions, but they were still with me. My illness got worse. I moved back home and began treatment in the dual diagnosis program at Sabine Valley Community Mental Health Center (now Community HealthCORE). Dual diagnosis is mental illness and addiction combined. I was given help and counseling by very caring individuals for my addiction and new medications for my mental illness. The medications still were not working. I finally found a doctor that correctly diagnosed my illness as schizoaffective disorder. Schizoaffective disorder is both a mood and thought disorder. He found the right combination of medications; finding the right medications sometimes involves years of trial and error because each individual reacts different to each medication.

As I began to feel better, I devoted myself to staying busy and working part-time, helping other people with mental illness as a Peer Provider. My life began to have meaning and purpose again. I had a chance to use my creative talents, something I had longed for since my school days. It has helped me maintain my mental stability and recovery. My experiences have taught me that there is HOPE for people suffering from mental illness. You are likely to meet many people with mental illness. You don’t need to shun them. Friendship with people who have mental illness can be a rewarding experience. Now that I have told you a little about my life and journey, I would like to share a couple of my thoughts on attaining and maintaining recovery:

1. You must become involved in your treatment plan. Educate yourself on options available to you so you can make an informed decision. Don’t be afraid to ask questions, express your opinions or take charge of your treatment. Work with your doctor as a partner.

2. Become involved in helping others learn about their illness. Get out and do something productive with yourself by working or volunteering. One of the most difficult things I had to do many years ago was make myself get out of my apartment and not isolate myself.

I have shared my story with you in hope of giving others who live with psychiatric disabilities the knowledge that they are not alone. There is HOPE for the future. Recovery is possible. There is NO shame in having a mental disorder.

We need to continue supporting mental health services and educating others about mental illness. My road to recovery hasn’t been an easy one. I’ve fallen down many times, but hey, I didn’t give up. I dust myself off and start back on that golden road. Every day I learn something new from the groups I teach at Community Healthcore and from staff and other peers. NEVER give up HOPE! You can fight this illness. You just need a little boost on the choices you make in life; just like I did. You are not your illness.

Annette Haggerty is a member of NAMI Longview and is trained to provide the NAMI recovery-based consumer education program, Peer-to-Peer.

If you are a consumer and have a recovery story you would like to share with us for possible use in future newsletters, please e-mail it to kjeschke@namitexas.org.
Symposium on Mental Health at Texas Southern University, Houston

Did you know that only two percent of psychiatrists, two percent of psychologists and four percent of social workers in the United States are African American? According to the NAMI National FACT SHEET on African American Community Mental Health:

- African Americans in the United States are less likely to receive accurate diagnoses than their Caucasian counterparts.
- Culture biases against mental health professionals and health care professionals in general prevent many African Americans from accessing care due to prior experiences with historical misdiagnoses, inadequate treatment and a lack of cultural understanding.
- Programs sponsored by respected institutions, such as churches and local community groups can increase awareness of mental health issues and resources and decrease the related stigma.

On Nov. 5, 2009, the Black Nurses Foundation, a not-for-profit professional health education and research foundation, held a community-based program titled Mental Health: Policy, Clinical and Spiritual Implications - Engaging Communities to Reduce the Mental Health Stigma. NAMI Texas, NAMI Metropolitan Houston and NAMI Fort Bend were among the partners in this program, co-sponsored by Texas Southern University, Healing Ourselves Through Excellence and Preparation (H.O.T.E.P) Mental Health Pilot. The program was held at the Barbara Jordan -Mickey Leland School of Public Affairs in Houston, Texas.

This program was the fourth such program in the Mental Health Series of Symposia organized by the Foundation. To date, symposia have also been held in Atlanta, New Orleans, and New York City. However, the Houston program had the highest attendance of the four programs, a reflection of the collaboration with TSU which generated a great deal of interest and enthusiasm in mental health among students as well as the community.

Representative Garnet Coleman introduced the program, and Joycelyn Elders, MD, professor emeritus at the University of Arkansas College of Medicine, Little Rock, and the 15th U.S. surgeon general, gave the keynote address “Mental Health: The Burden of Disease on Healthcare Disparities and Policy - Implications for Parity in Healthcare.”

“We say the words, but we don’t understand the problem,” Elders said. “It’s time to get the secrets out of the backwoods and address mental illness as a disease.”

Dr. Rahn K. Bailey, MD, FAPA, presented next on “Clinical Implications: Understanding Depression and Bipolarism to Reduce the Stigma Associated with Mental Health.” Dr. Bailey is currently the chairman of the Department of Psychiatry and Behavioral Sciences at the School of Medicine of Meharry Medical College in Nashville, Tennessee. He also spoke on the critical need to address the impact of stigma on the community.

Robin Peyson, MHSA, Executive Director of NAMI Texas, joined the Reverend Remus E. Wright, Senior Pastor of The Fountain of Praise in Houston, and Dr. Eduardo Sanchez, MD, MPH, Vice President and Chief Medical Officer of Blue Cross Blue Shield of Texas, on a panel addressing “Policy and Community Partnerships for Improved Mental Health Outcomes.” The panel was facilitated by Napoleon B. Higgens, MD, from the Houston/Clear Lake area, who is currently the President of the Black Psychiatrists of America.

The evening’s program highlighted the impact of stigma, especially in black communities. Stigma leads to inadequate insurance coverage for mental health services, creates fear and mistrust against people living with mental illnesses and their families, and results in increased discrimination and prejudice.

Recommendations from the program called for assisting in ways to make available better access, treatment and medication for improved mental health outcomes, better utilization of existing training resources, and providing more tool kits for mental health advocacy and advocates.

For a FACT SHEET on African American Community Mental Health, or a copy of an article entitled “Why Should African American Churches Care About Mental Illness?” please go to www.namitexas.org.
Via Hope – Texas Mental Health Resource; a new resource for all of Texas!

Via Hope, Texas Mental Health Resource is a training and technical assistance resource for consumers, family members, youth, and professionals. Via Hope is part of the Texas Mental Health Transformation process, and it is a collaboration between Mental Health America of Texas, NAMI (National Alliance on Mental Illness) Texas, and the Department of State Health Services (DSHS). The project was created to further the aim of transforming the mental health system into one that is more consumer and family driven, as prescribed by the President’s New Freedom Commission Report (2003). In the Texas Mental Health Transformation (MHT) Project, the state is charged with building a solid foundation for delivering evidence-based mental health and related services, fostering recovery, improving quality of life, and meeting the multiple needs of mental health consumers across the life span.

Consumer, Family & Youth Network

Via Hope has been working on developing a grassroots network of individuals aimed at addressing the mental health needs of Texans. If you are interested in getting involved, please contact Eileen Rosen, Via Hope Consumer Coordinator via email at erosen@namitexas.org. If you are a youth, and you want to get involved, please contact Corey Benbow, Via Hope Youth Coordinator via email at cbenbow@namitexas.org

Youth Support

Via Hope’s Youth Coordinator is organizing a Youth Summit for Mental Health, which will take place June 18th – 20th, 2010 at Texas Tech University in Lubbock, Texas. For an application to the Youth Summit, please contact Cindy Meyer via email at cmeyer@namitexas.org

Online Resources

Via Hope’s website (www.viahope.org) has information on Via Hope and a link to our Essential Learning Community Education homepage. The Community Education site has a variety of resources: articles on mental health topics, online courses (including WRAP), announcements, and a link to the Texas State Legislature. Our community resource library includes information on Local Mental Health Authorities (LMHAs), peer supports, consumer-operated centers, and advocacy groups, among other resources. There are currently just under 200 resources listed in the database. (Note: If an organization would like to change language in their profile or have it removed from the library, they can contact us directly and we’ll be happy to work with them.)

Training and Education

Priority areas for training were identified through a statewide needs assessment. The identified priority areas are Personal Recovery and Resiliency, Mental Health Treatment Options, Integrated Mental and Physical Health Care, Childhood Development, Community Integration, and Suicide Prevention. Via Hope supports trainings facilitated by other organizations, and promotes those trainings to our target audience. Via Hope funded several NAMI trainings in 2009, and NAMI Texas hopes to be able to offer additional trainings in 2010 through this funding. Online trainings are available on the Via Hope Essential Learning Community Education website.

Peer Support

Via Hope has been charged with developing a peer training and certification program for Texas. As a beginning, Via Hope has developed a Learning Community to prepare providers to be ready to employ peer specialists.

The Peer Specialist Learning Community track of the 2010 Texas USPRA Conference sponsored by Via Hope in January was a pilot program, and one of the first trainings in the nation to utilize a wide-range approach to training mental health providers in utilizing and integrating peer specialists into their provider communities. The Learning Community is comprised of eleven Local Mental Health Authorities, one Consumer-run Center, and staff from DSHS and Via Hope. The participating Centers were selected from a pool of applicants because they either currently employ peer specialists or are interested and ready to hire peer specialists to work at their centers.

The Windows to Wellness USPRA Conference provided the first opportunity for members of the Learning Community to meet as a whole group for two and a half days. Speakers and trainers included national experts in the field such as Larry Fricks, Lori Ashcraft, Peggy Swarbrick, Lyn Legere, Pat Nemec, and Dr. Dan Fisher, as well as members of the Texas public mental health system. The training encompassed an array of aspects involved in employing peer specialists including writing job descriptions, educating existing staff at the center about recovery and resiliency, funding the peer position and Medicaid reimbursement, peer support, and supervision.

Centers will continue to meet by phone with Learning Community facilitators once a month for six months to discuss issues related to peer specialist positions within their agencies, to develop professional capacities, and to build a network of support. They will meet via webinar and conference calls and there will be a final face-to-face meeting of the entire community in June 2010. The Learning Community program sessions are specifically geared toward building the infrastructure for peer support within the public mental health system in Texas. There will be another Learning Community cohort next year.

Via Hope In The Future

As Via Hope grows, the program will broaden its focus in supporting mental health consumers, youth, and family. One new activity to look for is www.mhtonline, which is an online community that will be available this spring. Individuals will be able to participate in community forums and connect with other people from throughout the state on topics related to mental health, wellness and recovery. We also plan to develop a periodic newsletter. More trainings and education will become available to the public as we grow, such as WRAP, Certified Peer Specialist training, and continuing education opportunities, including NAMI educational programs for consumers and families. We hope to work closely with mental health, wellness, and recovery-oriented organizations throughout Texas to increase our capacity as a community that can transform mental health in Texas.
A Collaborative Approach:  
**FQHC and Behavioral Health Integration Project—
Brazos Valley Community Action Agency, Inc.**

Brazos Valley Community Action Agency (BVCAA), Inc. with its network of six directly operated Federally Qualified Health Centers (FQHCs) and Class A Pharmacy has initiated the beginnings of a plan for integration of mental health services within its primary care system.

The main FQHC in Bryan, Texas has served as the source of collaborative mental health services for several years. Counseling and assessment services have been provided through the Counseling and Assessment Center of Texas A&M University co-located in the FQHC’s main Community Health Clinic. Access to medication assistance has been available through the Class A Pharmacy also located at the main CHC in Bryan. But, BVCAA, Inc. will go a step beyond the collaborative arrangement with Texas A & M University’s Psychology Department with a Memorandum of Understanding (MOU) between BVCAA, Inc., and the Mental Health Mental Retardation Authority of Brazos Valley, Inc. (MHMRA).

Under the MOU the MHMRA would refer consumers who were stabilized in treatment with MHMRA to the FQHC for routine follow-up care. The consumer would register and complete eligibility with the FQHC to become a customer of the FQHC who would then be able to establish appointments for medical or behavioral health follow up services, including consumer counseling, health education and/or prescription refills through the Class A Pharmacy as needed. As a regular FQHC customer, the mental health consumer would be able to establish a medical home where all health care needs could be monitored and managed and where the customer could receive dramatically reduced prices on medications through the FQHC medication assistance programs. BVCAA will employ an LPC whose services will supplement the counseling and assessment services presently available at the FQHC through Texas A&M University. Consultative services with Psychiatrists at A&M University will provide support to the primary care physicians and staff serving behavioral health customers. BVCAA’s FQHCs also employ two medical case managers to assist customers in accessing other necessary services.

Consumer and family support and education services will be provided to behavioral health customers and their families through an additional Memorandum of Understanding between BVCAA, Inc. and the National Alliance on Mental Illness of Brazos Valley (NAMI-BV). NAMI-BV will provide support group services for consumers and consumer education through peer curricula to enable consumers to better manage their illness and work toward recovery. NAMI-BV also will provide support group and family education services to families affected by their relative’s illness to enable families to provide a stronger and more resilient safety net for their family member and themselves.

The advantages of this collaborative system for integrating behavioral health into primary care settings include developing environments which could serve as the medical homes for mental health consumers who often have no access to routine or basic medical interventions. The collaborative also provides more affordable ways for customers to access medications for behavioral health treatment through Medication Assistance Programs of the state, or access to donated medications from pharmaceutical firms. Still in the pipeline is a funded tele-medicine program for behavioral health which would bring counseling services to the four rural FQHCs operated by BVCAA. An additional benefit to providers is that by working in an FQHC environment they are covered by the Federal Tort Act and do not have to carry their own malpractice liability coverage. BVCAA, Inc., provides case management services with Community Service Block Grant funds to assist low income persons, or persons with disabilities with housing, utility, food and other health and human needs referrals.

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**More Conference Photos**

- [Gala Dinner](#)
- [Silent Auction Items](#)
Did you know that one of the NAMI National 2007-2010 Strategic Planning goals is leading a multi-faceted campaign to facilitate employment and financial independence for persons with serious mental illness? Integral to this goal is to seek increased recognition within the broad disability community of serious mental illness as a legitimate disability.

NAMI Texas belongs to the Disability Policy Consortium, and many of you may have met Toni Byrd, who was an exhibitor at our 25th Anniversary Conference. Please note their upcoming Housing and Transportation Conference on April 28th and 29th at the Hyatt Regency, 208 Barton Springs Road, Austin, Texas.

About the Texas Disability Policy Consortium

The Texas Disability Policy Consortium (DPC) is a group of 31 state and local advocacy organizations working for fair and equitable public policy for Texans with disabilities. The Consortium strives to achieve the development and full implementation of public policy that promotes and supports the rights, inclusion, integration, and independence of Texans with disabilities. It is unique in that the Consortium provides an ongoing forum for discussion of disability issues in Texas and is a vehicle for advocacy organizations to unite their voices on important issues.

The full Consortium meets on the third Tuesday of every month at the offices of Advocacy, Inc., 7800 Shool Creek Blvd., Suite 171-E in Austin, Texas. The meetings begin at 9:00 a.m. and end at 12:00 p.m. All business meetings are open to the public. Currently, Regina Blye, Executive Director of the State Independent Living Council serves as the Consortium’s Chair and Colleen Horton, Public Policy Director of the Texas Center for Disability Studies is the Vice-Chair.

There are two types of memberships, statewide and local. Organizations that are statewide members must be statewide in scope and representation; or must have a statewide focus and participating chapters/affiliates that represent a significant portion of the statewide population. A local membership organization must be local or regional in scope and representation; and may be an affiliate or local chapter of a statewide DPC member organization. To be eligible for membership, both types of organizations:

• Must be a disability advocacy organization which advocates on behalf of and/or with Texans with disabilities and their families.
• Must endorse and have a primary purpose consistent with the DPC Guiding Principles, which serve as the foundation for consortium activities.
• Must be governed by a board of directors or, if fiscally associated with a larger entity, have a consumer advisory committee that provides significant input on policy and program matters.
• Must not be a direct service provider exclusively.
• Must not be a professional association.
• Must have a consumer focus.

In between the monthly meetings, the work of the DPC occurs within a system of policy issue committees: Education, Employment, Housing, Long-Term Care and Management. It is here, that recommendations are brought to the full Consortium. The full Consortium votes on issues before adopting positions on policies.

By collaborating, the DPC provides a powerful chorus of voices in support of various issues. Why go it alone, when DPC members can stand behind you.

The DPC welcomes new perspectives and ideas to advance the rights, inclusion and independence of people with disabilities and values the insight and expertise member organizations bring to our efforts. The DPC has earned the respect of state and federal lawmakers, state agencies and others in the policy-making arena. The DPC’s reputation as a knowledgeable and credible organization puts members “at the table” when crucial disability policy matters are being considered.

Things happen fast in the disability policy arena - it can be hard to keep up! With the “eyes and ears” of all member organizations on the policy scene, The DPC makes it easy to stay current on key issues. The Texas Action Center is an easy and effective way to keep up with legislative and policy issues of interest to you and other disability advocates by publishing a monthly newsletter so you can easily stay informed about the issues concerning Texans with disabilities.

By sharing resources and combining efforts on common goals, DPC member organizations stretch their own resources. The DPC has hosted events such as Legislative Directors Luncheon, Keys to the Community Campaign, and commissioned a report: Hurricane Response in Texas: Disability Issues and Policy Development for Disaster (2006). DPC also hosted the Emergency Preparedness & People with Disabilities Summit (2006) and the Texas Housing Summit: Building the Foundation for Accessible, Affordable and Integrated Housing for ALL Texans (2008).

For further information about the DPC, please contact Toni M. Byrd, DPC Project Coordinator at 1016 LaPosada, Suite 145, Austin, Texas 78752, (512) 371-1783 or Facsimile (512) 472-8026, email: toni@dpcatx.org.

Statewide Member Organizations:

ADAPT of Texas
Advocacy Incorporated
Brain Injury Association of Texas
The Center on Disability and Development at Texas A&M University
Coalition of Texans with Disabilities Community Now!
Council for Families for Children
Epilepsy Coalition of Texas
Knowbility, Inc.
Lone Star Association for Persons in Supported Employment
Mental Health America of Texas
National Alliance on Mental Illness of Texas
National Multiple Sclerosis Society of Texas
Spina Bifida Texas
Texas Advocates
Texas Association of Centers for Independent Living
Texas Association of the Deaf
Texas Center for Disability Studies
Texas Council for Developmental Disabilities
Texas Federation of Families for Children’s Mental Health
Texas Legal Services Center
Texas State Independent Living Council
United Cerebral Palsy of Texas

Local Member Organizations:

Coast Bend Autism Advocacy, Inc.
Coastal Bend Center for Independent Living
Corpus Christi Committee for Persons with Disabilities
Down Syndrome Association of Central Texas
Epilepsy Foundation Central & South Texas
Goodwill of Central Texas
Life Run Center for Independent Living
REACH Resource Centers on Independent Living – Dallas, Fort Worth and Denton.

Housing and Transportation Conference on April 28th and 29th at the Hyatt Regency, 208 Barton Springs Road, Austin, Texas.
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Also, you can go to www.namitexas.org to make a donation and/or to join NAMI Texas.