



NAMI Metropolitan Houston

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**NAMI Metropolitan Houston is a 501(c)3 non-profit organization and an affiliate of
NAMI Texas and NAMI: The Nation's Voice on Mental Illness**

NAMI Metropolitan Houston President's Message

Carolyn E. Hamilton

As we enter another New Year, I want to wish everyone a safe and healthy 2007.

Thanks need to go to so many persons over this last year for everything YOU have done to help another person. To give and pass on to others the kindness and care you received, empowers us to move on in everything we do.

Newsletter: Last January 2006 was our first NAMI Metropolitan Houston newsletter, which was an attempt to combine all local greater Houston/Harris County/Ft.Bend newsletters. The idea was to not duplicate information and to cut the cost and energy of the persons gathering the articles and formatting a newsletter. We have been partly successful but with an eight-page limit for all of the news from the affiliates and chapters, it has been a real challenge.

We are very grateful for the free printing of our newsletter by Memorial Hermann Behavioral Services, but that will change. They will no longer be able to print our 1,500 newsletters for free. Re-organization takes its toll on all of us. So, for everyone reading this newsletter who would like for it to continue, we will need your help. Please contact me if you have a potential source for printing and any community service company, organization or hospital that might be interested.

Do you have an interest in helping with this newsletter? Expansion of our Newsletter Committee is needed.

NAMIWalks 2007: Saturday, May 5, 2007 is set for our second NAMI Metropolitan Houston NAMIWalks. Sam Houston Park is the location again and start time will be one hour earlier. So rise and shine to start walking in beautiful downtown Houston at 8:30 am. Did you join the NAMIWalks last year? Have fun? Then please consider joining one of the committees that are forming now to build teams, find sponsors and much more. Go to our website and find your interest

News: I recently attended the NAMI National Leadership Conference and the Family-to-Family Academy. I will need to summarize this information in future President's Messages, since we do not have the space to share the world of information with everyone. Stay tuned!

OUTREACH TO AFRICAN-AMERICAN FAITH LEADERS

On November 9, 2006, NAMI Metropolitan Houston conducted a one-day facilitated workshop with members of the African-American Faith community, particularly directed to Pastors and Pastor Appointees. The workshop held at S.H.A.P.E. Community Center was to be a starting point in the Greater Houston area to discuss what NAMI Metropolitan Houston could do to help them with persons and families dealing with mental illness in their congregation.

The workshop was well received and enthusiasm grew as the afternoon progressed. A discussion on the next steps and a list of "Where Do We Go From Here?" was compiled, with requests for education classes and support groups.

Special thanks go to our NAMI Metropolitan Houston Outreach and Public Awareness Committee, Linda Lamb, Jerry Lashley and Jan West, our speakers, Kathy Scott Gurnell, MD, Mr. Aaron Spencer, Ms. Jan West, Ms. Anitra Shelton-Quinn, plus great help and input from Vernell Jessie, Public Affairs Director for MHMRA of Harris County, DeLloyd Parker with S.H.A.P.E. Community Center and everyone that attended.

January/February 2007

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Happy New Year!

AFFILIATE AND CHAPTER MONTHLY MEETINGS (Open to the Public)

NAMI Metropolitan Houston Area Chapter

Meetings: Contact: 713-970-3455 or local chapters

Bay Area

3rd Tuesday of each month at 7 p.m.

United Way Service Center, 1300 Bay Area Blvd. at Saturn Drive, 2nd Floor, Clear Lake 77058

Contact: Eileene Chappelle at 281-922-7032 or recasail@sbcglobal.net

Jan. 16: *To be Announced*

Feb. 20: *To be Announced*

Central (formerly Houston)

3rd Thursday of each month at 6 p.m.

Community National Bank, 5123 Bellaire Blvd, Bellaire 77401

Contact: Linda Lamb at llamb53@hotmail.com or Evelyn Johnson at 713-729-1242

Monthly Meeting Schedule:

6 p.m. – Consumer and Family Support Group Meetings; 7:30 p.m. – Speaker/Program

Jan. 18: *To be Announced*

Feb. 15: *To be Announced*

Northeast (formerly Humble)

4th Tuesday of each month at 6:30 p.m.

Second Baptist Church, North, 22770 Highway 59 North, Building A, Room 306, Kingwood 77339

Contact: Gwen Coleman, 281-459-1518 or gcoleman2@sbcglobal.net

Monthly Meeting Schedule:

6:30 P.M. – Refreshments; 7 P.M.–speaker/program; 8 P.M. – Consumer and Family Support Group meetings

Jan. 23: *To be Announced*

Feb. 27: *To be Announced*

Northwest (formerly Tomball)

2nd Tuesday of each month at 7 p.m.

Tomball Community Center, 221 Market Street, Tomball 77375

Contact: 281-376-5368

Jan. 9: **Jack Callahan**, Community Services Specialist, Advocacy Inc.

Feb. 13: **Michael Fuller, M.D.**, University of Texas Medical Branch in Galveston, *Choices in Recovery*

NAMI Ft. Bend

1st Thursday of each month at 7 p.m.

St. Laurence Catholic Church, 3103 Sweetwater Blvd., Religious Education Ctr., Small Gathering Room, Sugar Land 77479

Contact: Larry Davis, 281-494-5193 or namifortbend@alltel.net

Jan. 4: **Molly Dear Abshire**, Wright & Abshire, Attorneys at Law

Feb. 1: *To be Announced*

NAMI West Houston

3rd Monday of each month at 7 p.m.

Change of location in February. Please see the schedule below for location information.

Contact: Bonnie Cord, 713-984-2538 or bccord@swbell.net - Website:

www.namiwesthouston.org

Monthly Meeting Schedule: 7:00 p.m. – *Social time and refreshments*; 7:30 to 9 p.m. – *speaker/program*

Jan. 15: **Mary Robins**, NAMI Texas Region 8 Director

Topic: “This Legislative Session.” As the legislature goes back into session, Mary will let us know what is before them and what we can do.

Note: *this will be our LAST meeting at Atria Assisted Living Westchase, 11424 Richmond Ave, Houston, 77082.*

Feb. 19: **Donna Erwin**, Bristol-Myers Squibb, Associate Director, Integrated Mental Health

Topic: “Adherence to Antipsychotic Medications: A focus on Patients with Schizophrenia”

Note: *this will be our FIRST meeting at Memorial Drive United Methodist Church, The Connection Center, 13194 Memorial Drive, Houston 77024.*



NAMI WALKS

★ ★ ★ ★ ★ FOR THE MIND OF AMERICA

SATURDAY, MAY 5, 2007

SAM HOUSTON PARK/ALLEN PARKWAY

Go to our website for more information or contact Tom Hamilton, Walk Manager, at namimetrowalks@sbcglobal.net

AFFILIATE AND CHAPTER NEWS

NAMI METROPOLITAN HOUSTON – BAY AREA

Our showing of “Out of the Shadow” for Mental Illness Awareness Month was well attended. We had just enough spaghetti, the audience had more questions than we had time to answer, and almost all the brochures disappeared.

We are very grateful to Dr. David Malin, Jane Malin, Al Forsten, and Madeleine Elmer, our expert panel. This educational evening was a joint project of The Mental Health Action Group, Bay Area Universalist Unitarian Church, and the Bay Area Chapter of NAMI Metropolitan Houston.

NAMI METROPOLITAN HOUSTON – NORTHWEST (formerly Tomball)

In November we enjoyed two informative and enthusiastic speakers: first, Myra Harang, employment specialist with The Gathering Place, followed by Ashley Montondon, a newly trained teacher for the NAMI Peer-to-Peer program.

Myra explained to our group that the members of The Gathering Place take responsibility for the day to day activities at the club. The four divisions that are maintained by members are: the Country Store, Communications, Clerical, and Maintenance. In addition, there are a variety of activities such as arts and crafts, piano lessons, games, employment assistance, computer skills training, etc.

The Peer-to-Peer Program is a nine-week recovery centered program for consumers, taught by trained consumers. A very enthusiastic new teacher, Ashley Montondon, presented a 15-minute video which showed the highlights of the classes. Ashley is presenting this introduction to the program around the Houston area in anticipation of a class beginning sometime in January.

Our holiday potluck will take place in December. We are looking forward to having Jack Callahan of Advocacy, Inc. come to speak to us in January, followed by a special presentation "Choices in Recovery" in February. More will be forthcoming on our February event; please support us in this effort as we must have a minimum of fifty attendees to present this program. Please call Kathy Busby at 281-376-0206 if you have any questions.

NAMI FORT BEND

NAMI Fort Bend has just completed a successful Family-to-Family class taught by Tami Barugh and Melva Melchor with John Barugh and Martin Melchor as resource persons. We are now contemplating a Visions for Tomorrow class. Anyone interested in attending a class for direct caregivers of children and adolescents with a wide range of brain disorders, please contact Tami Barugh at telephone 281-980-6222 or Linda Mikolajek at 281-242-7940.

A big thank you goes to Tami Barugh and her volunteers for their fundraising efforts of giftwrapping at Barnes and Nobles during the holidays.

We look forward to a bowling outing coordinated by Jorge Alonso soon!

NAMI WEST HOUSTON

Welcome to a new year with NAMI West Houston! Our big news is that we have secured a better location for our monthly programs. Starting with our program on Feb. 19th, we will meet at Memorial Drive United Methodist Church, The Connection Center, 13194 Memorial Drive, Houston 77024. This is on the north side of Memorial Drive in a shopping center between Beltway 8 and Brittmore – near T J Max. Thank you to Memorial Drive United Methodist Church for their generosity in letting us meet there! Our January 15th program will be our last one at Atria Assisted Living – Westchase.

Those of us who plan the monthly programs would like to make them as helpful and interesting to you as possible. We have sent a survey both by email and mail asking for what you would like to hear. Please let us know by sending back the surveys or by contacting Bonnie Cord, bccord@swbell.net, 713-984-2538.

It is time for membership renewal for many of us. You should have received a notice in the mail in December. Remember, in addition to other benefits, your being a member of NAMI gives us greater leverage with legislators. Number of members (i.e., votes represented) counts.

Peer-to-Peer, Family-to-Family and Visions-for-Tomorrow education classes will begin soon. See page 9 of this newsletter for information on dates and the number to call to register.

Have a great beginning to 2007!

WHAT'S WRONG WITH A CHILD? PSYCHIATRISTS OFTEN DISAGREE

Benedict Carey

Paul Williams, 13, has had almost as many psychiatric diagnoses as birthdays. The first psychiatrist he saw, at age 7, decided after a 20-minute visit that the boy was suffering from depression.

A grave looking child, quiet and instinctively suspicious of others, he looked depressed, said his mother, Kasan Williams. Yet it soon became clear that the boy was too restless, too explosive, to be suffering from chronic depression.

Paul was a gifted reader, curious, independent. But in fourth grade, after a screaming match with a school counselor, he walked out of the building and disappeared, riding the F train for most of the night through Brooklyn, alone, while his family searched frantically.

It was the second time in two years that he had disappeared for the night, and his mother was determined to find some answers, some guidance.

What followed was a string of office visits with psychologists, social workers and psychiatrists. Each had an idea about what was wrong, and a specific diagnosis: "Compulsive tendencies," one said. "Oppositional defiant disorder," another concluded. Others said "pervasive developmental disorder," or some combination. Each diagnosis was accompanied by a different regimen of drug treatments.

By the time the boy turned 11, Ms. Williams said, the medical record had taken still another turn — to bipolar disorder — and with it a whole new set of drug prescriptions. "Basically, they keep throwing things at us," she said, "and nothing is really sticking."

At a time when increasing numbers of children are being treated for psychiatric problems, naming those problems remains more an art than a science. Doctors often disagree about what is wrong.

A child's problems are now routinely given two or more diagnoses at the same time, like attention deficit and bipolar disorders. And parents of disruptive children in particular — those who once might have been called delinquents, or simply "problem children" — say they hear an alphabet soup of labels that seem to change as often as a child's shoe size.

The confusion is due in part to the patchwork nature of the health care system, experts say. Child psychiatrists are in desperately short supply, and family doctors, pediatricians, psychologists and social workers, each with their own biases, routinely hand out diagnoses.

But there are also deep uncertainties in the field itself. Psychiatrists have no blood tests or brain scans to diagnose mental disorders. They have to make judgments, based on interviews and checklists of symptoms. And unlike most adults, young children are often unable or unwilling to talk

about their symptoms, leaving doctors to rely on observation and information from parents and teachers.

Children can develop so fast that what looks like attention deficit disorder in the fall may look like anxiety or nothing at all in the summer. And the field is fiercely divided over some fundamental questions, most notably about bipolar disorder, a disease classically defined by moods that zigzag between periods of exuberance or increased energy and despair. Some experts say that bipolar disorder is being overdiagnosed, but others say it is too often missed.

"Psychiatry has made great strides in helping kids manage mental illness, particularly moderate conditions, but the system of diagnosis is still 200 to 300 years behind other branches of medicine," said Dr. E. Jane Costello, a professor of psychiatry and behavioral sciences at Duke University. "On an individual level, for many parents and families, the experience can be a disaster; we must say that."

For these families, Dr. Costello and other experts say, the search for a diagnosis is best seen as a process of trial and error that may not end with a definitive answer. If a family can find some combination of treatments that help a child improve, she said, "then the diagnosis may not matter much at all."

A Kaleidoscope of Diagnoses

The most commonly diagnosed mental disorders in younger children include attention deficit hyperactivity disorder, or A.D.H.D., depression and anxiety, and oppositional defiant disorder.

All these labels are based primarily on symptom checklists. According to the American Psychiatric Association's diagnostic manual, for instance, childhood problems qualify as oppositional defiant disorder if the child exhibits at least four of eight behavior patterns, including "often loses temper," "often argues with adults," "is often touchy or easily annoyed by others" and "is often spiteful or vindictive."

At least six million American children have difficulties that are diagnosed as serious mental disorders, according to government surveys — a number that has tripled since the early 1990s. But there is little convincing evidence that the rates of illness have increased in the past few decades. Rather, many experts say it is the frequency of diagnosis that is going up, in part because doctors are more willing to attribute behavior problems to mental illness, and in part because the public is more aware of childhood mental disorders.

At the playground, in the gym, standing in line at the grocery store, parents swap horror stories about diagnoses, medications or special education classes. Their children are often as fluent in psychiatric jargon as their mothers and fathers are.

"The change in attitude is enormous," said Christina Hoven, a psychiatric epidemiologist at Columbia University. "Not long ago people did all they could to hide problems like these." Attention deficit disorder is perhaps the most

straightforward diagnosis. Elementary school teachers are often the ones who first mention it as a possibility, and soon parents are answering questions from a standard checklist: Does the child have difficulty sustaining attention, following instructions, listening, organizing tasks? Does he or she fidget, squirm, impulsively interrupt, leave the classroom?

These behaviors are so common, particularly in boys, that critics question whether attention disorder is a label too often given to boys being boys. But most psychiatrists agree that while many youngsters are labeled unnecessarily, most children identified with attention problems could benefit from some form of therapy or extra help.

They are less certain about the children — perhaps a quarter of those seen for mental problems, some experts estimate — who do not fit any one diagnosis, and who often go for years before receiving a satisfactory label, if they receive one at all.

These youngsters collect labels like passport stamps, and an increasing number end up with the label Paul Williams received: bipolar disorder.

An Illness Under Dispute

Until recently, psychiatrists considered bipolar disorder to be all but nonexistent in children under 18. Today, it is the fastest growing mood disorder diagnosed in children, featured on the cover of news magazines and on daytime talk shows like “The Oprah Winfrey Show.”

The explosion of interest in bipolar disorder came after the approval of several drugs, called antipsychotics, or major tranquilizers, for the short-term treatment of mania in adults.

Beginning in the 1990s some researchers began to argue that bipolar disorder was underdiagnosed in adults. Soon, several child psychiatrists were arguing that the illness was more common than previously thought in children too.

Some experts who made those arguments had ties to manufacturers of antipsychotic drugs, financial interests disclosed in professional journals. But the message struck a chord, particularly with doctors and parents trying to manage difficult children.

Parents whose children have been given the label tend to adopt the psychiatric jargon, using terms like “cycling” and “mania” to describe their children’s behavior. Dozens of them have published books, CDs, or manuals on how to cope with children who have bipolar disorder.

A recent Yale University analysis of 1.7 million private insurance claims found that diagnosis rates for bipolar disorder more than doubled among boys ages 7 to 12 from 1995 to 2000, and experts say the rates have only gone up since then.

Katherine Finn, a 14-year-old who lives in Grand Rapids, Mich., said she was grateful for the growing awareness of the disease. Possessed by feelings of worthlessness as early as the fourth grade, Katherine said that by the sixth grade she “threw my sanity out the window.”

She became impulsive, loud, and abrasive, she said, adding, “I would blurt things out in class, I would moo like a cow, act like a little kid, just say the most random stuff.”

A psychiatrist promptly diagnosed the problem as bipolar disorder, after learning that there was a history of the disease on her mother’s side of the family. Katherine began taking drugs that blunted the extremes in her mood, and she now is doing well at a new school.

“It hit me like a Mack truck when I heard the diagnosis, but I knew right away it was correct,” said her mother, Kristen Finn, who is writing a book about her experience.

Still, many psychiatrists believe that, although childhood bipolar disorder may be real in families like the Finns, it is being wildly overdiagnosed. One of the largest continuing surveys of mental illness in children, tracking 4,500 children ages 9 to 13, found no cases of full-blown bipolar disorder and only a few children with the mild flights of excessive energy that could be considered nascent bipolar disorder — a small fraction of the 1 percent or so some psychiatrists say may suffer from the disease.

Moreover, the symptoms diagnosed as bipolar disorder in children often bear little resemblance to those in adults. Instead, the children’s moods seem to flip on and off like a stoplight throughout the day, and their upswings often look to some psychiatrists more like extreme agitation than euphoria.

“The question with these kids is whether what we’re seeing is a form of mania, or whether it’s extreme anger due to something else,” said Dr. Gregory Fritz, medical director of the Bradley Hospital, a psychiatric clinic for children in Providence, R.I.

Dr. Ellen Leibenluft, a research psychiatrist at the National Institute of Mental Health, argues that children who are receiving a diagnosis of bipolar disorder fall into two broad groups. The children in one group, a minority, have mood cycles similar to those of adults with bipolar disorder, complete with grandiose moods, and a high likelihood of having a family history of the illness. Those in the other group have severe problems regulating their moods and little family history, and may have some other psychiatric disorder instead.

“It is a mistake to lump them all together and assume they are all the same,” Dr. Leibenluft said. “It may be that the disorder has different dimensions and looks different in different kids.”

For parents with a child who is frantic and possibly dangerous, these distinctions may be academic. The medications may blunt their child’s extreme behavior, which may be all the confirmation they need.

For others, though, the uncertainties about childhood bipolar disorder loom larger. They wonder whether mania really explains what their child is going through, and if not, what it is that is being treated.

Evelyn Chase of Richmond, Va., said that a neurologist drove home his diagnosis of bipolar disorder in her 10-year-

old son by pulling out “a copy of Time magazine and slamming the article in front of me.”

Ms. Chase said her son seemed to react most strongly to abrupt changes in the environment and to certain dyes and chemicals. “I used the bipolar diagnosis for school and getting services, but I don’t think it covers his behaviors,” she said.

For Paul Williams, the diagnosis simply feels like a temporary stop. In his short life, Paul has taken antidepressants like Prozac, antipsychotic drugs used to treat schizophrenia, sleeping pills and so-called mood stabilizers for bipolar disorder, in so many combinations that he has become nonchalant about them.

“Sometimes they help, sometimes they don’t,” he said. “Sometimes they make me feel like another person, like not normal.”

In recent months, his mother said, Paul seems to have improved: he visibly tries to control himself when he is upset and usually succeeds. He is an eager Mets fan who loves reading Harry Potter and the Goosebumps series. He gets out and plays baseball and football, like any 13-year-old boy.

But he has grown tired of telling his story to doctors, and neither he nor his mother expect that bipolar disorder will be the last diagnosis they hear.

In Search of Clarity

The specialists who manage children’s psychiatric disorders are trying to bring more standards and clarity to the field. Harvard researchers are completing the most comprehensive nationwide survey of mental illness in minors and hope to publish a report next year. And a recent issue of the journal *Child and Adolescent Psychology* was entirely devoted to the subject of basing diagnoses in hard evidence.

Given the controversies, one of the articles concludes, “we acknowledge that tackling the issue may be tantamount to taking on a 900-pound gorilla while still wrestling with a very large alligator.”

Dr. Darrel Regier of the American Psychiatric Association, who is coordinating work on the next edition of the association’s diagnostic manual for mental disorders, due out in 2011, said that researchers would focus on drawing distinctions among several childhood disorders, including bipolar disorder and attention deficit disorder.

“We wouldn’t disagree that criteria for these disorders currently overlap to some degree,” Dr. Regier wrote in an e-mail message, “and that a significant amount of research is under way to disentangle the disorders in order to support more specific treatment indications.”

Until that happens, parents with very difficult children are left to read the often conflicting signals given by doctors and other mental health professionals. If they are lucky, they may find a specialist who listens carefully and has the sensitivity to understand their child and their family.

In dozens of interviews, parents of troubled children said that they had searched for months and sometimes years to find the right therapist.

“The point is that not everything is A.D.H.D., not everything is bipolar, and it doesn’t happen like you see in the movies,” said Dr. Carolyn King, who treats children in community clinics around Detroit, and has a private practice in the nearby suburb of Grosse Pointe Farms.

“Kids often have very subtle symptoms they can mask for short periods of time,” Dr. King said, “and the most important thing is to observe them closely, and get a complete history, starting from birth and straight through every single developmental milestone.”

She added, “A speech delay can look like anxiety,” an obsessive private ritual like mania.

Or struggling children, in the end, may look only like themselves, with a unique combination of behaviors that defy any single label. Camille Evans, a mother in Brooklyn whose son’s illness was tagged with a half-dozen different diagnoses in the last several years, said she concluded, after seeing several psychiatrists, that the boy’s silences and learning difficulties were best understood as a mild form of autism.

“That’s the diagnosis that I think fits him best, and I’ve just about heard them all,” Ms. Evans said.

The label is not perfect, she said, but it is more specific than “developmental delay” — one diagnosis they heard — and does not prime him for aggressive treatment with drugs like attention deficit disorder or bipolar disorder would. He has not responded well to the drugs he has tried.

“Most important for me,” Ms. Evans said, “the diagnosis gives him access to other things, like speech therapy, occupational therapy and attention from a neurologist. And for now it seems to be moving him in the right direction.”

New York Times, November 11, 2006

VISIONS FOR TOMORROW WANTS YOU

Visions for Tomorrow (“VFT”) wants YOU for their next endeavor. As part of their ongoing outreach efforts, VFT is publishing a book.

VFT has decided to put their families’ stories in a book format and need more. Share something funny, something frustrating. Share how your family dealt with your child’s diagnosis — everything you and your child has been through.

Don’t stop with just one story — feel free to share anything that is on your heart. If your child has written a story or poem that you feel shares a part of their life, include that as well. Stories should be less than 1500 words. Stories don’t have to have a happy ending, but it is hoped you do have happy stories to share.

For additional information about this project, visit www.namimetrohouston.org, in the Visions for Tomorrow section.

YOUNG WORKERS WITH DYSLEXIA, ADD FIND OFFICE LESS ACCOMMODATING THAN SCHOOL

Sue Shellenbarger

John Brennan, who has dyslexia and attention deficit disorder, was a hard-working student in high school, earning B's and C's with the help of special accommodations, such as extra assistance reading his test questions.

But entering the workplace after graduation was a shock. Mr. Brennan says he enrolled in a training program to service luxury cars, but he was criticized for "holding the class back" and dismissed. Then he joined an auto-repair shop that promised him training, but says the shop sidetracked him instead into a dead-end job. Fed up with trying to work for other people, Mr. Brennan says he has enrolled in junior college near his Acton, Mass, home, with plans to start his own business.

Amid rapid growth in diagnoses of learning disabilities and special-education programs to address them, more young adults are entering the workplace with known learning differences and a history of receiving accommodations. But few employers have adapted training or job expectations for workers with learning disabilities. The lack of special accommodations has meant a rude awakening for many young workers, fueling on-the-job tensions and a rising tide of discrimination complaints.

While the 1990 Americans With Disabilities Act entitles some workers with disabilities to job accommodations such as a quieter workspace, it doesn't require employers to offer the same broad services schools must provide learning-disabled pupils under federal law. Under the ADA, employers aren't required to make accommodations if it would inflict "undue hardship" on the business. Employers don't have to eliminate essential job duties or create new jobs. The law provides no protection if an employee is deemed unqualified, a definition that varies based on the job.

"The boss-employee relationship is very different from the teacher-student relationship," says Dale S. Brown, an author and advocate for people with learning disabilities.

To be sure, many employers aren't aware of employees' learning disabilities or don't know how to accommodate them. Also, some employees have an undue sense of entitlement. Attorney Patricia H. Latham of Washington, D.C., tells of a client with ADD who kept arriving at work late. "They're angry with me, and I don't think they should be, because that's part of my problem," the woman said and asked Ms. Latham to write her bosses a letter. Ms. Latham refused, telling the woman, "your employer doesn't have to put up with your being late to work." Instead, she suggested making a habit of arriving early, leaving a margin for error.

Such tensions are fueling discrimination complaints. Claims to the Equal Employment Opportunity Commission and state and local agencies that cite "learning disability" as one basis for alleged discrimination rose 74% from 1993 to 2003,

according to an analysis of EEOC data by Cornell University's Employment and Disability Institute.

Also, unemployment among people with learning disabilities remains stubbornly high. A 2006 federal study of 11,000 youth who received special-education services in school shows only 40% are employed a year or two after high-school graduation, compared with 63% of same-age young adults in the general population.

While no reliable data on learning disabilities in the work force exist, about 4.4%, or 7.5 million, of adults ages 21 through 64 have lasting mental disabilities of some kind that impair learning, remembering or concentrating, says a Cornell University analysis of Census data.

In the past, many learning disabilities such as ADD, dyslexia, mild autistic conditions, memory disorders and other problems went undiagnosed. Workers typically hid their impairments, avoided jobs that exposed them or suffered from misperceptions that they were lazy or stupid. But now that more people are recognizing that they have learning disabilities, says Susanne Bruyere, director of the Employment and Disability Institute at Cornell University, many are "also more confident" in asking for accommodations.

The fact that learning disabilities often can't be seen tends to make employers less sympathetic than they might be to someone with an obvious impairment. "We think it's heroic when a person with one leg climbs a mountain. But when a dyslexic works 70 hours a week to do a 40-hour-a-week job," co-workers think he's inefficient, Ms. Brown says.

If a learning disability starts to interfere with your job, Ms. Latham recommends acting promptly. "Don't allow a period of poor performance," she says and advises explaining your disability with confidence, providing documentation and requesting the accommodations you need. Most accommodations, such as providing written instructions, cost employers little or nothing.

The best solution is to find a job where a learning disability doesn't hurt your performance -- or even enhances it. Jaime Gomez, a Texas customer-service worker, says he hasn't told his current supervisors about his ADD, because "you don't know what kind of reaction you'll get." But his position is such a good fit that it doesn't matter. After several job changes, he found a post that requires only a few hours a day of desk work, with the rest spent traveling to see an ever-changing list of regional customers. He loves the work, he says.

Wall Street Journal – Online

http://online.wsj.com/article/work_and_family.html?mod=djemtct

1-800-SUICIDE

A crisis help line for individuals in suicidal crisis.

SIMPLE MEASURES
For Improving Wellness in Mental Health
January 17, 2007 – 6:00 9:00 PM

NAMI Metropolitan Houston is pleased to co-sponsor with Pfizer this FREE educational program designed for those living with mental illness like schizophrenia and bipolar disorder, their loved ones and health care providers. Learn how to improve your overall health and reduce risks for diabetes and heart disease. Check our website for further information or call.

MUSIC MAY EASE SYMPTOMS OF SCHIZOPHRENIA: STUDY

Music therapy may help to ease the depression, anxiety and emotional withdrawal symptoms of schizophrenia, British scientists said on Wednesday. In a small study in four hospitals, researchers at Imperial College London found that encouraging patients to express themselves through music seemed to improve their symptoms.

"We have known for some time that psychological treatments can help people with schizophrenia, but these have only been used when people are fairly stable," said Dr Mike Crawford, the author of the study published in the British Journal of Psychiatry.

"This study shows that music therapy provides a way of working with people when they are acutely unwell," he added.

Schizophrenia affects about 1 percent of people in Britain and the United States. The illness usually begins in the late teens and early 20s and is characterized by hallucinations, delusions, hearing voices and changes in behavior.

Treatments such as atypical antipsychotic drugs focus on eliminating the symptoms. But the drugs can cause side effects such as weight gain, an increased risk of diabetes and sexual dysfunction.

The patients in the study received standard therapy alone or with the musical component, which consisted of eight to 12 music sessions. They were encouraged to express themselves with a range of musical instruments.

After measuring the symptoms in the patients, Crawford and his team found greater improvements in the music therapy group. Although they could not completely rule out other factors, such as the severity of the illness, they believe the findings warrant further study and a larger trial.

"Music therapy may provide a means of enhancing the effectiveness of in-patient treatment by reducing some of the symptoms of schizophrenia that respond least well to drug treatment," Crawford added.

Reuters 2006



2007 NAMI NATIONAL CONVENTION

June 20-24, 2007
San Diego, California

NAMI's Annual Convention is a great opportunity to become more involved in issues affecting people living with serious mental illness.

Who should attend NAMI's Convention? Consumers, family members, advocates and friends, mental health professionals, policy makers, NAMI leaders – anyone who wants to make a difference in the lives of those living with serious mental illness.

It's not too early to register for the 2007 NAMI Annual Convention in San Diego, California. [Take advantage of the First-on-Board rates today by registering online at www.nami.org](http://www.nami.org)

BORDERLINE PERSONALITY DISORDER SUPPORT GROUP AND FAMILY CONNECTIONS CLASS

The Borderline Personality Disorder support group meets on the second Monday of each month, at 7:00 p.m., at Chapelwood United Methodist Church at 11140 Greenbay, Houston, TX 77024, Room 203. Call 713-302-3822 or email lmhall@houston.rr.com for more information.

A Family Connections class for relatives of those challenged with Borderline Personality Disorder will begin mid-January at Chapelwood United Methodist Church. Call 281-799-9758 or email lrcaraway@yahoo.com for more information.

NAMI SPANISH NEWSLETTER

A quarterly NAMI Spanish newsletter is available. Subscribe for the electronic version at www.nami.org/subscribe. For more information on Avanzamos! and to view previous issues visit www.nami.org/avanzamos

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 classes to be held in the **Greater Houston** area in 2007. Northwest – January 2007, and West Houston – February and March, 2007. For further class information in your area, call the numbers listed below. Pre-Registration is required.

NAMI Metropolitan Houston – 713-970-3455
 Bay Area/Clear Lake – 281-326-5649 or 281-286-0373
 Central (Houston) – 713-729-1242
 Northeast (formerly Humble) – 281-459-1518
 Northwest (formerly Tomball) – 281-376-0206
 NAMI Ft. Bend – 281-494-5193
 NAMI West Houston – 281-893-2493 or 281-304-7704

Visions for Tomorrow Education Course

This is a FREE, 12-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. *Pre-Registration is required.

Greater Houston Area contacts:

NAMI Metropolitan Houston: 713-970-3455 or namimetrohouston@sbcglobal.net
 Central Houston area: Linda Lamb llamb53@hotmail.com
 East Harris County contacts:
 Eileene Chappelle, 281-992-7032 recasail@sbcglobal.net
 West Houston area: Bonnie Cord at 713-984-2538 or bccord@swbell.net

Peer-to-Peer Education Course

We have a new education program in town!

Registration is being taken for this FREE new nine week – two hours per week course on the topic of recovery for any persons with mental illness who is interested in establishing and maintaining wellness.

The course uses a combination of lecture, interactive exercises and structured group processes. The teachers are a team of three trained “mentors” or peer-teachers, who are themselves experienced at living well with mental illness.

Call Ashley Montondon at 281-441-1312 or Gwen Coleman at 281-459-1518 to register for a January 2007 class.

WEB SITES

www.nami.org - NAMI “The Nation’s Voice on Mental Illness”

www.namitexas.org - NAMI Texas

www.namimetrohouston.org - NAMI Metropolitan Houston

www.namiwesthouston.org - NAMI West Houston

www.dbsahouston.org - DBSA (Depression and Bipolar Support Alliance) of Houston is a self-help non-profit organization for individuals with clinical depression or bipolar disorder (manic-depression) as well as their families and friends. 713-528-1546

www.adda-sr.org - ADDA – SOUTHERN REGION (Attention Deficit Disorders Association Southern Region) Call 281-897-0982 for meeting and support group information

www.mhmraofharriscounty.org - Mental Health Mental Retardation Authority of Harris County. 713-970-7000

www.mhahouston.org - Mental Health Association of Greater Houston. 713-523-8963

www.gplace.org - A psychosocial clubhouse providing rehabilitation services to persons with mental disorders. 713-729-3799

<http://familyaware.org/> - A nonprofit organization helping families members and friends of those with depression, recognize and cope with depressive disorders.

www.mcmanweb.com - McMan’s Depression And Bipolar Weekly Newsletter

www.schizophreniadigest.com - Schizophrenia Digest

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

www.reintegration.com - The Center for Reintegration

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. 800-762-4636.

www.nimh.nih.gov - National Institute for Mental Health

www.narsad.org - National Alliance for Research on Schizophrenia and Depression

www.mentalhealth.com - A good website containing a great deal of information about all the various disorders, how to treat them, get help, and 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.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



NAMI Metropolitan Houston

P.O. Box 740169, Houston, Texas 77274

(713) 970-3455

namimetrohouston@sbcglobal.net

www.namimetrohouston.org

Support Groups

2nd Monday	Clear Lake	Bay Area Unitarian Universalist Church, 17503 El Camino Real, Houston Contact: Jane Malin at orkidfam@swbell.net or 281-488-2452 (evenings)
1st Tuesday 7:00 p.m.	Anahuac	Joy Center, 610 Washington Avenue, Anahuac (F/C) Contact: Wayne or P.D. Hankamer at 409-374-2258
2nd Tuesday 7:00 p.m.	Baytown	SUN Headquarters, 1301 Memorial Drive, Baytown (F/C) Contact: Eileene Chappelle at 281-922-7032
2nd Tuesday 7:00 p.m.	Northeast Harris County	Lamb of God Lutheran Church, 1400 FM 1960 East Bypass, Humble 77338 (F/C) Contact: Gwen Coleman at 281-459-1518 (F) or Finis Hay at 281-324-1759
3rd Tuesday 7:00 p.m.	Clear Lake	1300 Bay Area Boulevard, Clear Lake (F/C) Contact: Eileene Chappelle at 281-922-7032
4th Tuesday 8:00 p.m.	Northeast Harris County	Second Baptist Church, Highway 59 North, Kingwood (F/C) Contact: Gwen Coleman at 281-459-1518
1st Wednesday 7:00 p.m.	West Houston	Pines Presbyterian Church, 12751 Kimberley, Room C-10 Houston (F) Contact: Carolyn Searles at 713-461-5269
2nd Wednesday 7:00 p.m.	West Houston	Bear Creek Community Center, 3055 Bear Creek Drive, Houston (F) Contact: Fifi Wetherhead at 713-465-8518
4th Wednesday (Spanish) 7:00 p.m.	West Houston	Bear Creek Community Center, 3055 Bear Creek Drive, Houston (F) Contact: Sara Frost at 713-206-2807 or Fifi Wetherhead at 713-465-8518
1st Thursday 7:00 p.m.	Spring	Northside Christian Church, Family Ministries Building (Behind the Church) 2414 Spring Cypress, Spring TX, 77388 (F) Contact: Karen Lashley at 281-353-1925
2nd Thursday 7:00 p.m.	Sugar Land	St. Laurence Catholic Church, 3100 Sweetwater Boulevard, Sugar Land (F) Contact: Ken Sumner at 281-265-1554 or ksumner1@houston.rr.com
2nd Thursday 7:00 p.m.	West Houston	The Well, Grace Presbyterian Church, 10234-A Westheimer, Houston (Y/F) Contact: Diane Goyette 713-896-1153 or Madeleine Elmer 281-293-7717
3rd Thursday 6:00 p.m.	Southwest Houston	Community National Bank, 5123 Bellaire Blvd, Bellaire (F/C) Contact: Linda Lamb or Evelyn Johnson at 713-729-1242
3rd Thursday 7:00 p.m.	Spring	Northside Christian Church, Family Ministries Building (Behind the Church) 2414 Spring Cypress, Spring TX, 77388 (F) Contact: Karen Lashley at 281-353-1925
3rd Thursday 7:00 p.m.	Sugar Land	First United Methodist Church, 431 Eldridge Road, Sugar Land (F) Contact: Tami Barugh at 713-504-6016
3rd Thursday 7:00 p.m.	Katy	St. Peters United Methodist Church, 20775 Kingsland Boulevard, Katy (F) Contact: Joyce Hess at 281-395-3582
4th Thursday 7:00 p.m.	Sugar Land	St. Laurence Catholic Church, 3100 Sweetwater Boulevard, Sugar Land (F) Contact: Ken Sumner at 281-265-1554 or ksumner1@houston.rr.com
2nd Sunday 2:30 p.m.	West Houston	Pines Presbyterian Church, 12751 Kimberley, Houston NAMI C.A.R.E. (C) / Support Group (F) Contact: Vi Napolitano at 281-893-2493
4th Sunday 2:30 p.m.	West Houston	Pines Presbyterian Church, 12751 Kimberley, Houston NAMI C.A.R.E. (C) / Support Group (F) Contact: Vi Napolitano at 281-893-2493

Revised December 7, 2006
(F) Family

(C) Consumer

(VFT) Visions for Tomorrow

(YF) Young Family



Membership Form

All dues and donations are tax deductible. Membership includes annual dues to your local designated NAMI affiliate, NAMI Texas, and NAMI National, plus newsletters.

NAME: _____
 ADDRESS: _____
 CITY: _____ STATE: _____
 ZIP: _____ COUNTY: _____
 HOME PHONE: (_____) _____ - _____
 WORK PHONE: (_____) _____ - _____
 EMAIL: _____

Do you want to receive your newsletter via email?
 Yes No

Membership Status: [] NEW [] RENEWAL

- Individual (\$35.00) \$ _____
- Family (\$35.00) \$ _____
- Consumer (\$5.00) \$ _____
- Limited Income (\$5.00) \$ _____
- Additional Donation \$ _____
- Donation In Memory/Honor of: _____

TOTAL \$ _____

Designate your affiliate (and mail this form with your check to the address listed for that affiliate):

- NAMI Metropolitan Houston:** *Camilla Moga, Treasurer, P.O. Box 740169, Houston, TX 740169*
 When you join NAMI Metropolitan Houston, you may designate a chapter where you attend meetings:
 - Bay Area
 - Central (formerly Houston)
 - Northeast (formerly Humble)
 - Northwest (formerly Tomball)

- NAMI Fort Bend:** *Jorge Alonso, Treasurer, P.O. Box 1223, Sugar Land, TX 77478-1223*
- NAMI West Houston:** *John Anderson, Treasurer, P.O. Box 218989, Houston, TX 77218-8989*

Please check all that apply:

- I am a consumer of mental health services.
- I am a parent of an adult who has mental illness.
- I have a minor child who has mental illness.
- I have a sibling who has mental illness.
- I have a spouse who has mental illness.
- I have a parent who has mental illness.
- I have a friend who has mental illness.
- I am a professional care provider.
- Other

**MOBILE COMMUNITY
 OUTREACH TEAM (MCOT)
 713-970-7520**

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

BOTH SIDES NOW

Both Sides Now, a group of consumers, friends and families, meets for sodas, coffee and conversation from 3 – 5 p.m. Sundays at Starbucks on Westheimer and Post Oak, near The Container Store and Jamba Juice.

We discuss anything that’s on our minds from problems and issues to personal interests such as books, movies, politics, etc. Anyone who would like to join is welcome. Look on the patio for Mike Harvey and/or Pate Pecora. For more information call Mike at 713-880-4576 or Pate at 713-349-0049.

MENTAL HEALTH ACTION GROUP

The Mental Health Action Group meets at 7:30 P.M. on the second Monday of each month, in the Parlor at Bay Area Unitarian Universalist Church. Meetings include speakers, workshops, mental health education in public schools, outreach, letter writing on mental health issues and special projects.

For more information about this group, contact Jane Malin at orkidfam@swbell.net or 281-488-2452 (evenings).

**NAMI Metropolitan Houston
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NAMI Metropolitan Houston
P.O. Box 740169
Houston, TX 77274

Return Service Requested

January/February 2006 Newsletter



Do you know someone with an alcohol or drug problem?

There is help.

The Memorial Hermann Prevention and Recovery Center helps patients and their families learn the most important thing about addiction, how to recover.

- 80% of all domestic disputes are alcohol related.
- 60% of all emergency room visits are alcohol related.
- 40% of all suicide attempts are alcohol related.

For more information call 713.578.3100.

**MEMORIAL
HERMANN**
Breakthroughs every day™

NAMI Metropolitan Houston gratefully acknowledges Memorial Hermann Behavioral Health Services for sponsoring the cost of printing this newsletter. Thank you!