

Recovery is Possible!

PROSUMER—A PERSON WHO IS PROACTIVE IN HIS OR HER RECOVERY AND WHO GIVES BACK TO THE COMMUNITY

A Prosumer is not who you are, it is what you do!



PROSUMER NEWS

www.ProsumersInternational.org, Facebook—Prosumers & Prosumer Action Center, Twitter—ProsumersInt
Phone: 210-212-6472 ext 201 Toll free number: 1-877-334-2717 (Please only use this if needed)

July 2010 Janet Paleo—Editor Volume 8, Issue 07



Prosumer meetings in Texas:

San Antonio the 2nd Friday (12-3) and 3rd Tuesday (6-9) of the month
Houston—The 2nd Saturday (12-3) of the month
Austin—Coming Soon! If you are interested, give us a call

Now RSVP online
at our website

The 2nd Friday of the Month 12 Noon to 3 PM UTHSC School of Nursing Room 1.102

All Welcome!

7703 Floyd Curl

Enter at the Louis Pasteur entrance near Babcock. Parking is not paid for at this time.
Buses 91, 92

July 9, 2010 Meeting

At this meeting we have Lori Michelle with the Department of Assistive and Rehabilitative Services (DARS) talking to us about their programs. How can they assist you in going back to work? What services can they offer you? What are the processes that you will need to do? How do you qualify? Do you qualify? Come get all your questions answered. Even if you are not ready now, knowing what your options are will help you make informed choices in the future.

August 13, 2010 Meeting

Heard the buzz about a new Texas consumer group and about Texas Certified Peer Specialists? What does that mean for you around services and what does that mean about the availability of peer jobs. Come hear what is the latest & greatest things going on in Texas and how you fit in. We will also be creating "I CAN" bookmarks, planning ahead for future meetings and beginning to look at legislative issues for the next session. It will be informative and lots of fun. Don't miss it!!

If you would like meetings to be interpreted in American Sign Language or Spanish, please notify us 5 working days prior to the meeting. **Prosumer meetings start with food, so please remember to RSVP to 210-212-6472 or online so that we have enough food to feed everyone. Thanks!**

San Antonio Prosumer Evening Meeting

The 3rd Tuesday of the Month
6 PM to 9 PM

La Paz Community Health Center
530 San Pedro (just south of SAC)
Buses 4, 92

Park in the back. The gate may look closed, but someone will be there to open it until 6:30. Stop outside the gate if it is closing.

Call 210-630-2398 if the gate won't open.

July 20, 2010 Meeting

Michelle Mata will lead us in Dancing as Personal Medicine. You will learn about personal medicine and how this tool can help to alleviate symptoms of mental illness. You will also begin to explore how the fear of "what someone may think" stops us from doing many of the things that we would like to do or like to try. Michelle will talk about how to step out with courage and the surprising results that she found as she did. You will come away inspired and with a few dance steps of your own.

Houston Prosumer Meeting

The 2nd Saturday of the Month
12 PM to 3 PM

The Gathering Place
5310 South Willow
Houston, TX 7

Bus 49 (irregular schedule on Sat),
Bus 33 (regular schedule drops at S Post Oak and then it is 1/2 mile to location)

July 10, 2010 Meeting

As we celebrate the independence of our country, it is time for us to celebrate the independence in us when we find that recovery is possible! Independence can seem scary and we do not even know what it really means. What is the price of freedom? What is the responsibility of freedom? Can we achieve the freedom to live our lives like other people? Are we really free? Come explore with us and celebrate everyone!

I know that you will come away from this meeting with a new understanding of freedom. Please RSVP online or call us. Thanks!

What Does the New Health Care Reform Law Mean for You?

by Andrew Sperling, J.D.,

NAMI Director of Legislative Affairs

The new health care reform law creates enormous opportunities to expand access to insurance coverage and treatment for children and adults living with mental illness. The new law is actually two separate statutes—the Patient Protection and Affordable Care Act (PPACA) and the Health and Education Reconciliation Act of 2010 that were signed by President Obama on March 23 and March 30, respectively.

In reality, the new law is a series of policies designed to:

- ◆ expand insurance coverage for the uninsured and underinsured;
 - ◆ extend coverage for Medicaid up to 133 percent of the federal poverty level (\$14,404 for individuals and \$29,327 for families)
 - ◆ create a new federal requirement for most individuals and families to have insurance coverage—with subsidies for households up to 400 percent of the federal poverty level (\$43,420) for an individual and \$88,200 for a family of four)
 - ◆ establish new state-based health insurance "exchanges"—new market places offering affordable coverage options;
 - ◆ enact insurance-market reforms including a ban on preexisting-condition exclusions, new prohibitions for annual and lifetime limits and guaranteed renewability of policies;
 - ◆ improve the Medicare Part D program—eventually closing the "doughnut hole" coverage gap;
 - ◆ promote long-term cost control through disease management and enhanced provider accountability;
 - ◆ develop the health care workforce;
 - ◆ improve quality through investments in "comparative effectiveness" research ; and
 - ◆ promote prevention and early intervention.
- People who live with mental illness are more likely to be uninsured and experience bad health outcomes as a result of lack of access to basic primary-care services, so many of these people can certainly benefit from the successful implementation of each of these reforms. Not surprisingly, people living with a mental illness also experience significantly higher rates of medical co-morbidities such as diabetes, cancer, heart disease and asthma.

In addition to expanding coverage to insurance

View From the Administrator: What's in a Term? Considering Language in Our Field By Pamela S. Hyde, J.D.

Do you ever think about what you say when someone asks you to describe SAMHSA's work or to describe our field?

Do you ever use the words mental health, addictions, substance abuse, prevention, behavioral health, or substance use disorders? Were you ever asked to explain why you use the words you use to describe our field or SAMHSA's work?

Since arriving at SAMHSA, I have been asked to explain or stop using certain words. Obviously, people are listening closely to find out SAMHSA's priorities and how I will lead. See next column to see some of the terms I've heard about so far. Do they sound familiar to you?

What We Agree On

One thing everyone agrees on, including me, is that nearly every term we use is problematic. We need to find a way to talk about prevention, health, disorders, disease, addiction, illness, and recovery so that we can address the issues and not argue about what we mean. We definitely need to use "people first" language regardless of how we describe people with symptoms, illnesses, addictions, or diseases and how we label their status.

No Favorites

To clear the air, I have no favorite term or terms. At times in my professional life, I led the charge on "people first" language, and I worked with other advocates to change the words "patient" and "client" to "consumer" when that seemed cutting edge. I stood with individuals who wanted to be called addicts and with persons who just wanted to be called Joe or Jane.

I worked with others to embrace the journey of recovery and the many individualized pathways that journey takes. I argued against the notion that simple behavior change could solve all this; that our field is the only place in which behavior out of the norm is what leads to treatment and services more than an individual's need. I also called people on their inappropriate use of language such as referring to a policy as "schizophrenic" or a person as a "lush." And I will continue to do so.

What Really Matters

I know language matters. However, what really matters is that we not get distracted, not fight among ourselves, and not make assumptions about motives or beliefs based on the current language we use. We need to engage in the discussion, but not write one another off when we do not agree. We need to ensure we are respectful of all people, whether they are pro-12 step, anti-psychiatry, service providers, or service recipients. It is what we have in common, not what we may disagree on, that makes us strong as a field.

Let's have a discussion about terms we use. Let's try to agree on terms we could use and terms we should absolutely not let anyone get away with using about our field or the peo-

ple we serve on their road to recovery. We need to communicate well together and with others, so we need to understand together "what's in a term."

Let's talk . . . Send your comments Let's have a discussion about the terms we use. Let's try to agree on terms we could use and terms we should absolutely not use. Your comments and suggestions are critical as we move this conversation forward. In addition, how can we engage others about this without being disrespectful or making assumptions about bad intentions?

Send comments to dialogue@samhsa.hhs.gov. We will provide some feedback about what you think in a future edition of SAMHSA News. By communicating well together and with others, we will understand together "what's in a term." SOURCE: CONSUMER AFFAIRS E-NEWS – JUNE 15, 2010 SAMHSA NEWS: http://www.samhsa.gov/samhsanewsletter/Volume_18_Number_2/DrHyde.aspx

Terms We've Heard So Far . . .

Have you heard or used the following terms on mental health, behavioral health, substance use, recovery, and individuals? Would you recommend certain ones for the field to use? Please send your comments to dialogue@samhsa.hhs.gov.

On Mental Health

The term "mental health" leaves out mental illness, and we really need to focus on the latter.

"Mental illness" leaves out emotional well-being and the growing science of prevention.

"Mental health" leaves out substance abuse and/or addictions while "behavioral health" misconstrues the disease nature of mental illness and addictions.

On Behavioral Health

"Behavioral health" implies a chosen behavior, easily stopped if a person just had enough willpower.

"Behavioral health" focuses too much on symptomological behaviors that people cannot control.

"Behavioral health" is a term that encompasses both substance abuse/addiction and mental illness/health.

On Substance Use

"Substance use disorders" is too strong and does not recognize that a person can be abusing substances long before he/she can be characterized as having a disorder.

"Substance abuse" is too soft and does not recognize the nature of substance use disorders or the importance of prevention.

The medical model of "disease" is not consistent with the experience of people who believe they are simply unique individuals labeled for not conforming to this world's expectations.

On Recovery

"Recovery" is a term for substance abuse or addictions but is not well defined for mental illnesses.

"Recovery" means abstinence (including prescription medications).

"Recovery" is a journey. Some can be on a path to recovery or in recovery while using substances, taking medications, or experiencing symptoms of mental illness such as hallucinations, flat affect, or flight of ideas.

On Individuals

The term "consumer" is demeaning or does not work for the addictions world.

"Client" suggests a power/subordinate relationship.

"Patient" is too medical.

"Survivor" is real and yet too political, as if the system and treatment are dangerous in their own right.

Thank you very much for participating in this dialogue about the terms we use in the field. We will report the results in a forthcoming edition of SAMHSA News.

New Health Care Reform Law

(cont. page 1)

and primary-care treatment, the new law also has a range of specific provisions designed to improve coverage of mental illness treatment in both private health plans and publicly funded coverage.

A few of these highlights include:

1. requirements for all of the new coverage options offered through state-based health insurance "exchanges" to *both* include mental health in the basic benefits package *and* ensure that this coverage complies with the 2008 Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (ensuring that there are no limitations on coverage for mental illness that do not also apply to medical-surgical coverage);
 2. a Medicaid demonstration program to expand coverage for acute inpatient care in private psychiatric hospitals;
 3. establishment of new Centers of Excellence for treatment-resistant depression;
 4. improvements to care coordination for mental illness treatment, including co-location of primary care in specialty mental health settings and a new state option to more effectively target people who live with serious mental illness and at least one other chronic medical condition, and more effective care coordination of individuals dually eligible for both Medicare and Medicaid;
 5. a federal initiative to address post-partum depression through education, research and training; and
 6. new federal quality reporting requirements for psychiatric hospitals and new federal standards for CMHCs.
- SOURCE: NAMI Advocate Spring 2010 pages 10-11. Reprinted with permission

**We are the ones
we have been
waiting for!**

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.

We meet on the 1st
Tuesday of the month.

**Meeting Dates Are:
July 6, 2010**

August 3, 2010

September 7, 2010

**Time of Meetings
6:00-7:30 p.m.**

Meetings are held at
Brighton, the Center for
Inclusive Communities

14207 Higgins
(One-half mile west of
Nacogdoches, between
Thousand Oaks and
O'Connor)

For More Information call
Judith Laufer, Advisor
210-828-7125

**Mental Health Support Group.
Meets at St. George Episcopal
Church**

**located at 6904 West Avenue
in Conference Room.**

**Every 2nd Wednesday at 7 pm.
Call 342-4261 for more info**

Healthy Solutions Closed

We have heard from many of you who have been getting services at Healthy Solutions and don't know what to do now. While we can't provide those services, we are willing and able to look to see what else might be available in the community. We research resources in the community all the time. We are gathering a large body of knowledge that might be able to help. We could help you brainstorm other ways of getting what you need and want. Come on in for a visit at the Prosumer Action Center, 1921 Burnet, across from the Harvard Place Clinic to see if we can assist you in getting your needs met. Let's see what is possible.

Job Readiness Program

Are you thinking that you might like to go back to work, but you aren't sure you are ready? We have the perfect opportunity for you. Prosumers has a Job Readiness Program at the Prosumer Action Center (1921 Burnet). This is a special volunteer training program that will make you job ready to be a Peer Support Specialist for jobs opening up in Bexar County and in Texas.

So if you would like to have fun, grow in your recovery and learn new skills, this might be exactly what you are looking for. Once a month, there is an entry meeting so that you can find out more information, ask your questions, see the Action Center and meet who you will be working with. The dates for the Entry meeting are:

July 14, 2010 at 1 pm

August 10, 2010 at 1 pm

Take action today! For more information or to RSVP call Michelle at 210-212-6472

Dual Recovery Anonymous (DRA) Meetings Wednesdays 2:30-3:30p.m.

This is a 12 step program for "dual diagnosis" - mental illness/addiction. Meets at Solara Behavioral Health, 1927 N. St. Mary's, San Antonio, TX 78212. For more info, please call 210-299-1152

A Community Wide Educational Offering

An Introduction to Child and Adolescent Mental Health: Practical Knowledge for Parents and Children

Dr Michael Escamilla, an expert in Bipolar Disorder and Mental Health at Texas Tech University Health Sciences Center, is currently offering classes to help increase our community's awareness of the importance of Mental Health. Class participants will have the opportunity to learn from professionals trained in child and adolescent behavior and from various educators trained in the Social Sciences. The following are some topics that will be offered:

1. the importance of Mental Health in everyday life.
2. Stress and its effects on the developing mind.
3. Signs and symptoms of psychiatric disorders such as Anxiety Disorder, Depressive Disorder and Bipolar Disorder.
4. Adult and child coping skills for leading a healthy and more productive life

All families with children between the ages of 6-20 are welcome to come and take advantage of this free and unique family oriented service to the San Antonio community.

Class attendees will have the opportunity to network with local healthcare providers in the field of mental health and organizations such as the National Alliance on Mental Illness. A list of community resources will also be available.

To get more information and sign up for the class, please contact the Texas Tech Health at 210-270-1970 or FAX 210-270-1985.

South Texas Psychiatric Genetics
Research Center
454 Soledad Suite 200
San Antonio, TX 78205

"Congress finds that...disability is a natural part of the human experience and in no way diminishes the right of individuals to live independently; enjoy self determination; make choices; contribute to society; pursue meaningful careers; and enjoy full inclusion and integration in the economic, political, social, cultural, and educational mainstream of American society...."

—1973 amended version of the Rehab Act

Are you on Medicare and/or Medicaid and you need to sign up for an Advantage Plan and don't know where to start? Do you know the differences between Medicare Part A & B? What is Part D? Do I need Part C? All these choices could be very confusing and overwhelming. At the Prosumer Action Center we have three Volunteers that can help you understand what all this means. If you would like more information or to make an appointment please call the Prosumer Action Center at 210-212-6472 and ask for Cheryl, Hannah or Michelle.

Americans with Disabilities Act Celebrate July 26

	MON	TUE	WED	THUR	FRI	SAT
27	June 28 Creative Writing 11-12:30 @ AC Laughing Qigong 2:00-3:00 @ AC DBSA 7 pm @8026 Floyd Curl	June 29 Joyz of Artz 1-3 @AC Recovery Inc 10-12 (see next page) Skill Building 1 - 2 @ AC	June 30 Join the Dance 11 -12 @ AC Social Event Celebrate the 4th of July a bit early 1-3 @ AC DRA meeting @ Solara 2:30-3:30 Recovery Inc 7 pm	July 1 Living Classics 10-11:30 @ AC DBSA #2 7-9 p.m.	July 2 Journaling 10:30-11:30 @ AC Drama Club 1-2:30 @ AC	7/3 DBSA-BC 2-4 @ St. Benedict's Church "the nest"
4	July 5 HOLIDAY CHCS Closed DBSA 7 pm @8026 Floyd Curl	July 6 Joyz of Artz 1-3 @AC Recovery Inc 10-12 (see next page) Skill Building 1- 2 @ AC	July 7 Join the Dance 11 -12 @ AC Social Event 1-3 AC DRA meeting @ Solara 2:30-3:30 Recovery Inc 7 pm	July 8 Living Classics 10-11:30 @ AC DBSA #2 7-9 p.m.	July 9 Journaling 10:30-11:30 @ AC Drama Club 1-2:30 @ AC	7/10 DBSA-BC 2-4 @ St. Benedict's Church "the nest"
11	July 12 Creative Writing 11-12:30 @ AC Laughing Qigong 2:00-3:00 @ AC DBSA 7 pm @8026 Floyd Curl	July 13 Joyz of Artz 1-3 @AC Recovery Inc 10-12 (see next page) Skill Building 1:00-2:00 @ AC NAMI Meeting 7 pm @ 510 Belknap	July 14 Social Event 1-3 @ AC Mental Health Support Grp 7 pm St. George Episcopal Church, 342-4261 DRA meeting @ Solara 2:30-3:30 Recovery Inc 7 pm	July 15 Living Classics 10-11:30 @ AC DBSA #2 7-9 p.m.	July 16 Prosumer Action Center closed for all to attend the Prosumer Meeting 12-3 @ School of Nursing	7/17 Prosumer Meeting in Houston 12-3 DBSA-BC 2-4 @ St. Benedict's Church "the nest"
18	July 19 Creative Writing 11-12:30 @ AC Laughing Qigong 2:00-3:00 @ AC DBSA 7 pm @8026 Floyd Curl	July 20 Joyz of Artz 1-3 @AC Recovery Inc 10-12 (see next page) Skill Building 1- 2 @ AC Prosumer Evening Meeting 6-9 LA PAZ 530 San Pedro	July 21 Join the Dance 11 -12 @ AC Social Event 1-3 @ AC DRA meeting @ Solara 2:30-3:30 Recovery Inc 7 pm	July 22 Living Classics 10-11:30 @ AC DBSA #2 7-9 p.m.	July 23 Journaling 10:30-11:30 @ AC Drama Club 1-2:30 @ AC	7/24 DBSA-BC 2-4 @ St. Benedict's Church "the nest"
25	July 26 ADA DAY Creative Writing 11-12:30 @ AC Laughing Qigong 2:00-3:00 @ AC DBSA 7 pm @8026 Floyd Curl	July 27 Joyz of Artz 1-3 @AC Recovery Inc 10-12 (see next page) Skill Building 1 - 2 @ AC	July 28 Join the Dance 11 -12 @ AC Movie Social Event 1-3 @ AC DRA meeting @ Solara 2:30-3:30 Recovery Inc 7 pm	July 29 Living Classics 10-11:30 @ AC DBSA #2 7-9 p.m.	July 30 Journaling 10:30-11:30 @ AC Drama Club 1-2:30 @ AC	7/31 DBSA-BC 2-4 @ St. Benedict's Church "the nest"

PLEASE CALL AND VERIFY time and place prior to going to any of the meetings. Most Numbers are on the next page.

Prosumer Numbers

June 11 SA Prosumer Day Meeting in 18 attendance
 June 15 SA Prosumer Evening Meeting 11 in attendance
 June 12 HOU Prosumer Meeting 13 in attendance
 Prosumer Newsletter circulation 2,180
 Prosumer Facebook Fans 42 & 84 visits to Fan Page in May
 People following ProsumersInt on Twitter - 6

Prosumer Action Center May Numbers

Eighteen (18) volunteers provided 685.75 hours
 Held public education on & increased awareness of MI to over 34 people
 Outreach occurred to 484+ consumers and families
 Empowered 47 consumers to become self-sufficient

Referred 4 people to services in the community
 45 people attended groups at the Action Center
 37 unduplicated people served at the Action Center this month
 A total of 195 services were provided
 Members of Prosumer Action Center Facebook- 43

Focus for Life Training FY'10

58 people have completed full curriculum
 38 people attended who completed a partial training
 Trainings scheduled:
 July 6-8 in Fort Worth
 July 21-23 in Conroe
 July 28-30 in Big Springs
 August 2-4 in San Antonio
Register online at
www.TheProInternational.org

Bexar County Consumer/Family Conference
Crowne Plaza Hotel San Antonio, TX
August 19-21, 2010

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4th Annual National Peer Specialist Conference
August 23-25, 2010 in Chicago, Illinois
At the Westin Yorktown-Lombard

Alternatives 2010 Annual Conference
"Promoting Wellness Through Social Justice"
Sept 29 - Oct 3, 2010
Garden Grove, CA

Intentional Peer Support Training FY'10
 None currently scheduled

CALENDAR NAMES, ADDRESSES and PHONE NUMBERS

Prosumer Action Center (AC) – located at 1921 Burnet, Office Manager, Michelle Mata 210-212-6472, ext. 201 FAX 210-212-9081
www.ProsumersInternational.org , Mailing Address: PO Box 120394, San Antonio, TX 78212 Alternate Phone number 210-653-5267 to RSVP
Toll free number is 1-877-334-2717

Day Meeting School of Nursing at the University Health Science Center from **12-3**
Evening Meeting at La Paz on 3rd Tuesday of the Month, 530 San Pedro from **6-9**

24/7 Crisis Clinic—Address is 527 N. Leona 2nd Floor (the Brady Green). 210-225-5481.

Crisis Hotline for people feeling suicidal, homicidal or people not doing well mentally 210-223-7233 or 1-800-316-9241.

CHCS – Center for Health Care Services address is 3031 IH 10 West (Central Office) 210-731-1300

BHPNAC—Behavioral Health Planning & Networking Advisory Committee
 for individuals with mental health and/or substance abuse issues

CHCS Adult Mental Health Intake—210-223-4061

Children’s Clinic —Address is 711 E. Josephine 210-299-8139

Children’s Clinic for Eligibility/Enrollment—Address is 1200 Broadway 210-223-4061

Burnet Clinic – Address is 1920 Burnet 210-227-3401

Palo Alto Clinic—Address is 2711 Palo Alto Road 210-533-2577

North West Clinic—Address is 9502 Computer Dr # 101 210-615-5700

Zarzamora Clinic - Address is 806 S. Zarzamora 210-434-7001

Advocacy Inc. - Address is 6800 First Park Ten Blvd. 210-737-0499 www.advocacyinc.org

DARS (Formerly TRC) Help individuals with disabilities obtain and maintain employment. For services call 1-800-628-5115

DBSA --Depressive Bipolar Support Alliance meets at 8026 Floyd Curl 210-945-0689

DBSA #2— Thursday nights, 7-9 p.m., Good News Lutheran Church, 11020 Old Corpus Christi Road (corner of Hwy 181 and IH-37 S); contact number, Wanda, 210-779-6479

DBSA Bexar County—Depressive Bipolar Support Alliance meets at 4623 Lord Road, call 210-262-2596 or email larryforbrich@yahoo.com,

DBSA Texas Phone: (512) 407-6676, Toll-free: 1 (866) 327-2839, Fax: (281) 480-4333, P.O. Box 591342, Houston, TX 77259-1342

Dual Recovery Anonymous (DRA) Solara Behavioral Health; 1927 N. St. Mary's San Antonio, TX 78212 Call for more info to 210-299-1152

Fair Housing Council of Greater San Antonio— Address 4414 Centerview Drive, Suite# 229 210-733-3247 Office

Mental Health Support Group — St. George Episcopal Church 6904 West Avenue 210- 342-4261 for more information

NAMI SA – National Alliance on Mentally Illness of San Antonio 210-734-3349

Recovery Inc.—Recovery International, the Power to Change—an Abraham Low Self Help System

Tuesdays, 10-12 Incarnate Word Retirement Center (The Garden Room); 4707 Broadway 830-216-4264

Wednesdays, 7:00 PM Ecumenical Center for Religion and Health; 8902 Ewing Hallsell Call Patricia (210) 655-6875

Peer-to-Peer and Family Support Group -San Juan de los Lagos Church at 3231 El Paso St. Call 210-734-3349 for more information

SAILS – San Antonio Independent Living Services address is 1028 S. Alamo Drive 210-281-1878

Support Alliance for Mental Health (of South Texas) www.samentalhealth.org Send info about all peer support groups and other events to normansbrother@rocketmail.com.

VIA Metro Center — Address is 1021 San Pedro 210-362-2020 Monday - Friday 7:00 a.m. - 6:00 p.m. Call for help with bus schedules

These committees are 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



Our Elected Officials

SENATOR LETICIA VAN DE PUTTE,
 SENATE DIST 26
 700 N. Saint Mary's St., Suite 1725-A, SA, TX 78205
 (210) 733-6604 Closest Bus Route: 30

REPRESENTATIVE TREY MARTINEZ FISCHER,
 HOUSE DIST116
 1910 Fredericksburg Road, SA, TX 78201
 (210) 737-7200 Closest Bus Route: 92, 91

REPRESENTATIVE JOE STRAUS,
 HOUSE DIST 121
 7373 Broadway Suite 202A SA, TX 78209
 (210) 828-4411 Closest Bus Route: 9, 10, 505, 647

REPRESENTATIVE, JOE FARIAS
 HOUSE DIST 118
 601 S. Seguin Road Converse TX 78109
 210-659-9071 Closest Bus Route: 21, 639

SENATOR JUDITH ZAFFIRINI, SENATE DIST 21
 12702 Topperwein, Rd. Suite 214, SA, TX 78233
 (210) 657-0095 Bus Route 640 stops 1 1/2 miles
 away from Zaffirini's Office

SENATOR CARLOS I. URESTI, SENATE DIST 19
 2530 SW Military Drive, Suite 103, SA, TX 78221
 (210) 932-2568 Closest Bus Route: 551, 550, 520

REPRESENTATIVE ROLAND GUTIERREZ
 HOUSE DIST 119
 3319 Sidney Brooks Bldg. 510 Suite 2 SA, TX 78235
 (210) 532-2758 Closest Bus Route: 34, 20

REPRESENTATIVE FRANK J. CORTE,
 HOUSE DISTRICT 122
 2040 Babcock Rd., Ste. 402, SA, TX 78229
 (210) 349-0320 Closest Bus Route: 91, 92 522, 532

REPRESENTATIVE RUTH JONES MCCLENDON,
 HOUSE DIST120
 403 South WW White Road, Suite 210, SA, TX 78219
 (210) 225-2107 Closest Bus Route: 25, 550

SENATOR JEFF WENTWORTH,
 SENATE DIST 25
 1250 N.E. Loop 410, Suite 925 SA, TX 78209
 (210) 826-7800 Closest Bus Route: 10

REPRESENTATIVE DAVID LEIBOWITZ,
 HOUSE DIST 117
 9107 Marbach Road Suite 111, SA, TX 78245
 (210) 645-4400 Closest Bus Route: 613, 615

REPRESENTATIVE JOAQUIN CASTRO,
 HOUSE DIST 125
 6100 Bandera, Ste. 130, SA, TX 78238
 (210) 684-6896 Closest Bus Route: 88

REPRESENTATIVE MIKE VILLARREAL,
 HOUSE DIST123
 1114 S. Saint Mary's Suite 110 SA, TX 78210
 (210) 734-8937 Closest Bus Route: 34,36,42

REPRESENTATIVE JOSE MENENDEZ,
 HOUSE DIST 124
 7121 US Hwy. 90 West, Suite 240, SA, TX 78227
 (210) 673-3579 Bus Route: 616

Useful Websites and Links

An Online Wellness Tool

www.ProsumersLightaCandle.org

Recovery TV

www.WorldTV.com/RecoveryTV

The Prosumer website

www.ProsumersInternational.org

PRO International for Empowermentware

www.TheProInternational.com

National Consumer/Survivor Coalition

www.ncmhcsso.org

The Center for Health Care Services

www.CHCSBC.org

A website for all TX government departments

www.texas.gov

National Empowerment Center a consumer

technical Assistance Center www.Power2u.org

Depression and Bipolar Support Alliance

(DBSA) www.dbsalliance.org

Mental Health America of Texas

www.mhatexas.org

Texas Legislature Online

<http://www.capitol.state.tx.us>

Texas Administrative 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 infor-

mation, and candidates

<http://www.sos.state.tx.us/tac/>

Substance Abuse Mental Health Services Ad-

ministration

www.SAMHSA.gov

Mental Health Self Help Clearinghouse

<http://mhselfhelp.org/>

Website for Medications, Assistance Programs,

Discount programs

www.needymeds.com

TX 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 www.gcflernfree.org/

For more information specific to their current

situation and the transition to Medicare Rx

www.texasmedicareRx.org

Blog for discussion of mental illness in veterans

by Dr. Maria Felix-Ortiz www.bexarinmind.org

Assistance with household goods for people

with chronic mental illness. Home Comforts

www.bexarhomecomforts.com

NAMI a Organization for the families of people

with mental illness www.nami.org

Via Hope, a collaboration of Mental Health Ad-

vocacy groups to help with the transformation of

services in Texas. www.viahope.org

Prosumer Action Center Updates

Classes continue to be held every day at the Center. We have added classes and continue to add classes. (the schedule can be found on page 4). We also have a fun social every Wednesday.

Joyce, our local artist, continues to have painting classes only on Tuesdays.

We are still waiting for the software for our computer lab. **Reserve your spot now for classes.** Call Michelle at 210-212-6472 ext 201.

The Grand Opening was a great success. Prosumers did an awesome job getting donations from various people. We would like to thank Center for Health Care Services, National Center for Behavioral Health Solutions, Culebra Meat Market, Kiobassa, Bill Millers, Diane's Ice House, CALEB, Star Catering, H.E.B., Safe Haven, DAPA, Green Vegetarian Restaurant, Mama-cita's, PRO International and so many more that donated food, door prizes and more important, time and talent.

We now have four Deputy Registrars which means you can come to the Action Center and register to vote or update your voting card. Even if you are homeless or marginally homeless and don't have permanent address, we can help you register.

Coming soon will be a class by Cheryl for resume writing and interviewing techniques. This class is for everyone but especially those of us who have a criminal background and how to minimize the effect while still responding honestly.

This month we have tickets for a drawing. The purpose of the drawing is to raise money for Prosumers to go to the National Association of Peer Specialists Conference in August. We have a Gold and Diamond Pendant from Americus Diamonds (\$500 value); an original painting from Janet Paleo (\$200 value); a CD Automatic Storage Unit (\$120 value); a Dinner for two from Chuy's Mexican Restaurant (\$85 value) and other possible prizes. Tickets are \$1.00 and will help us realize our dreams.

Come see what all the excitement is about and join us as we discover and explore what is possible.

Free Wireless Cell Phone

If you are currently receiving Medicaid or your income is at a level that you could qualify for Medicaid, there is a new FREE wireless cell phone company just approved for Texas. You can go to www.assurancewireless.com or call 1-800-385-0023.

Assurance Wireless Benefits

If you qualify and are approved for Assurance Wireless, you'll get:

- A FREE Assurance Wireless phone
- 200 FREE minutes each month for nationwide local and domestic long-distance calling,
- FREE voicemail, call waiting and caller ID
- 911 Access

There are no bills, long-term contracts, activation fees, recurring fees or surcharges for Assurance Wireless customers.

In Texas You Qualify if you are on any of these programs:

- Medicaid
- Food Stamps/SNAP
- Supplemental Security Income (SSI)
- Health Benefit Coverage under Child Health Plan (CHIP)
- Federal Public Housing Assistance
- Low Income Energy Assistance Program (LIHEAP)

OR

- Your household income is at or below 150% of the Federal Poverty Guidelines
- Please call and find out if you qualify for this vital service.

SOURCE: DBSA Austin

“Extra Help” Soon to Be Available for People on Medicare

More Medicare beneficiaries will soon qualify for help paying for their prescription drugs. People on Medicare may be eligible to pay no more than \$2.50 for generic drugs and \$6.30 for each brand name drug thanks to changes to Medicare's Low-Income Subsidy Program (also called "Extra Help") that take effect this year. Changes in the law will make it easier for Medicare beneficiaries to qualify for "Extra Help" by changing the way income and assets are counted in 2010. The Social Security Administration will no longer count life insurance policies as a resource. Also, help received from family and friends to pay for household expenses like food, mortgage, rent and utilities will no longer count as income.

For more information visit this link: http://www.disability.gov/health/health_insurance/prescription_drugs.

”Medical books ... those monuments to nature’s fragility and the power of science which make us tremble when they treat even the slightest indisposition by indicating these can bring death in their train, but which accord us complete security when they speak of the virtue of the remedies as if we were immortal!” -- Montesquieu

This quip of Montesquieu is unfortunately just as relevant today as it was in the 18th Century. Especially in mental health, we have had a tendency to view serious mental illness as pervasive and permanent, leading at least to chronic disability if not to death. At the same time, we have held out hope for the ‘magic bullet’ that will make the illness go away, the miracle cure that will end the person and family’s suffering and restore everything to normalcy, or at least to some sense of order and stability. What we have learned over the past couple of decades, though, is that the truth lies somewhere else. Mental illnesses are neither pervasive nor necessarily permanent, as noted in last week’s Highlight. At the same time, even the most evidence-based of practices in mental health are limited in their effectiveness. Where does this leave us?

On the one hand, we have seen studies published in the last 10 years that have shown that the newer psychiatric medications are not that much better than the older ones, and that their side effects, while different, are still onerous. It remains the case that only 70% of people with a serious mental illness will derive any relief from these medications, and that the benefits of the medications are limited to only one domain of symptoms—i.e., primarily the so-called positive symptoms of hallucinations and delusions—having little to no impact on the more disabling aspects of the disease (i.e., so-called negative symptoms and cognitive impairments). As Buchanan and colleagues concluded in a recent issue of *Schizophrenia Bulletin* updating the recommendations for evidence-based care: “treatments do not ‘cure’ schizophrenia or fully ameliorate symptoms and problems for the majority of affected individuals” (2009).

So where does recovery come in? Recovery, as it turns out, has more to do with what the person with the illness does to contain and minimize the intrusions of the illness than with what professionals do to treat it. One thing people with serious mental illnesses can do is to take the medications prescribed for their condition by mental health professionals. But this is only one thing that they can do among many others, and most likely is not the most effective thing they can do, at least for those people for whom the medications are very limited in efficacy. Recovery also has to do with all of those other things people can do, and may need to do, in addition to taking prescribed medications. Recovery also has to do with how people go about leading their lives in the presence of, or despite, serious mental illness. These are important areas about which we know very little, but about which we are learning everyday, both through empirical research and through listening to people who have had experiences of finding the strategies that work for them.

In this respect, it should perhaps not be so surprising to find out that the most robust evidence base that exists for interventions targeting serious mental illnesses are not for the traditional treatments of medication or psychotherapies that were aimed at eliminating the illness. On the contrary, the most robust effect sizes were for those interventions that supported people in participating in the community activities of their choice, in occupying normal adult roles, while they continue to have a mental illness. This suggests that the most effective breakthroughs in practice for people with serious mental illnesses since the introduction of chlorpromazine in the 1950s have not been in the development of new and better medications but in development of assertive community treatment and the related psychiatric rehabilitation practices of supported housing and supported employment. What these advances have taught us is that it may be less difficult for people to figure out how to live with a mental illness than to be rid of it altogether. While the mental health field has had limited success in treating the illness, many people have themselves found ways to live with it and some to eventually recover from it fully.

For people who are familiar with other serious medical conditions, such as diabetes or asthma, this conclusion will not be surprising. We know, for instance, that while we cannot cure type 1 diabetes, the better control a person has of the illness, the less virulent it is and the better the outcome. Similarly, the more a person with cardiac disease eats heart-healthy foods and gets regular exercise, the less severe the condition and the better the outcome. What research suggests is that the same is most likely true for serious mental illnesses. The better able a person becomes to manage the illness, the less destructive the condition and the better the longer-term outcome. What this suggests for practice is that it is not sufficient for a mental health practitioner simply to recommend that people take prescribed medication and avoid or minimize the stress in their lives. Such recommendations would be of limited use to people with diabetes or cardiac disease, this is no less so for mental illness. Rather, the challenge facing the recovery-oriented practitioner is to learn what people living with serious mental illnesses—even people who are fortunate enough to have access to evidence-based treatments and who derive maximum benefit from them—can do to manage the residual symptoms and overcome or compensate for the residual impairments brought on by the illness. And for now, the best people to teach us about these strategies are the people who have figured them out for themselves through trial and error, because no one else was around at the time who could teach them.

For further reading:

Buchanan, R.W., Kreyenbuhl, J., Kelly, D.L., Noel, J.M., Boggs, D.L., Fischer, B.A., Himelhoch, S., Fang, B., Peterson, E., Aquino, P.R., & Keller, W. (2010). The 2009 Schizophrenia PORT Psychopharmacological Treatment Recommendations and Summary Statements. *Schizophrenia Bulletin*, 36: 71-93.

Davidson, L. (2010). PORT Through a Recovery Lens. *Schizophrenia Bulletin*, 36: 107-108.

SOURCE: Recovery to Practice, Resource Center for Mental Health Professionals, U.S. Department of Health and Human Services June 11, 2010 Weekly Highlight

We welcome your views, comments, suggestions and inquiries.

For more information on this topic or any other recovery topics, please contact the *Recovery to Practice* Technical Assistance Center at 1-877-584-8535 or email RecoveryToPractice@dsgonline.com.

