

Recovery is Possible!

PROSUMER—A PERSON WHO IS PROACTIVE IN THEIR RECOVERY AND WHO PROVIDES OR GIVES BACK TO THE COMMUNITY.



PROSUMER NEWS

May 2005

Janet Paleo—Editor

Volume 2, Issue 3

Prosumer Meetings The 2nd Friday of the Month 12 Noon to 3 PM at the UHSC School of Nursing Room 1.222 All Welcome!

7703 Floyd Curl—Enter at the Louis Pasteur entrance near Babcock.
Buses 91,92

MAY 13, 2005 MEETING

TIMA - Resiliency Disease Management Model, if you have not heard these terms yet, you will. All community mental health centers, including the Center for Health Care Services, are required to use these guidelines and models for treatment. This affects your life. Come find out what they are and what they mean to you at our May 13, 2005 meeting! Dr. Steve Shon, the State Medical Director for Behavioral Health, Dr. Lynn Crismon, Psychopharmacologist, and Cindy Hopkins, Special Assistant to the Medical Director for Behavioral Health, will be our guest speakers and will help us understand this treatment approach.

June 10, 2005 MEETING

The heart of the Prosumer program is giving back to our community. With this in mind, we have invited organizations who would like your help. Come hear what opportunities are out there and different jobs you can choose from. Many paid positions first start out as a volunteer position. Beyond that, volunteering is a key component in recovery.

Prosumer meetings start with food so please remember to **RSVP to 210-736-5034** so that we have enough food to feed everyone. We will see you there!!

Mind over Meltdown

By Sarah Bowen Shea

Why are some of us immune to stress, while others buckle under pressure at the first opportunity? It's all in how we look at it. Those of us who are resilient to negative stress seem to rise to a challenge instead of fearing it. "Stress hardiness is not an inborn trait, nor one that's reserved for the old and wise—it's a life skill we can all benefit from learning," says Toronto-based corporate consultant Bina Feldman. "The possibility of being stress-free is unrealistic; the possibility of being stress-hardy is not." How we think has a strong effect on our physiology, so it's important to build the mental health habits that make us stress-resistant. Here are the mindset adjustments that can have the biggest impact on your life.

1. Look on the Bright Side

"seeing the positive side of reality has a calming and challenging effect, while seeing the pessimistic side is threatening—it scares us and our bodies," says Quick. You can become an optimist by acting like one; Faced with a problem, don't catastrophize the situation. Instead, visualize positive solutions.

2. Embrace Change

When change is viewed as a threat, rather than a natural part of life, anxiety levels rise. But perceiving a promotion or move as an exciting possibility (or at least not a major headache) keeps you from getting mired down by stress. "When you can anticipate and plan for change, you feel empowered and better able to cope with whatever comes your way," says Feldman.

3. Be a Problem Solver

Does criticism put you in a funk or spur you to improve your productivity and attitude? If you take action now, you can avoid future stress and conflict. "Effective stress management is about early intervention, not crisis intervention," says Feldman. This tactic also allows you to manage your time better rather than leaving things to the last minute.

4. Get in the game

Feeling disempowered or victimized produces enormous distress. Don't make it worse by turning your power over to others. Whether you're making a major investment, health or work decision, study your options. Participate, speak up and be involved.

Positively Me! Volume 2 Coming soon!



Because of the success of the musical CD, Positively Me!, we are looking to do a second volume. There have been many of you who had songs that you thought would help people that contained positive "I" or "we" statements in the song. I am looking for those songs to incorporate in the second volume. If you have a song that you think qualifies, please send me the name of the song, who sings it, (if you know) and the line within the song that is the positive "I" or "we" statement. For instance: Song: I am Woman by Helen Reddy. Positive I statement: I can do anything. You can email them to me at jpaleo@satx.rr.com or mail them to me at:

PRO International
P.O. Box 120394

San Antonio, TX 78212

Thank you for your help in making our program so successful.

NAMI WANTS YOUR INPUT

NAMI is holding a May Forum and everyone is invited. Come express your opinions and views. May 10th 7PM, at Christ Episcopal Church, Dining room area, 510 Belknap.

Voluntarily locked up?

Officially, most people who are hospitalized or under therapy for mental illness are in that treatment by choice. But you might well not know that if you asked them. Some recent studies have found that many patients hospitalized for mental disorders feel they were coerced into getting treatment, even when there was no legal order requiring the treatment.

Coercion is far from a new phenomenon in the treatment of the mentally ill. In Western countries it started as early as the Middle Ages, at least if you count stuffing someone naked into a dark cage as “treatment.”

The centuries since then have brought more rational, humane therapies and a drop in the use of laws to force treatment on people, though most agree this must remain a last resort for some cases.

Yet in the past dozen years or so, research has shed light on a different phenomenon: the way patients who are supposedly voluntary, not subject to any legal orders, experience coercion. Such patients sometimes perceive coercion not from the law, as before, but from family, doctors or others, researchers have found.

One survey of such patients found that when hospitalized, two-thirds of them either weren't sure they were free to leave, or positively believed they weren't allowed to. Another survey found that one third of studied recipients of “electroshock” therapy—a treatment used for some difficult mental illness cases—didn't feel they had freely agreed to it, despite having signed consent forms.

Both these surveys, conducted in Britain, add to growing number of studies in other countries documenting feelings of coercion among ostensibly voluntary mental patients. The studies come from nations generally seen as advanced, such as Norway and the United States.

“Perceptions of coercion will vary according to culture” and laws in every place, wrote Jonathan Bindman of the Institute of Psychiatry, London, an author of both the studies, in an email to *World Science*. Yet several studies have turned up similar statistics across coun-

tries in terms of how many psychiatric patients feel coerced.

For instance, Bindman's study on hospitalized patients, published in the February issue of the journal *Social Psychiatry and Psychiatric Epidemiology*, found that a third of them feel “highly coerced,” with a few reporting threats or force. A similar study on Norwegian patients published in the November 1, 2002 *Nordic Journal of Psychiatry* found that 32 percent perceived “high levels” of coercion.

In the United States, the Chicago-based MacArthur foundation reported in February 2001, based on a series of studies, that “a significant minority of legally ‘voluntary’ patients experience coercion.” The opposite also occurs, the studies found: some patients who are in treatment under orders think they are there only by free choice.

One reason it has taken some time to bring these issues to light is that coercion is hard to measure, researchers say.

“For many years coercion was equated with legal compulsion, which had the advantage of being clearly defined and straightforwardly measurable,” Bindman and colleagues wrote in a February, 2001 report commissioned by the U.K. Department of Health.

But “the relationship between legal restraint and coercion is not a direct one, some patients accepting voluntary admission only after a process of persuasion (by professionals, family, or others) in which coercive elements are clearly present.”

The problem may ironically have come to the forefront because in recent years, industrialized countries have changed laws to sharply reduce the open, legal use of forced treatment. The trend, called deinstitutionalization, was part of a shift in societal attitudes towards greater tolerance and respect for civil liberties. But critics argue that the process created a wave of untreated, sick patients who pose a danger to themselves and others.

One treatment that stirred controversy both before and after deinstitutionalization is electroconvulsive therapy, also known as electroshock therapy. In this treatment, a strong electric current is passed through the brain. It is widely considered effective for difficult cases of depression and some other illnesses, but some advocates for the men-

tally ill have also decried it as dehumanizing.

One new study found that despite the dramatic rollback of laws allowing forced treatment, electroshock therapy is still often associated with coercion—official or not—at least in the United Kingdom.

In a paper published in the January 2005

British Journal of Psychiatry, Bindman and colleagues found that about one-third of electroshock patients who had participated in studies didn't feel they had freely consented to the therapy, despite having signed a consent form. Around half of them also didn't feel they had gotten enough information on the procedure and its side effects, added the researchers, who based their findings on a review of previously published medical literature.

“Neither current nor proposed safeguards for patients are sufficient to ensure informed consent,” the researchers wrote.

Apart from the electroshock cases specifically, information could also be a useful antidote to the feelings of coercion among patients more generally, Bindman and colleagues wrote in their *Social Psychiatry and Psychiatric Epidemiology* paper. The medical community should consider informing all psychiatric patients “of the powers of detention which may be used once they are admitted, and of the circumstances in which they might be used,” the researchers wrote.

Moreover, Bindman and colleagues wrote in the 2001 report, for patients not under legal orders, mental health professionals may have to make up their minds between two sometimes tough choices. One is to eliminate the coercion. The other: reopen a page from the old rule-book—make the coercion official.

Many mental patients who are supposedly hospitalized by choice describe their own situations as far from voluntary.

Corner for those with Cognitive Disabilities

S.A.L.S.A.

San Antonio League
of Self-Advocates

*An organization of people
with*

*intellectual disabilities,
speaking up*

*for their human and civil
rights*

All are welcome at our
meetings.

May 2, 2005

6:30 - 8:00 p.m.

Birthday Celebration
for Advisor, Judith
Laufer

May 16, 2005

6:30 - 8:00 p.m.

Speaker from the
Down Syndrome

Association will talk
and answer questions
from the audience.

Meetings held at
Brighton, the Center for
Inclusive Communities
14207 Higgins

(One-half mile west of
Nacogdoches, between
Thousand Oaks and
O'Connor)

Judith Laufer, Advisor

210-828-7125

A VISION FOR MENTAL RETARDATION COMMUNITY SERVICES IN TEXAS FROM THE DEPARTMENT ON AGING AND DISABILITY

Our vision begins with the values that guide the changes we are making. We did not make up these values. They came from people who have a stake in the system, that is, values identified by the Quality of Life Task Force.

Values For Today and Tomorrow

The Values that Guide Service System Changes

The following values guide the change in DADS' mental retardation system:

- Individuals with mental retardation choose among flexible, dependable services that meet each individual's needs and support each individual's goals and dreams for a lifestyle of full inclusion, interdependence and respect.
- Families of individuals with mental retardation are supported in their efforts to help family members meet their goals and dreams.

The service system supports individuals in their choices by offering support services that are:

- Valued by the individuals served
 - Responsive to their needs;
 - Available and easily accessed;
 - Consistent with each individual's dreams and goals;
 - Used by other members of the community; and
 - Respectful of cultural values and dignity
- The opinions of the people we serve are considered most important when we evaluate the quality of the services.
- Individuals with mental retardation make choices about how their needs are met and how their goals/dreams are supported. This means that they:
- Are trained in skills to make choices and to understand and accept the possible results of their decisions
 - Are given chances to use their power of choice and to experience the results of their choices and
 - Are supported in making those choices that will govern their lives and futures.
 - Each child with mental retardation receives the benefit of being part of a permanent family.
 - Individuals with mental retardation have the same legal and human rights as all citizens and are not deprived of their rights without due process of law.

What the Vision Will Mean to You

Getting Services

Your local mental retardation authority (community mental retardation center) is the entry point for getting services. By having a single entry point, the system should be easier for you to use.

The major role of the local authority is to support you in making choices. There will be many ways that the local mental retardation authority will do this. One important way is to assign a service coordinator to assist and support you in choosing service from a network of services and providers.

Public Speaking:

Conquer Your Anxiety About Speaking

Most people, dread speaking in public. Sometimes you can't avoid public speaking. So how do you deal with your nervousness? Follow these tips from *Speak with Confidence: Powerful Presentations that Inform, Inspire, and Persuade* and you'll approach your next speaking engagement at ease.

Accept your nervousness.

Most people feel stage fright or anxiety about speaking in public. Accept it as part of the territory. You'll probably first feel the tension the moment you accept the invitation to speak or learn about the upcoming presentation -- and the anxiety will build as the event nears.

Understand your fear.

What do speakers fear? That the presentation won't be what the audience expects or wants. Speakers worry they'll be attacked and asked questions that can't be answered. Everyone will find out that they're just faking it all and don't really know what they're talking about. Speakers fear embarrassment. Sure, there are many things to fear, but try to remember the big picture. Ask yourself, "What's the worst that can happen?" If you slip up, will it really matter a year from now?

Some anxiety is helpful.

Fear can give you the adrenaline rush that you need to be an energizing speaker. There's a substantial body of psychological research that shows that while tremendous anxiety is paralyzing, some anxiety is helpful. It juices you up and provides a surge of energy that is expressed to your audience. Overconfident speakers, those who don't feel anxiety, often are too relaxed to do a good job and give a compelling presentation. Your anxiety can be a powerful ally - use it to invigorate your presentation.

Keep it to yourself.

Never tell your audience about your nervousness. Anxiety typically doesn't show. Don't call attention to your nervousness or your audience will suddenly notice your shaking hands more so than your message -- and thus your message will fall on deaf ears.

Locate your fans.

It's easy to be cowed by a negative Nellie in the audience. Remember that you will never be able to please everyone and you may see a sour puss in the audience. Be prepared for that -- and find your fans. Focus on the faces that are interested, listening. They smile, make eye contact, and give you energy. Don't allow yourself to focus on the negative audience members. This is easier said than done, of course as we naturally want to convince our detractors, but often you won't be able to change their minds and you'll just make your own nervousness worse. Focus on the friendly faces in the audience instead.

Use positive self talk.

We learn to be fearful; we can also learn to be confident. Remind yourself that you know your stuff. Visualize yourself succeeding and be your own cheerleader.

For more tips on making powerful presentations, check out

Dianna Booher's new book, *Speak with Confidence: Powerful Presentations that Inform, Inspire, and Persuade* (McGraw Hill).

Found at <http://gradschool.about.com/cs/presentations/a/speak.htm>.

Extreme Weather Guide

LAST UPDATE: 4/20/2005 12:54:31 PM

Posted By: Selena Garza

Prepare now and you'll be in the calm of the storm Even though South Texas is not included in "Tornado Alley," we've seen an unusually high number of tornadoes and powerful windstorms in the last couple of years. Here's what you can do to protect your family:

Prepare a home tornado plan

Pick a safe place for the family to gather. This should be a base-



ment, or if there is no basement a center hallway, bathroom or closet on the lowest floor. If you are in a high rise building, and do not have enough time to get to the lowest floor, pick a place in a hallway in the center of the building. Have a disaster supply safety kit on hand. Include in the kit directions on how to

turn off your home utilities. Conduct periodic tornado drills.

Listen for tornado watches

Listen to local radio and TV stations for further updates. Be alert to any changes in the weather conditions. Blowing debris or the sound of an approaching tornado may alert you to take immediate cover. Many people say that a tornado sounds like a freight train.

Take action in the event of a tornado warning

If you are inside, go to the safe place you have already picked to be protected from any flying glass or debris. If you are outside hurry to the basement of a nearby sturdy building or lie flat in a ditch or low-lying area. If you are in a car or mobile home, get out immediately and head for safety (as above).

After the tornado passes.

Watch out for fallen power lines and stay out of damaged areas. Listen to the radio for information or instructions. Use a flashlight to inspect your home for damage.

For more information call the San Antonio chapter of the American Red Cross at (210) 224-5151.

Everything I need to know about life, I learned from Noah's Ark...

1. Don't miss the boat.
2. Remember that we are all in the same boat.
3. Plan ahead. It wasn't raining when Noah built the Ark.
4. Stay fit. When you're 600 years old, someone may ask you to do something really big.
5. Don't listen to critics; just get on with the job that needs to be done.
6. Build your future on high ground.
7. For safety sake, travel in pairs.
8. Speed isn't always an advantage. The snails were on board with the cheetahs.
9. When you're stressed, float a while.
10. Remember, the Ark was built by amateurs; the Titanic by professionals.
11. No matter the storm, when you are with God, there's always a rainbow waiting.
~ Author unknown

2005 May 2005

SUN	MON	TUE	WED	THUR	FRI	SAT
5/1	May 2 Arts & Crafts 1-3 Zarzamora DBSA 7 pm 682-2746	May 3 TIMA Class 1-2:30 Zarzamora Bilingual Consumer Support Group 6:30-8 Zarzamora	May 4 Arts & Crafts 1-3 Zarzamora	May 5 DBSA #2 7 pm 979-7836	May 6	5/7
5/8	May 9 Arts & Crafts 1-3 Zarzamora DBSA 7 pm 682-2746	May 10 TIMA Class 1-2:30 Zarzamora NAMI 7 pm 510 Belknap	May 11 Women's Support Group 10-11:30 am Zarzamora Arts & Crafts 1-3 Zarzamora	May 12 DBSA #2 7 pm 979-7836	May 13 Prosumer Meeting 12-3 School of Nursing	5/14
5/15	May 16 Arts & Crafts 1-3 Zarzamora DBSA 7 pm 682-2746	May 17 TIMA Class 1-2:30 Zarzamora Bilingual Consumer Support Group 6:30-8 Zarzamora	May 18 Arts & Crafts 1-3 Zarzamora	May 19 DBSA #2 7 pm 979-7836	May 20	5/21
5/22	May 23 Arts & Crafts 1-3 Zarzamora DBSA 7 pm 682-2746	May 24 TIMA Class 1-2:30 Zarzamora	May 25 Women's Support Group 10-11:30 am Zarzamora Arts and Crafts 1-3 Zarzamora	May 26 DBSA #2 7 pm 979-7836	May 27	5/28
5/29	May 30 CHCS will be closed Memorial Day DBSA 7 pm 682-2746	May 31 TIMA Class 1-2:30 Zarzamora	June 1 Arts and Crafts 1-3 Zarzamora	June 2 DBSA #2 7 pm 979-7836	June 3	6/4

CHCS – Center for Health Care Services address is 3031 IH 10 West (Central Office) 731-1300

MR PAC – Mental Retardation Planning Advisory Committee

ACMHSA PAC—Adult & Children Mental Health and

Substance Abuse Planning Advisory Committee

NAC—Network Advisory Committee



These committees open to the public and will receive public comment. If you are interested in serving on one of these committees contact: Evelyn Sanchez at 210-731-1300 ext 269

Zarzamora Clinic - Address is 806 S. Zarzamora 436-8018

East Commerce Clinic – Address is 3474 East Commerce 227-3401

West Annex Clinic—Address is 1115 West Martin 358-3231-Adult; 358-5888-Children

Story Lane Clinic—Address is 104 Story Lane 533-9515

SAILS – San Antonio Independent Living Services address is 1028 S. Alamo Drive 281-1878

DBSA --Depressive Bipolar Support Alliance meets at 8026 Floyd Curl 210-682-2746

DBSA #2 --Depressive Bipolar Support Alliance meets at 8134 Blanco Rd 210-979-7836

NAMI SA – National Alliance for the Mentally Ill of San Antonio 210-734-3349

School of Nursing -- Main Entrance is 7703 Floyd Curl Drive, but the entrance on Louis Pasteur is closer to the room. Room is 1.222. Call if you need a map to Janet Paleo at 210-736-5034.



Useful Websites and Links

A website for all Texas government departments
www.texas.gov

The National Alliance for Mental Illness
www.nami.org

Texas Mental Health Consumers
www.tmhc.org

Mental Health Association of Texas
www.mhatexas.org

Texas Legislative Online
<http://www.capitol.state.tx.us>

Texas Administration Code where you find the laws pertaining to the running of MHMR Centers
<http://www.sos.state.tx.us/tac/>

The Texas Election Division to find voter information, and candidates
<http://www.sos.state.tx.us/tac/>

Substance Abuse Mental health Services Administration
www.SAMHSA.gov

SAMHSA's Mental Health Information Center
<http://www.samhsa.gov/centers/clearinghouse/clearinghouses.html>

Website for Medications, Assistance Programs, Discount programs
www.needymeds.com

Texas Department of Housing and Community Affairs
<http://www.tdhca.state.tx.us>

Patient Assistance with Medications
<http://www.phrma.org/>

Free Online Computer Classes through Global Community Foundation a division of Goodwill Industries
www.gcfleamfree.org/en/main/students.asp.

Free e-mail course for Women with Alcohol problems
www.about.com

The home page gives you lots of information on everything from entertainment to health issues. Go to health and fitness and then click on Addiction problems.

The future belongs to those who believe in the beauty of their dreams.
~ Eleanor Roosevelt

SAMHSA Releases "Know Your Rights" Brochure

All-Inclusive Guide Informs Those in Recovery from Alcohol or Drug Problems About Legal Rights and Overcoming Discrimination

The Substance Abuse and Mental Health Services Administration (SAMHSA) has introduced a new brochure for people in substance use disorders treatment and recovery, their allies, advocates, and employers. "Are You in Recovery from Alcohol or Drug Problems? Know Your Rights" provides information about federal laws that protect against discrimination in employment and job training, housing, health care, education, and government services and programs.

Written in partnership with the Legal Action Center, "Know Your Rights" brings a wealth of information about federal laws to people in recovery. The brochure is available in both English and Spanish.

This one-of-a-kind resource, sponsored and produced by SAMHSA's Center for Substance Abuse Treatment, helps people identify discrimination, addresses federal laws and protections, and provides useful resources.

To obtain the brochure, or for more information, call (800) 729-6686 or on the web at www.ncadi.samhsa.gov.

PARTICIPATE IN SAMHSA WEBCAST ON SELF-DIRECTION

The Substance Abuse and Mental Health Services Administration (SAMHSA) will host an interactive satellite videoconference/webcast on self-direction for people with mental illnesses on May 25, 2005 at 1:00-2:30 PM (EDT).

The webcast "Self-Direction in Mental Health: from Ideas to Action" will provide information on funding strategies and how to implement these approaches at state and local levels.

This broadcast is intended for mental health consumers, state and local mental health and Medicaid planner and program officials, providers, family members, managed care organizations, and advocates. To connect to the webcast use the following link: <http://ConnectLive.com/events/samhsa>

To establish a satellite connection contact Jackie Golden by phone at 301-589-4020 x211, or by email at jgolden@dbconsultinggroup.com.

Making a Life
We make a living by what we get,
but we make a life by what we give.

Children's Corner

Disruptive behavior disorders (DBD's) are characterized by a repetitive pattern (lasting more than six months) of anti-social behavior that causes significant impairment in the ability to function at school, work, or in social situations – typically involving the violation of rules and rights of others. DBD's are one of the most common forms of mental health problems in children and adolescents and affect up to an estimated 6 percent of all children and adolescents worldwide. Oppositional defiant disorder, one type of DBD, is at the milder end of the spectrum. Conduct disorder, another type of DBD, is at the more extreme end of the spectrum.

What are Conduct and Oppositional Defiant Disorder?

Oppositional defiant disorder is characterized by a persistent pattern of negative, hostile, defiant and disobedient behavior. If untreated, it can evolve into a more severe type of DBD, conduct disorder.

Conduct disorder is characterized by impulsive aggression (without premeditation) against animals or people, destruction of property, deceitfulness, or violation of laws. Children may exhibit some symptoms of both disorders, resulting in a diagnosis of Disruptive Behavior Disorder, not otherwise specified.

Treating Disruptive Behavior Disorders

Children who exhibit these behaviors should receive a comprehensive evaluation because many of these children may have co-existing conditions, such as mood disorders,

What are Disruptive Behavior Disorders?

anxiety, PTSD, substance abuse, ADHD, or learning disorders.

Evaluation is critical as these disorders often require specific treatment strategies. Early intervention is critical in treating disruptive behavior disorders since up to half of children with severe disruptive behavior will go on to develop personality disorders in adult life.

While some "oppositional" behavior is a normal part of child development, a diagnosis of DBD is made when it goes beyond what is developmentally appropriate and is impairing function and social relationships at home and school.

The best treatment for serious, persistent disruptive behaviors is a multi-disciplinary approach. The first step after diagnosis often is one or more types of social and psychological interventions, such as parent effectiveness training (in which parents are taught to set clear goals and limits for the child, apply rewards and negative consequences, etc.). If this is insufficient, medication may be added. Specific medications selected are based on the type of symptoms that are present, their duration, and their severity in terms of impact on function.

For more serious symptoms such as those associated with conduct disorder, a number of medications have been tried -- including psycho stimulants, conventional antipsychotic, antidepressants, and beta blockers. However, the use of these drugs for severe disruptive behavior often is limited by side effects, and results have been inconsistent. Recently, risperidone has been licensed in some countries to treat disruptive behavioral symptoms such as impulsive aggression, cruelty to animals and people, and defiant rule-breaking.

This material was produced by the Department Psychological Medicine, Children's Hospital at Westmead, and the New South Wales Transcultural Mental Health Centre as part of a collaborative project called "Children of Culturally & Linguistically Diverse Backgrounds: Mental Health Project." It is also available at <http://www.tmhc.nsw.gov.au/translations/transinfo.htm>

Source: Reprinted in part from "Backgrounder: Disruptive Behavior Disorders in Adults, Adolescents and Children," Janssen Pharmaceutica (2003).

For more information: The National Institute of Mental Health Phone: (301) 443-4513 www.nimh.nih.gov

**New phone number
for Children's Crisis
&
Eligibility/Enrollment
is 358-3495.**

CONSUMER SCHOLARSHIPS AVAILABLE

FOR THE

DEPRESSION & BIPOLAR SUPPORT

ALLIANCE 2005 CONFERENCES

AND CHAPTER LEADERSHIP FORUMS

Rosemont, IL - August 27-28, 2005

Whippany, NJ - September 10-11, 2005

Fort Worth, TX - October 8-9, 2005

The Center for Mental Health Services, within the Substance Abuse and Mental Health Services Administration through a contract with AFYA, Inc., is providing financial support to consumers of mental health services who wish to participate in the annual conference sponsored by the Depression and Bipolar Support Alliance. The purpose of the scholarship is to foster transformation of mental health care to focus on recovery. To be eligible for this scholarship, a completed application and letter of recommendation **must be received** by AFYA by **May 31, 2005**. If you wish to obtain an application, please e-mail consumerscholarships@afyainc.com or call (301) 270-0841, Ext. 249. For conference information, please visit www.DBSAlliance.org or call (800) 826-3632.



CONSUMER SCHOLARSHIPS AVAILABLE FOR THE WORLD FEDERATION FOR MENTAL HEALTH CONFERENCE

The Center for Mental Health Services, within the Substance Abuse and Mental Health Services Administration, through a contract with AFYA, Inc., is providing financial support to consumers of mental health services who wish to participate in the annual biennial conference September 4-8 sponsored by the World Federation for Mental Health in Cairo, Egypt.

The purpose of the scholarship is to foster transformation of mental health care to focus on recovery. To be eligible for this scholarship, a completed application and letter of recommendation **must be received** by AFYA by **May 16, 2005**. If you wish to obtain an application, please e-mail consumerscholarships@afyainc.com or call (301) 270-0841, Ext. 249. For conference information, please visit www.medical-design.net/mentalhealth2005 or call (703) 838-7543

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CONSUMER SCHOLARSHIPS AVAILABLE

FOR

ALTERNATIVES 2005 CONFERENCE

The Alternatives 2005 Conference, organized by the National Empowerment Center (NEC) with support from SAMHSA's Center for Mental Health Services, is being held at the Hyatt Regency Phoenix, Arizona from Wednesday, October 26th through Sunday, October 30th.

A limited number of scholarships for the conference are being provided by the Center for Mental Health Services/SAMHSA and the NAMI STAR Center and awarded through AFYA, Inc.. If you wish to obtain an application, please e-mail consumerscholarships@afyainc.com.

As the number of scholarships given on the federal level will be limited, NEC encourages individuals to seek local or state funding. If you are looking for financial assistance to attend, the time to start is now.

For more information on the conference, please see: <http://www.power2u.org/alternatives2005.html>



The **Bexar Consumer Family Conference** is in the planning stages now. They are looking for volunteers to help with this year's conference. This year's conference will be at the **Crown Plaza** in San Antonio, **August 25-27, 2005**. The Theme of this year's conference will be "Uniting Our Strengths—Reaching Success; Uniendo Fuerzas—Logrando Exito" Last year's conference was great! Please save these dates on your calendar.

Registration form inside!