



NAMI SYRACUSE

National Alliance on Mental Illness

Newsletter

MAY/JUNE 2015

Meeting Schedule

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

ACCESS-CNY

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

- May 19, 2015 **Support & Sharing Meeting**
7:00pm - AccessCNY
- June 16, 2015 **Support & Sharing Meeting**
7:00pm - AccessCNY
- July 8, 2015 **“SEE ME TOO!” Art & Poetry**
Show Reception, 3:00-5:00pm
Community Folk Art Center
(see pages 2 & 3 for details and entry form)
- July 21, 2015 **Support & Sharing Meeting**
7:00pm - AccessCNY
- October 8, 2015 NAMI Syracuse
Educational Conference
Supports & Strategies for Recovery
(details forthcoming)

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MESSAGE FROM THE PRESIDENT

Dear fellow NAMI members,

Happy Mental Illness Awareness Month! When I wrote my last letter to you we were still very much in the grips of winter. Now the trees are green and our mowers are working overtime. Spring is a perfect time to get out, clean up from the winter's deluge, and plan for a fun and exciting summer.

Already NAMI has made the most of the nicer weather. We've completed our first shared walk with NAMI Rochester and it was a success! Our Syracuse team earned nearly \$6000! Our portion is about half and we will use the money to help continue to provide our free services to the community.

For those of you that haven't heard, on May 5th, NAMI Syracuse was honored in Albany for the work we're doing with children's mental health at "What's Great in Our State: A Celebration of Children's Mental Health Awareness". We also received a shout-out from Congressman John Katko in an official Congressional Record on May 1st! Congrats to all of us! As part of the celebration, Governor Cuomo officially proclaimed May 5-12th as Children's Mental Health Awareness Week in New York State.

Our children's conference was another big success. Held this year at the Empire Room at the NYS Fairgrounds, we had plenty of room for our attendees. Our committee members did a wonderful job of putting together an insightful and educational conference on non-pharmaceutical treatment options. We look forward to seeing you all at our fall conference on October 8th.

I'm excited to see this year's entries for our "See Me Too!" Art & Poetry Show this summer. Last year we had an array of beautiful artwork and excellent poetry. As with last year, we will have a reception which includes music, poetry reading, and great food! Please see details below and Entry form on page 3 of this newsletter.

Don't forget to check our website www.namisyracuse.org and our Facebook page www.facebook.com/NAMISyracuse for all of our ongoing activities. Please "LIKE" our page and share our posts; together we can make a difference in increasing awareness in our community and improving the lives of our loved ones.

~~Karen

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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)

Follow us on **twitter**:



<https://twitter.com/NAMISyracuse>

“SEE ME TOO!” ART & POETRY SHOW

Our second annual art show will take place June 29 thru August 15, 2015 at Community Folk Art Center

Consumers and family members 18 years old or older may submit one - two art pieces or poems.

Art work must be display ready.

Deadline for submission of art or poetry is June 22nd - June 26th.

Please see the entry form on **page 3** for details or visit our website www.namisyracuse.org

Reception: Wednesday, July 8th, 3:00-5:00pm, Community Folk Art Center, 805 East Genesee Street, Syracuse with live music, poetry readings and Karen Winters Schwartz book signing.

If anyone is interested in contributing to the reception on July 8th with desserts/beverages/ munchies or would like to help with this event, please call the NAMI Syracuse office at 487-2085.

Please support our talented family members and families

MANY THANKS to Community Folk Art Center for their support and donation of their beautiful space for this event!!!

“SEE ME TOO!” NAMI SYRACUSE ART & POETRY SHOW

Name _____

Address _____

Phone _____ E-mail _____

Art Title _____

Media (i.e. oil, pastel, photo, etc.) _____

Item for sale? _____ Price? _____

Poetry _____ May submit online to namisyracuse@namisyracuse.org

Do you want your name posted with your art work or first name only?

We are not liable for loss/ damage to your property. Entry is at your own risk. This show is open to the public. Entries must stay up the entire show period. Must be 18 years old or older to enter.

Your artwork must be display ready and wired. One to two pieces per person and list priority for showing due to limited space. If all work cannot be displayed, there will be an “online” gallery.

Please drop off your art piece June 22 - June 26, 10am - 5pm at Community Folk Art Center, 805 East Genesee St., Syracuse, NY 13210, 315-442-2230.

YOU MUST BRING THIS FORM WITH YOU.

The show will run June 29th thru August 15th.

NAMI Syracuse will host a reception Wednesday, July 8th, 3pm-5pm.

GALLERY OPEN Tuesday-Friday 10 am-5pm and Saturday 11am-5pm

You must pick up your art work August 17-19.

RESEARCH REPORT FROM THE BIPOLAR NETWORK NEWS

Edited by Sheila Le Gacy, Director of the Family Support and Education Center, ACCESS CNY (formerly Transitional Living Services)

Bipolar Disorder Associated with High Verbal Ability and Sociability

A new study of twins provides strong evidence that verbal fluency and positive social traits (such as social ease, confidence, and assertiveness) are more common in the non-ill twins of patients with bipolar disorder. This suggests that people with bipolar disorder are likely to have these positive traits, since the non-ill twin carries some of the same genetic predispositions as the ill twin, but without the detriments to cognitive skills and temperament that are common in bipolar illness.

The traits of enhanced cognition and positive personality indicate that vulnerability to bipolar illness is associated with characteristics that convey a reproductive fitness advantage. Positive qualities like these may make people with bipolar disorder attractive mates, leading to the continued propagation of genes that promote bipolar disorder. This could help account for the persistence of bipolar disorder in the general population.

Once patients become ill with bipolar disorder, many aspects of the illness can cause decreases in cognitive functioning. More episodes of mania and depression is associated with greater degrees of cognitive impairment.

The critical clinical message is that long term consistent treatment of bipolar disorder is necessary to prevent episode recurrence...Our motto remains "Prevent Episodes, Protect the Brain." Perhaps we could add a further admonition, prevent episodes and preserve creativity and intellect!

Older Fathers More Likely to have Offspring with Bipolar Disorder

In a huge Swedish study it was found that offspring of older fathers (over age 45) were 24.7 times more likely to develop bipolar disorder than children of young fathers (aged 20-24). Older paternal age was also associated with other

risks of mental disorders, such as autism, ADHD, suicide attempts, substance abuse and psychosis, but the strongest finding was of a relationship with bipolar disorder.

Mutations that occur during the production of sperm may be responsible for the increase risk of illness in the offspring of older fathers.

Multivitamin and Mineral Preparations for Childhood Bipolar Disorder

Researcher Charles Popper gave a talk at the 2014 meeting of the American Academy of Child and Adolescent Psychiatry on the benefits of nutritional supplements designed to provide multiple vitamins and minerals to children with bipolar disorder and other dyscontrol syndromes, such as ADHD and oppositional defiant disorder. One of these supplements is called EMPower Plus and is sold online. It is moderately expensive and must be given under the supervision of a knowledgeable treating physician. While it is relatively safe in medication-free children, Popper says it can exacerbate withdrawal reactions from some psychotropic medications.

In addition, EMPower Plus greatly increases lithium-related side effects. In patients taking lithium, the dose must be reduced to about one-tenth of a normal dose for those who are adding EMPower Plus.

In another study by Rita Aouad et al., 72.3% of 980 children with a variety of psychiatric diagnoses had insufficient vitamin D levels. These data support the rationale for vitamin D supplementation.

Offspring of Parents with Bipolar Disorder at Risk for Mood Disorders

A high incidence of illness was found not only in the parents of patients with bipolar disorder, but also in the grandparents. Greater total illness across the two generations was associated with more complex illness in the patients. They not only had bipolar disorder, but also a higher incidence of early onset illness, anxiety and substance abuse comorbidity, more episodes, and rapid cycling.

Differentiating ADHD and Bipolar Disorder in Adolescents and Children

Signs of Possible Bipolar Disorder in a Child with ADHD (Regina Sala, *Psychiatric Annals*, 2014)

- The ADHD symptoms appear for the first time after age 12.
- The ADHD symptoms appear abruptly in an otherwise healthy child.
- The ADHD symptoms initially responded to stimulants and then did not.
- The ADHD symptoms come and go and occur with mood changes.
- A child with ADHD begins to have periods of exaggerated elation, grandiosity, depression, decreased need for sleep, or inappropriate sexual behaviors.
- A child with ADHD has recurring severe mood swings, temper outbursts, or rages.
- A child with ADHD has hallucinations or delusions.
- A child with ADHD has a strong family history of bipolar disorder in his or her family.

The differential diagnosis of ADHD vs. bipolar disorder is critical, as drug treatment of these disorders is completely different. Bipolar disorder is treated with atypical antipsychotics; anticonvulsant mood stabilizers, such as valproate, carbamazepine, or lamotrigine; and lithium. Only once mood is stabilized should small doses of stimulants be added to treat residual ADHD symptoms.

Halting Marijuana Use Might Improve Memory in Adolescents

Recent studies confirm that adolescents who stopped heavy marijuana use showed improvements in multiple areas of learning and memory. These data support previous finding that pot can cause impairments in cognitive functioning; but, that abstaining from the drug can bring about improvement relatively quickly.

Researchers reported that a study of 1,037 users who smoked persistently from about age 13 to age 38 lost an average of 8 IQ points.

The moral of the story is that avoiding marijuana use in the first place, especially for people with bipolar disorder, should make it easier to get well and stay well. For current users, N-acetylcysteine (NAC, a nutritional supplement available without a prescription from health food stores) has

been shown to help adolescents decrease marijuana use.

*The preceding edited material comes from **The Bipolar Network News**, Vol. 18, Issue 6, 2014*

On line: bipolarnews.org or contact Sheila Le Gacy for more information about this material.

TO: Graduates of Supportive Family Training

FROM: Sheila Le Gacy, Director of the Family Support & Education Center

PLEASE RETURN BOOKS BORROWED FROM OUR PROGRAM'S LENDING LIBRARY.

Pat and I have started the Spring session of Supportive Family Training and we have noticed that many of our books are missing. If by chance you have forgotten to return books we would really appreciate your bringing them back. You can drop them off with the receptionist at 420 East Genesee Street, the TLS/AccessCNY office where you took your training. Also, if you have books relating to mental illness that you have finished, we would so appreciate your donating them to us. Thanks so much. ~~Sheila

MORE RESEARCH RESULTS FROM THE 2015 BIPOLAR NETWORK NEWS

Edited by Sheila Le Gacy, Director of the Family Support & Education Center, AccessCNY

Inflammation is Associated with Cognitive Dysfunction in Children with Bipolar Disorder

Researcher Ben Goldstein reported at the 2014 meeting of the American Academy of Child and Adolescent Psychiatry that children with bipolar disorder have levels of inflammatory markers in the same range as people with inflammatory illnesses, such as rheumatoid arthritis. In his research, increases in the inflammatory marker c-reactive protein (CRP) occurred in proportion to the severity of manic symptoms in the children.

Loving Kindness Meditation Can Lengthen Telomeres in Women

Telomeres sit at the end of DNA strands and shorten with each cell replication. Shorter telomeres are associated with aging and an increase in many medical and psychiatric disorders. New data from researcher Elizabeth Hoge et.al. suggests that a particular type of meditation can lengthen telomeres.

Loving Kindness meditation, which comes from the Vipassana Buddhist tradition and focuses on positive intentions, unselfish kindness, and warmth towards all people, has been found to produce positive effects in individuals who practice it, including increasing positive emotions and sense of purpose, and bringing about improvement in physical symptoms including headaches, nasal congestion and weakness.

Participants who practiced Loving Kindness meditation for a significant amount of time demonstrated longer relative telomere length than non meditators. The researchers conclude that meditation may have a positive effect on mortality.

Heart Attacks and Surgery Lead to Memory Impairment

Events like surgery or heart attacks that cause inflammation can lead to cognitive deficits or depression for months or years afterward, even though the direct effects of inflammation wear off within weeks.

Treating Alcohol Abuse, Avoiding Benzodiazepines

Researcher Mark Frye found that women with bipolar disorder are almost seven times more likely than women in the general population to abuse alcohol, often in an attempt to self medicate their residual anxiety and depression. Excellent treatment of mood in bipolar disorder may have the double benefit of helping patients avoid alcohol abuse. The nutritional supplement n-acetylcysteine (NAC) also helps improve mood in bipolar disorder and has positive placebo-controlled data in heroin, cocaine, and alcohol avoidance.

NAC has also been found effective in the treatment of depression and many addictions and habit-related behaviors, including cutting, or non-suicidal self injury among adolescents. Patients who received NAC up to 900mg twice daily reduced cutting and also showed reduced psychopathology.

NAC improves mood in depression, many addictions, and many habits including trichotillomania (excessive hair-pulling), nail biting as well as cutting. It may do this by increasing glial glutamate transporters in the nucleus accumbens, the brain's reward center, which lessens the magnitude of the glutamate signal, mediating the compulsion to engage in the habitual behavior.

*The previous material was edited from **Bipolar Network News** Vol 19, Issue 2, 2015*

Save the Date!

Thursday, October 8, 2015

NAMI Syracuse

Educational Conference

Supports & Strategies for Recovery

For many people, working is part and sometimes essential to their recovery, not just because of the financial gain but for social identity and contact, structured time and a sense of personal achievement.

**Hutchings Psychiatric Center
Family & Community Education**

Tuesday, June 9, 2015 10am-12noon

**The Nature and Purpose of Grief:
Facilitating the Healing Process**

Information for consumers, families, caregivers and friends.

Presenter: Shannon Kelley, LMSW
Social Worker, HPC

This class is free and open to the public, and held in room 102 of the HPC Education and Training Building, 545 Cedar St., Syr. Paid parking is nearby. To register, call the Education and Training Department at 315-426-6873 or 426-6870 at least one week in advance.

UPSTATE EXPERTS TAPPED FOR PEDIATRIC MENTAL HEALTH TASK FORCE

from *UpstateOnLine*

Experts from Upstate Medical University are teaming up with others from throughout the region to examine pediatric mental health services in Central New York. This task force, formed through the joint efforts of U.S. Rep. John Katko and Assemblyman Bill Magnarelli, will explore available care options for children and adolescents in the region and recommend methods to improve access to that care.

“The importance of access to these services for families cannot be overstated. Upstate has been engaging with law makers and opinion leaders on this subject for the last decade,” said John McCabe, MD, chief executive officer, Upstate University Hospital. “Our 17-county reach and direct connection to patients will provide the task force with a greater understanding of pediatric mental health care needs throughout the region.”

As the only children’s hospital from Canada to the Pennsylvania border, the providers at Upstate Golisano Children’s Hospital are well versed in the state of pediatric mental health care throughout the region. “The burden of behavioral health problems in children is enormous, and is not being addressed adequately anywhere in the country,” said Thomas Welch, MD, medical director at Upstate Golisano Children’s Hospital. “Like pediatricians throughout the United States, the staff of the Upstate Golisano Children’s Hospital recognizes this fact. Indeed, we deal with it every day. We have and will continue to support local efforts at improving the care of our families. We also realize, however, that there are complexities which must be addressed nationally.”

Three Upstate employees have been selected to serve on the task force. Combined they bring expertise in the mental health field, but also decades of experience advocating for patients and families. They are: Robert Gregory, MD, professor and chair, Department of Psy-

chiatry and Behavioral Sciences, is deeply entrenched in the structure for mental health services in our region. He has a fluency in the processes and procedures for connecting patients with the appropriate level of care that makes him a natural fit for this task force.

Linda McAleer, RN, director, Nursing, Pediatrics, Upstate Golisano Children’s Hospital, oversees the dynamic team of nurses treating pediatric patients in Central New York. McAleer’s role gives her a direct line to the wide range of needs in our pediatric population, as well as where the system can improve to meet those needs.

Jennifer Marsh, LMSW, is a social worker at Upstate Golisano Children’s Hospital. Marsh is an expert at connecting patients with inpatient placement that corresponds to their needs and insurance restrictions. She is also knowledgeable regarding outpatient services, community resources and the intricacies of transfer from the hospital to a facility for treatment. She works with families while they are in crisis to soothe tensions and provide direction. Marsh also attends community meetings and is a frequent presenter for Hillside, Onondaga County Office of Mental Health and Department of Social Services on the topic of unmet systemic needs of children suffering from behavioral health issues in our community.

In a statement, Katko indicated that this task force is only the beginning of a commitment to providing better solutions for patients. “I’ve made it a priority to start a dialogue on strengthening access to pediatric mental health care in Central New York, and I’m proud to partner with Assemblyman Magnarelli and our many local service providers and advocates to start this conversation,” Katko said. “Because of discontinuities and other gaps in the care system, young people in our area do not always receive the best available care. In order to treat and build better lives for the hundreds of Central New York families whose lives are impacted by mental illness and substance abuse, we need real and early intervention solutions in our psychiatric care centers, in our schools, and in our community.”

SIMPLE 2-1-1 PHONE NUMBER GENERATES MORE HOTLINE CALLS

by *Lateshia Beachum, The Post Standard, 4/14/15*

A shorter, more easy to remember number has yielded a higher amount of calls from people seeking help in Central New York, according to 2-1-1 CNY.

2-1-1 CNY officially launched statewide February 11. The hotline replaced Onondaga County’s Helpline, but it performs the same function and serves more counties including Oswego, Jefferson, Lewis and St. Lawrence.

The local hotline, which operates from Onondaga County, helps callers find a range of social services.

In July 2000, the Federal Communications Commission designated the 211 dialing code for community information and referral services. The number was meant to be easily remembered and widely recognized.

Cheryl Giarusso, director of CONTACT Community Services, has noticed an increase in the number of calls received since 2-1-1 CNY launched from previous years in which it operated as Helpline.

Giarusso said 2-1-1 employees and volunteers undergo 45 hours of active listening training. They also have an additional eight to ten hours of database instruction and suicide prevention training.

Giarusso said the intensive training has prepared 2-1-1 employees to deal with every type of call.

“Callers can expect to have a friendly voice on the other end of the line who is well-versed in searching for information and referral and who will actively listen to the caller’s concerns,” she said.

Those who don’t want to speak with someone for services can find the same resources on 2-1-1 CNY’s website.



IN MEMORIAM

We offer our sympathy and prayers to NAMI Syracuse members Beverly and John McPeak on the passing of their son Sean on February 20, 2015.

John and Beverly designated NAMI Syracuse as recipient of contributions made in Sean's memory. We received donations in the amount of \$2,350. What a great tribute to the McPeak family and Sean. Thank you.

The McPeak family received the following letter from one of Sean's many friends.

Dear McPeak Family:

In this time of deep sorrow, please be comforted by the outpouring of affection from a community that Sean blessed by his unconditional love and the unending memory of one of Solvay's greatest men.

A man is not measured by the mere accumulation of wealth or the social status he acquires. Rather, a true man is measured by the people he has impacted and the love that he leaves behind. There was no greater man than your son when it comes to these values. He had an infectious smile that he carried with him no matter what the circumstances. Seeing that radiant smile brightened everyone's day. He also had a way of making people feel special, and knew just what to say. But it wasn't because he just said what people wanted to hear; it was because he said what naturally came from his heart. Whether it was thanking a police officer for "keeping us safe" or just saying "you're the best" to a friend, one could not avoid feeling better around him. And he would always depart your company with an "I love you." It is this type of genuine emotion that will forever endure.

Some say your son was dealt a bad hand. I could not disagree more. He was blessed with kindness and a family that loved him unconditionally. He was born without a mean bone in his body, and could not care less about material things. He lived simply: With an everlasting joy, a smile on his face, and the love of his family. I would play that hand every time.

I want you to know why I always considered Sean a friend. It was because he never changed. In high school, Sean was an all-around superstar. He could do everything. He was the best athlete in every sport, got straight A's in school, was musically gifted, and equally handsome. Most people with these gifts are often cursed with a sense of superiority. Not your son. He treated me the same back then as he did every day thereafter - as a friend.

You should also know that Sean was loved by many, even if it was hard for them to show it. I have heard nothing but kind words and support for Sean over the years. Although these friends may not have been able to express their feelings directly, that does not mean that he was ever forgotten. He was not, and never will be.

It is hard to explain the unexplainable. We may not know why Sean was chosen when he was, but it is times like this when we appreciate the importance of our friends and family. Sean's life is just a further reminder to us all to hug our kids a little longer, kiss your spouse more often and take the time to call our parents or other loved ones to say "I love you." One regret Sean never had, was the failure to say this simple, yet meaningful phrase.

I want to thank you for raising such an incredible, kind-hearted man. It is without question that Sean's attributes came from being surrounded by a strong, loving family. I am blessed to have known him, and share in your loss.

He was truly one of Solvay's greatest.

*Sean's friend,
Shane R. Heskin*

We offer our condolences and prayers to NAMI member Susan Hutko on the passing of her husband George in March of this year and also thank Susan for her very generous donation of \$1000 in memory of her son, Gregory Lloyd Hutko who passed in April 2013.

And our sympathy and prayers to NAMI member Warren Bissell on the passing of his mother Jeanne in January. Both Warren and Jeanne were very active members of NAMI Syracuse in the past.

ON LOSING MY DARLING NATALIE

*by Doris Fuller, Executive Director of the
Treatment Advocacy Center*

I lost my darling daughter Natalie to terminal mental illness last weekend (March 14, 2015). She killed herself one month short of her 29th birthday by stepping in front of a train in Baltimore.

Natalie and I wrote a book together when she was 16: *Promise You Won't Freak Out: A Teenager Tells Her Mother the Truth About: Boys, Booze, Body Piercing, and Other Touchy Topics (and Mom Responds)*. The idea of a teenager telling the truth about her secrets was such a startling concept that we were feature-page headliners in about two dozen newspapers nationwide, went on TV coast to coast including one of the morning shows, got paid to give speeches. The Oprah Show called.

In the book, we used a device to signal whenever a wild turn was about to take place in the teen/parenting life: *And then...* In the introduction, I defined an *And then...* moment as "one of those critical junctures when my cheerful sense that all was right in the world collided with inescapable proof that it wasn't."

The book was published the week before Natalie finished high school to great reviews. Amazon named it the best parenting book of 2004. It was nominated for a national prize. It was translated into Lithuanian and Chinese.

And then...

At 22, starting the second half of her senior year of college, Natalie had a psychotic break nobody saw coming. She went in the span of weeks from being a dazzling young adult with the world at her feet to a psych ward patient with an arrest record.

She rebounded quickly from that first episode and moved back home for the summer. She taught me how to like grilled tofu and make egg scrambles. She made the best salads of my life. She filled my house with her original art, her friends, her irrepressible spirit. Mental illness was not a theme. She returned to college in the fall. I saw her off with an emptier stomach but oh so much optimism.

And then...

Her second break was worse, the psychosis and hospitalization longer, the recovery harder to achieve, the medications more complicated, the resulting future not as bright. She rebounded again, even if more slowly, and eventually finished her bachelor of fine arts degree. Her state hospital psychiatrist and several hospital staff members drove 75 miles to come to her senior art show. It was a triumph for us all.

But, like far too many individuals and families and professionals who live with or around untreated severe mental illness, the *And then's...* continued. Although Natalie always responded to meds, she went off them repeatedly, each time falling into a longer free fall, hitting the ground harder, recovering slower.

Eventually, she came to believe she was treatment-resistant. Last November, she announced that if she was going to have psychotic symptoms whether she took meds or not, why take them? She stopped, and her mind began its final, fatal unwinding.

Natalie believed in treatment and recovery. She talks about it in our latest video - debuting at a New York City film festival March 19, where she was traveling to answer audience questions - which we produced to educate judges. She dreamed of being a peer counselor. She wanted to help others as she had been helped - until she became convinced she was beyond help.

In the days since Natalie's death, I have been overwhelmed by the compassion and comfort of friends and strangers alike. Emails from the police officer in San Marcos, California, the former wife of a TV celebrity, public officials I've never met, parents I talk to regularly and parents whose names I've never seen, people from every corner of the mental health world, including the ones where the **Treatment Advocacy Center** is not popular. Their words make me so keenly aware that the pain I am feeling is but a drop in the ocean of pain that severe mental illness can produce.

Natalie was the bravest person I ever knew, and her suicide doesn't change that. The work to save other lives goes on. She wouldn't have wanted it to be any other way.

A PRESCRIPTION FOR MENTAL HEALTH IN AMERICA

Huffington Post, Lloyd I. Sederer, MD, 5/13/15

The future for the next 10 years of mental health in America will not derive from sudden breakthroughs in decoding our DNA or fashioning designer drugs that are categorically different from what we have now -- though either or both would of course be welcome. A sanguine future is possible if we do what we know now a lot better (quality) and deliver what we know now to a lot more people (access).

The greatest gains we can achieve in the next 10 years in public mental health will derive from closing the gap between what we know and what we do in both mental health and the addictions. The "science to practice" gap, as it has been called, is the (hard to imagine but real) fact that advances in medical practice (in general medicine as well as psychiatry) are typically years in going from "bench (lab) to bedside."

I offer this prescription for the future of mental health in America, in David Letterman style:

10. Intervene early, with family skill building and trauma-based treatment, for youth from 3-7 years of age who show evidence of Adverse Childhood Experiences (ACEs).

9. Detect signs and symptoms of serious mental illness, psychotic illnesses like schizophrenia and bipolar disorder, in adolescence and deliver accessible, age-friendly First Episode Psychosis (FEP) services to alter the trajectory of illness and prevent disability, long-term suffering and social burden.

8. Deliver mental health and addiction screening and clinical management in primary medical care, including internal medicine, family practice, pediatrics, and OB-GYN, as standard practices like we see diabetes, asthma, hypertension, and other common, chronic medical conditions now treated and managed.

7. Add evidence-based treatments, including Medication Assisted Treatment (MAT) and cognitive therapies, to complement the 12-step programs that heretofore have underpinned the vast majority of

addiction treatment programs delivered throughout the country.

6. End an era of criminalizing people with mental (and substance use) disorders and of using jails and prisons as institutions thought -- falsely -- to control illness and protect the public.

5. Establish Measurement-Based Care as a quality standard in mental health and substance use programs; we know our "numbers" for blood pressure, lipids, blood glucose/HgA1c, weight, and a host of other measurements of health and illness. We all monitor these numbers and fashion treatments that aim to normalize them. Measurement-based care can equally be used with mental and substance use disorders; until we do, we will merely be divining responses not actually determining them.

4. Discoveries in cancer treatment, for example, have made for more targeted, and effective, treatments. We are just beginning to see biological markers in psychiatry and the addictions that will tell us which patients are most at risk, and which treatments can improve their likelihood of success. Personalized (or Precision) Medicine, as this is called, used in mental health and substance use disorders will sharpen our approaches and improve rates of response.

3. Deliver mental health and addiction services that serve the patients first, not the convenience of practitioners or institutional bureaucracies. Offer hope and believe that people can recover, because they do -- building lives with relationships, purpose and contribution with illness. Engage patients in true shared decision-making, not as a slogan but as the essence of practice. We all are most prone to do what we want to do, not what the doctor says, so let's get to what the patient wants and leverage the powerful forces of individual choice and desire.

2. Chip away at the Social Determinants of Mental Illness. We know that only 10 percent of our health is determined by the health care we receive. The vast predominance of our health is determined by our environment and our habits. Where we live, income, access to good education, what we eat, what we don't do (like smoke or eat well or exercise), and the human supports in our lives that guide and sustain us are the principal determinants of all health, including mental health.

1. Stop paying hospitals and doctors for volume and reward them for humane, effective care that is prudently delivered. The GDP for the USA industry of health care exceeds the entire GDP for France; the USA pays far more per patient served than any other country -- without evidence that we are getting our money's worth. We don't need to spend more, we need to spend smarter.

Dr. David Satcher (former US Surgeon General) is famously known for saying "There is no health without mental health." Mental health disorders, including the addictions, are eclipsing all other disorders in terms of the global burden of disease and disability. We can try to run from these conditions, a historic proclivity and a perennially unsuccessful tack. Or we can build on the considerable work to date in introducing quality, effective mental health treatments and services, and spread these widely and deeply into every community and for every family in need. That would be a future to be proud of.

For more information on these topics, please go to my website:
<http://www.askdrloyd.com>

Family Leadership Series

Last two in this year's series:

Wednesday, May 20th at Danforth School, 309 West Brighton Avenue, as a luncheon from 12:30-2:30pm. It's an information gathering session for parents interested in becoming more involved. This group will focus almost exclusively on Danforth School.

The second group will take place at Atonement Lutheran Church, 116 West Glen Avenue on June 10th from 5:30-7:30pm. This group will also focus on how families can advocate for their children.

Register on the Parent University website:
www.scsdparentuniversity.com or call Monique Wright-Williams, 435-6275 or Marla Byrnes, 720-2838.

These presentations are free!

The incident below was told to a NAMI Syracuse Board member.

I have a friend who works in a local firm. His secretary has a niece who was the target of emotional abuse by both students and teachers in a large local central school. I am taking the particulars at face value, but apparently the counseling/bullying/safety net available let things fall through, and last Friday, at the age of 16, she slit her wrists and came very close to ending her life. Then the real failures began...because she was young and very healthy and recovered very quickly from both the blood loss and razor cuts, they wanted her out of the hospital E.R., had no beds, had no acute youth beds, had no referral beds, and the search began. There did not appear to be a discharge planner or Social Worker with knowledge of bed availability. The search went from Syracuse to Rochester, to Albany to Binghamton, to Utica to Oswego, as far as Middletown. Finally the family started calling friends and networking in area cities and found out that there was one single acute risk youth bed in Buffalo, which would not be held unless they had her at the front door that day. They threw her in the car, raced on the Thruway to Buffalo to make a week day requirement because there were no weekend evaluations and admissions, and got her admitted there. Now they are trying to find the equivalent of a Ronald McDonald house to allow them to stay and visit. I admit up front that I do not have specific verification of the particulars on each detail of this - past the points I was told and relay to you here. I think they have as much of a grip on the situation as they can at this point.

However, I believe that the community must be able to do better than this. I know the Nursing Home system has a bed availability clearing house set up that includes the majority of the facilities in the area. Could we not have the same for acute youth cases? Or perhaps we do and I simply do not know about it.

FAMILIES NEEDED FOR A RESEARCH STUDY ON CHILD BEHAVIOR

This study might be for you if:

- You have one or more children between the ages of 6 and 12.
- You and your children would be willing to fill out a few questionnaires, play computer games, and provide a DNA sample to be used for genetic analyses.
- You would like to help us learn how behaviors and thinking patterns differ among children, if genes affect how you do things, and how this information can help improve diagnosis and treatment.

Location: Upstate Medical University, Institute for Human Performance, 505 Irving Ave., Syracuse, NY 13210

Contacts:

Sarah Van Orman, 315-464-3289

vanormans@upstate.edu

Pat Forken 315-464-5619

forkenp@upstate.edu

Your family will receive \$50 per person for a 3 hour visit! We will even pay for parking or bus passes!

NAMI: Homefront

Family Support & Education

Syracuse Veterans Affairs Medical Center Behavioral Health Department partnered with the National Alliance on Mental Illness

Date: May 27-July 1, 2015

Location: Behavioral Health Outpatient Center, 620 Erie Blvd. West, Syracuse, NY 13204

Call: Ann Canastra, Local Recovery Coordinator (315) 425-4400x52717

Time: 6:00pm to 8:00pm

Cost: FREE. Light dinner will be provided at each class.

Presentations:

- Family Members of Veterans living with mental health issues
- Guest Speakers from the VA & Community

**MENTALLY ILL INMATES ARE
ROUTINELY PHYSICALLY
ABUSED, STUDY SAYS**

*by Timothy Williams, May 12, 2015
The New York Times*

This article about mentally ill inmates in US prisons reminds us of the horrendous abuses individuals with psychiatric diagnoses are experiencing every day in our country.

Every one of us should be fearful when our relatives' behavior causes them to be arrested and incarcerated. Behaviors like loitering, belligerent comments to strangers or police, inappropriate behavior on the street, homelessness, public drug and/or alcohol use etc. can escalate into arrest for fragile people whose symptoms cause them to behave in ways that put them at risk. Once these individuals enter the criminal justice system the terrible things described in the article are likely to occur. Many of our relatives are gentle individuals who are fearful of others and the possibility of their facing arrest should be terrifying for families.

NAMI Syracuse is working hard to address this issue. We are strongly advocating for a Mental Health Court which would bypass jail and provide alternatives to incarceration for people facing arrest for non serious offenses.

We need your support now! Please contact the NAMI office and ask how you might help our efforts. We do not want our relatives to be part of the abusive system described in this disturbing article.

~~Sheila Le Gacy, Director of the Family Support & Education Center ACCESS CNY (formerly TLS) consultant to the NAMI Syracuse Board

Mentally ill inmates in prisons and jails across the United States are subjected to routine physical abuse by guards, including being doused with chemical sprays, shocked with electronic stun guns and strapped for hours to chairs or beds, according to a report by Human Rights Watch.

The mistreatment, the study says, has led to deaths, though the number of casu-

alties is unclear in part because jails and prisons classify them in various ways. Also, jails and prisons are not uniformly required to report the use of force by guards, the study found.

Jamie Fellner, a senior adviser at Human Rights Watch and the report's author, said the study was the first to take a comprehensive look at use of force by guards against mentally ill prisoners, to try to understand the dynamics behind the violence. Ms. Fellner said she spent more than a year interviewing some 125 officials and mental health experts and reviewing hundreds of cases across the country.

The review found that prisoners suffering from serious mental illnesses, such as schizophrenia and bipolar disorder, are often punished with physical force for commonplace behaviors including using profanity and banging on cell doors.

"Prisoners with mental disabilities may struggle more than others to adjust to the extraordinary stresses of incarceration, to follow the rules governing every aspect of life and to respond promptly to staff orders," said the report, "Callous and Cruel: Use of Force Against Inmates With Mental Disabilities in U.S. Jails and Prisons."

The study faulted prisons and jails for failing to offer sufficient mental health treatment; doing too little to protect mentally ill patients from physical abuse by staff members, who are often inadequately trained; and having leadership not sufficiently focused on mental health issues.

The National Institute of Corrections, a federal agency that provides funding and offers support programs to corrections agencies, said inmates' mental health was among its highest priorities. The organization said it had hosted a national meeting in which chief mental health officers from state prisons had met "to map out directions for future movement in improving correctional mental health care," according to the organization's website.

Concern about how to care for the mentally ill in jails and prisons has intensified in recent years as people who may once have been sent to a hospital where they would have access to treatment are now more likely to be sent to prisons that lack sufficient psychiatric staff, the report said. There are now far more people with mental

illnesses in prisons and jails than there are in state psychiatric hospitals.

A Justice Department study found that 75 percent of women and 50 percent of men in state penitentiaries, and 75 percent of women and 63 percent of men in local jails, will suffer from a mental health problem requiring services in any given year.

The Human Rights Watch report detailed the case of Anthony McManus, who was arrested in Michigan for indecent exposure and starved to death in prison in 2005. At the time of his death at age 38, Mr. McManus weighed 75 pounds.

While incarcerated at the Baraga Maximum Security Facility in Baraga, Mich., Mr. McManus, who had been found to have schizophrenia and bipolar disorder, would habitually cover himself in chewed food and feces, according to the report. He often refused to eat.

The prison lacked a psychiatry department and Mr. McManus had only intermittent contact with a psychologist, usually through a cell door, the report said. As he became increasingly disruptive, the report said prison officials would cut off the cell's water supply and limit his food, but did not allow Mr. McManus to receive mental health treatment.

Three days before his death, guards pepper-sprayed him when he refused to comply with their orders to take off his clothes so they could make sure he was not armed.

A state report concluded that Mr. McManus's extreme weight loss and the imposition of the water restriction had been the most immediate preventable contributors to his death.

Wallace Kirby, 58, a community organizer advocate for University Legal Services in Washington, has spent much of his life in various prisons. Arrested for the first time at age 12, he received a diagnosis of paranoid schizophrenia as a young adult.

During a three-year stint at a Maryland prison during the 1990s, Mr. Kirby, who was not included in the Human Rights Watch report, said he was frequently beaten by guards for failing to follow orders. Despite his diagnosis, Mr. Kirby said he received neither medication nor mental health counseling.

"I was paranoid so I didn't want to go into the yard or to even take a shower, so they'd come in and bring in the extraction team and they'd beat you," he said, referring to heavily armed prison security personnel.

SEVEN IN TEN BOSSES BELIEVE STRESS, ANXIETY OR DEPRESSION ARE NOT VALID EXCUSES FOR TIME OFF

Daily Mail, Julian Robinson, 3/31/15

Nearly seven in ten bosses believe stress, anxiety or depression are not valid excuses for taking time off, a survey has found.

Most bosses think mental illness does not warrant time off work - even though a quarter of employees suffer from such problems at some point each year.

A thousand managers, executives and company owners as well as a thousand employees were asked to take part in the survey, carried out by AXA PPP healthcare.

The findings revealed that most workers are so worried about the stigma surrounding mental health that they would not tell their bosses the truth about why they were calling in sick.

But 69 per cent of bosses do not think it is a valid excuse, according to the research - but about one in four conceded that they had experienced some form of mental illness in the past.

Nearly 50 per cent of the workers questioned believed their bosses did not take such issues seriously and seven per cent were worried about what their manager's reaction would be if they revealed their problems.

Only about 40 per cent of employees said they would be honest about their problems when calling in sick if they were suffering anxiety, stress or depression.

The Daily Telegraph quotes Emma Mamo, from the mental health charity **Mind** as calling the findings "worrying" but "not surprising".

The head of workplace wellbeing at the charity added: 'We know that there is still a taboo around talking about issues like stress, anxiety and depression at work.

"Yet we all have mental health, just as we all have physical health, and mental health problems are prevalent across all types of roles."

The newspaper quotes Dr. Mark Winwood, director of clinical psychology at

AXA PPP healthcare, as saying: "Lack of understanding breeds fear so improving employees' awareness and understanding of mental illness is one of the most important things a company's senior management team can do and a critical first step is to challenge the stigma surrounding mental ill health in the workplace."

10 WARNING SIGNS: NAMI OFFERS TEEN MENTAL HEALTH TOOLS TO FAITH COMMUNITIES AND CIVIC GROUPS

The National Alliance on Mental Illness (NAMI) has launched "**Say It Out Loud**," a program for faith communities and civic organizations to use in reaching out to youth, ages 14 to 18, to start conversations about mental health.

"One in five teens live with mental health conditions. Less than half get help and more than 4,000 teens die from suicide every year," said NAMI executive director Mary Giliberti. "Faith communities and other organizations that sponsor youth groups are in unique positions to encourage teen conversations."

"It's time to end the silence. It's time to talk constructively about mental health with young people. It's time to say it out loud."

The "**Say It Out Loud**" tool-kit is free to download:

www.nami.org/sayitoutloud

It includes:

- A narrated presentation for adult facilitators about youth mental health.
- A 5-minute video of three teens sharing personal experiences and addressing the 10 most common warning signs of mental health problems.
- A discussion guide for adult facilitators with step-by-step instructions for running a successful teen discussion.
- Fact sheets

Teens who see warning signs in themselves or friends need to take them seriously and know how to get help.

The 10 Warning Signs

1. Feeling very sad, withdrawn or unmotivated for more than two weeks.
2. Making plans or trying to harm or kill oneself.

3. Out-of-control, risk-taking behaviors.
4. Sudden overwhelming fear for no reason, sometimes with a racing heart or fast breathing.
5. Not eating, throwing up or using laxatives to lose weight; significant weight loss or weight gain.
6. Severe mood swings causing problems in relationships.
7. Excess use of drugs or alcohol.
8. Drastic changes in behavior, personality or sleeping habits.
9. Extreme difficulty in concentrating or staying still.
10. Intense worries or fears getting in the way of daily activities like hanging out with friends or going to classes.

"NAMI can provide the tools, but it's religious and civic leaders who can inspire broad conversations in their communities," said Giliberti.

"We need to reach out to teens who are looking for guidance or who themselves are leaders among their peers."

Dear Friend,

Just over four years ago, we lost our beloved son and brother, Philip, to suicide at the age of 22.

Every year suicide claims more lives than war, murder, and natural disasters combined, and yet suicide prevention doesn't get anywhere near the funding given to other leading causes of death.

The American Foundation for Suicide Prevention is the leader in the fight against suicide. It funds research, creates educational programs, advocates for public policy, and supports survivors of suicide loss, such as us.

Each year, AFSP sponsors the "**Out of Darkness Overnight Walk**." Thousands of people whose lives have been affected by suicide join together to walk 18 miles through the night -- literally out of the darkness -- just as suicide must come into the light of public consciousness and research.

This year, our family will be walking and working at the Walk that will take place in Boston on June 27, 2015.

We are deeply grateful for your help in our fundraising appeal as we keep our son's memory alive and join in the fight to save the lives of others.

The Alcott Family

To donate call the NAMI office for info.

SEND YOUR MEMBERSHIP TO NAMI Syracuse TODAY

____ Individual Membership (\$35.00)

____ Open Door Membership (\$3.00 for Individuals on a limited income)

Donation (\$_____) In Memory/Honor (\$_____) Name: _____

Name: _____

Address: _____

Tel. #: _____ e-mail address: _____

What are the benefits of NAMI membership?

- Membership at all three levels of the organization: NAMI National, NAMI-NYS & NAMI Syracuse
- Eligibility to vote in all NAMI elections
- A subscription to The Advocate, NAMI national's quarterly magazine, as well as access to optional subscriptions to specialty newsletters and information at the national, state and local levels
- 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.)