

## A President's Farewell

It's been an interesting four years since I first joined the NAMI Texas Board of Directors. During that time, we had a change in the Executive Director, a change in our funding sources and financial position, and a change in the composition of the Board and how the Board conducts the business of NAMI Texas.

The loss of state funding gave the Board an opportunity and an obligation to become more actively involved. Instead of meeting 2-4 times per year in person, we changed to meeting monthly -- 4 times per year in person and 8 times per year by conference call. This enabled us to address issues and take action in a timely manner, which was critical. We also realized that we needed to transform from being a "voting" board to a "working" board. Our committees are hard at work between board meetings to help NAMI Texas accomplish our mission of bringing hope to Texans, one Texan at a time. Committee membership is not limited to board members, so if you are interested in helping NAMI Texas continue to improve, please consider working on one of our committees.

While the NAMI Texas Board is, and will continue to be, composed of primarily family members or consumers, we have some professionals on the Board that bring passion and energy to our organization. As you prepare to vote for members of the Board, please give careful consideration to the qualities and skills needed on the Board. Board members need passion for our mission and energy to contribute to the revitalization of our organization. Skills in areas such as fund development, fundraising, human resource management, public policy and financial management are always helpful.

As my term on the board comes to an end, I want to say that I have truly enjoyed the opportunity to serve the membership of NAMI Texas. I am proud of how far we have come, and I am looking forward to seeing where we will go from here.

**Donna Fisher**  
NAMI President



Artwork above by Suzanne Edmiston Worrell. For more information visit [www.suzanimation.net](http://www.suzanimation.net).

# I Can See Again

by Kathryn Dietzmann

When did things go so terribly wrong?  
When did the slope slide from under my feet  
and away from this world? When did I quit  
seeing the world the way I always had?

“Look in the mirror” they said.  
“You are there!” they said,  
But I wasn't.

My hands shook, my vision blurred,  
It was so hard to think.  
I slept, prayed and hoped to return.  
I longed to be ‘that girl’ again.  
‘That girl’ that laughed, had friends and was happy.

Then things became way too easy and fast.  
I thought I was just having fun at last.  
I made lots of friends and didn't worry at all-  
But the car was driving out of control.  
That crash was hard.

I'm finally back now. Things are not too hard or too easy.  
It has taken so long, but I am back. Most of the time-  
I am here again. I laugh and I even have friends again.  
My hair is different- dark brown, not blonde.  
But my eyes are the same.  
I can think and read and see again-  
But now, I can see more than the surface.

# Servicing Recovery

For years now we have seen animals used as aides. They have been taught to lead the blind, help the hearing impaired, and even detect seizures in epileptics. Without these animals, these individuals would have a harder time overcoming the obstacles that are the result of their conditions. Today, there are two different types of animals that can aid mental health consumers in their recovery: psychiatric service animals and emotional support animals.

A psychiatric service animal, like other service animals, is a specially trained animal and is not considered a pet although it is affectionate and a companion to his or her handler (owner). Psychiatric service animals are usually dogs and can be trained to aid handlers with major depression, bipolar disorder, anxiety disorders, agoraphobia, social phobia, post traumatic stress disorder, obsessive compulsive disorder, dissociative identity disorder and schizophrenia. Just a few of the tasks they can be trained to do are:

- picking up/retrieving objects or aiding with mobility when the handler is dizzy from medication or has psychosomatic (physical) symptoms (i.e. pain, leaden paralysis, severe lethargy, etc.)

- waking the handler if the handler sleeps through alarms or cannot get himself out of bed

- alerting to and/or responding to episodes (i.e. mood changes, panic attacks, oncoming anxiety, etc.)

- reminding the handler to take medication if the handler cannot remember on his own or with the use of an alarm

- alerting to and/or distracting the handler from repetitive and obsessive thoughts or behaviors (such as those brought on by Obsessive-Compulsive Disorder)

- providing companionship and physical affection (cuddling, licking) when the handler is showing signs of depression.

Psychiatric service animals are legally recognized as a service animal just like seeing eye dogs and hearing dogs. Service animals are permitted to live in 'no pets' housing and are allowed other places that regular pets are not. Because they have legal standing, they must have documentation. If you decide a psychiatric service animal is right for you, you will need to discuss it with

your psychiatrist or therapist. He or she can give you a letter of support that can be used to prove the necessity of the animal, should there ever be legal issues. Please visit <http://www.psychdog.org> to get a better understanding of the laws surrounding psychiatric service animals.

Another option for mental health consumers, to aid in their recovery, is to get an emotional support animal. Unlike psychiatric service animals, they are not a legally recognized service animal; however, they are still beneficial to their owners in easing the burden of having a mental illness. Emotional support animals are therapeutic pets, usually prescribed by a psychiatrist or therapist to help with feelings of loneliness, stress, anxiety, high blood pressure etc. If you have the proper documentation from your psychiatrist or therapist, your emotional support animal can be allowed in 'no pets' housing, and can fly on an airplane with you. Although not trained to do work or tasks, emotional service animals can be greatly beneficial to their owners just by their comforting presence, company, companionship and love. The health benefits, observed by researchers, that are attributed to having an emotional service animal include:

- Pet owners have lower triglyceride and cholesterol levels than non-owners

- Seniors who own pets coped better with stress life events without entering the healthcare system.

- Companionship of pets (particularly dogs) helps children in families adjust better to the serious illness and death of a parent

- Pet owners have better psychological well-being

So how do you decide if either one of these companions is correct for you? First, I would suggest researching emotional support animals and psychiatric support animals by visiting websites such as [www.deltasociety.org](http://www.deltasociety.org) and [www.psychdog.org](http://www.psychdog.org). These websites have comprehensive fact sheets, studies and FAQ pages that should help to answer any question you may have. Next, begin a discussion with your psychiatrist or therapist (because he or she will need to give you written documents to register your service animal and or support animal). Lastly, make sure whatever decision you are going to make will make you happy and get you closer to your goal of recovery.

**Erica Matlock**  
NAMI Texas Intern

# Sharing Our Perspective

The word recovery seems to me to be a very popular, fad term over used in the mental health field today. Everybody in the world has their own definition of what it means to recover from a mental illness. There are literally hundreds of research papers, definitions, and books on what people say recovery from mental illness should be. Just Google the words “mental health recovery” and you will get sores on your bottom from the time it will take you to read all sites attempting to have their info read on what they also think recovery means. All of these people, places, models, and even our own government have code words in common as to what defines the eternal quest for recovery from the damning disorders of our brains. There are key words and themes these resources share, but for the sake of what recovery means to me, I must discuss and focus on the following: the journey, empowerment, connection, the systems or culture, and hope.

For me, recovery is a journey and not just a destination or state of mind. I think this journey is a highly complicated, tedious, dynamic, multifaceted, brilliant, long haul, and nonlinear process. This is my journey and nobody else’s even if it sounds familiar. My own recovery from my mood disorder is full of beautiful peaks and monstrous, unending caverns. My journey may not end in a return to normal health, where I magically recover all these things I lost due to my illness: like my memory, dopamine/serotonin levels, calm hands, friends, jobs, innocence to psychosis, love for myself, and hope. I recover because I understand the long process of healing in which I am regaining parts of myself and I am learning to distinguish myself apart from the horrible

creature called my mental illness.

Empowerment combats my consistent sense of hopelessness. I need to have self-direction, where I can at least feel like I am steering this ship. I have had some difficult learning experiences where reality and I disagreed, and my loved ones had to help me pick up the pieces. I learned I am not always in charge, but others help me feel empowered to know that I still have a lot of responsibilities and help me build my self confidence. I see so many patients and family members feel like victims, and even though I feel like that sometimes, it is absolutely one of the worst feelings. We are not victims. We are patients who are healing from an illness and we are still responsible individuals who have to live with consequences. It is our duty to make life as agreeable as possible for the loved ones trying to help us. This takes courage; but, when I feel like I have the tools to keep surviving and make meaningful choices, then all of the sudden I have this self confidence I did not know I had. It is not easy to feel empowered. Finding resilient friends, listening to the right advice, utilizing inspiration, and feeling loved helps me become empowered.

The researchers have wisely deduced that recovery is an intensely social process. Connecting with the world around us is very important, but we have to start by connecting through one another. We all should know what the power of a friend can do. I get a little tired of hearing about “peer support” from any mental health organization. I do not need a professional to tell me I need a class for crazy people, but I do need a way to meet someone who mutually understands me and whom I can trust. I need to connect with friends whether they are sick or not. I have best friends who are ill and some who have no clue of what it is

like to be sick. I need respect from all citizens and friends. The more respect in an environment, the more connected I am going to feel. We are all familiar with stigma being present within the mental health community because we forget about connecting on the human level. On a regular basis I listen to others within NAMI judge and minimize one another’s pain. Take away labels, show empathy, share decision making power, ask me my opinion, try to become my friend and you will connect with me no matter who you are. I need to connect to friends and to the world around me so I can have meaning about something aside from my pain.

We have an interesting culture within the mental health system. Many would like us to believe we have a culture of healing; but there are others who believe we have a system that only harms patients hopelessly looking to get better. I believe we have a naïve and fragmented system that wants to make itself better. Fifteen years ago there was hardly any research or models that talked about transforming the mental health system or that included having ex-patients work side by side with doctors in helping other patients recover from mental illness. Today I see a slow cultural change to a society trying hard to be inclusive, caring, cooperative, hopeful, respectful, trusting, and filled with love and humor. There are effective models in other states that focus on providing recovery oriented services and they all include having peer run services. It is wonderful to see how most research shows that peer run services is the key ingredient to making the mental health systems better. True peer services do not exist much in any area I have lived; but, one day I hope to help create a unique opportunity for recovery where professionals, families, and patients are all included in the decision making processes to establish best recov-

ery practices. We have a long way to go in our state, but I get slightly optimistic as I read articles and work with other professionals in the field who are making significant strides to change the system. I like being a part of a system that has room for growth and is working towards, and may one day become, a culture of healing.

Finally, hope is one of the main things that keeps me working toward recovery. When I have hope, it feels like life is more than just surviving. It feels like surviving...with style. Hope is a grace that for some of us can be connected to god and for others in nature, philosophy, or one's self. For me, hope is having meaning in myself that I can be worthwhile on earth and that maybe God does love me. Often I hope that maybe if I live just one more day, then I will find more hope and meaning. It is not perfect logic but it seems that hope

curiously works sometimes. Not long after I was introduced to NAMI, I was invited to attend training for the Peer to Peer Recovery Education Course. The training was interesting, even though I was extremely depressed. The instructors even asked me if I was too depressed to really get anything out of it. At the end of the course I felt a tiny bit of hopefulness. It was not the kind of hope in which I was going to change the world, kick ass, take names, accomplish goals, and self actualize. It was the kind of hope that said I was not done yet and that I had other people I could help and think about rather than focusing on myself. That small hope keeps me doing a lot of things like trying to be a better husband, a helpful friend, a more out spoken advocate, a kinder father, a more recovered ex-patient.

All the evidence shows that recovery is possible, but those people mak-

ing that evidence just do not understand how difficult recovery can be. Recovery can not be commanded, demanded, or told what to do, but rather it must be nurtured. My journey for recovery is unique and quite complicated. I can be empowered with the right friends and inspiration around me. I need friends who are empathetic outsiders, kind family members, and also those who are fellow peers in the battle for their own sanity. My dream is that one day we will have a trusting recovery culture based on healing, which gives more control and autonomy to the patient. But until then, I will tighten my grip on the hope that sustains me through my many relapses. To me, the best part of what recovery means is the ability to help others find their recovery muscles and see their hopeful smiles comeback to life.

**Ashley Montondon**  
NAMI Metro Houston

## Recovery

I would like to talk about what it means to be in recovery when dealing with mental illness. I have acquired my information from a variety of sources from the NAMI State Convention in 2006. I also want to share my personal experience when it comes to recovery. I am a person living with mental illness, and I believe I am experiencing recovery.

First of all, RECOVERY IS POSSIBLE. Recovery of mental illness means restoration of self-esteem, restoration of dreams, restoration of self-worth, pride, choice, dignity, and meaning to life. Recovery also means re-finding the lost meaning in life after symptoms of mental illness have eroded hope, goals, future, and adaptive potential. In addition, recovery is an expectation or goal that transcends mere survival, with or without symptoms of illness. Recovery is a life long process that presents challenges at times, but we craft our best existence, so we can manage the illness itself. We do not let the illness take us over but we take over IT.

We make a choice. It is like walking the dog; are you walking it or letting it walk you? We do not suffer from mental illness, we live with mental illness. The illness does not define who we are. Furthermore, all of us have limitations. People with mental illness realize it is a hindrance to some degree, but we can realize what it takes to move forward. Finally, we have talents and abilities to offer society.

Recovery does not happen overnight. It is a process and through my personal experience, it is finding meaning in each day. It is finding what best works for you, and realizing you have the potential to get there. It is having the hope for a better tomorrow, and becoming someone or something that you want to be. "For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future" (Jeremiah 29:11). This is the hope that sustains me in my recovery process.

**Dena Napolitano**  
NAMI West Houston



Artwork above by Luci Reader. For more information visit [www.ArtWanted.com/moodswingr](http://www.ArtWanted.com/moodswingr).

# Recovery

## A Transformative Concept

By Maurice G. Dutton, Ph.D.

“Recovery” is a concept that is not only bringing about major changes in how services are being provided to consumers, but it is also transforming the way we look at mental illness and its consequences. I remember, a little over twelve years ago, when NAMI Texas first started to talk about recovery. I knew this change in perspective was significant, but little did I know that a decade later I would still be struggling to grasp the full consequences of its impact on the mental health field.

The concept of recovery came along with our “New Generation” psychotropic drugs. Consumers could take medications and not be “zombied out”. The psychotic symptoms could be reduced or eliminated without the flattening emotional and motivational side effects. We also had many new anti-depressants that provided positive results for more people with depression. Hope was re-kindled and we all looked to the bright new future where consumers could lead a “normal” life and the stigma of mental illness would be eliminated. We may have been a little overly optimistic since the new drugs still do not work for everyone, new side effects showed up (weight gain and diabetes), and stigma still persists.

Change seems to be difficult for everyone and we not only are faced with making changes but also with understanding what changes need to be made and how to bring them about. This is true of everyone involved: consumers, family members, and professionals. Challenging to be sure but what a wonderful challenge!

### Definition

Central to this discussion is the definition of recovery. After over a decade, there still is not a definition that is communally agreed upon. The dictionary defines recovery as “to get back; regain.” This does not fit since many consumers have had the illness all of their adult life plus the fact that, like heart disease, some symptoms continue during “recovery.” Many say there is no common definition, that recovery is different for each individual. There is some truth in this statement, however I believe there are some commonalities in what most people would call recovery. SAMHSA (Substance Abuse and Mental Health Services Administration) recently came up with a definition that I like. “Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.” They convened a panel of over 110 “experts” to come up with this definition along with identifying 10 Fundamental Components of Recovery: Self-Direction, Individualized and Person-Centered, Empowerment, Holistic, Non-Linear, Strength-Based, Peer Support, Respect, Responsibility, and Hope. See [www.mentalhealth.samhsa.gov](http://www.mentalhealth.samhsa.gov) for more details.

Central to any definition is the recognition that a person must have

his/her basic needs met and have the opportunity and ability to have a social life and perform meaningful activities, based on their own preferences and choices. This is where every definition becomes individualized.

### Mental Health Services

We are still in the process of moving from the Medical Model to the Recovery Model. During the last fifty years the Medical Model has been the primary approach to delivering mental health services. This approach has stressed medications and decisions made by experts (the professionals). It was generally held that most consumers with severe mental illness would not be able to lead a normal life but only have fewer bad symptoms. Unfortunately, this approach tended to take any decision making and responsibility away from the consumer (and their family) and to make them dependent upon the professionals. It also left many with a sense of hopelessness. Not surprisingly, most parents bought into this approach since we want to help our children and did not know any alternatives.

The Recovery Model began to gain recognition with the introduction of the “New Generation” medications and the increasing recognition of the possibility of recovery. “Consumer Choice” and “Consumer Driven” have become rallying cries by consumers and their advocates. These concepts focus on consumers (and their families) being full partners in the development of their treatment plans. It also has required that consumers take responsibility for their own health and recovery. A great deal of education and training has become necessary for professionals as well as for consumers and their families. (The first step in transformation is a major shift in “mind set”.)

From a family member’s point of view, I have had to make a major shift in my own thinking. As a parent I want what is best for my child, which, of course, is from my point of view. This is referred to as a paternalistic/maternalistic point of view, the same one that is associated with the medical model. I have had to put a lot of energy into listening closely to what consumers are saying and to “remember” that what a parent wants for his/her child is frequently not what the child wants for themselves. Whether we like it or not, our children have the right to choose their own lives (and make their own mistakes), just as we did.

As the Recovery Model has begun to develop, consumers have taken an increasing role in designing and operating their own “peer to peer” programs. It is recognized that these peer run programs have been the most

effective in assisting consumers in their process toward recovery. Most of these programs are being run outside the formal mental health systems. The concept of who is a “mental health expert” is also shifting. Consumers who design and run successful recovery programs are in fact the experts in their field.

### Transformational Concepts

Transformation requires at least three steps 1) conceptualizing/intellectualizing the concepts, 2) integrating the concepts into one’s total world view, and then 3) operationalizing these concepts into the activities of daily life. Most people are still in step one. I have done a lot of work in steps two and three, but find myself continuing to refine and expand as I integrate and operationalize.

The following are a cluster of concepts that I am wrestling with. They are presented in a “from” to “to” format, indicating the “mind set” change required to bring about the transformation of the mental health system that I want to see occur.

- |                           |                      |
|---------------------------|----------------------|
| 1) From <b>Dependency</b> | To <b>Recovery</b>   |
| Professional Driven       | Consumer Driven      |
| Others Responsible        | Consumer Responsible |
| Hopelessness              | Hopeful              |
| 2) <b>Illness</b>         | <b>Wellness</b>      |
| Crises                    | Early Intervention   |
| Reaction                  | Prevention           |
| Symptoms                  | Cause                |
| Fragmentation             | Holistic             |

As a society we have to come to agreement as to what these concepts mean, integrate them into our world view, and operationally integrate them into our daily activities. Transformation of the mental health system is in process. What a wonderful opportunity we all have to contribute!

# Book Review: Mommy, I'm Still In Here

By Kate L. McLaughlin

With insight and intimacy, Kate L. McLaughlin candidly shares the realities of parenting children with Bipolar Disorder. No other book so eloquently and honestly conveys the physical realities and battered emotions of a family caught in the swirling storm of a child's hallucinations and psychosis. Nothing else accurately depicts the frenzy of mania, or suicide attempts and their bitter-sweet aftermaths. No other writer so aptly illustrates the personal changes in parents of disabled children, nor connects them to the emotional and spiritual

growth borne of their occurrence. This book supports, educates, and informs the reader, offering hope and encouragement to anyone living with chronic illness or raising teens.

## About the Author

Kate L. McLaughlin utilized her public speaking talents and teaching experience to train and motivate fellow public school teachers and instructional aides as a Special Programs Coordinator for the Upland School District in California. She frequently spoke to women's and youth groups on the topics of communication, education, and family issues. McLaughlin is a member of the Depression and Bipolar Alliance, the National Alliance for the Mentally Ill, and the Juvenile Bipolar Research Foundation, and participates in NAMI's Family to Family program.

"As a mother of two children with mental illness, Kate McLaughlin has not only written about my family, but about hundreds of other families as well. We want them to have quality of life, opportunities for a successful life and choices that allow them to exhibit and explore the special qualities they have. We love them. We want you to accept them.

The book ends with these statements – "We know good doctors, and we know a lot about medicines and side effects. Mostly, we know we can do it. For now, she is well. We are well. And the future seems sweet." Isn't that what we all want – recovery day by day for our loved ones and for our families.

Reviewed by **Deb Rose**

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## Check Out:

### Joshua Wears a Red Cape The Little Boy Who Beats the Bipolar Villain!

A story of love, courage and recovery for a boy named Josh, who was diagnosed with bipolar disorder as a child. An inspiration for children, families, teachers and professionals everywhere!

A children's book about mental illness that gives hope for children and their families.

Self Published by author and Josh's mom, Deborah Rose

<http://www.celtwolfe.com>

# 2008 Annual Conference



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to recovery**  
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