



# NAMI SYRACUSE

National Alliance on Mental Illness

## Newsletter

SEPTEMBER/OCTOBER 2016

### Meeting Schedule

**NAMI Syracuse - Support & Sharing Meeting**  
**Third Tuesday of each month**

**AccessCNY**

**420 East Genesee Street, Syracuse 13202**

*(parking and entrance in rear of building)*

NAMI Syracuse is a not-for-profit, self-help organization of active and concerned families and friends of people who suffer from serious and persistent psychiatric illnesses, most commonly schizophrenia, bipolar disorder (manic depression), and severe depression.

**CARING**

**SHARING**

**EDUCATION**

**ADVOCACY**

### *Events Calendar*

- September 20, 2016 **Support & Sharing Meeting**  
7:00pm - AccessCNY
- September 25, 2016 **Harvest Hopela**  
All Saint's Parish Center  
*(see page 3 for details)*
- October 5, 2016 **NAMI Syracuse Conference**  
**Preparing for Tomorrow!**  
*(see page 5 for details)*
- October 18, 2016 **Support & Sharing Meeting**  
7:00pm - AccessCNY
- November 15, 2016 **Support & Sharing Meeting**  
7:00pm - AccessCNY

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**MESSAGE FROM THE PRESIDENT**

Dear Members:

It's hard to believe that **Mental Health Awareness Week** is almost here! While we should strive to increase mental health awareness and provide education about serious mental illness every week and every day, it's advantageous to have an "official week"!

Due to **Mental Health Awareness Week**, fall is a very busy time for NAMI Syracuse. We have our fall conference and our fall fundraiser. The NAMI Syracuse Board Members are all working hard to make these both successful events. We hope that you, our members, will fully support all our efforts.

Our second **Harvest Hopela** will be held on Sunday, September 25th. Details on page 3. This promises to be as fun as last year! Dove Creek will be providing the music, we have a wonderful menu planned, and many incredible auction items. The response from our local businesses has been tremendous! Please look over the long list of contributors we have so far (page 3) and support these establishments. Mention that you're there because of their support of NAMI Syracuse. Doing so, not only lets them know you've noticed their support, but also provides a perfect opportunity for education and advocacy.

This year, my husband and I have donated a week's stay in our beach house in Belize. Anyone who purchases a ticket to the **Harvest Hopela** will be entered to win! Belize is an amazing place, and I'm happy to share its beauty for our NAMI cause! Please encourage your friends and family to come to this event, or at least buy tickets for a chance to sit on the beach and watch the sun rise over the Caribbean Sea!

October 5th is our fall education conference, **Preparing for Tomorrow**. (page 5) Please plan to attend. We're hoping to provide some scholarships to the conference with the proceeds from the **Harvest Hopela**. Please let Mary know if you know someone who would like to attend, but needs some financial assistance.

As summer changes into fall, remember: every day mental illness is changing people's lives. But we can help change things for the better; get out there and make every day a mental health awareness day.

~~Karen

**NAMI Syracuse Officers**

Karen Winters Schwartz.....President  
Spencer Plavocos.....Vice-President  
Frank Mazzotti.....Treasurer  
Marla Byrnes .....Recording Secretary

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Sherie Ramsgard  
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Steffany Rose  
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Dr. Sunny Aslam  
Dr. James Knoll  
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For the latest happenings at NAMI Syracuse visit us on **Facebook** and **LIKE** our page.



[facebook.com/NAMISyracuse](https://www.facebook.com/NAMISyracuse)

Register your current Amazon account with NAMI Syracuse Inc. today by going to:

[smile.amazon.com](https://www.smile.amazon.com)

and Amazon will donate 0.5% of the price of your eligible AmazonSmile purchases to NAMI Syracuse!

**American Foundation for Suicide Prevention**

*You are not alone. Join with a community of suicide loss survivors to find comfort and gain understanding as we share stories of healing and hope.*

**Walk to Fight Suicide**  
**Out of the Darkness Community Walks**  
**Syracuse/Liverpool Walk**  
**Presented by AFSP Central New York Chapter**  
**October 8, 2016, Registration Time 10:30am**  
**Long Branch Park, Westshore Trail**  
**3813 Long Branch Road, Liverpool, NY 13090**  
**Contact Debra Graham at [dgraham@afsp.org](mailto:dgraham@afsp.org)**

**2016 International Survivors of Suicide Loss Day**  
**Saturday, November 19, 2016, 10:00am-3:00pm**  
**Northside Baptist Church, 7965 Oswego Road (Rt 57), Liverpool, NY 13090**  
**For Questions please contact: Angela Marotta,**  
**[amarotta331@gmail.com](mailto:amarotta331@gmail.com) Tel. # 315-529-9893**

**Family Support Group**  
**Syracuse Behavioral Healthcare**  
**Recovery Services**

**Thursdays, 5:00-6:00pm**  
**The Recovery Center**  
**714 Hickory St., Syracuse, NY 13203**

Anyone whose life is affected by a loved one's substance use or mental health disorder are welcome.

[www.sbh.org](http://www.sbh.org) [alumni@sbh.org](mailto:alumni@sbh.org)  
315-701-1518

Thanks to many individuals and businesses, this year's Harvest Hopela promises to be packed with food and fun, and lots of wonderful items for our silent auction!

We'd like to thank these individuals for their donations to the Harvest Hopela (so far!):

Marla Byrnes  
Judy Bliss-Ridgway  
Wendy Brooks  
Canastra Family  
Pam Fortino  
Mary Gandino  
Bud and Melinda Greenman  
Ernest Jones  
Diane LaFrance  
Deb Mahaney  
John and Barb Masucci  
Dr. Karen Winters Schwartz  
Dr. Paul Schwartz  
Carol Sheldon-Brady  
Bob Switalski  
Sue Zandowicz  
Dr. Paula Zebrowski

And these businesses:

**Accents of Armory Square** [www.accentsofarmorysquare.com](http://www.accentsofarmorysquare.com)  
**Ann's Sunny Day** [www.annssunnyday.webs.com](http://www.annssunnyday.webs.com)  
**Berkshire Bank** [www.berkshirebank.com](http://www.berkshirebank.com)  
**Bryce Cullen Publishing** [www.brycecullen.com](http://www.brycecullen.com)  
**China Pavilion, Westvale**  
[www.chinapavilioncny.com/contact.htm](http://www.chinapavilioncny.com/contact.htm)  
**Dunkin Donuts** [www.dunkindonuts.com](http://www.dunkindonuts.com)  
**Frightmare Farms** [www.frightmarefarms.net](http://www.frightmarefarms.net)  
**Golden Hanger, Western Lights** [www.thegoldenhangers.com](http://www.thegoldenhangers.com)  
**Goodman Beck Publishing** [www.goodmanbeck.com](http://www.goodmanbeck.com)  
**Hairanoia** [www.hairanoia.net](http://www.hairanoia.net)  
**Happy Snap** [www.happysnap.pics](http://www.happysnap.pics)  
**Indie Kids** [www.facebook.com/indiekidsyracusenyc](http://www.facebook.com/indiekidsyracusenyc)  
**JSA Authentication**  
**Laura Hand, CNY Central** [www.cnycentral.com](http://www.cnycentral.com)  
**LuLaroe on the Go with Brenda Geiger**  
**Metro Home Style** [www.metrohomestyle.net](http://www.metrohomestyle.net)  
**Middle Ages Brewery** [www.middleagesbrewing.com](http://www.middleagesbrewing.com)  
**Mohegan Manor** [www.moheganmanor.com](http://www.moheganmanor.com)  
**Om Home Yoga, Kristin Kadaji** [www.omhomesyr.com](http://www.omhomesyr.com)  
**Painting with a Twist, Dewitt** [www.paintingwithatwist.com](http://www.paintingwithatwist.com)  
**Point of View Optical** [www.pointofviewopticalsyracuse.com](http://www.pointofviewopticalsyracuse.com)

## NAMI Syracuse Fundraiser

# Harvest Hopela

Sunday, September 25, 2016

All Saint's Parish Center

1342 Lancaster Avenue, Syracuse

4:00pm - 7:00pm

*Food*

*Drinks*

*Entertainment by Dove Creek*

*Silent Auction*

*\$60.00 per person*

*\$100.00 per couple*

**Purchase of a ticket enters you in drawing to win 7 day stay in Belize!  
Call 315-487-2085 for tickets or purchase online at [namisyracuse.org](http://namisyracuse.org)**



**Phoebe's** [www.phoebessyracuse.com](http://www.phoebessyracuse.com)

**Plaza Wine and Liquors**

[www.plazawineandliquorofcamillus.com](http://www.plazawineandliquorofcamillus.com)

**Provisions Bakery** [www.facebook.com/provisionsbakery](http://www.facebook.com/provisionsbakery)

**Ramsgard Architectural Design** [www.ramsgard.com](http://www.ramsgard.com)

**Rosamond Gifford Zoo** [www.rosamondgiffordzoo.org](http://www.rosamondgiffordzoo.org)

**SalesIT, Brook Gleasman** 315-308-1442

**Sherwood Inn** [www.thesherwoodinn.com](http://www.thesherwoodinn.com)

**Sterling Optical, Camillus**

[www.sterlingoptical.com/locations/kasson-road-plaza](http://www.sterlingoptical.com/locations/kasson-road-plaza)

Tom Mann's Golf in memory of his beloved wife Palma

[www.golflink.com/golf-stores/golf-shop.aspx?store=541](http://www.golflink.com/golf-stores/golf-shop.aspx?store=541)

**Vinomania** [www.vinoman.biz](http://www.vinoman.biz)

**Wegmans** [www.wegmans.com](http://www.wegmans.com)

**Whole Mental Wellness, Sheri Ramsgard**

[www.wholementalwellness.com](http://www.wholementalwellness.com)

If you are a business or individual who would like to donate to our silent auction, please call Mary at 315-487-2085 or email [namisyracuse@namisyracuse.org](mailto:namisyracuse@namisyracuse.org)



**PRIVATE PAIN, SHARED RESPONSIBILITY: LEARNING TO TALK ABOUT SUICIDE WITH NEIGHBORS AND FRIENDS**

*Alyssa Katz, New York Daily News, July 20, 2016*

Are you thinking about killing yourself?

Pardon me for speaking so forwardly. It's my responsibility to ask that question and make sure you're OK, or get the professional help you need.

Of all the lessons I learned in a day spent last week getting certified in **Mental Health First Aid**, in a New York City Department of Health and Mental Hygiene classroom energized by eager and empathic facilitators and trainees, this one hit home most powerfully: that intervention, even by a barely trained layperson, can deter suicide.

I signed up after a neighbor living one flight below me in Midwood, Brooklyn, jumped off the George Washington Bridge. Rebecca was just 28, her crackling nervous energy and candor in life masking a calling to death that in retrospect is surprising only in ignorance.

Just a week later, a second neighbor died too young. Like Rebecca, she was an Orthodox Jew. Her body lingered for days in bed until the odor brought our doorman in, through a window, to investigate. He found her on Shabbat, the afternoon the world lost Elie Wiesel - the very emblem of Jewish survival against adversity.

Religious custom precluded an autopsy and toxicology. But she had borne the pain from a car crash, making it possible prescription opioids contributed to her demise. Like all of us in our wing of the building, she had been reeling from our first neighbor's unfathomable act.

Dwelling on two thoughts helped me absorb the shock of losing a second neighbor after the shock of the first. One, resentment that Wiesel had survived genocide only so his people had the freedom to end their own lives. And two, that there must have been something those living close could have done, as more than strangers and less than family.

**Mental Health First Aid**, part of city First Lady Chirlane McCray's ThriveNYC initiative, proposes that indeed we can, which is how I came to stare into the eyes of a social work student and pose the - yes, it's really hard to ask - are-you-thinking-about-suicide question.

It has to be asked. While no one was watching, in 2010 the city's suicide rate began a sickening rise after a steady fall, and now, at 6.7 per 100,000 annually, has surpassed homicides in deadliness.

McCray, spending \$5 million in city funds, wants 250,000 New Yorkers to know what I now do - how to recognize the signs of depression, anxiety, drug and alcohol problems, bipolar disorder and schizophrenia, and respond supportively.

Congress has bought in to the concept too, committing \$15 million nationally in this year's budget. Unquestionably, and studies show this, trainees feel more confident in their own ability to help people in distress.

Whether **Mental Health First Aid** - developed in Australia, and trademarked in the U.S. by the National Council for Behavioral Health - actually alters lives' course is a question still under examination. Because life, and the everyday interactions it's made of, is not a controlled experiment.

In fact, a University of Michigan survey of 32 U.S. colleges where dorm resident advisers get the training found that while the RAs felt better about themselves, students were no more likely to use campus mental health services than those whose RAs had no exposure to the training.

That's a rebuke to McCray's very inspiration for bringing **Mental Health First Aid** to New York, her daughter Chiara's struggles with drugs, alcohol, anxiety and depression as a college student in California.

Yet New York contains multitudes, including a great many for whom seeking aid for troubles of the mind is a concept foreign to their culture.

Like many of Brooklyn's Orthodox Jews, central to the faith, I've learned in a decade living in Midwood as a far less observant co-religionist, is acceptance that events on Earth, no matter how hellish, fit into the Almighty's design, to be embel-

lished but never altered in course by His human creations.

That stoic attitude helps the community survive unimaginable misfortune - just watch the heartbreaking videos of grieving Gabriel Sassoon, who lost seven children in a Midwood house fire for want of a smoke detector.

Good came out of that tragedy: Local leaders handed out smoke detectors by the hundreds and spread the word of safety.

The loss of two more of our neighbors, by contrast, prompted a stern note posted on my lobby bulletin board urging against "lashon horror" the spreading of gossip, which this column surely commits.

There is no swaying those determined to stifle discussion about the dead and how they got there. But one by one - and this is true within every culture and community in the city, from the most traditional to the most smugly cosmopolitan - those conversations must happen, and the hands must reach out to help.

### **Mental Health First Aid in Onondaga County**

**Mental Health First Aid** is a public education certificate program that introduces participants to risk factors and warning signs of mental illnesses.

It is an 8 hour interactive course that demonstrates how to offer initial help in a mental health crisis and connect persons to the appropriate professional, peer, social, and self-help group.

Learn about common risk factors and warning signs of specific types of illnesses, like anxiety, depression, substance use, bipolar disorder, and schizophrenia.

Increase your understanding of the impact of mental illness and learn about common community supports.

Improve mental health literacy and reduce stigma.

For more information contact:  
ProjectAWARE@omh.ny.gov

Laura Best, Project Director,  
315-426-6812

Pamela Wendt, Project Evaluator  
315-426-6821

625 Madison St., #211, Syr., NY 13210

# Preparing for Tomorrow

Wednesday, October 5, 2016, 9:00am-3:00pm

Pensabene's Casa Grande, 135 State Fair Boulevard, Syracuse 13204

*presenters*

**Dr. Paula Zebrowski,**  
OCMS Behavioral Health Clinic & ACT Team  
*Living Psychotic vs. Medication Consequences -  
a discussion of risks and benefits  
of illness and treatment*

**Scott Ebner, MSW,**  
Executive Director, Onondaga Case Mgt. Services  
**Kathryn Murphy,**  
Coordinator, St. Joseph's Hospital PROS Program  
*Recovery in a Managed Care Environment*

**Panel Discussion**  
**Elizabeth "Betsey" McKee,**  
Program Director, Hope Connections Recovery  
**Diane O'Brien,**  
Program Director, Unique Peerspectives  
**Jason Erwin,**  
Director of Peer Services, OCMS Inc.  
*Peer Support to Define and Accomplish Your Goals*

**Jennifer McDonnell, Esq.,**  
Estate Planning Law Center  
*Trusts: Planning for Your Family Member's Future*

NAMI Syracuse Educational Conference: Preparing for Tomorrow

Wednesday, October 5, 2016 \* 9:00am-3:00pm \* Pensabene's Casa Grande, 135 State Fair Blvd., Syracuse

Please Register by Friday, September 30, 2016

- Professional/Provider/ Non-NAMI Member \$65.00
- NAMI Member \$50.00
- Student/Recipient of MH Services \$30.00
- Become a member of NAMI and attend the conference \$80.00
- Sorry, not able to attend, but please accept my tax deductible donation \$ \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

~~Registration includes continental breakfast & lunch~~

Display Table Requested

Mail to: NAMI Syracuse Inc., 917 Avery Avenue, Syracuse, NY 13204

**Book Recommendation from Sheila Le Gacy**

A book worth reading - available from your library or from Amazon. The title says it all!

**When Your Adult Child Breaks Your Heart. Coping with Mental Illness, Substance Abuse, and the Problems that Tear Families Apart**

*by Joel L. Young, MD, with Christine Adamec  
Lyons Press, 2013*

**Hutchings Psychiatric Center Family & Community Education Schedule**

Tuesday, October 18, 2016 10am - 12noon

*Overview of Co-Occurring Mental Health and Substance Use Information for consumers, families, friends and caregivers*

**Presenter: Shannon Kelley, LCSW, CASAC**

**Program Manager - Adult Outpatient Clinic, HPC**

Classes are free and held in room 102 of the HPC Education and Training Building, 545 Cedar St., Syr., NY. Paid parking is nearby. To register, call 315-426-6873 or 426-6870.

**SHE "LOVED LIFE": A GRIEVING FATHER WROTE OPENLY ABOUT SUICIDE AND MENTAL ILLNESS IN DAUGHTER'S OBITUARY**

by Colby Itkowitz, *The Washington Post*, August 17, 2016

Only hours after he learned his only daughter was dead, Ed Shoener sat down to write her obituary. It felt like one way he could still take care of his little girl.

He and his wife, Ruth, had been steeling themselves for this day since Katie's first hospitalization more than 11 years ago. He knew immediately why the police were at his doorstep the night of Aug. 3. Yet nothing prepares a parent for the moment they learn the details about how their child ended her life.

But if Shoener, a deacon at his Catholic church, learned anything watching his daughter's long struggle with mental illness, it's that the disease that plagued her is tragically misunderstood. The last thing he could do for his daughter was try to help others understand.

So, with stunning candor, he began her obituary like this:

Kathleen 'Katie' Marie Shoener, 29, fought bipolar disorder since 2005, but she finally lost the battle on Wednesday to suicide in Lewis Center, Ohio.

Then, overwhelmed by the fatherly pull to protect her, he wrote this:

So often people who have a mental illness are known as their illness. People say that "she is bipolar" or "he is schizophrenic." Over the coming days as you talk to people about this, please do not use that phrase. People who have cancer are not cancer, those with diabetes are not diabetes. Katie was not bipolar - she had an illness called bipolar disorder - Katie herself was a beautiful child of God. The way we talk about people and their illnesses affects the people themselves and how we treat the illness. In the case of mental illness there is so much fear, ignorance and hurtful attitudes that the people who suffer from mental illness needlessly suffer further. Our society does not provide the resources that are needed to adequately understand and treat mental illness. In Katie's case, she

had the best medical care available, she always took the cocktail of medicines that she was prescribed and she did her best to be healthy and manage this illness - and yet - that was not enough. Someday a cure will be found, but until then, we need to support and be compassionate to those with mental illness, every bit as much as we support those who suffer from cancer, heart disease or any other illness. Please know that Katie was a sweet, wonderful person that loved life, the people around her - and Jesus Christ.

It was spring of Katie's senior year in high school when she first attempted suicide. She was a brilliant student, finishing second in her class. She played soccer, musical instruments and had a close group of girlfriends. She dreamed of going to New York University, which, while only 120 miles from the scrappy blue-collar town of Scranton where she'd grown up, felt a world away.

Her parents were away the weekend Katie swallowed a handful of pills. They didn't know she had been quietly suffering, though they found out later that she'd been cutting herself for about a year, covering the scars on her wrists with stacks of bracelets.

In their small, closeknit community little is kept secret, and everyone at church and at school knew Katie had tried to kill herself. And in those early days, with the diagnosis of bipolar still raw, the Shoeners carried the shame too often associated with mental illness.

"No one came up to me or Ruth and said, 'I'm so sorry.' If she'd gotten in an accident they would have said kind things, but now everyone knew and no one looked at us, like it was a character flaw," Shoener said in an interview. "We felt shamed, we felt like maybe we weren't good parents. They didn't know what to say. As a society we don't know how to talk to each other about this. We don't have a language for how to talk about mental illness."

Around 5 million Americans, or 2.6 percent of the population, have a bipolar disorder diagnosis, but only around half seek treatment in a given year, according to the National Institute of Mental Health.

Katie was one who did. The rest of her life was a cycle of therapy, medications and hospital stays. She would stabilize and

resume her otherwise full and ambitious life, only to have her bipolar resurface.

"Everyone loved Katie, if you met Katie you couldn't help but love her. She was vibrant," Shoener said, his voice catching on the adjective. "There's nothing rational about this illness. Something in her mind told her she was a terrible person and everybody hated her."

Katie's childhood best friend, Kelly Lamond, said Katie was always looking for ways to make others feel special. She was her friends' biggest cheerleader. She was "an amazing human," Lamond said.

"She woke up every day fighting to be happy," Lamond said. "It breaks my heart. It makes my heart heavy that she carried that every day."

Katie moved to Columbus, Ohio to earn her MBA at Ohio State University and stayed there for a job. But after another breakdown, she quit, telling the company they deserved a better employee. Without a job, she'd sit alone in her apartment and ruminate. As is the curse of mental illness, her mind was an endless cycle of irrational and negative self-talk. Her parents urged her to move back to Scranton, but she said going home would feel like failing, like falling short of her dreams.

But recently, she had decided to make a change. She planned to move across the country to live with her older brother and his family in San Diego. She adored her nieces and nephews. Her family and friends were hopeful that she'd finally find peace in the temperate climate and proximity to the kids.

But two weeks ago, on a Wednesday evening, Katie sat in her car in a remote spot in her apartment parking lot and shot herself. The police told the Shoeners they'd found just a brief note: "This life is not for me," Katie wrote. She added, "Take care of Mary" - her dog.

Katie and her parents often spoke about how little society really understands mental illness. That it's not a weakness or a moral failing. That it's a very real, potentially fatal, disease. Katie would tell her parents that she didn't want to die, she didn't want to hurt them. But the illness, Shoener said, is "evil."

Shoener is a deeply religious man, and for a long time suicide was viewed as a sin in Catholicism. But in the last two decades,

there's been a greater acceptance from the church that people who kill themselves may be suffering from a psychological issue beyond their control. For Shoener, educating people about mental illness and suicide feels like a mission from God. That in death, Katie will save lives.

The obituary, and a similar homily he gave at her funeral, have provided comfort to the many people who have since approached him or emailed him expressing gratitude for his honesty about what Katie endured.

And her friends are now advocates too. They're organizing a "SKate" run on her birthday this year - Halloween. The tagline for the event is: "Wear a costume, but don't mask mental illness."

"God will use this death to help others come out of the shadows. To help people to find a way to talk to each other about this illness," Shoener said. "Katie was not bipolar. She was a wonderful girl who had bipolar disorder."

## **NATIONAL ALLIANCE ON MENTAL ILLNESS AND THE JED FOUNDATION RELEASE STARTING THE CONVERSATION: COLLEGE AND YOUR MENTAL HEALTH, A GUIDE FOR FAMILIES ON STARTING A CONVERSATION ABOUT MENTAL HEALTH**

The National Alliance on Mental Illness (NAMI), in partnership with The Jed Foundation (JED), recently released "Starting the Conversation: College and Your Mental Health," a guide to help students and parents talk about mental health.

Approximately 75% of mental health conditions begin by age 24, making college a critical time, especially as students transition away from their support systems. With one in five young adults living with a mental health condition and suicide ranking as the second leading cause of death among 15 to 24 year olds, it is vital to talk about mental health before students leave for college. The guide contains information about mental health, privacy laws and how students can keep their parents informed.

"College is an incredible time in a young adult's life, but also a stressful time when the vast majority of mental illnesses first appear. Yet, when students prepare to go off to college, they often get vaccines and families talk about nutrition or exercise, but skip addressing mental health needs," said Mary Giliberti, J.D., NAMI Chief Executive Officer. "Reading this guide, having conversations together and knowing where to go for help are important steps to keep students mentally well and avoid tragedy from emerging mental illnesses."

Key takeaways:

**\*Mental health conditions are common.** One in five young adults will experience a mental health condition during their college years. When facing a mental illness, students should know they are not alone.

**\*There are warning signs.** Parents and students should learn how to recognize the warning signs of mental illness in themselves and in others before it's too late. Being informed can save lives.

**\*Seek help when you need it.** Students should be aware of the mental health resources and care options available to them—for example, most colleges have health clinics on campus—and should not hesitate to ask for help.

**\*Know the laws.** Health privacy laws prevent mental health professionals from sharing sensitive information with families. Having a support system that is aware and involved will better enable students to overcome mental health challenges.

"Going to college is a major life milestone and time of significant change for students and their families," said John MacPhee, JED Chief Executive Officer. "This guide will help students and parents better prepare for this transition by helping them understand and discuss issues related to college student mental health and establish a plan to address potential concerns together."

**Starting the Conversation: College and Your Mental Health** is a resource for students and parents to start this important conversation. While it may be hard to initiate, it can make all the difference. Download the guide and learn more at [nami.org/collegeguide](http://nami.org/collegeguide).

## **REPORTS FROM THE LATEST BIPOLAR NETWORK NEWS**

*Vol. 20, Issue 4, 2016 (bipolarnews.org)  
Edited by Sheila Le Gacy, Director of the Family Support & Education Center, AccessCNY*

### **Intranasal Ketamine Has Long-Lasting Antidepressant Effects**

It has been known for years that ketamine, an anesthetic at higher doses, can quickly produce antidepressant effects when delivered intravenously. However, these effects typically last only a few days. New research is exploring how to extend the effects.

Researcher Ella Daly and colleagues recently compared a form of ketamine called esketamine, this time delivered intranasally, to placebo in people with tough-to-treat depression. All of the various doses improved participants' depression compared to placebo, with higher doses producing more sustained improvement.

Side effects were not severe. Ketamine can produce dissociative sensations, but these tended to dissipate within two hours of administration.

### **RTMS (Repeated Transcranial Magnetic Stimulation) (rTMS) May Reduce Cocaine Craving and May Treat Cocaine Addictions**

RTMS is a non-invasive treatment in which a magnetic coil placed near the skull transmits electrical signals to the brain. It is an effective treatment for depression, and there is growing evidence that it may also be able to treat addictions.

RTMS may have a double benefit for people who are addicted to cocaine, decreasing depression and reducing cocaine craving.

There are few side effects among those who receive this treatment, and compliance is exceptional.

### **Thiamine (vitamin B1) May Increase Effectiveness of Antidepressants**

A new study suggests that the nutritional supplement vitamin B1, also known as thiamine, can improve symptoms of depression when taken with an antidepressant. Thiamine is an essential nutrient for humans. It is found in foods such as yeast, cereal grains, and certain vegetables. Thia-

mine deficiency has been linked to irritability and symptoms of depression, while thiamine supplementation can improve mood and reduce feelings of stress. No side effects were reported in the study.

### **Depression and Bipolar Disorder in Adolescence Linked to Early-Onset Cardiovascular Disease and Hardening of the Arteries**

The link between mood disorders and cardiovascular illnesses has been clear for some time. Now there is evidence that this link begins early in life. In 2015 the American Heart Association issued a statement that adolescents with major depressive disorder and bipolar disorder are at increased risk for both accelerated atherosclerosis (narrowing and hardening of the arteries) and early-onset cardiovascular disease.

Until recently, it had been assumed that the increased risk of cardiovascular disease among people with depression or bipolar disorder was a result of behaviors linked to these illnesses, such as higher rates of smoking, obesity, or diabetes, which increases heart disease. Some psychiatric medication can also bring about risk factors for cardiovascular problems. It turns out these types of factors could not fully explain the increased risk of atherosclerosis and cardiovascular disease among people who had depression or bipolar disorder in their teens.

It is not clear why depression and bipolar disorder make cardiovascular illness more likely, though it may be due to blood vessel damage resulting from inflammation or oxidative stress.

### **Nutritional Supplement NAC Reduces Skin-Picking (As Well As Symptoms of Psychiatric Disorders and Substance Abuse)**

The antioxidant N-acetylcysteine (NAC) has been found to be an effective treatment for a variety of habit-based behaviors - substance abuse, including alcohol, marijuana, and nicotine; gambling, obsessive-compulsive behaviors, trichotillomania (compulsive hair-pulling), and repetitive behaviors among people with autism. Recent research revealed that NAC can also treat skin-picking disorder.

In addition to its positive effects in people with addictions and habit-based

behaviors, NAC has also improved mood and anxiety in bipolar disorder and treated negative symptoms of schizophrenia, such as withdrawal and lack of motivation.

*Editor's Note:* Given NAC's effectiveness in such a wide range of disorders and behaviors, it could be a particularly useful treatment for people with major psychiatric disorders, such as bipolar disorder or schizophrenia, with co-occurring substance abuse.

### **AN ALTERNATIVE FORM OF MENTAL HEALTH CARE GAINS A FOOTHOLD**

*by Benedict Carey, New York Times, August 8, 2016*

Some of the voices inside Caroline White's head have been a lifelong comfort, as protective as a favorite aunt. It was the others - "you're nothing, they're out to get you, to kill you" - that led her down a rabbit hole of failed treatments and over a decade of hospitalizations, therapy and medications, all aimed at silencing those internal threats.

At a support group for so-called voice-hearers, however, she tried something radically different. She allowed other members of the group to address the voice, directly:

What is it you want?

"After I thought about it, I realized that the voice valued my safety, wanted me to be respected and better supported by others," said Ms. White, 34, who, since that session in late 2014, has become a leader in a growing alliance of such groups, called the Hearing Voices Network, or HVN.

At a time when Congress is debating measures to extend the reach of mainstream psychiatry - particularly to the severely psychotic, who often end up in prison or homeless - an alternative kind of mental health care is taking root that is very much anti-mainstream. It is largely non-medical, focused on holistic recovery rather than symptom treatment, and increasingly accessible through an assortment of in-home services, residential centers and groups like the voices network Ms. White turned to, in which members help one another understand each voice, as a metaphor, rather than try to extinguish it.

For the first time in this country, experts say, psychiatry's critics are mounting a sustained, broadly based effort to provide people with practical options, rather than solely alleging abuses like overmedication and involuntary restraint.

"The reason these programs are proliferating now is society's shameful neglect of the severely ill, which creates a vacuum of great need," said Dr. Allen Frances, a professor emeritus of psychiatry at Duke University.

Dr. Chris Gordon, who directs a program with an approach to treating psychosis called Open Dialogue at Advocates in Framingham, Mass., calls the alternative approaches a "collaborative pathway to recovery and a paradigm shift in care." The Open Dialogue approach involves a team of mental health specialists who visit homes and discuss the crisis with the affected person - without resorting to diagnostic labels or medication, at least in the beginning.

Some psychiatrists are wary, they say, given that medication can be life-changing for many people with mental problems, and rigorous research on these alternatives is scarce.

"I would advise anyone to be carefully evaluated by a psychiatrist with expertise in treating psychotic disorders before embarking on any such alternative programs," said Dr. Ronald Pies, a professor of psychiatry at SUNY Upstate University, in Syracuse. "Many, though not all, patients with acute psychotic symptoms are too seriously ill to do without immediate medication, and lack the family support that those programs generally rely on."

Alternative care appears to be here to stay, however. Private donations for such programs have topped \$5 million, according to Virgil Stucker, the executive director of CooperRiis, a residential treatment community in North Carolina. A recently formed nonprofit, the Foundation for Excellence in Mental Health Care, has made several grants, including \$160,000 to start an Open Dialogue program at Emory University and \$250,000 to study the effect of HVN groups on attendees, according to Gina Nikkel, the president and CEO of the foundation. Both programs have a long track record in Europe.

About three quarters of people put on a medication for psychosis stop taking it within 18 months because of side effects or other issues, studies suggest. Some do well on other drugs; others do not.

"I was told by one psychiatrist at age 13 or 14 that if I didn't take the meds, my brain would become more and more damaged," said Ms. White, who began hearing voices in grade school. "Of course I believed it. And I became hopeless, because the drugs just made me feel worse."

Recently, Ms. White and seven others who hear voices gathered at the Holyoke Center of the Western Massachusetts Recovery Learning Community, which hosts weekly 90-minute hearing voices groups, to talk about what happens in those sessions. The group meetings themselves, guided by a person who hears voices, sometimes accompanied by a therapist, are open to family members but closed to the news media.

The culture is explicitly nonpsychiatric: No one uses the word "patient" or refers to the sessions as "treatment."

"We need to be very careful that these groups do not become medicalized in any way," said Gail Hornstein, a professor of psychology at Mount Holyoke College and a founding figure for the American hearing voices groups, which have tripled in number over the past several years, to more than 80 groups in 21 states.

Most of the people in the room had extensive experience being treated in the mainstream system. "I was told I was a ticking time bomb, that I'd never finish college, never have a job, never have kids, and always be on psychiatric medication," said Sarah, a student at Mount Holyoke who for years has heard a voice - a child, crying - and in college started having suicidal thoughts. She was given diagnoses of borderline personality disorder and put on medications that had severe side effects.

In the group, other members prompted her to listen to the child's cries, to ask whose they were, and why the crying?

Those questions led, over a period of weeks, to a recollection of a frightening experience in her childhood, and an

effort to soothe the child. This altered her relationship with the voice, she said, and sometimes the child now laughs, whispers, even sings.

"That is the way it works here," said Sarah, who is set to graduate from college with honors. "In the group, everyone's experience is real, and they make suggestions based on what has worked for them."

Like many of the other alternative models of care, Hearing Voices Network is not explicitly anti-medication. Many people who regularly attend have prescriptions, but many have reduced dosages.

"I walked in the door on Thorazine and thought I couldn't get better," Marty Hadge said. "About all I could do is lie on the couch, and the doctors would say, Hey, you're doing great - you're not getting in trouble!"

Mr. Hadge is now a group leader who trains others for that role. He no longer takes Thorazine or any other anti-psychosis medication.

Not everyone benefits from airing their voices, therapists say. The pain and confusion those internal messages cause can overwhelm any effort to understand or engage.

"People will come to our program because they're determined not to be on medication," said Dr. Gordon, the medical director of Advocates. "But that's not always possible. The idea is to give people as many options as we can, to allow them to come up with their own self-management program."

To do that, proponents of alternative care have much work to do. The programs are spread thin, and to scale up, they will probably have to set aside their native distrust of mainstream psychiatry to form alliances with clinics. In parts of Europe, including Britain and Denmark, such integration has occurred, with hearing voices groups and Open Dialogue-like programs widely available.

In this country, there is very little collaboration. Ms. White runs a hearing voices group in the forensic psychiatry unit of a hospital in Springfield, Mass., and there is a scattering of other medical clinics that work with voices groups. But the culture gap between alternative and mainstream approaches to psychosis and other mental problems remains deep, and most psychia-

trists and insurers will need to see some evidence before forming partnerships.

Recently, the influential journal **Psychiatric Services** published the first study of the Open Dialogue program in the United States, led by Dr. Gordon and Dr. Douglas Ziedonis of the University of Massachusetts.

The results are encouraging: Nine of 14 young men and women enrolled in the program for a year after a psychotic episode were still in school or working. Four are doing well without medication; the others started or continued on anti-psychosis drugs. Insurance covered about a quarter of the overall costs.

"It's tiny, just a pilot study," Dr. Gordon said. "But it's a start."

~*from Carol Hayes Collier, Director, Community Based Peer Initiatives, AccessCNY*: We have a Hearing Voices Peer Support Group at Unique Peerspectives. Diane O'Brien has gone through the training. If you know of anyone who may be interested in participating, please call Diane at 315-475-1994.

### *In Memoriam*

NAMI Syracuse offers our condolences and sympathy to the following:

The family of **Irene Doyle** who passed on August 10th at the age of 95. Irene has been a member of NAMI since 1987.

Craig Slutzker on the passing of his mother, **Lillian Slutzker** on August 18th.

Catherine Canale on the passing of her husband **Michael Canale** on August 20th.

*Rest in Peace  
Irene, Lillian & Michael*

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### What are the benefits of NAMI membership?

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- Eligibility to vote in all NAMI elections
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- Discounts on publications, promotional items, and registration at NAMI's annual convention, state and local conferences
- Access to exclusive members-only material on NAMI National's website

*Reminder:*

*If you are receiving this newsletter but are not a member, please consider joining NAMI.*

*If you are a member, please check to be sure your dues are up to date.*

*Please join or renew today.*

*There is strength in numbers!*

**The NAMI Syracuse Support & Sharing Meeting facilitated by Sheila Le Gacy is held on the 3rd Tuesday of each month at 7:00pm at ACCESS-CNY, 420 East Genesee Street, Syracuse. (Between South Townsend St. and South State St., next to the Onondaga County Sheriff's Department. Parking and entrance in the rear of the building.)**