When A Mind Changes

Personal stories about mental illness and Its effects on individuals, families and communities

MHA
Mental Health America
of Greater Houston

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Introduction

Mental illnesses are treatable conditions, and when people receive the care and treatment they need, there is no limit to the heights they can reach. Unfortunately, decisions made at various levels of government oftentimes restrict, rather than expand, access to needed services and supports. These decisions include repeated funding cuts for public mental health services, low Medicaid reimbursement rates, and a lagging investment in the mental health workforce. The impact is then felt locally, by way of larger jail populations, more students exhibiting behavioral health issues in schools, and crowded emergency rooms.

There are a number of statistics that demonstrate this sobering reality:

- Half of all lifetime cases of mental illness begin by age 14

- Approximately 2/3 of the homeless in the Greater Houston area self-report a mental illness, with one-fifth admitting to chronic substance abuse

- On any given day, about 2,100 inmates in the Harris County jail are receiving psychotropic medications

Even more sobering is the fact that real lives are affected by these statistics. Take Elizabeth McIngvale, who was ravaged by a severe case of Obsessive Compulsive Disorder before she even made 13. Or Dr. James McSwain, who actually allowed his son to remain in the Harris County Jail so he could receive needed mental health treatment. Or Brenda Bouie, who lived in Hermann Park for 17 years, largely due to her battle with Schizophrenia.

This book tells real stories about real people. With mental illness affecting 1 in 5 people, any one of these individuals could be your family member, your friend, or…even you. We all have a stake in expanding access to mental health services.

It is our hope that the 83rd Texas Legislature will rise to the challenge and ensure that mental health services and supports are available to all who need them.

When a Mind Changes: Personal Stories About Mental Illness and Its Effects on Individuals, Families and Communities, is a powerful portrait of the impact of mental illness - not only on those living with it, but on all of us who come across them. My family easily could have been included in this compilation. In fact, most families probably have felt the impact of mental illness.

Beyond my personal experiences, I - as Harris County Judge - have to address the impact of mental illness every day. More than 9,000 people visit the county-funded Psychiatric Emergency Room each year. More than 60 percent of the youths entering the Harris County Juvenile Probation Department have an emotional disturbance of some type; 30 percent have a serious emotional disturbance. On any given day, the Harris County Jail dispenses psychotropic medications to more than 2,100 people, and jail treatment is roughly 10 times more expensive than treatment in the community.

When the State of Texas cuts funding for mental health services, the impact is shifted to other areas of the budget, including juvenile and criminal justice, education and the child welfare system. We see the local impact every day in our jails, emergency rooms, hospitals and schools, which translates to a greater burden on the local taxpayers who foot the bill.

I support passage of a fiscally conservative budget that adequately meets the needs of all Texans. Part of the way to deliver that is by ensuring that we get people into cost-effective treatment instead of forcing them into more costly arenas such as the criminal justice system. It is common sense, as well as good medicine. And it is a better approach for patients and taxpayers.

I encourage the 83rd Legislature to adequately fund mental health services and to significantly increase investment into the ongoing, community-based services that will help our friends and neighbors with mental illness be productive and live their lives to their fullest potential.

Ed Emmett
Harris County Judge

CITY OF HOUSTON

Office of the Mayor

Annise D. Parker

Mayor

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Mental illnesses have a significant impact in Houston. It is estimated that our City loses $5.6 billion in annual earnings due to serious mental illnesses. Untreated mental illness also is taxing on our local systems. In 2012, Houston Police Department officers responded to over 27,000 calls involving someone experiencing a mental health crisis. Roughly two out of three homeless individuals in the greater Houston area have a mental health issue.

In *When a Mind Changes: Personal Stories About Mental Illness and Its Effects on Individuals, Families and Communities*, you will learn about the experiences of local mental health consumers, family members and providers. These stories make clear that when people are able to access the services and support they need—be it treatment, housing or employment –they can live fulfilling lives and be productive and contributing members of society.

Unfortunately, the need for services locally far outpaces availability, leaving many people unable to access the help they need. We need a concerted effort both locally and at the state level to ensure that when someone comes knocking on the door for help, there is always someone to answer.

Sincerely,

Annise D. Parker
Mayor

I Was In Denial That I Even Had Mental Illness

Alexandria Foote has a smile that can light up any room.

So many are surprised to learn that for the past 15 years, she has struggled with both Major Depression and Bipolar Disorder with psychotic features. In her younger years, she lived her life just as everybody else.

"I was going to school and working two jobs. I enjoyed life. I was a happy-go-lucky person. I was the life of the party."

Alexandria's initial diagnosis came as a shock, and it was difficult for her to admit she needed help.

"Well, at first I was in denial that I had mental illness. I did not want to accept the fact that I had a problem."

After adjusting to her diagnosis and being briefly hospitalized, Alexandria began receiving services with the Mental Health and Mental Retardation Authority of Harris County (MHMRA).

Because she was leaving a state hospital, she didn't have to worry about a waiting list and was able to connect with services immediately. The right medication, along with psychotherapy and support groups, put her on the path to stability and proved to be a lifeline to her.

"I think I would still be at a state hospital if I didn't get the appropriate care. I would just be lost. Luckily MHMRA came at a time when I needed them the most."

In addition to the mental health services Alexandria received from MHMRA, she took advantage of classes they offered to become a certified peer support specialist.

Now she serves on the MHMRA Consumer Advisory Council and helps her fellow peers navigate what can be a complicated system.

"We are a voice for the consumers who come into the clinic. If they have a problem with the doctor, caseworker or nurse, they let us know, and we advocate for them. We educate, advocate and partner with the agency. Being on the Consumer Advisory Council has helped me, because people look up to me. They call me if they have issues or if they want to talk or just be a support for them."

While Alexandria's road to recovery has been a difficult one, she continues to improve day by day. She anticipates enrolling in the College of Biblical Studies for the summer session and vows to continue her education until she receives her doctorate.

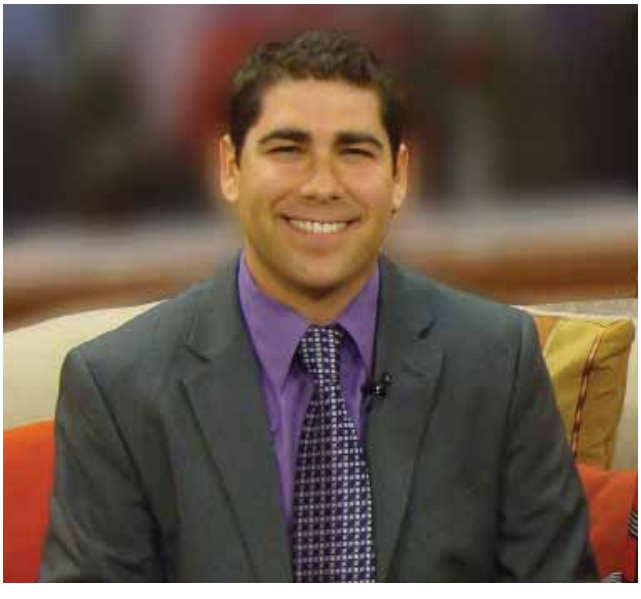
"Living with a mental illness can be challenging at times, but even if you have mental illness, it doesn't define who you are. You are just like any other person."

"Other people have high blood pressure, high cholesterol, diabetes or have to go to dialysis, and those are treatable. Mental illness is treatable—it's not curable, but it is treatable."

"Look at Texas State Representative Garnet Coleman—he has Bipolar Disorder. He has made it. He is a big inspiration to me, too. If he can do it, I can do it. Recovery is possible."

There Is A Great Need For Culturally Competent Mental Health Providers

David Bueno Martin is a Licensed Professional Counselor who has been licensed to practice in Harris County since 2008.



Growing up in Spain, David's interest in mental wellness started early in life.

"I always felt like I wanted to help people and people were coming to me at a fairly young age with their issues, and I knew that I needed more training to be able to help others in a more effective way."

He went on to receive both his Bachelor's and Master's Degrees in Psychology from the University of Malaga in Spain. In 2005, he moved to Houston to marry his fiancée. However, it took a while before David started using his training professionally.

"My first job was actually as a youth worker with a church and then I became a licensed insurance agent. Understanding that the corporate world is not where I wanted to be, I transitioned to working for a local agency which provides foster care, adoption and post-adoption services for families."

David also worked with the Early Childhood Intervention program with two different local organizations.

His position as a mental health provider with one of the agencies was eliminated after budget cuts enacted during the 82nd Legislative Session.

He now works in his private-practice, Martin Counseling, PLLC and part-time for a non-profit organization.

"I work with a variety of clients. I cover from early childhood all the way to geriatric clients. I see my specialty as mainly bilingual or bi-cultural clients whose primary language is Spanish. In Harris County there's a huge need for mental health providers who speak Spanish."

One unfortunate trend David has recognized through his practice is the delay in people receiving needed treatment.

"I see a lot of people suffering from depression and anxiety. I also treat some people diagnosed with Bipolar Disorder and Schizophrenia."

"Many of the times when I'm starting to see people it's the first time that they've ever gone to see a counselor. Which is a little worrisome at times, because I see a wide-range of symptoms, and they've never been treated, ever."

Another area that presents a barrier to access is Medicaid. Due to the high administrative burden and low reimbursement rates, fewer providers are accepting Medicaid clients. David is among them. "I would love to serve Medicaid clients in my private practice, because I understand the need. But the rates are lower than what other insurance carriers pay for services, so that is a struggle. I also would anticipate a lot of administrative hassle to go through to be reimbursed."

"So when you add up the cost of billing plus the rate that you're getting, I just can't justify that from a business point of view."

Besides increasing Medicaid reimbursement levels for mental health providers, David has another message for the Legislature.

"Early intervention has proven to be a wise investment. If we did some prevention work and put dollars into things that we know work, we would actually save state resources down the line."

Psychosis Made Her Believe She Needed To Be Outside

Brenda Bouie is a quiet woman who mostly keeps to herself.

In 1987, she was diagnosed with Paranoid Schizophrenia with Psychotic Features.

Before the diagnosis, her life wasn't much different from any young mother's.

"It was a normal life. I did everyday things like cooking and cleaning, taking care of my children."

Brenda also worked as as a nurse. When her behavior began to change, some of her family members became concerned.

"My mother told me she wanted me to see a doctor. I didn't know what was going on at first. But when I went there I felt I had been tricked. They told me I had to be admitted; I didn't know why."

Brenda Bouie and Sara Cromie

After a work-related injury, Brenda's life spiraled downward. It hit its lowest point when, after circumstances that remain unclear, her ex-husband drove her to Hermann Park in Houston and left her there with her car.

"Before I knew it, things just passed me by. My purse was stolen. My car was towed."

Disoriented and on her own, Brenda lived in Hermann Park for the next 17 years, with limited access to treatment and little hope of regaining the life she once had.

Fortunately, a few good-hearted people crossed Brenda's path. One of them was Sara Cromie. "I met Ms. Brenda almost seven years ago. I exercise in the park and one day I just went by to see her and asked her if she needed something. Through time there would be little things that I would bring. She asked for Oil of Olay and Pellegrino, salmon, capers; she has good taste."

Over time, the women's friendship blossomed and Sara was intent upon getting Brenda into housing. She helped her obtain identification papers, though the process moved slowly.

Things quickly changed when the Houston Police Department's Homeless Outreach Team (HOT) and the Mental Health and Mental Retardation Authority of Harris County's homeless program got involved.

"One day I went to go walk and people said, 'Ms. Brenda has been picked up by the police.' I was so upset. When they found her, HOT had taken her and had gotten her a shower. They had all the knowledge and the information to make everything go forward. Without that, she would still be at the park."

It still took time to convince Brenda to leave the park. Her psychosis made her believe she needed to be outside. However, after ending up in the emergency room after two men robbed and assaulted her, she agreed to stay with Sara for a while. Thanks to the work of HOT and other local groups, she soon was transferred to an available unit at a New Hope Housing, Inc. facility.

With housing, Brenda is now stabilized and routinely receiving mental health care. She is working toward what she calls "well being" and credits housing with her turnaround.

"I felt numb when I was outside. This facility is private, it's clean, it has different events. I enjoy the privacy."

Texas May Lose Medical Students To Out-Of-State Psychiatric Residencies

Elisabeth Netherton is a fourth year medical student at The University of Texas at Houston and is preparing to begin a psychiatric residency program in July.

While her interest in becoming a physician began earlier in life, it was her undergraduate employment with the University of Texas Peer Academic Coaching Program that made her want to focus on psychiatry.

"I worked with students who were failing out of school and a bunch of my students had psychiatric issues, either ongoing issues or were developing psychiatric issues due to their age group or the stresses of leaving home and starting college. I had a student who had first-break schizophrenia and that was really interesting because for the first 6 months I was working with him I didn't understand that he was psychotic. I had students that had generalized anxiety disorder, and I had students who were depressed. So I became familiar with a lot of the illnesses that they were facing and became more interested in pursuing psychiatry in medical school."

After more than three grueling years in medical school, Elisabeth has applied locally for a residency position. There are three psychiatric residency programs in the Houston area—The University of Texas at Houston, Baylor College of Medicine, and The University of Texas Medical Branch in Galveston. While about a dozen of

Elisabeth's fellow students are interested in a psychiatric residency position, the University of Texas at Houston only has seven.

What that means is that Texas potentially could lose outstanding medical students in whom the state has made a significant investment.

"We need all the psychiatrists we can get. Medical students that are interested in psychiatry will potentially stay here if they train here so it is really in our best interest for all of us to get spots here in Texas."

"If I don't get a residency position, that would be catastrophic because I'm really unable to move because of my husband."

Equally important to obtaining a psychiatric residency slot is the ability to pay off a significant debt burden.

"I have around $180,000 in student loans, which is worth more than my mortgage, so the cutting of funding for the loan repayment programs has been really worrisome for me."

"Psychiatry in general is not typically considered the best specialty for students with a high student loan burden. I've had people tell me that maybe I should really think about doing something else because of my loans."

As legislators contemplate various funding initiatives during the 83rd Legislature, Elisabeth has the following thoughts.

"Mental health services are sorely needed here in Texas and we have a huge shortage of psychiatrists. I'm interested in providing these services to low income patients that really need them, but to be able to do that we need to fund residency slots and we need to fund the loan repayment programs that we gutted two years ago."

I Started To Believe There Was Hope For Me

When you meet Elizabeth McIngvale, you can immediately tell she is a smart, focused young woman who is enjoying life.

What you might not realize is for several years, beginning in childhood, she has lived with a debilitating, chronic illness--Obsessive Compulsive Disorder (OCD).

"I was formally diagnosed around age 12. Two or three years prior I was a carefree young kid looking forward to being a teenager."

By the time Elizabeth was diagnosed with OCD, she was already routinely performing different rituals and engaging in other obsessive behavior. Many of the rituals involved color, number and contamination issues, as well as scrupulosity, which centers on moral and/or religious issues.

"Number issues were so severe at one point I couldn't find any good numbers. Every time I would stop on a number I would think there was something wrong with this number. Six was a really bad number for me because 666, the number of the devil, and fears that if I did anything in multiples of six then something bad would happen to me or my family, and it would be my fault and they might not go to heaven and all these prolonged obsessions that kept on going. I remember I couldn't stop on any number because I always felt something wrong with every number. Finally I stopped on the number 42 and that doesn't make sense because four plus two equals six, so technically that's what I would

have thought. But that was my mom's age at the time, so I felt like 'Okay, since this is my mom's age and it equals six, then I need to stop on that number to keep her safe.' Literally everything I did, I did 42 times. Getting out of a chair I would get up and down 42 times, taking a step I would put my right foot 42 times and then my left foot 42 times. Grabbing a pen, I would grab it 42 times. So little things can become overwhelming and getting out of the house or showering goes from taking five to ten minutes to hours."

"And then what happened next is I would wash my hands and turn the faucet on 42 times, get water 42 times, 42 pumps of soap, wash my hands off 42 times, turn the faucet off 42 times. And then I thought 'Oh, that only counts as one set, so I need to do 42 sets of 42.'"

"So as you can imagine I was debilitated by this illness, I was completely homebound, I really wasn't functioning."

If it sounds like living that type of life was unbearable, it was.

"I don't think I ever considered suicide strongly because of my religion and a lot of probably OCD stuff even attached, but I just felt like 'I can't live like this anymore.' That's how my life was every day."

While being diagnosed brought some sense of relief as far as knowing she was not alone in dealing with this illness, Elizabeth was repeatedly told that her case was too severe to be treated and that not much help was available in the Houston area.

"It was kind of like 'Okay great, now I know what's wrong with me but nobody can help me' so I felt a little stuck."

Elizabeth's breakthrough came after being admitted to the Menninger Clinic (then located in Topeka, Kansas) and treated by knowledgeable professionals who knew what worked for OCD, including Cognitive Behavioral Therapy and Exposure and Response Prevention Therapy.

"As soon as that started, my road to recovery started because I started to believe that there's hope for me—there's a chance for me, and that I could do it. As soon as I saw my OCD starting to diminish and started to regain my life, it made all the challenges worth it."

Elizabeth acknowledges that had her parents been unable to afford the treatment she needed, she may not be here today.

So in order to help others access the treatment that can help them manage their illnesses and live successfully, she started a nonprofit Foundation called Peace of Mind.

"Our mission is to find a way to send people to treatment who can't afford it, get them the help they need. And now we've recently launched a self-help website that's free for anyone living with OCD. It uses the principles of Exposure and Response Prevention and Cognitive Behavioral Therapy. It can help overcome barriers to access to care because of costs and because of providers not being readily accessible and available."

Since Elizabeth has learned to successfully manage her illness, she has received both a Bachelor's degree and Master's Degree in Social Work from Loyola University. She is currently working on obtaining her Ph.D. from the University of Houston.

"I'd be lying if I told you I never, ever do any rituals, but I can now manage my illness."

"I can finish school and get a job and live a functional life that I never thought I'd be able to live."

I Am Working Hard to Reclaim My Life

Mental illnesses often attack people in the prime of their lives.

That was no different for Kevin Phillips. He was diagnosed with Bipolar Disorder in 2010.

"I was going to college at the University of North Texas. I got a degree in radio, television and film and was living what seemed to be a normal life. I was a trailblazer of sorts. I didn't follow the typical college path. I started a couple of groups, one called 'Out of Order', which is a flash mob group. Then I also started an underground dodge ball league where we would meet every Friday night so that people would have a healthier, safer alternative than going out and drinking."

His diagnosis, however, proved to be an unwanted interruption to the life he had enjoyed.

"Whenever I was first diagnosed I was on a low end. I was very depressed. I got very paranoid and I actually ended up on a highway in Shreveport, Louisiana and was trying to get a

ride. I got picked up by the police because I was saying crazy, off the wall things. I ended up in a hospital in Louisiana for two and a half weeks right after Thanksgiving completely out of my mind."

"I tried to kill myself while I was in the hospital. I tried to drown myself in the toilet. This was not the best place for me."

Eventually Kevin's mother brought him back to Houston and put him in an outpatient program. He still experienced some challenges, however.

"I was still paranoid, I still had trouble going places without thinking that other people knew what was going on; just very unsettling thoughts." Some of those challenges included contacts with law enforcement and ultimately time in the Harris County Jail.

"I actually got on stable medication through the Harris County Jail's Mental Health and Mental Retardation Authority of Harris County program. Which, I was going to say shouldn't have happened, because I shouldn't have gone to jail so many times; but it did happen and I can't change that. It led me to the path of stability through the proper medication, getting reconnected to my family. I had scared away most of my friends and family by the end of my outbursts."

The right treatment, received consistently has been the difference for Kevin. Being stable has allowed his life to return to a sense of normalcy, even to get a job.

"I am working at Ecclesia, a church in the Montrose area. It's been a good thing for me to be working again."

Working has been just one positive aspect of receiving the right treatment. Regardless of the challenges, Kevin is reclaiming his life.

"I have gone through a lot of stuff; I have experienced a lot of things. I've had a lot of hardships, but overall I feel like I'm the same person again. I feel like I'm well on my way to what's considered living well."

An Early Diagnosis At School Saved Her From Failure

Angelina Hudson makes a living educating teachers and counseling parents on how to deal with the mental health issues of their children.

She feels it is the least she could do. After all, she has raised three children, two of whom have been diagnosed with Attention Deficit-Hyperactivity Disorder (ADHD)—Olivia and Cameron.

When Olivia's first grade teacher sent a note home asking her parents to authorize an evaluation by a Licensed Specialist in School Psychology, it hit Angelina like a ton of bricks.

"I was very upset. I saw Olivia as my 'good' child, the child that didn't present any issues. I ended up taking her out of that teacher's class and then I took her out of the school, then I took her out of the district to where I was working."

Angelina and Olivia Hudson

Eventually a coordinator at the new school also noticed some issues, and because of Angelina's relationship with them, she authorized an evaluation. That's when she learned that Olivia had ADHD, subtype inattentive. As shocking as the diagnosis, early identification was key.

"Because we identified that in the first grade, it saved her from a lifetime of failure."

Olivia's diagnosis made her eligible for services under Section 504 of the Federal Rehabilitation Act. The law authorizes learning services and supports to help individuals with disabilities. It is different from the Individuals with Disabilities Education Act, more commonly referred to as special education.

"Her administrator on that campus was also the Section 504 Coordinator and so worked with her school teacher, worked with her after school--they were always very, very supportive. She struggles in her education, acquiring her learning, but once she gets it, she has it."

Now 16, Olivia is a junior in high school and enrolled in a dual credit program.

Luckily the school staff continues to make sure she has the services and supports she needs to be successful.

"The counselors are on board; we all know what we're dealing with. So when things work well, we try to do those more often, and when things don't work well, we turn around and do something else."

Putting all of her challenges behind her, Olivia is looking forward to life after high school.

"I want to become a Licensed Marriage and Family Therapist. I have a strong passion for that kind of thing. I've long since been a person that a lot of people come to for advice. I like that, so I'm going in that direction. I've narrowed it down to two colleges--the University of Texas and Texas Southern University."

While Angelina is proud of all of her children, her dealings with her youngest son, Cameron, have been more difficult. Also diagnosed with ADHD, the behaviors associated with his diagnosis have made his path a bit rockier than Olivia's.

"He was diagnosed at age 3, but he is nothing like Olivia."

"Most of the time when you say ADHD, people think that means hyperactive, maybe disorganized, forgetful--that's him."

"He's very outspoken, he talks a lot, he blurts out, he's impulsive, he moves constantly. Social interaction is an issue for him, so he constantly feels picked on even though he's not necessarily being picked on. We get into power struggles between him and his teachers."

Dealing with the school also has been a greater challenge this time around. While Olivia was given a Section 504 recommendation, Cameron was denied. The Response to Intervention process that many schools utilize stipulates that certain requirements be met, including disciplinary involvement.

“It’s kind of a catch-22.You don’t want your child to be sent to the office, but you have to go through those stages to become eligible for this process or that process. It just wasn’t that difficult with Olivia. Last year we had to take him out of a school because we just could not fix the situation, and we could not convince the staff that the behavior was due to a diagnosable illness.”

This year, things seem to be going much better. Cameron’s teachers met with him to draw up a behavior plan.

“They said, ‘We want to help you with your academics; how can we support you?’ Cameron said that just blew him away that they made themselves available to him. The area that benefitted both of them from that meeting was they wanted to know if he was engaged in something they didn’t really appreciate, right then, how to correct him. They came up with three ways: a post-it note, a touch on the shoulder as you walk by, and ‘the look’. Now I don’t get the phone calls, I don’t get the constant negative letters at home.”

Dealing with her children’s diagnoses, as well as their schools, has been a long, arduous and oftentimes stressful process for Angelina and her family. But now she can see the silver lining.

“The hardest part for me and Keith, my husband, is the assumption that there is a bad home-life or poor parenting.”

“We love our kids and we train them and teach them, line upon line, precept upon precept. It is difficult getting calls when your child is wrong and behaving out of order. In the end, it has made us stronger. We communicate better, and we have had to learn how to handle our emotions amongst each other more competently because of the diagnoses. If there had never been a diagnosis, we would not have grappled with these interpersonal issues and become the close family that we are.”

My Son Might Be Alive If There Was Treatment

Dr. James McSwain is the Principal at Lamar High School in the Houston Independent School District.

Despite his extensive education and training, it wasn't enough to prepare him for the merry-go-round experience that he would go through while trying to get help for his adopted son, Phillip, who suffered from Paranoid Schizophrenia. Phillip died in 2009 at the age of 31.

"At the time of adoption, Phillip was 12 years old and a ward of the State. He was a severely abused child with many issues. His specific case can only be described as horrific."

Despite these challenges, Phillip was able to flourish while living in the McSwain household and had some notable accomplishments.

"Phillip was an honors graduate from high school in 1995, got a full college scholarship, was employed, and went on to the United State Marine Corps and became a successful Marine Corps sniper."

While in the Marines, however, Phillip was hospitalized in a psychiatric facility and discharged from service shortly thereafter.

After moving to Houston to be closer to his dad, Phillip began doing unexplainable things and would frequently disappear. James was in for a surprise when a doctor at the Bread of Life Ministry in downtown Houston called him in to talk about Phillip.

"She told me at that time that Phillip was very sick. She diagnosed him with Bipolar Disorder with Psychotic Episodes and Manic Features."

The car ride home presented another eye-opening experience for James, as he began to learn the extent of Phillip's delusions.

"I learned about the alien conspiracy, their cooperation with the government, their plan of taking over the world. And I was the head alien."

Because Phillip believed that his brain could be controlled through the television and mirrors, James would have to routinely keep those items covered with sheets. The changes in the household took a toll on some of their personal relationships.

"Friends and family stopped coming over because they didn't know what to do and how to handle the situation. People are afraid of what they don't understand."

Within a short period of time, Phillip deteriorated. "Phillip's psychiatrist determined that Phillip had suffered a further and more serious mental break and diagnosed him with Paranoid Schizophrenia. He said there is no cure and that the condition will become worse. He did not believe that Phillip could manage life on his own. He did believe that, with regular medication, therapy, and treatment that he could have a better quality of life."

James successfully petitioned for guardianship over Phillip, and he experienced some improvements, though they were sporadic. Obtaining the help that Phillip needed in order to maintain stability proved to be elusive.

"I contacted public services and searched for private help. I ran into dead ends and was simply in awe of the fact that there are almost no public services for people with mental illness".

Luckily, James had private insurance on which Phillip was allowed to remain, but getting him longer term care still was difficult.

"He was at a place where he needed therapy, he needed some longer term care. I knew that if we went to the psychiatric hospital we would get 5, 6, 7 days and then the insurance company—again I was blessed to have insurance for him—but the insurance company would again pronounce him healed in 5, 6, 7 days, and we would be out the door."

When Phillip was arrested one night as a result of one of his delusions, James saw an opportunity.

"He had been in the Harris County Jail once before--he had been in the psychiatric unit. I knew that he would be cared for, he would be fed, he would not be hurt, and he would receive medications."

"I purposely allowed him to stay in jail as long as possible in order to get treatment because it simply was not available—we couldn't get it—on the outside."

While James was appreciative of the treatment Phillip was able to receive in the jail, he remains unsettled about that experience.

"As I reflect on it, here's the thing that troubles me the most: I also took care of my father who had dementia. I took my dad to one of the nicest, most well-equipped places in the city of Houston to receive care--I took my son to the Harris County Jail."

"What if we took grandma down to the Harris County Jail and checked her in for Alzheimer's? It might make it a different world."

After Phillip's death in 2009 due to a combination of alcohol and his medications, James wanted to make sure others don't have to experience what he did. He makes presentations about mental illness in a variety of settings and has started a new program at his high school with Communities in Schools (CIS) to help kids like Phillip.

"In this program, whatever is a barrier for student success, we remove it. All the resources are in one place—one door for students and families. CIS caseworkers have a caseload of 20 students with serious mental illness. A part-time social worker follows these kids for up to 2 years after graduation."

Ultimately, James feels it is important to ensure that people are able to access the care they need, and his current work is something of a tribute to his son.

"I believe with absolutely all of my heart that if we could have found long-term treatment for Phillip, he would have still been alive today."

Young Veteran Wounded in Combat

Sergeant Marty Gonzalez served in the United States Marine Corps for seven years.

When he was deployed to Iraq, he knew there was a real possibility he could be wounded in combat. He ended up being shot twice in the arm and even suffered a broken back. What he didn't expect to experience were the invisible wounds of Post Traumatic Stress Disorder (PTSD) and Traumatic Brain Injury (TBI).

"I was diagnosed with PTSD in 2004."

"Before I was diagnosed, I had a plan, I had a goal—nothing was going to get in my way."

Sgt. Marty and Tawnee Gonzalez

After his diagnosis, Marty went on a rapid decline where everything he had fought so hard for seemed to just slip away.

All of these challenges were compounded by his flashbacks and the feelings of guilt he had from his days in combat.

“It was hard to make decisions when I came back home, and I was scared to do it because I didn’t want to hurt anybody else.”

“In combat you’re in charge of people’s lives, so when you lose out there, you’re losing lives. I couldn’t stop my guys from getting killed or getting hurt no matter how much I trained them, no matter how much I did for them.”

“It was something I had to learn to get a hold of, and realize that it wasn’t my fault, but at the same time I was blaming myself.”

Marty resisted treatment for a while, but people around him continued to pressure him to get help.

“The people who were real with me kept telling me ‘Hey, this is not O.K you’re angry all the time, you’re not the same person, you’re sad, you’re not who you were. You need help.’ I kind of tried to avoid it as much as possible by pushing it away. I would isolate myself from people. I didn’t want to deal with it.”

Marty eventually did seek help. He received treatment from the Michael E. Debakey Veterans Administration Medical Center and also participated in a support group. His big breakthrough, however, came through a private doctor who provided him personalized care and adjusted his medications to the right doses. Since then, things have started looking up.

“My life’s changed for the better, just getting more involved in my kids’ life, having fun being a dad, you know, just making sure we’re having fun.”

One major life change for Marty is marriage. He and his wife, Tawnee, have been married for just under a year.

“Well Marty and I met two years ago, in Florida of all places. I was volunteering at a retreat for combat veterans where they were able to come with other combat veterans to talk. And there were people there who could help them figure out their Veterans Administration benefits and all those different things that are available to them. I feel a lot veterans heal the most when they are with other veterans who have similar experiences.”

Although they are still considered newlyweds, Tawnee admits that life can be challenging.

“Being married to a combat veteran is not always a walk in the park, but there are good days, a lot of good days, and there are also some really bad days, too, that come along with it. You have to have a certain sense of compassion. A lot of people can’t handle it.

With PTSD, you know it has been eight years since he was in Iraq, but that doesn’t mean that it’s gone. It’s something that we still deal with every single day.”

One issue they have learned to deal with is relating what Marty is experiencing to their kids. “I have found with them, honesty is the best policy. So I just tell them, ‘Daddy’s having a rough day right now and there’s times when stuff that happened in Iraq will make him sad or kind of makes him a little more on edge and we have to be sensitive right now,’ and they’re really good about it. If we all understand and we all work together, then everybody’s happy in the long run.”

As Tawnee looks forward to her life with Marty and their kids, she has a parting word for lawmakers.

“With Marty there is no cure for PTSD--it’s something that we will battle for the rest of our lives together as a family. No matter how many years it has been since he was in Iraq, we will battle this forever. It is something our family might always need help with, and we need to know that there is going to be help available for us in the future.”

Houston/Harris County Mental Health Facts

- Approximately 150,000 children between the ages of 6 and 18 years old have an Emotional Disturbance; of those, over 89,000 have a Serious Emotional Disturbance
- Almost 500,000 adults have a mental illness, with almost 140,000 having a serious mental illness (Major Depression, Bipolar Disorder or Schizophrenia)
- Half of all lifetime cases of mental illness begin by age 14; three quarters begin by the age of 24
- In 2012, the Mental Health and Mental Retardation Authority of Harris County (MHMRA) served a total of 4,792 children and 15,261 adults in their ongoing services
- As of December 31, 2012, almost 1,650 children and adults were on the MHMRA waiting list, waiting an average of 6 ½ months to receive needed services
- In 2012, Houston Police Department (HPD) officers responded to almost 28,000 calls involving a person experiencing a behavioral health crisis; every 1 ½ hours, an HPD officer transfers a person to the Psychiatric Emergency Room
- In 2012, 66% of homeless individuals in Greater Houston self-reported a mental illness
- In 2011, 62% of youths in Harris County Juvenile Probation had an Emotional Disturbance; 30% had a Serious Emotional Disturbance
- On any given day, the Harris County jail dispenses psychotropic medications to over 2,000 inmates, meaning it houses almost as many people with mental illness as the entire state mental hospital system

No health without
mental health

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Leaders in Mental Health Advocacy and Education

Mental Health America of Greater Houston (MHA) was founded in 1954 by Houston philanthropist, Miss Ima Hogg. For nearly 60 years, MHA Houston has worked to ensure that our community makes mental health a priority.

As the area's oldest mental health advocacy and education organization, we actively work to replace misperceptions and misunderstanding about mental illness with compassion and proper treatment; link people to mental health services; provide education and training for key sectors of the community; remove barriers to mental health care by facilitating change in systems and advocate for legislative solutions that address the vast unmet need for mental health services.

Our Mission

MHA Houston's mission is to enhance the mental health of all Houstonians and improve the lives of those with mental illnesses. We accomplish this through collaborative education, outreach and advocacy.

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