The Nation's Voice on Mental Illness

NAMI West Houston News

Affiliated with NAMI Texas, NAMI "The Nation's Voice on Mental Illness"
and NAMI Metropolitan Houston
~A grassroots coalition of families, consumers, and friends~

July/August 2004

AUGUST MEETING

Covered Dish Dinner Plus:

"Road to Recovery" by Emily Gierhart

DATE: Monday, August 16, 2004
TIME: 6:45 p.m. – Covered Dish Dinner
7:30 p.m. - Announcements and Program
PLACE: Atria Assisted Living - West Chase
11424 Richmond Avenue
Main Dining Hall
(OPEN TO THE PUBLIC)

SPEAKER: Emily Gierhart, tells her personal story of her "Road to Recovery."

NAMI West Houston will furnish the meat and desserts. Vegetables, salads and casseroles are welcomed to complete our meal. Everyone is welcome for friendship, food, fun and fellowship-

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FUTURE MONTHLY PROGRAMS

NO MEETING IN JULY

September 20, 2004 – "The Role of Faith in the Recovery from Mental Illness" with Dr. Wallace Henley and NAMI West Houston's Annual Meeting

October 18, 2004 – "Dialectical Behavioral Therapy" Dr. April Stein, COMPAS Unit Director at The Menninger Clinic

November 15, 2004 – Steven Schnee, Executive Director of Mental Health Mental Retardation of Harris County

NAMI's 25th ANNIVERSARY CONVENTION

Celebrating a Quarter Century of Changing Minds

When: September 8-12, 2004

Where: Washington Hilton and Towers Hotel
1919 Connecticut Avenue NW
Washington, DC 20009

Come and celebrate NAMI's 25th anniversary in our nation's capitol! In addition to five days of advocacy, information, and inspiration, lots of special events are planned to celebrate NAMI's 25th anniversary – including a rally in front of the Capitol building, visits with your Congressional delegations, and a gala 25th Anniversary Celebration dinner!

All of the convention sessions will be held at the Washington Hilton Hotel. For hotel reservations, call: 1/800-HILTONS or 202/483-3000. Rates: $119/single or $129/double, plus 14.5% tax, per night.

For complete convention information and to register visit www.nami.org/convention. -

UPDATED NAMI CHILD & ADOLESCENT ACTION CENTER RESOURCE GUIDE AVAILABLE

The Child and Adolescent Action Center resource guide for families, caregivers and youth has been updated. The resource guide includes a list of books and publications that relate to children and adolescents living with mental illnesses. Look for lots of new titles in the updated guide. Please note that NAMI is no longer selling books available from the trade press.

Please check your local bookstores or online for books included in the guide. NAMI continues to offer resources, pamphlets, reports, and fact sheets through our web site (www.nami.org, click on NAMI Store and access Books and Booklets) and the NAMI Helpline (1-800-950-6264). Look for the UPDATED VERSION of NAMI's Resource Guide for Families, Caregivers and Youth in the Child and Adolescent section of the NAMI web site at www.nami.org/youth. For more information contact Belen Assusa at 703-600-1110. -

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DOING THE "RIGHT" THING

Article by Steven B. Schnee, Ph.D., Executive Director Mental Health Mental Retardation Authority (MHMRA) of Harris County, Interface Newsletter, Summer 2004

This last Legislative Session was one of the most challenging in recent times. Facing an almost ten billion dollar deficit in financing for Texas governmental operations, coupled with a pledge to the taxpayers to not raise taxes, the 78th Legislature undertook "adjustments" in almost every level, component, organization, and agency operating under the broad umbrella of Texas government. Those changes are unfolding even as we speak. The impact of which will take months, perhaps years, to fully understand and appreciate.

Perhaps no place throughout Texas government have the changes been greater than in the area of health and human services, historically delivered through twelve separate state agencies. Most of these agencies have had a citizen governing Board to oversee the policy decisions, establish direction and priorities, guide the biennial Legislative budget request, and designate allocations each fiscal year within the Legislatively provided direction. With the passage of HB 2292 by the 78th Legislature, massive changes were instituted. The twelve agencies were consolidated into five, with the citizen Boards replaced by Advisory Councils. Fiscal Year 2004, this current fiscal year, is the primary "transition" year during which the consolidation is occurring, the five agencies organizationally defined, staff hired/transferred into new positions, and operations streamlined to realize the savings anticipated by the Legislature and built into the method of financing for Fiscal Years 2004 and 2005. The Governance Boards are expected to go out of existence and the new Advisory Councils established on or by August 31, 2004.

Embedded within HB 2292 are two critical provisions that will shape the public mental health system for years to come. In spite of the severe fiscal constraints that necessitated funding reductions, the 78th Legislative leadership became convinced that the public mental health system was not achieving the outcomes desired, being spread too thin –required to serve too many people with the limited resources available. So many people have to be served each month under the existing annual Performance Contract targets (unduplicated numbers of people who meet eligibility priority population criteria) that for those without healthcare coverage, the public mental health system has become virtually nothing more than: see your doctor, get your laboratory tests/vital signs taken, and pick up your meds. This erosion has occurred due to fiscal limitations in spite of countless studies which reflect that medications alone do not have nearly the same positive outcomes (consumer impact) as meds plus other clinical services. In the absence of adequate general revenue to fund the services and supports for those individuals without any healthcare coverage (for MHMRA that's around 50% of the adult mental health population served each month), the system has had to reduce services, eliminate supports, and focus on medications as the foundation for stabilizing these neurochemical disorders of the brain – first and foremost -- providing some hope that those persons who have these serious conditions may, ultimately, progress to a level of functioning and participation in community life. Compounding these issues, the state general revenue has, is, and probably will be needed to match certain Medicaid services, and supplement what Medicare doesn't cover. It's been abysmal for the consumers, their family members, and the providers. "Cranking" people through in minimal time to increase efficiencies and generate earned revenues to maintain the fiscal viability of "the system" further works to reduce both consumer and provider satisfaction, while negatively impacting consumer outcomes.

<u>BUT, NO MORE!</u> HB 2292 recognized the "system's" decline and mandated that mental health services in Texas shall be delivered employing Disease Management practices and procedures. What, you may ask, is Disease Management? From a psychiatric/clinical perspective, it means evaluating the consumer – each consumer – looking at the disease/condition, establishing a formal diagnosis, identifying the positive and negative symptoms, and, hopefully, considering all areas of functional impairment. The next step is the development of a treatment plan (plan of care) which addresses the individual's condition as holistically as possible as authorized by the payor or as other resources permit. The treatment plan should assist the person to take those steps, whether large or small, on the road to recovering from the effects of these serious neuroclinical disorders of the brain. It means doing the *"RIGHT THING"* – person by person. Providing the services and supports that expand and contract over time as the person is recovering. Increasingly, we will be talking about evidence based services – meaning, deploying what has been proven to work (has a positive impact) in clinical practice. Although we can't, at this time, realistically say we can "cure" these severe psychiatric conditions, we can stand up and point to the positive, cost-effective benefits of providing the "right" services, at the "right" time, at the "right" cost, having a positive outcome/impact, over time -- helping each person on the journey towards becoming a contributing, participating member of our community.

Many of us remember why we got into the mental health "business" to begin with and say, "Yeah!" And, "THANK YOU!!" to our Legislative leadership for recognizing the deficiencies of the existing system and mandating the changes necessary to reverse the downward slide into mediocrity. Thank you for recognizing that when you spread the margarine over too many slices of bread, you pretty soon end up with only the bread and no margarine. Disease Management is and will be one of the aspects coming out of the 78th Legislative Session that is clearly perceived as "Good News". It offers hope and promise to the many persons impacted by severe and persistent mental illnesses. It says to them that there will be a tomorrow – a tomorrow, potentially, without the devastating symptoms and distortions of the "real" world that so changes their lives and undermines their ability to realize their internal potential. It offers hope and promise to their family members who deal with and watch the devastation unfold that finally there will be sufficient and adequate

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services and supports to "make a difference." *HOPE and PROMISE! YES*!!

But, there is a downside to this direction; it has to do with the resources to implement these enhancements and expansion of services and supports. Because there was not additional funding available – actually, there was a substantial reduction in general revenue and curtailment of benefits under the Federal health insurance programs (Medicaid and CHIP) – the Legislature had to further limit access to the public mental health system. For the first time, the 'WHO" to be covered (eligible for continuing outpatient/aftercare services) was contracted. The Legislature in HB 2292 specified that only people with Schizophrenia, Bipolar Disorder, and a subset of Major Depression called Clinically Severe Depression (the "Big 3" diagnoses) are to be covered by the State of Texas (receive outpatient services). The downside, of course, is that fewer people will "get in the door." Any diagnosis of sufficient acuity may qualify for emergency and inpatient interventions – some of whom really, really need continuing clinical care but will only have access to emergency or inpatient services for the foreseeable future. Remember, we're talking about people who have no healthcare coverage or serious limitations as to their coverage at this time (i.e., Medicare, CHIP recipients). While there may be some capability through other community resources, such as the Harris County Hospital District, unfortunately these psychiatric services are also seriously overwhelmed at this time where the need dramatically exceeds the available treatment resources (we're advised that the current waiting time for an outpatient appointment is some ten to twelve weeks). While, we don't have a clear definition of Clinically Severe Depression, we currently expect that a significant number of persons with that diagnosis (Major Depression) who have progressed to a higher level of functioning through their treatment will have to be discharged from care in the near future. And, most significantly, we expect that people with an "other" diagnosis (not "Big 3") but are functionally very impaired will have to be transferred out of the "system" and services eliminated through MHMRA. Lastly, once implemented, persons in the community who don't have a "Big 3" diagnosis won't get in the outpatient door and will have to be referred to other community resources, recognizing that in reality there are few available appropriate options.

Why, you ask? How can we do this? Well the sad truth is that there are only so many dollars to support state governmental operations. And, when you are committed to "Doing the Right Thing", you have to create resources by establishing priorities for those limited resources. Doing more with less means having to figure out where to focus, where to reduce expenditures that may not be the priority, which is exactly what was established by the 78th Legislature. There are expectations that "the system" should do a better job for those who qualify and receive care in the near future. The Legislative language is clear – crisply laid out in HB 2292 – their intent was for us to do a better job – make a difference though Disease Management, helping those who qualify on the path to recovering. We are moving to plan for and implement the changes necessary to fulfill this directive. -

Mobile Community Outreach Team (MCOT)
(713) 970-4663

The NeuroPsychiatric Center - **Mobile Community Outreach Team (MCOT)** is a mobile team designated to serve Harris County residents, children and adults who are: 1) in crisis 2) unable to access traditional, outpatient, psychiatric services, and 3) at risk for hospitalization. **MCOT** will provide skilled, in-field assessment and treatment for those consumers who have problems in accessing community clinics. In-field mental health care requires special sensitivity to the relationship between mental illness, family and the environment. **MCOT** will work diligently to apply this special sensitivity in assessment, treatment and linkage to on-going services after the consumer in crisis is stabilized.

MHMRA Helpline

(713) 970-7000
(713) 970-7070
(713) 970-4600
1-866-970-4770

24 hours a day, 7 days a week

COUNTY COMMISSIONERS PROVIDE FUNDING FOR UNITS AT BRISTOW

Harris County Commissioner's Court recently provided funds for a Crisis Counseling Unit and a Crisis Residential Unit to be operated out of the MHMRA's Bristow Center. Both programs are part of an effort to divert people with mental illnesses from costly hospitalizations and emergency services.

The residential program has an 18-bed capacity and is designed to house patients from 10 to 30 days. It is for individuals who are chronically mentally ill (and may also have a substance abuse disorder) and who frequently access expensive services. It is an intensive substance abuse and therapy program that is currently conducting six to seven group sessions a day. The program had been running at capacity since shortly after it opened. -

Reaching Out to the Community
Barnes & Noble Gift-Wrap Program

On Saturday, June 19th, volunteers from NAMI West Houston participated in the Father's Day Gift-wrap Program at four Barnes & Noble locations. This program, developed by Barnes & Noble, is a way for non-profit organizations to reach out to their community. This year the new Copperfield store was included along with Voss, Town & Country, and West Oaks. Together we raised $350 in donations towards our education programs. Along with raising public awareness, the opportunity has also given us the ability to bring members together to form new friendships. NAMI West Houston is grateful for the support and friendship Barnes & Noble has given to us. We want to thank all the volunteers who have committed their time to make this annual event a success. -

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ON BEING BLACK AND MENTALLY ILL

"No black man in America is ever mentally healthy."

"We have a problem asking for help – especially from folks who we think are reasons for our mental illness."

These startling words offer o glimpse into the thoughts of Blacks concerning mental health. They appear in the brochure "Souls of Black Men: African-American Men Discuss Mental Health." The men's voices consistently recall the frustrations and pains caused by the rarely expressed, and even less often addressed, racial component of mental illness. Their words not only give life to some of the unspoken issues regarding Blacks and mental health, they also shed light on a topic that largely remains a social and cultural taboo in the Black community, often more pronounced there than in other ethnic groups.

"Mental Health: Race, Culture, and Ethnicity – A Supplement to Mental Health: A Report of the Surgeon General" was the supplement in 2000 that was commissioned specifically to analyze racial and ethnic minority mental health issues. For example the report cited the role of religion in Black culture that sometimes acts as a double edged sward.

Annelle Primm, M.D., M.P.H., Director of the Community Psychiatry Program at Johns Hopkins Hospital and Associate Professor of Psychiatry and Behavioral Sciences at the School of Medicine, says that "given the fact that religion plays such an important role in the Black community, many people find it easier to turn solely to prayer to cope with a mental illness, forgoing professional help."

Yet, say many mental – health experts, even more damaging than the sole reliance on religion as a remedy are the larger negative biases of doctors and social structures that are supposed to provide care and treatment.

FEAR OF DOUBLE STIGMA

"We are not supposed to seek help for our mental illnesses." All cultural and ethnic groups dealing with mental- health issues face the possibility of stigma and discrimination. And while the stigma and corresponding shame experienced by Blacks is, in many ways, similar to that of the general population, Blacks generally an added layer of culture and ethnicity that contributes to their fears.

According to Dr. Primm, " Being African – American in this society and culture carries a certain stigma with it. Then to admit to having a mental illness – that adds an additional stigma."

The reality of discrimination is a powerful fear that keeps many Black from seeking professional help. Research studies, having found evidence of clinical bias in the diagnosis and treatment of Black consumers, have also given validity to these worries.

CULTURE AND MISDIAGNOSIS

"If they don't try to understand you and step into your shoes, they can never get the diagnosis right. I really feel rejected and unworthy of help and support."
The Surgeon General's report cites various studies that found the overall rate of mental disorders for Blacks as being similar to that of the general population. However, when looking specifically at severe mental illnesses such as schizophrenia, the data shows that Blacks are over-represented with the disease, particularly when they live among high need populations. These populations are particularly vulnerable and hard to reach because a relatively high proportion of their members may be homeless, in prison, reside in poor rural or urban regions.

One possible explanation for the high rate of schizophrenia diagnosis of Blacks, notes the Surgeon General's report, that is "Clinicians are predisposed to judge African-Americans as schizophrenic, but not as suffering from an affective disorder." Another explanation is that African-Americans with a mental illness may express their symptoms of distress differently than what clinicians are trained to expect, perhaps leading to misdiagnosis and mistreatment.

HURDLES IN MENTAL-HEALTH SERVICES

"After they told m, in their way, that I had a mental –health disorder (after one session) and after only one conversation, I never went back. They didn't care and neither did I."
Mental –health professionals and advocates see the barriers that prevent Blacks equal access to mental-health care and services as being widely varied. In addition to the issue of misdiagnosis, one of the things they point to is the fact that lower-income Blacks, who make up the high incidence rate of severe mental illnesses, typically cannot afford care and treatment.

According to the Surgeon General's report, research has recognized that "poor neighborhoods have fewer resources and suffer from considerable distress and disadvantage in terms of high unemployment rate, substance abuse and crime," as well as high incarceration rates, all of which affect the chances for successful reintegration.

Add to these obstacles the fact that nearly 25 percent of African-Americans are uninsured – compared to the 16 percent of the U.S. population – and you have a situation where Black consumers are heavily dependant, more so than other groups, on what the Surgeon General's report refers to as "the public mental-health safety net of hospitals, community health centers, and local health departments."

CHANGES OFFER A MORE POSITIVE OUTLOOK

"I thought about my children and made a decision to seek treatment."
Despite all of the considerable hurdles Black consumers face, their situation is not completely grim. In recent years, a number of important strides have been in breaking down cultural stigma as well as in increasing availability of services.

One primary reason for advances is education. "We need to eliminate the disparities, and education is key," says Dr.Primm. Mental health professionals and advocates have created various outreach programs, many of them grassroots,

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0which focus on educating the African-American community in ways that they can respond to."

For example, partnerships between mental-health service providers and religious communities have been increasing. "The goal is not to dissuade people from prayer and faith," explains Dr.Primm, "Rather, we need to find a way to incorporate both so religious beliefs are honored and people also realize that seeking the help of a mental professional is a positive thing to do."

Other advances have been made in the availability of educational materials aimed specifically at African-American communities. Not only has the African-American news medias willingness to cover mental –health issues and topics increased, but there is also a growing list of published books that have been dedicated to the subject. One is the children's book that addresses bipolar disorder, "Sometimes My Mommy Gets Angry," by renowned African-American author Bebe Moore Cambell.

Blacks also now have access to services that address race-specific issues in mental illness. Many of the mental-health advocacy organizations – like National Mental Health Alliance, and the Black Psychiatrists of America – have started grassroots efforts to educate African-American consumers and improve services and treatment. Dr.Primm, who is based in Baltimore and has spent the past 24 years creating community-based programs and services, is part of that movement. Through her various associates and professional appointments, she often serves as a conduit for change.

While these advances are encouraging, much more needs to be done to eliminate cultural disparities in mental –health care. "We still have a long way to go in educating the Black community," says Dr.Primm. But, she say, we also need to educate mental health care providers about the cultural nuances that exist and that can make a difference in establishing trust with consumers. "Now that we know these disparities exist, we can mobilize to make a change," says DR. Primm. -

CHECK OUT THESE INTERESTING RESOURCES THAT ADDRESS BLACKS AND MENTAL HEALTH:

"Souls Of Black Men: African American men discuss mental health," A brochure from the Black Mental Health Alliance.

"What is bipolar disorder? A guide for hope and recovery for African- Americans," A brochure by National Mental Health Association.

NAMI MIO LATINO E-NEWS SIGN UP NOW!

NAMI MIO (Multicultural and International Outreach Center) has recently created the NAMI Latino eNews. NAMI leaders can subscribe to this eNews service that provides bilingual information about issues relevant to the Latino community and mental health. To subscribe send an email to NAMI_MIO@nami.org

NAMI's Annual Multicultural Mental Healthcare Symposium

2004 Annual Convention September 8, 2004 Washington D. C. Hilton and Towers Hotel

Please join us for a half day event that will bring together leaders to address the most pressing mental healthcare concerns in the African American community. Topics include:

- NAMI's Commitment to the African American community.
- Historical & Mental Health Perspective of the African American community
- Research Updates and Culturally Proficient Treatment for African Americans
- Recovery Is Possible
- The Experience of Trauma in the African American Community
- Suicide among African Americans
- Dual Diagnosis: Mental Illness and Substance Abuse
- Criminalization of African Americans with Mental Illness
- Greater Hope: An African American Perspective on Mental Illness and Faith

If you require more information, please feel free to contact Belen Assusa at 703-600-1110 or via email at belen@nami.org -

NAMI West Houston Board Director Aaron Spencer Receives The William Marshall Consumer Award

The Mental Health Association of Greater Houston *William Marshall Consumer Award* honors distinguished mental health advocates in the Greater Houston area who have themselves been diagnosed as having major mental or emotional disorders. These outstanding mental health activists serve as role models for us all. Recipients of the award have made vital contributions to the mental health movement in the community through such pathways as planning and policymaking, self-help and mutual support, and public education and outreach.

Aaron also serves on the Adult Advisory Council of MHMRA of Harris County, speaks to other groups about his recovery and sponsors others toward a better life. -

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Focus On…
Borderline Personality Disorder

WHAT IS BORDERLINE PERSONALITY DISORDER?

The **symptoms** of borderline patients are similar to those for which most people seek psychiatric help: depression, mood swings, the use and abuse of drugs and alcohol as a means of trying to feel better; obsessions, phobias, feelings of emptiness and loneliness, inability to tolerate being alone, problems about eating.

But, in addition, borderlines show great difficulties in controlling ragefulness; they are unusually impulsive, they fall in and out of love suddenly; they tend to idealize other people and then abruptly despise them. A consequence of all this is that they **typically look for help from a therapist and then suddenly quit in terrible disappointment and anger.**

Underneath all these symptoms, therapists began to see in borderline people an inability to tolerate the levels of anxiety, frustration, rejection and loss that most people are able to put up with, an inability to soothe and comfort themselves when they become upset, and an inability to control the impulses toward the expression, through action, of love and hate that most people are able to hold in check. And, furthermore, what most defines the "borderline" personality, is great difficulty in holding on to a stable, consistent sense of one's self: "Who am I?" these people ask. "My life is in chaos; sometimes I feel like I can do anything - other times I want to die because I feel so incompetent, helpless and loathsome. I'm a lot of different people instead of being just one person."

The one word that best characterizes borderline personality is "**instability**." Their emotions are unstable, fluctuating wildly for no discernible reason. Their thinking is unstable - rational and clear at times, quite psychotic at other times. Their behavior is unstable - often with periods of excellent conduct, high efficiency and trustworthiness alternating with outbreaks of babyishness, suddenly quitting a job, withdrawing into isolation, failing.

Their self control is unstable - ranging from the extreme self denial of anorexia to being at the mercy of impulses. And their relationships are unstable. They may sacrifice themselves for others, only to reach their limit suddenly and fly into rageful reproaches, or they may curry favor with obedient submission only to rebel, out of the blue, in a tantrum.

Associated with this instability is terrible anxiety, guilt and self-loathing for which relief is sought at any cost - medicine, drugs, alcohol, overeating, suicide. Sadly, oddly, self mutilation is discovered by many borderline people to provide faster relief than anything else - cutting or burning themselves stops the anxiety temporarily.

The **effect upon others** of all this trouble is profound: family members never know what to expect from their volatile child, siblings, or spouse, except they know they can expect trouble: suicide threats and attempts, self-inflicted injuries, outbursts of rage and recrimination, impulsive marriages, divorces, pregnancies and abortions; repeated starting and stopping of jobs and school careers, and a pervasive sense, on the part of the family, of being unable to help.

Sometimes, severe and chronic chaos in the family life plays an important role, but one has to differentiate the objective behavior of the family from the patient's subjective experience.

And, of course, the **effect of the illness upon the life of the patient** is equally profound: jobs are lost, successes are spoiled, relationships shattered, families alienated. The end result is all too often the failure of a promising life, or a tragic suicide.

By Ann Appelbaum, M.D. and Frank Yeomans, M.D., Ph.D.

Retrieved from http://www.bpdresourcecenter.org/what.htm

FACTS & STATISTICS

Borderline Personality Disorder patients comprise:

- 6-10 million Americans
- 2% of the general population
- 10% of all mental health outpatients
- 20% of psychiatric inpatients

And:

- 75-90% of those diagnosed are women

For more information on Borderline Personality Disorder, please visit any of the following websites:

www.borderlinepersonalitydisorder.com
http://www.bpdresourcecenter.org/index.htm
http://www.bpdcentral.com/
www.nami.org/helpline/borderline.htm

SAVE THE DATE

Saturday, November 6, 2004

Borderline Personality Disorder: Professional, Family, and Consumer Perspectives

8:30 am – 4:00 pm

Cullen Auditorium, Medical Center

The National Education Alliance for Borderline Personality Disorder (NEA-BPD), Menninger Clinic, Baylor, NAMI Metropolitan Houston and others in the Medical Community will co-sponsor this conference.

The conference, the first held in the Houston area for the diagnosis of borderline personality disorder, promises to be a path-breaking meeting with professionals, families and consumers convening together.

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Special Bulletin…

MEDICAL POWER OF ATTORNEY
GENERAL INFORMATION

To be read by the Patient and Health Care Provider

What is a Medical Power of Attorney?
It is a document, signed by a competent adult, i.e. "principal," designating a person that the principal trusts to make health care decisions on the principal's behalf should the principal be unable to make such decisions. The individual chosen to act on the principal's behalf is referred to as an "agent."

When does the Medical Power of Attorney go into effect and how long is it effective?
It is effective immediately after it is executed and delivered to the agent. It is effective indefinitely unless it contains a specific termination date, it is revoked, or the principal becomes competent.

When does the agent have the right to make health care decisions on the principal's behalf?
An agent may make health care decisions on the principal's behalf only if the principal's attending physician certifies in writing that the principal is incompetent. The physician must file the certification in the principal's medical record.

Can the agent make a health care decision if the principal objects?
No. Treatment may not be given to or withheld from the principal if the principal objects. This is true whether or not the principal is incompetent.

What health care decision making power does the Medical Power of Attorney grant to an agent?
Under a Medical Power of Attorney, an agent is given wide latitude when consenting to treatment on the principal's behalf. However, an agent cannot consent to:

- Commitment to a mental institution;
- Convulsive treatment;
- Psychosurgery;
- Abortion; and
- Neglect of comfort care.

And in the Medical Power of Attorney document itself, the principal may limit the agent's decision-making authority.

How is the Medical Power of Attorney revoked?
A Medical Power of Attorney may be revoked by notifying either the agent or the principal's health care provider orally or in writing, of the principal's intent to revoke. This revocation will occur regardless of the principal's capacity to make health care decisions. Further, if the principal executes a later Medical Power of Attorney, then all prior ones are revoked. If the principal designates his/her spouse to be the agent, then a later divorce revokes the Medical Power of Attorney.

What assurance is there that the principal understands the consequences of signing a Medical Power of Attorney?
The Medical Power of Attorney is not legally effective unless the principal signs a disclosure statement that he/she has read and understood the contents of the Medical Power of Attorney before signing the Medical Power of Attorney itself.

Do I need a Medical Power of Attorney?
There is a chance in your lifetime that you may be seriously injured, ill, or otherwise unable to make decisions regarding health care. If this should happen, it would be helpful to have someone who knows your values and in whom you have trust to make such decisions for you.

Who should be selected as an agent?
The principal should be knowledgeable about your wishes, values, and religious beliefs, and in whom you have trust and confidence. In the event your agent does not know of your wishes, that agent should be willing to make health care decisions based upon your best interests.

Can there be more than one agent?
Yes. Although you are not required to designate an alternate agent, you may do so. The alternate agent(s) may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act.

Who can be an agent?
Anyone may act as an agent other than the following:

- the principal's health care provider;
- an employee of the health care provider unless the person is a relative of the principal;
  the principal's residential care provider; or
- an employee of the principal's residential care provider unless the person is the principal's relative.

How can you obtain a Medical Power of Attorney?
You may contact your local hospital, long term care facility, physician, attorney, or state health organization such as the Texas Conference of Catholic Health Facilities, Texas Medical Association, Texas Hospital Association, Texas Health Care Association, or the Texas Association of Homes for the Aging. -

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For more information on this topic, and a Medical Power of Attorney form, please visit the following website:
http://www.texmed.org/pmt/lel/legalmedurable_pf.asp

or you may contact your local hospital, long term care facility, physician, attorney, or state health organization such as the Texas Conference of Catholic Health Facilities, Texas Medical Association, Texas Hospital Association, Texas Health Care Association, or the Texas Association of Homes for the Aging.

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WEB SITES

www.nami.org - NAMI National web site

http://texas.nami.org - NAMI TEXAS – Advocacy page holds all of NAMI Texas' position papers, NAMI Texas Legislative Newsletter and other useful items.

www.namiwesthouston.org - NAMI West Houston – information on meetings, support groups, education classes and current events.

http://familyaware.org/ - A nonprofit organization helping families, especially family members and friends of those with depression, recognize and cope with depressive disorders. The organization provides education, outreach, and advocacy to support families. On our web site, you can:

- read and e-mail Family and Expert Profiles;
- learn about depression, medical help, support groups, and books;
- learn how to help someone seek or manage treatment;
- learn to cope with family caregiver emotions.

http:/www.mcmanweb.com. - Mcman's Depression And Bipolar Weekly Newsletter

www.dbsahouston.org - DBSA (Depression and Bipolar Support Alliance) of Houston

http://www.adda-sr.org - ADDA – SOUTHERN REGION (Attention Deficit Disorders Association Southern Region) For meeting and support group information call (281) 897-0982

www.schizophreniadigest.com - Schizophrenia Digest

www.borderlinepersonalitydisorder.com - **National Education Alliance for Borderline Personality Disorder (NEA-BPD)**

http://www.phrma.org/pap/ - Free Meds For The Financially Challenged - Directory of Patient Assistance Programs that PhRMA member companies offer to ensure their medicines are made available to those who can't afford to purchase them. A number of companies have pledged that no patients in need of their medicines will do without them. For additional copies of this directory, please call (800) 762-4636.

http://www.mentalhealth.com - A good website containing a great deal of information about all the various disorders, how to treat them, how to get help, complete contact information, etc.

www.txhealthpool.org or **texasriskpool@bcbstx.com** - Texas Health Insurance Risk Pool. Can't find health insurance? Have preexisting conditions? The Texas Health Insurance Risk Pool can help. 1-888-398-3927; TDD 1-800-735-2989

www.reintegration.com The Center for Reintegration

www.capitol.state.tx.us - Texas Legislature online

www.senate.state.tx.us - Texas State Senate

www.house.state.tx.us - Texas State House of Representatives

Information about social phobia and other anxiety disorders, write:
The Anxiety Disorders Education Program, National Institute of Mental Health, 6001 Executive Blvd., Room 8184, MSC 9663, Bethesda, MD 20892-9663
Or call 301-443-4513.
Publications and other information are also available online from the NIMH Website at http://www.nimh.nih.gov or by calling toll-free 1-88-88-ANXIETY (1-888-826-9438).

NAMI West Houston
NEW MEMBERSHIP or RENEWAL FORM

All dues and donations are tax deductible. Membership includes annual dues to NAMI West Houston, NAMI Texas, NAMI National, and NAMI Metropolitan Houston plus newsletters.

Date: ____________, 2004

Names: ____

____

If family membership, list name of each above.

Address: ____

_________________________, State: _____

Zip Code: _____________________-_________

Home Phone: (______) _______-_____________

Work Phone: (______) _______-_____________

Email: ____________________________________

[ ] NEW [ ] RENEWAL

- q Individual/Family Membership Dues $25.00
- q Consumer or Limited Income $5.00
- q Supporter $50.00
- q Donation
- q Donation In Memory/Honor of ___________________

____

Thanks! **TOTAL $**_____________

Mail to: **NAMI West Houston**
John Anderson, Treasurer
P.O. Box 218989
Houston, TX 77218-8989

Are you a member of another local NAMI affiliate?________
If member of another local NAMI affiliate, will NAMI West Houston be your "HOME AFFILIATE"? ____________

HOME AFFILIATE MEANS NAMI WEST HOUSTON WILL PAY YOUR ANNUAL DUES TO NAMI TEXAS AND NAMI NATIONAL FOR YOU OUT OF YOUR $25.00 ANNUAL DUES.

This newsletter is published by: ***NAMI West Houston,***
P. O. Box 218989, Houston, TX. 77218-8989,
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EDUCATION CLASS INFORMATION

Family-To-Family Education Course
This course consists of 12 weekly FREE 2½-hour sessions. It is geared toward family members of adult persons diagnosed with brain disorders, such as schizophrenia, depression, bipolar disorder, anxiety disorders, and OCD (Obsessive Compulsive Disorder). Communication skills, problem solving, coping skills, problem management, recovery, rehabilitation and more will help you understand and deal with mental illness in the family. Trained family member volunteers co-teach the classes.

Register now for the August and September classes. Contact: Debbie Subke (713) 849-5637 or Vi Napolitano (281) 893-2493. ***Pre-Registration is required -**

Visions For Tomorrow Education Course
This is a ten-twelve week educational course offered to direct caregivers of children and adolescents with brain disorders. Childhood depression, schizophrenia, ADD/ADHD, OCD, conduct disorder, PDD (Pervasive Developmental Disorder) are just a few of the disorders that will be covered. The materials also offer coping and communication skills, problem solving, rehabilitation and recovery. Trained family member volunteers co-teach the classes.

Contact: Robin Griffith (713) 957-3960 or Diane Cates (281) 556-5172 ****Pre-Registration is required -***

NAMI C.A.R.E. SUPPORT GROUP

(Consumers Advocating Recovery through Empowerment*)*

DATES: **Sundays, 2nd & 4th of each month**
TIME: **2:30-4:00 p.m.**
PLACE: Pines Presbyterian Church, Room C
12751 Kimberley (Town & Country Mall area)

NAMI C.A.R.E. is a support group for individuals facing the challenges of recovering from brain disorders, also known as severe and persistent mental illnesses. All consumers/clients are welcome. Contact Vi Napolitano (281) 893-2493 for information.

OCD SUPPORT GROUP

An OCD (Obsessive/Compulsive) Support Group meets the 2nd and 4th Thursdays, at 7:30 – 9:30 p.m. at Memorial Hermann Southwest Hospital, 7600 Beechnut, Classroom C, Concourse level. Call Richard McClain at (713) 527-9755 for more details. -

NAMI MATERIALS AVAILABLE IN CHINESE

As part of NAMI's commitment to provide educational resources for consumers and family members from diverse cultures, NAMI has developed educational materials in Chinese. To access these resources please visit the NAMI web site at http://www.nami.org/Content/ContentGroups/MIO/Chinese_Language_Resources.htm.

SUPPORT GROUP INFORMATION

Family Support Groups

The goals of a family support group are to provide emotional support to families; to provide insight into brain disorders (mental illness), and to learn how to more effectively cope with its impact on the family. Meetings are open to the public. **Please call to be sure the times for support groups are correct.**

****Family Support Groups for Families/Relatives with Adults dealing with a mental disorder.**

Time: ***Wednesday (first and third of each month) 7:00-8:30 p.m.***
Place: Pines Presbyterian Church, 12751 Kimberly at West Bough, Room C-10 (Town and Country area), near Bendwood Elementary School.
Contact: Carolyn Searles (713) 461-5269

Time: ***Wednesday (Second and Fourth of each month), 7:00-8:30 p.m.***
Place: Bear Creek Community Center, Hwy 6 & Patterson Rd.
Contact: Carolyn Hamilton (281) 579-3750

Time: ***Thursday (Third Thursday of each month), 7:00-8:30 p.m.***
Place: St. Peter's United Methodist Church, 20775 Kingsland Blvd., Katy, across from Taylor High School, in the Sanctuary, second floor, room 202.
Contact: Joyce Hess (281) 395-3582

Time: ***Sunday (Second and fourth of each month) 2:30-4:00 p.m.***
Place: Pines Presbyterian Church, 12751 Kimberley at West Bough Room B (Town and Country area), near Bendwood Elementary School.
Contact: Vi Napolitano (281) 893-2493

Family Support Group for Parents and Direct Caregivers of Children and Adolescents with brain disorders/mental Illnesses, such as childhood bipolar, depression, OCD, Schizophrenia, and other disorders.

The support group will meet on the 2nd and 4th Thursday nights of each month, 7:00 – 8:30 p.m. at Grace Presbyterian Church, in the Learning Center, Rm. 204 Ella Lee. Call Robin (713) 957-3960 or Diane (281) 556-5172 for more information.

NARSAD Artworks

GREAT GIFTS: Supplies of note cards, silver pins and bookmarks are available throughout the year at our monthly meetings. NARSAD (National Alliance for Research on Schizophrenia and Depression) has a creation of art works, all hand painted and created by persons with neurobiological brain disorders. Cards are available at the Monthly Meetings. For more information call Carolyn Hamilton, (281) 579-3750.

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