



# Newsletter

NATIONAL ALLIANCE FOR THE MENTALLY ILL

## **NAMI Board**

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## **Support Groups**

### **English Speaking**

2<sup>nd</sup> Thursday of Month, 7-8:30  
pm

1067 N. Clark St.

St. Pius X Room

(Corner Geronimo & Clark)

### **Spanish Speaking**

3<sup>rd</sup> Thursday of Month, 7-8:30,

1067 N. Clark, St. Pius X Room

(Corner Geronimo & Clark),

79905

## **Family to Family Courses.**

*Visions for Tomorrow* teacher  
training underway

**JUNE/JULY 2007**

## **Texas Mental Health System is Broken**

by Tim Simmons, President

Mental Health Association of Greater Dallas

**W**e must all urge Austin to adequately fund treatment. The shootings at Virginia Tech are a terrible tragedy, but it will be worse if we don't learn from it. The problem is not an issue of gun control or law enforcement. The problem is untreated mental illness and lack of access to an appropriate level of care.

In Texas, 77 percent of those potentially eligible for mental health treatment don't receive it because of a shamefully broken and under funded mental health system.

Texas is 48<sup>th</sup> in the nation in per capita public funding for mental health. More than 577,000 Texans suffer from a serious mental illness and are potentially eligible for services, but the state budget allows treatment for only about 130,200.

Only 23 percent of Texans who need help get it, and most areas have long waiting lists even for basic medications, much less counseling and support services that maintain stability and promote recovery. Studies show that more people die of suicide than homicide and that doesn't count those who died prematurely of the ravages of being mentally ill and homeless.

Texas has a law on the books that allows court-mandated hospitalization or outpatient treatment for mental illness when an individual determined to be a danger to himself or others refuses treatment voluntarily. Many judges are reluctant to use it because of the lack of follow up and monitoring. In Texas, even if Cho Seung Hui had voluntarily sought help, he probably would have been told he must wait weeks or even months to get it.

With the Virginia Tech tragedy, some have called for a return to a higher level of institutionalization of the mentally ill. The move away from institutionalization occurred in the 1960s with the advent of effective medications, and rightly so.

The good news is that today's medications are even better, and mental health treatment works. According to the National Institutes of Mental Health, the success rate for treatment of depression is 80 percent, 75 percent for panic disorders, and 60 percent for schizophrenia, but only 45 to 50 percent for heart disease. Unfortunately, Texas has failed to develop an adequate community-

based system. Instead, we have deinstitutionalized of the mentally ill in jails and prisons where, without proper care, their condition deteriorates further. That's not cost-effective or humane.

In the private sector, access to care is limited by many insurance companies who don't seem to understand that the brain is part of the body and that diseases of the brain should be covered just like heart disease, diabetes, cancer or arthritis. Sadly, just like those illnesses, mental illnesses are also life-threatening or debilitating if left untreated. Companies that offer mental health insurance parity to their employees have found that it pays for itself in higher productivity and reduced absenteeism.

The Texas Legislature has a chance to do something about it. HB 1986 and SB 568 would require insurance companies to treat mental illness like any other illness, but they are languishing in committee.

The Department of State Health Services budget called for \$82.3 million for emergency psychiatric services from the budget surplus for the following.

- Crisis hotline counseling.
- Psychiatric emergency services.
- Outpatient services.
- Short term residential or respite services.
- Mobile outreach crisis teams.

- Mental health crisis intervention training for law enforcement officers to improve officer safety and referrals into treatment for persons with mental illness.

Unfortunately, Texas again may fail to act responsibly. The Senate Finance Committee cut that amount to \$52 million, and the House Appropriations Committee reduce it to \$35 million. It will end up at the low end again, unless we tell our legislators they have to do better.

Tim Simmons, president of the Mental Health Association of Greater Dallas, may be contacted at his e-mail address, [TSimmons@mhadallas.org](mailto:TSimmons@mhadallas.org).

**Editor's note:** State Rep. Joe Picket's office said that HB 1986 didn't make it out of committee and SB 568 made it to the Calendar Committee but the legislative session ended and so did it.

Regarding Tim Simmons' article, I wonder how many mass killings it will take before the government -- national, state and local -- will make the care of people with brain disorders a high priority. Those without a support system are in extremely dire straights.

## EL SISTEMA DE SALUD MENTAL DE TEJAS NECESITA ARREGLO

Por Tim Simmons, Presidente de la Asociación de Salud Mental de la Metrópolis de Dallas

Todos debemos de insistirle a Austin para que los fondos que se asignan para recibir tratamiento sean adecuados. El tiroteo que ocurrió en Virginia Tech es una tragedia terrible, pero será aún más trágico si no aprendemos de esto. El problema no es la controversia que existe sobre el control de armas o la imposición del cumplimiento de la ley – el problema es la enfermedad mental que no recibe tratamiento y la falta de acceso al nivel de cuidado adecuado.

En Tejas, el 77 por ciento de las personas que podrían reunir los requisitos necesarios para recibir tratamiento no lo reciben debido a que el sistema de salud mental vergonzosamente necesita una compostura y no cuenta con los fondos necesarios.

Tejas es el número 48 en el país con respecto a los fondos estatales que se utilizan per cápita para salud mental. Más de 577,000 tejanos sufren serios trastornos mentales y cuentan con los requisitos que les permitirían recibir tratamiento, pero el presupuesto estatal designa una cantidad de dinero que solamente 130,200 pueden hacerlo.

Solamente el 23 ciento de tejanos que necesitan ayuda la reciben y la mayoría de las áreas tienen largas listas de espera para los medicamentos básicos, mucho

menos consejera y servicios de apoyo que mantienen la estabilidad y fomentan una recuperación. Los estudios realizados demuestran que mas personas mueren de suicidio que de homicidio. Y, eso no incluye a los que fallecieron antes de tiempo debido a los estragos de la enfermedad y la falta de hogar.

En Tejas, existe una ley que permite a un juez ordenar a que una persona reciba tratamiento como paciente interno en un hospital o como paciente externo, cuando, se determina que este individuo es un peligro para él o para otros si no quiere voluntariamente someterse a un tratamiento. Muchos jueces, tienen grandes reservas con respecto esta ley debido a la falta de monitoreo para el tratamiento. En Tejas, si Cho Seung—Huí, voluntariamente hubiera buscado ayuda, probablemente le hubieran dicho que tenia que esperar semanas o meses para recibirla.

Debido a la tragedia de Virginia Tech, algunos han pedido que regrese el confinamiento riguroso para el enfermo mental. En los años 1960 se hicieron cambios con respecto a la hospitalización de un paciente debido a los adelantos causados por medicamentos más efectivos, y con justo derecho.

La buena noticia es que hoy día los medicamentos son aún mejores y el tratamiento para la salud mental trabaja. Según el Instituto Nacional de Salud Mental, el promedio de éxito para el tratamiento de depresión es 80 por ciento, 75 por ciento para trastornos de pánico y 60 por ciento para esquizofrenia, pero, para las enfermedades del corazón solamente hay de 45 a 50 por ciento. Desgraciadamente, Tejas no ha desarrollado un sistema adecuado que tenga como base la comunidad. Al contrario, hemos vuelto a confinar al enfermo mental en cárceles y prisiones donde sin el cuidado adecuado la condición del mismo puede deteriorarse aún más. Eso no es eficaz en función de los costos ni tampoco humano.

En el sector privado, el acceso al tratamiento también está limitado por muchas de las compañías de seguro médico que parecen no entender que el cerebro es parte del cuerpo y que las enfermedades cerebrales deben de tener la misma cobertura como las enfermedades del corazón, diabetes, cáncer o artritis. Tristemente, al igual que esas enfermedades, las enfermedades mentales son tan peligrosas o debilitantes si no son tratadas. Las compañías que ofrecen seguro médico mental con paridad a sus empleados han visto que se pagan por sí mismo al obtener una productividad más alta y menos ausentismo.

La legislatura de Tejas tiene la oportunidad de hacer algo al respecto. HB 1986 y SB 658 requerirían que las compañías de seguro médico permitan que las enfermedades mentales se traten como cualquier otra enfermedad, pero siguen en comités.

El presupuesto que el Departamento de Salud Mental del Estado necesita del superávit presupuestario

para proporcionar servicios psiquiátricos de emergencia es de \$82.3 millones para:

- Conserjería para llamadas de crisis.
- Servicios psiquiátricos de emergencia.
- Servicios para pacientes externos.
- Servicios para interacción residencial a corto plazo y otros servicios provisionales.
- Grupos móviles que puedan desplazarse en momentos de crisis.

Entrenamiento para los oficiales que intervienen en momentos críticos para mejorar la seguridad del oficial y referir a tratamiento a las personas que sufren trastornos mentales.

Desafortunadamente, Tejas una vez más no ha actuado con responsabilidad. El Comité de Finanzas del Senado cortó la cantidad de \$52 millones, y el Comité de Gastos de la Cámara de Representantes lo redujo a \$35 millones. Una vez más el presupuesto será deficiente a no ser que le digamos a nuestros legisladores que tienen que distribuir mejor.

Tim Simmons es el presidente de la Asociación de Salud Mental de la Metrópolis de Dallas. Su dirección de e-mail es [TSimmons@mhdallas.org](mailto:TSimmons@mhdallas.org).

*Thanks to Susana Paloma for translating this article.*

Editor's note: State Rep. Joe Picket's office said that HB 1986 didn't make it out of committee and SB 658 made it to the Calendar Committee but the legislative session ended and so did it.

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**Remember our new NAMI El Paso website, [www.nami.org/sites/NAMIEIPaso](http://www.nami.org/sites/NAMIEIPaso)  
And our e-mail address is [elpaso.nami@dshs.state.tx.us](mailto:elpaso.nami@dshs.state.tx.us)**

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### **NAMI Support Groups**

Don't forget our monthly NAMI support groups, which are open to families and caretakers of people with brain disorders who live the community. They are conducted in a lively "Care and Share" format and most valuable in giving and receiving information. You don't have to be a NAMI member to attend.

▪ **The English-speaking group meets from 7 – 9 pm, the second Thursday of the month at 1067 N. Clark St.** Facilitator Andy Vazquez is an MHMR social worker. His phone number is 329-3656.

▪ **The Spanish-speaking group meets 7 – 9 pm, the third Thursday of the month in the same room.**

Celia Padilla facilitates this support group and her number is 772-8821. Celia has taught many Family to Family courses.

The St. Pius Church offers us this space, the Mother Theresa Room, at no cost. It is located on the NW corner of Geronimo and Clark St. -- across Clark Street from the church. From I-10 take the Geronimo exit and go south for one block and turn right.

For further information call Ruth Hill in the afternoon at the NAMI Office, 534-5478.

## NEWS YOU CAN USE

- The Texas Legislature recently passed a law that requires gun stores to submit background checks to the FBI. The law will take affect in three months. The mass killings at Virginia Tech likely motivated the legislation.
- At a new Juarez Mental Healthcare Clinic, Dr. Bernardo Tarin and his team of doctors see 40 to 50 clients on the second Tuesday of each month. All services are free.
- Amista Salcido sent this information on new medications approved by FDA in 2006-2007.

<b>Invega</b> <a href="#">paliperidone</a>	ALZA/Janssen	A metabolite of risperidone for the treatment of schizophrenia.
<b>Daytrana</b> <a href="#">methylphenidate</a>	Shire	Transdermal patch for treatment of ADHD.
<b>Emsam</b> <a href="#">selegiline</a>	Bristol-Myers Squibb	Transdermal patch for treatment of depression.
<b>Vivitrol</b> <a href="#">naltrexone</a>	Alkermes/Cephalon	Once monthly injectable formulation for treatment of alcohol dependence.
<b>Vyvanse</b> <a href="#">lisdexamfetamine</a>	Shire	A prodrug of dextroamphetamine for ADHD.
<b>Chantix</b> <a href="#">varenicline</a>	Pfizer	A partial nicotinic receptor agonist for smoking cessation

- Additionally, she sent an article stating that the FDA has issued a black box warning regarding the suicidal risks for young adults (18 – 24) taking any antidepressants. The article emphasizes that “the labeling on antidepressants needed to reflect the apparent beneficial effect of antidepressants in older adults and to remind health care professionals that the disorders themselves are the most important cause of suicidality.” (Note: Black boxes is FDA’s way of saying, “Be careful.” )
- Sadly several grant applications that NAMI submitted were turned down – the Paso del Norte Health Foundation grant for \$45,000, a Chase Bank grant for \$3500, and a National NAMI grant. Several others are pending. Our appreciation goes to the grant writers, Larry Meyers, Kathleen Peyton and Ruth Hill who spent many hours preparing the grants.
- MHMR has received funds from the County to send consumers requiring hospitalization to private hospitals when EPPC is at capacity. The Hospital District has promised to do the same.
- MHMR provides services for its 4,000 adult consumers and 1200 children, but only receives state funding for 3,000 adults and 600 children. This presents a serious strain on their budget and resources

## EDUCATION

Teacher training is being held for new instructors to teach the *Visions for Tomorrow* courses.

If you or anyone you know is interested in taking the *Visions for Tomorrow* course (for people caring for children with brain disorders; or the *Family to Family Course* (for people caring for adults with brain disorders, offered in both in **English or Spanish**), call the NAMI Office soon. Courses are planned to start in the fall.

Attention: Former NAMI Instructors. Please turn in your teachers’ manuals to the NAMI office. We need them for this upcoming academic year.

## **VOLUNTEERS WANTED**

### ▪ **Volunteer teachers for both English and Spanish speaking Family-to-Family courses.**

Requirements: NAMI member

Graduation from a Family-to-Family or Journey of Hope course

Completion of the teacher training course (to be held soon)

### ▪ **Volunteer Observers/Reporters for the Tuesday or Friday Probate Court sessions and the MHMR meetings.**

### ▪ **Volunteer Executive Director for NAMI.** (Applicant must be board approved.)

Requirements: NAMI member or planning to become a member

Knowledgeable about brain disorders and the treatments

Knowledgeable about office procedures

Capable of operating the education program

Duties: Coordinates the education program including training and scheduling teachers

Oversees general operation of the NAMI El Paso office, its programs

Attends board committee meetings and keeps board informed

Represents NAMI and provides presentations for appropriate community agencies, functions, and special events, as well as various other responsibilities.

**NOTE:** If a grant for this position can be secured, we can offer a salary.

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## **Meet the Board**

The 2007 NAMI-El Paso board of directors meets the first Thursday of each month at 5:30 at EPPC to discuss administrative issues and mental health policies in the El Paso-Juarez borderland. Visitors may attend. If you have something to say, call the office beforehand and you may have 5 minutes to speak. Board members are:

- **Victor Ortiz** – Board president who teaches classes or workshops for families/caretakers of people with brain disorders during the week in the El Paso colonias and weekends in Juarez
- **Lawrence Meyer** – Board vice-president; director of planning at Aliviane, Inc.; private practice in El Paso
- **Ruth Hill** – Board secretary and NAMI office manager
- **Jerry Hill** – Board treasurer; Superintendent with Amigo Building Corp.
- **Jessica Acker** – Exceptional Family Member Program Coordinator, Ft. Bliss
- **Bruce Black** – Peer Specialist at Sunwest Behavioral Center
- **Sally Flores** – Chief operating officer for the new private mental health facility, University Behavioral Health of El Paso which will be opening soon at 1900 Denver. Sally is a psychiatric/mental health nurse practitioner
- **Joanne Herendeen** – Former NAMI president, retired technical writer, Thomason Hospital
- **Hector Morales** – NMSU Clinical Instructor
- **Kathleen Peyton** – Former NAMI Education Director
- **Elizabeth Rayas** – Managed Care Consultant, and currently Director of Managed Care & Business Development for Access HealthSource, Inc.
- **Amista Salcido** – Clinical Assistant Professor, UTEP/UT, Austin Cooperative Pharmacy Program
- **Bernardo Tarin-Godoy, M.D.** – EPPC Psychiatrist & Texas Tech University Health Sciences Clinical Assistant Professor of Psychiatry

NAMI EL PASO

4615 Alameda Ave., Rm. 1157, El Paso, TX 79905

Phone: 915-534-5476 / Fax: 915-532-5726 / To receive announcements by email, send your email address to: elpaso.nami@dshs.state.tx.us. Check in at our website: www.nami.org/sites/NAMIEIPaso

MISSION: To provide emotional and educational support to all people affected by mental illness; to actively advocate for the right of the mentally ill to achieve recovery in a high-quality healthcare & support system; and to promote full integration into our community.

What Can You Do for NAMI?

- Teach Courses
- Observe Probate Court, Tues. and/ or Fri., 9-11 a.m.
- Executive Director
- Attend the support groups
- Write grants
- Volunteer at health fairs, etc.
- Consider becoming a board member or officer in December
- Help with general meetings, providing refreshments, etc.
- Write the newsletter next year

MEMBERSHIP APPLICATION OR RENEWAL

Your membership dues to NAMI El Paso will buy you a membership in NAMI Texas and NAMI National. They also support the family education work that is at the heart of NAMI El Paso's mission Dues and donations are tax deductible. THANK YOU!

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_  
 Email \_\_\_\_\_

Check one below.  
 Single, Family, or Professional Member? \$35 \_\_\_\_\_  
 Consumer, or Open Door Affiliate, single? \$5 \_\_\_\_\_  
 Married couple, both consumers or ODA? \$6. \_\_\_\_\_

Return to: NAMI El Paso, 4615 Alameda Ave., Rm. 1157, El Paso, TX 79905

NAMI EL PASO

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El Paso, TX 79905

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