



RECOVERY IN MOTION



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July 2025 Edition

Beautiful Minds Can Be Reclaimed

By Dr. Courtenay M. Harding

Researcher of the notable Vermont Longitudinal Study on Schizophrenia

The film "A Beautiful Mind," about the Nobel Prize-winning mathematician John F. Nash Jr., portrays his recovery from schizophrenia as hard-won, awe-inspiring and unusual. What most Americans and even many psychiatrists do not realize is that many people with schizophrenia -- perhaps more than half -- do significantly improve or recover. That is, they can function socially, work, relate well to others and live in the larger community. Many can be symptom-free without medication.

They improve without fanfare and frequently without much help from the mental health system. Many recover because of sheer persistence at fighting to get better, combined with family or community support. Though some shake off the illness in two to five years, others improve much more slowly. Yet people have recovered even after 30 or 40 years with schizophrenia. The question is, why haven't we set up systems of care that encourage many more people with schizophrenia to reclaim their lives?

We have known what to do and how to do it since the mid-1950's. George Brooks, clinical director of a Vermont hospital, was using Thorazine, then a new drug, to treat patients formerly dismissed as hopeless. He found that for many, the medication was not enough to allow them to leave the hospital. Collaborating with patients, he developed a comprehensive and flexible program of psychosocial rehabilitation. The hospital staff helped patients develop social and work skills, cope with daily living and regain confidence. After a few months in this program, many of the patients who hadn't responded to medication alone were well enough to go back to their communities. The hospital also built a community system to help patients after they were discharged.

These results were lasting. In the 1980's, when the patients who had been through this program in the 50's were contacted for a University of Vermont study, 62 percent to 68
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percent were found to be significantly improved from their original condition or to have completely recovered. The most amazing finding was that 45 percent of all those in Dr. Brooks' program no longer had signs or symptoms of any mental illness three decades later.

Today, most of the 2.5 million Americans with schizophrenia do not get the kind of care that worked so well in Vermont. Instead, they are treated in community mental health centers that provide medication -- which works to reduce painful symptoms in about 60 percent of cases -- and little else. There is rarely enough money for truly effective rehabilitation programs that help people manage their lives.

Unfortunately, psychiatrists and others who care for the mentally ill are often trained from textbooks written at the turn of the last century -- the most notable by two European doctors: Emil Kraepelin in Germany and Eugen Bleuler in Switzerland. These books state flatly that improvement and recovery are not to be expected.

Kraepelin worked in back wards that simply warehoused patients, including some in the final stages of syphilis who were wrongly diagnosed with schizophrenia. Bleuler, initially more optimistic, revised his prognoses downward after studying only hospitalized patients -- samples of convenience -- rather than including patients who were ultimately discharged.

The American Psychiatric Association's newest Diagnostic and Statistical Manual -- D.S.M.- IV, published in 1994 -- repeats this old pessimism. Reinforcing this gloomy view are the crowded day rooms and shelters and large public mental-health caseloads.

Also working against effective treatment are destructive social forces like prejudice, discrimination and poverty, as well as overzealous cost containment in public and private insurance coverage. Public dialogue is mostly about ensuring that people take their medication, with little said about providing ways to return to productive lives. We promote a self-fulfilling prophecy of a downward course and then throw up our hands and blame the ill person, or the illness itself, as not remediable.

In addition to the Vermont study, nine other contemporary research studies from across the world have all found that over decades, the number of those improving and even recovering from schizophrenia gets larger and larger. These long-term, in-depth studies followed people for decades, whether or not they remained in treatment, and found that 46 percent to 68 percent showed significant improvement or had recovered. Earlier research had been short-term and had looked only at patients in treatment.

Although there are many pathways to recovery, several factors stand out. They include a home, a job, friends and integration in the community. They also include hope, relearned optimism and self-sufficiency.

Treatment based on the hope of recovery has had periodic support. In 1961 a report of the American Medical Association, the American Psychiatric Association, the American Academy of Neurology and the Justice Department said, "The fallacies of total insanity, hopelessness and incurability should be attacked and the prospects of recovery and improvement through modern concepts of treatment and rehabilitation emphasized." In 1984, the National Institute of Mental Health recommended community support programs that try to bolster patients' sense of personal dignity and encourage self-determination, peer support and the involvement of families and communities. Now there are renewed calls for recovery-oriented treatment. They should be heeded. We need major shifts in actual practice.

Can all patients make the improvement of a John Nash? No. Schizophrenia is not one disease with one cause and one treatment. But we, as a society, should recognize a moral imperative to listen to what science has told us since 1955 and what patients told us long before. Many people with mental illness have the capacity to lead productive lives in full citizenship. We should have the courage to provide that opportunity for them.

Construction to begin on Panhandle State Hospital

by Julie Thompson, Amarillo Tribune
June 2, 2025



Crews will break ground on the new Panhandle State Hospital at 10 a.m. on Tuesday, June 10, at 6610 W. Amarillo Blvd, with a small ceremony open to the public to attend. According to Potter County Judge Nancy Tanner, Lt. Gov. Dan Patrick will be on site for the groundbreaking, as well as Sen. Kevin Sparks, R-Midland – each of whom, she said, had a hand in bringing the hospital to fruition.

“In 2022, Lt. Gov. Patrick was here, along with Sen. Sparks – he was running for the empty Senate seat left by Kel Seliger,” Tanner said. “So, they invited all the area county judges, all the area county sheriffs, over to the Embassy for brunch so they could give their speech on why we want to elect them for their position.”

When they were through with their speeches, Tanner said Patrick asked what they could do for those in attendance. She said her hand went up so fast she thought she threw her shoulder out.

“I said, ‘We need a state hospital.’ And he goes, ‘You don’t have one?’” Tanner said.

Tanner said she explained there were only 10 state-run mental health hospitals in the State of Texas, and all were south, east, and west of Wichita Falls. The Amarillo area had to take their patients on an almost four-hour drive to Wichita Falls to find a hospital bed for them. There were no closer options.

“It’s a huge deal because right now, we have people sitting in our jail for two years or more waiting to get into a mental health hospital,” Potter County Sheriff Brian Thomas said last spring following the Texas A&M University System board of regents’ vote to approve a swap for the land the hospital will stand on. “The closest facility is either Wichita Falls or Vernon. They’re always full, and it’s a gamble on whether or not you’ll get one in there. The Panhandle itself is being left out. We’ve got sheriffs from up here driving all the way to Houston to get them into one.”

Tanner said Patrick and Sparks began to work towards bringing the Panhandle its own state hospital. She learned the goal had been accomplished from her son, who lives in Dallas, who called her while watching the news.

“He goes, ‘Mom, I’m watching the news. You got your hospital,’” Tanner said. “I said, ‘Are you serious?’ He said, ‘Lt. Gov. mentioned you in his speech.’ So, \$159 million we are going to spend on this. It’s going to be 75 beds.”

As we previously reported, the hospital will include 50 “forensic beds” to serve those found incompetent to stand trial, and the Health and Human Services Commission (HHSC) estimated that it will bring around 300 to 400 jobs to Amarillo. West Texas A&M University’s College of Nursing and Health Sciences has been working to recruit and train the workforce to fill those jobs.

A press release from the Office of the Governor announcing seven new state hospital projects across Texas said these Health and Human Services Commission (HHSC) projects are funded by \$1.5 billion approved by the legislature in 2023.

“Texas continues working to increase access to critical behavioral health treatments for Texans in every corner of our state,” Gov. Greg Abbott said. “These new state hospital projects will help ensure that Texans experiencing a mental health issue have access to mental health professionals and high-quality treatments to address their needs.” In November, Tanner said HHSC estimated the hospital would be complete in 2027.

I SURVIVED IT ALL

BY BARBARA MYERS

I WAS A BROKEN CHINA DOLL
BUT THROUGH OUT IT ALL
GOD PUT ME BACK TOGETHER
PIECE BY PIECE

I DIDN'T REALIZE HOW BROKEN
I WAS UNTILL TODAY
WHEN I WOKE UP
AND STARTED TO PRAY

I THOUGHT OF ALL THE YEARS
THAT ARE BEHIND ME NOW
OF HOW I SURVIVED THEM
AND HOW I AM STRONG
AND HAVE SO MUCH POWER

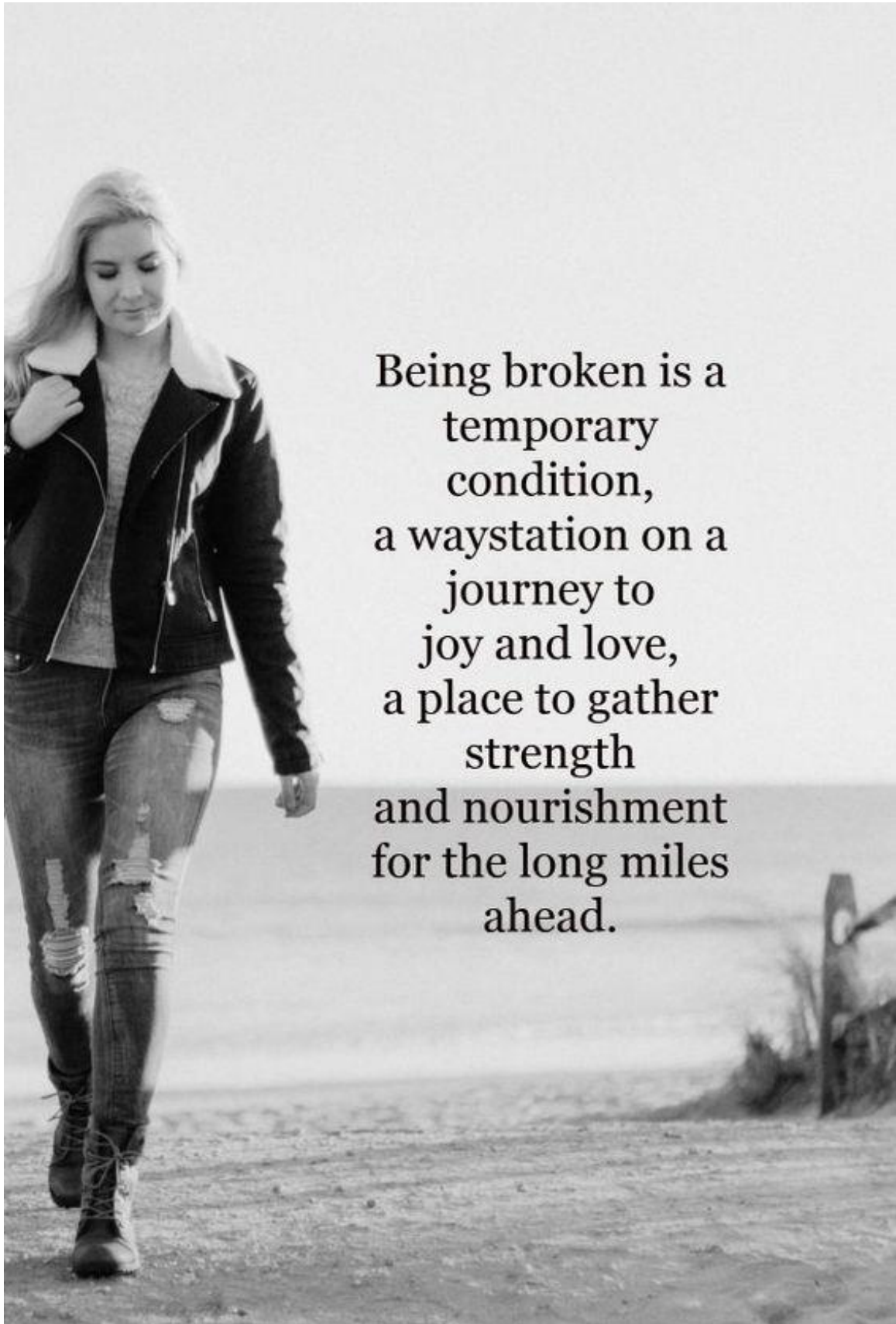
I HAVE SHED SO MANY TEARS
FOR SO MANY YEARS
BUT NOW I AM READY
TO LIVE, LAUGH, AND LOVE AGAIN
I AM READY TO RUN AND PLAY
IN THE SUN AGAIN

I WAS AFRAID FOR THIRTY LONG YEARS
I HAD SO MANY SORROWS
I HAD SO MANY FEARS

I WILL REMEMBER THE GOOD
MEMORIES OF MY PAST
BUT I AM READY TO LOVE AGAIN
FINALLY. AT LAST.
SO TAKE THIS CHINA DOLL
IN YOUR ARMS
AND EMBRACE HER
WITH ALL OF YOUR SWEET CHARMS

FOR GOD PUT HER BACK TOGETHER AGAIN
I AM NOW MYSELF
READY TO RUN AND PLAY
IN THE SUN AGAIN!





Being broken is a
temporary
condition,
a waystation on a
journey to
joy and love,
a place to gather
strength
and nourishment
for the long miles
ahead.

Monday Classes, 1:00 - 2:00 & Wednesday Classes, 11:00 - 12:00

(Home lessons by reservation only, call 335-5896)



Agape Center Artwork

Real Artwork done by Agape Center Members



Colorado sunset – The Talented M.D.



Mischievous one – The Master Of Color, B.M.








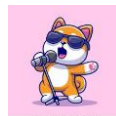
Blue Jay And His Friends – The Marvelous D.B.



The Two Sides – The Exquisite, E.H.

July 2025 Calendar
Telegroup Phone Number: 1-(720)-740-9050

\$\$ - Bring money for Social Outings, Red Groups can be done over the phone.

MON 9:30 – 4:30	TUE 9:30-4:30	WED 9:30 – 4:30	THU 1:00-4:00	FRI 9:30 – 4:30
	<u>1</u> Advanced Computer <u>10:00-11:00</u> Mental Health Ball Toss <u>1:00-2:00</u> Mindful Self Compassion <u>2:30-3:30</u>	<u>2</u> Claude Fortenberry Memorial <u>10:00-11:00</u> Chair Zumba <u>11:00-12:00</u> NOW SERVING LUNCH Agape Caring & Sharing <u>1:15 – 2:15</u> Art Class <u>2:45 – 3:45</u>	<u>3</u> Center Closed	<u>4</u> Center Closed 
<u>7</u> Beginner's Computer Class <u>10:00-11:00</u> Recipe Making <u>1:00-2:00</u> Art Class <u>2:30-3:30</u>	<u>8</u> Advanced Computer <u>10:00-11:00</u> Mental Health Wheel of Fortune <u>1:00-2:00</u> Movie Analysis <u>2:30-3:30</u>	<u>9</u> Consumer Programming <u>10:00-11:00</u> Yoga <u>11:00-12:00</u> NOW SERVING LUNCH Agape Caring & Sharing <u>1:15 – 2:15</u> Art Class <u>2:45 – 3:45</u>	<u>10</u> Center Closed	<u>11</u> Family Feud <u>10:00-11:00</u>  Thompson Park Pool Outing <u>12:00-3:00</u>
<u>14</u> Beginner's Computer Class <u>10:00-11:00</u> Cooking Class <u>1:00-2:00</u> Art Class <u>2:30-3:30</u>	<u>15</u> Advanced Computer <u>10:00-11:00</u> Music Analysis <u>1:00-2:00</u> Two Truths and a Lie <u>2:30-3:30</u>	<u>16</u> Friendly Concerns <u>10:00-11:00</u> Yoga <u>11:00-12:00</u> NOW SERVING LUNCH Agape Caring & Sharing <u>1:15 – 2:15</u> Art Class <u>2:45 – 3:45</u>	<u>17</u> Center Closed	<u>18</u> How Heat Can Affect Our Meds <u>10:00-11:00</u>  Burgers and Bowling <u>1:00 – 4:00</u>
<u>21</u> Beginner's Computer Class <u>10:00-11:00</u> Telephone Game <u>1:00-2:00</u> Art Class <u>2:30-3:30</u>	<u>22</u> Advanced Computer <u>10:00-11:00</u> Meditation Analysis <u>1:00-2:00</u>  Board Meeting <u>2:30-3:30</u>	<u>23</u> GED <u>10:00-11:00</u> Yoga <u>11:00-12:00</u> NOW SERVING LUNCH Agape Caring & Sharing <u>1:15 – 2:15</u> Art Class <u>2:45 – 3:45</u>	<u>24</u> Center Closed	<u>25</u> Center Closed 
<u>28</u> Newsletter Assembly <u>10:00-11:00</u> Emotional Regulation <u>1:00-2:00</u> Art Class <u>2:30-3:30</u>	<u>29</u> Advanced Computer <u>10:00-11:00</u> Letter to Your Inner Child <u>1:00-2:00</u> Healing Can Be Messy <u>2:30-3:30</u>	<u>30</u> GED <u>10:00-11:00</u> Yoga <u>11:00-12:00</u> NOW SERVING LUNCH Agape Caring & Sharing <u>1:15 – 2:15</u> Art Class <u>2:45 – 3:45</u>	<u>31</u> Karaoke Birthday Celebration  <u>1:00-4:00</u>	



AAMHC

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Aleshia Cardenas

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