



NAMI SYRACUSE

National Alliance on Mental Illness

Newsletter

NOVEMBER/DECEMBER 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

- November 15, 2016 **Support & Sharing Meeting**
7:00pm - AccessCNY
- December 19, 2016 **NAMI Syracuse Holiday Party**
Francesca's Cucina
(details, page 3)
- December 20, 2016 **Support & Sharing Meeting**
7:00pm - AccessCNY
- January 17, 2017 **Support & Sharing Meeting**
7:00pm - AccessCNY

Contents

Message from The President	2
NAMI Syracuse Holiday Party	3
Medicating a Prophet	4
“Schizophrenia is Not a Romantic Disease”	5
Stop Seasonal Affective Disorder	5
How Peers Connect with Individuals	6
Governor Signs Historic Education Bill to Teach Mental Health to Youth	6
Harvest Hopela a Success, Thank You to Donors	7
On the Tragic Death of Deborah Danner	8
Maintaining Relationships when Mental Illness Interferes	9

MESSAGE FROM THE PRESIDENT

Dear Members:

I'm going to talk to you today about horses and kittens.

Less than four weeks ago, I was enjoying a beautiful fall day atop Cocoa, my horse. Sure I was heading down hill, but the log wasn't very large-not a big deal to trot over. Then we were both on the ground. Cocoa popped up like a cork hitting the sea. I was a little slower. Just like that my ankle was broken.

Weeks before the fall, I was at the barn and heard a desperate mewing. Investigation found two tiny yellow kittens. A third kitten lay dead. Thus, began my time as a cat mother. Mid-night feedings, tiny kitten scratches on my chest, blue eyes focusing on me with love. My exhaustion. My joy. The milestones: sucking on a bottle, putting a paw out to play, lapping from a dish, tumbling with each other.

It's been many years since I've been a caregiver. It was hard to take up that role. And it was also extremely rewarding. Many of us are caregivers. If we are lucky, as I was lucky, recovery on some level relieves us.

Within a short period of time I've found myself both a caregiver and a person who needs care. It's hard not to get grumpy in either role. Resentment abounds. "I don't want to get up at two a.m. and warm bottles up for these damn cats!" "My ankle hurts! Can you please just start the laundry? I've asked you three times already!"

What I need-what we all need-whether a caregiver or a recipient of care, is patience and acceptance. In the words of Eckhart Tolle: "Accept it as if you had chosen it." With acceptance, there is peace, and with peace there is room for growth and recovery. And if you're very lucky, they'll be clean laundry!

Warmth and love to you all!

Karen

NAMI Syracuse Officers

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

Board of Directors

- Judy Bliss-Ridgway
- Carol Sheldon Brady
- Ann Canastra
- Sandra Carter
- Steven Comer
- Sheila Le Gacy
- Deborah Mahaney
- Kristin Neagle
- Sherie Ramsgard
- Krysten Ridgway
- Steffany Rose
- Lacey Roy
- George Van Laethem
- Susan Zdanowicz

Consultant to Board

- Dr. Mantosh Dewan
- Dr. Stephen Glatt
- Dr. Sunny Aslam
- Dr. James Knoll
- Dr. Intihab Ahmad

In Memoriam

NAMI Syracuse offers our prayers and condolences to Debra Peterson-Smith, Steven Rosenthal and Larry Rosenthal, children of **Florence Rosenthal** who passed on October 15, 2016.

Florence had been an active member of NAMI Syracuse since 1988. She was a strong advocate for those with mental health issues and served on our Board of Directors for many years.

We are grateful to the family for designating donations in Florence's memory be sent to NAMI Syracuse.

I just returned from Florence's funeral and wanted to share some reflections on the role that NAMI Syracuse plays in the lives of its members. Knowing that Florence's sons Larry, Steve and daughter Debbie will have the support of Kris Neagle, Marla Byrnes, myself, and other staff from the former TLS (now AccessCNY), as well as additional members of NAMI who worked with Flo over the years, may provide some comfort to our NAMI family. Being conscious that we are indeed, a family, and that we are there for one another, should help us feel less isolated and more connected. Remember to reach out to your fellow family members!

~~from *Sheila Le Gacy, Director of the Family Support & Education Center, Access-CNY.*

For the latest happenings at NAMI Syracuse visit us on **Facebook** and **LIKE** our page.



facebook.com/NAMISyracuse

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

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

2016 International Survivors of Suicide Loss Day

Saturday, November 19, 2016

10:00am-3:00pm

**Northside Baptist Church,
7965 Oswego Road, Liverpool, N Y 13090**

To register please contact:

Angela Marotta

amarotta331@gmail.com

Tel. # 315-529-9893

Hope to see you at the NAMI Syracuse Holiday Day!

NAMI Syracuse Holiday Party

Monday, December 19, 2016

Francesca's Cucina

545 North Salina Street, Syracuse

5:30 - 6:30 social hour/6:30 dinner



Menu

~~cash bar~~

Italian Antipasto/Bread

Rigatoni w/Vodka Sauce

Herb Roasted Potatoes

Chicken Francese

Oven Roasted Top Round of Beef

Dessert

Coffee/Tea

\$35.00 per person

*\$25.00 recipient
of services*

*Please RSVP by Wednesday, December 14th by calling or e-mailing the NAMI Syracuse office,
487-2085/namisyracuse@namisyracuse.org or mail payment to:
NAMI Syracuse, 917 Avery Avenue, Syracuse, NY 13204*



*How lovely 'tis to take this time
To greet our dearest friends,
To wish them health and happiness
Before the old year ends.*

*Darkness comes late afternoon
And winter lies ahead,
But friendship is a glowing fire
When all seems cold and dead.*

*Just as in some vacant barn,
Unnoticed in the night,
The whole of human history turns,
So we, too, make things right.*

*We must keep alive the flame
Though darkness grip the Earth;
For in the love we find in friends
Is our chance for rebirth.*

MEDICATING A PROPHET

by Irene Hurford, *New York Times*,
October 1, 2016

In the middle of the night in my second year of psychiatric residency, 13 years ago, I was awakened to see a prophet. The man, in his early 50s, had been living on the streets. He was a college graduate from a middle-class family. But on Christmas Eve three decades earlier, the Archangel Michael had come to him in a vision and demanded that he spread God's word.

"He told me I would suffer great pain," the man said. "His words are true. I suffer great pain." He lifted his shirt and showed me his chest, covered in Kaposi sarcomas, the stigmata of full-blown AIDS.

He said he had come to the emergency room to preach. I encouraged him to check into the hospital for care. He refused, and I considered my options. I could allow him to leave, or I could admit him involuntarily. I knew, though, that if we gave him antipsychotic medication, he would realize that he was a homeless man with AIDS.

Would he rather stay a prophet? Did he have the right to choose psychosis? Did I have the right to choose for him?

Psychosis refers to an experience of reality that is fundamentally different from the reality of others. As doctors, we expect those with psychosis to realize that their reality is false, and to agree that they need treatment.

Perhaps unsurprisingly, they often don't, exhibiting what we refer to as "lack of insight."

If, however, lack of insight is defined as a failure to accept an alternative view of reality, then do the rest of us lack insight, too?

The assumption that someone else's reality is invalid can foster distrust; it sends the message that we don't respect this person's experience of his or her own life. Many people who have been in the mental health system describe themselves as "survivors" - not of mental illness, but of treatment.

I run a program for young people experiencing psychosis for the first time.

Every day I confront my impulse to coerce people into care.

This spring, one of our participants, whom I will call Mark, once again went off his medications. He had been on track to finish his first semester of community college and was looking for part-time work when his father showed up after years of absence. Soon he was smoking weed daily with his father, had dropped out of school and was refusing to take his medications. Over the next few months he became increasingly psychotic, stopped sleeping and started rhyming all his sentences. Then the sentences gave way to incoherent word pairings that psychiatrists call "clanging." Soon he was nearly mute and rail-thin. But he still refused medication.

I wanted to enforce treatment, so that he could eat, sleep and talk. My intentions were altruistic, but to Mark, coercion felt traumatic.

Currently, 46 states have laws for enforced outpatient care, often called assisted outpatient treatment. A bill called the Helping Families in Mental Crisis Act, now awaiting a vote in the Senate, includes provisions for funding such care.

Proponents of enforced treatment often point to horrific but rare events, like mass shootings, committed by people with mental illness. But psychosis alone is only a modest risk factor for violence. A 2009 study of more than 8,000 people with schizophrenia found that those who did not abuse drugs or alcohol were only slightly more likely than the general population to be violent.

There are several studies that demonstrate that assisted outpatient treatment can reduce the risk of hospitalization, arrest, crime, victimization and violence. Few, however, are based on high-quality randomized controlled trials. A 2014 meta-analysis of three randomized-controlled studies of more than 700 people found no statistically significant benefit of enforced outpatient care in reducing hospitalizations, arrests, homelessness or improving quality of life.

It can be devastating for families and doctors alike to watch psychosis seemingly claim the lives of those we love or care for. And in some situations, brief episodes of enforced inpatient or outpatient treatment may be necessary.

But in my experience, weeklong inpatient stays, or yearlong outpatient treatment regimens, can do more harm than good when they engender distrust. Perhaps we must accept a new reality - to truly engage people in treatment we need to understand their own experience of psychosis and its treatment.

Many people describe their experience of psychosis as enriching or even ecstatic. One of my patients is promised a seat at God's side in heaven. Another cries quietly while she describes how Jesus' love keeps away the demons that infest her world. One describes his ability to take the pain from others; another has the power to see the future. Sometimes psychotic ideas are engrossing - a patient spent the summer contemplating the nature of substance and sound, and found them ultimately to be indistinguishable.

It's hard to persuade someone who finds psychosis rewarding to adopt an alternate reality. In fact, studies demonstrate that positive experiences of psychosis are one reason people stop taking medication, in addition to side effects like weight gain, mental dulling and painful muscle spasms.

When the medications take full effect people sometimes emerge from a psychotic episode only to realize that they have alienated loved ones or damaged their lives as they knew them. We take the psychosis away, and then fail to acknowledge the loss.

Finally, the public and even many mental health providers are unaware of how often people with psychosis experience meaningful recovery, without necessarily being cured. Bertha Britz, a friend, spent decades in and out of hospitals, on high anti-psychotic doses. Now off medications, she is a leader in mental health delivery services, and married last year.

So I am learning to be patient. Treatment decided collaboratively may not look like the treatment I initially think is best. After weeks of listening to Mark, even when I couldn't understand him, I finally heard him whisper that he was scared. He had found an earlier trial of injectable medication terrifying. We talked about his right to choose his treatment, and his right to refuse. We talked about how hard he finds it to remember to take daily pills. That day he agreed to try a different injection. Two

weeks ago he re-enrolled in community college.

One of my colleagues, Nev Jones, a psychologist who lived through her mother's psychotic illness and for years experienced psychotic symptoms herself, thinks we need to interrogate our assumptions "about the relative value of a life lived "in psychosis" versus one that better conforms to our idea of "health." Perhaps, she wrote to me, "a huge part of the problem lies with us rather than them: our inability to grasp loyalties so foreign to us, our own "dis-ease" in the face of the choice for psychosis."

That night 13 years ago, I did hospitalize my patient who thought he was a prophet, and he received treatment that he had not consented to. I never found out what happened to him. I think about him often; I question my decision each time I do.

Following are responses to the above article.

"SCHIZOPHRENIA IS NOT A ROMANTIC DISEASE"

October 11, 2016

To the Editor:

Re: "Medicating a Prophet," by Irene Hurford (Sunday Review, Oct. 2):

I have treated more than 500 people with schizophrenia, including many "prophets." All were glad to get relief from their voices and delusions, except for one woman who said her voices kept her company.

Failing to treat such people markedly increases the chances of their becoming homeless or violent.

Four studies have independently confirmed that people with untreated severe mental illness, mostly schizophrenia, commit 10 percent of homicides in the United States.

Schizophrenia is not a romantic disease.

E. Fuller Torrey

Kensington, Md.

The writer, a psychiatrist, is associate director for research at the Stanley Medical Research Institute.

To the Editor:

As a psychiatrist with long experience in treating people with psychotic illnesses, primarily schizophrenia, I agree with Dr. Irene Hurford that clinicians need to understand the patient's inner world of psychosis, which may include positive elements for some patients. But in my experience, this is by far the exception.

In the overwhelming majority of cases, prolonged, severe, untreated psychosis produces extraordinary suffering and incapacity, and increases the risk of harm to self or others.

It is true, as Dr. Hurford notes, that psychosis itself is not strongly linked with violence; indeed, sufferers are more likely to be victims than perpetrators of violence. But untreated psychosis - especially when accompanied by substance abuse - increases the risk of self-harm or harm to others.

And whereas Dr. Hurford focuses on the comforting aspects of psychosis, an estimated 20 to 40 percent of those with schizophrenia attempt suicide and have a suicide risk at least 10 times that of the general public.

Judicious use of antipsychotic medication can greatly reduce the risk of suicide in this population. Unfortunately, many people with schizophrenia and related disorders never receive adequate treatment, and wind up in prison or living on the streets.

And while voluntary treatment is always the preferred approach, I agree with Dr. Hurford that "in some situations, brief episodes of enforced inpatient or outpatient treatment may be necessary."

Ronald W. Pies

Cazenovia, N.Y.

The writer is a professor of psychiatry at SUNY Upstate Medical University and Tufts University School of Medicine.

...While I do not subscribe to the romantic notion of psychiatric struggles, I do not support the resurgence of oppressive laws to reinstitutionalize people with psychiatric diagnoses. There has never been any proven validity to the prediction of violent acts by psychiatry though the presence of alcohol and/or other mood altering sub-

stances, a clear history of violence and the open availability of guns can point us in the direction of concern for a person who has made threats.

I am worried about the return to a system of incarceration in psychiatric hospitals becoming our future. I for one was sentenced long ago to such a fate and gratefully the system has changed and my personal narrative has changed as a result. I and my brothers and sisters with psychiatric diagnoses are more than our diagnoses, more than our brains and have and will live lives of hope and faith in ourselves as contributing citizens of the world. Recovery is a reality.

Thank you for considering another point of view.

Carole Hayes Collier

Director, Community Based Peer Initiatives, Access-CNY, Syracuse, NY

Stop Seasonal Affective Disorder (SAD) Before it Starts

This is the time of year when seasonal affective disorder, or SAD, begins to insidiously slip in. So now is the best time to stop SAD before it fully starts.

The first step in stopping seasonal affective disorder is to know the signs of SAD. Among the most disruptive:

- Fatigue, lack of energy and drive
- Extended periods of sadness
- Irritability
- Difficulty sleeping

Even before you begin to notice the signs of SAD, you can do things that could reduce their severity or prevent them altogether.

Develop, and keep, a soothing sleep routine that involves a regular bedtime.

Create a consistent exercise routine. Like sleep, exercise positively impacts the brain and mental health.

Compile a list of things you enjoy doing that lift your mood. When SAD strikes, it's hard to think of anything positive or motivating, so having a pre-made list will help you get moving despite SAD.

Taking preventative action can drastically reduce the effects of SAD on your life this winter.

~~from *HealthyPlace.com*

HOW PEERS CONNECT WITH INDIVIDUALS

Lori Ashcraft, PhD

Lori Ashcraft, PhD, INAPS co-director and a respected expert on the work of peers, explains this complicated interaction and illustrates some of the ways that peer-to-peer interactions differ from traditional clinician/patient interactions.

"If I meet you and you're a person who's in trouble or crisis due to a mental health problem, I know that if I get close to you and I care about you, it's going to hurt me because I'm going to have to feel what you're going through," she says. "Now, right there, the history of the clinical profession has created a firewall - some call it professional distance, dual relationship, or another term - with the purpose of protecting themselves as they move forward with evaluating and treating an individual."

"Peers don't have that - they don't use a firewall," says Ashcraft, "noting that the peer's objective isn't to treat anything, but instead to create a relationship and establish trust."

"When a peer gets to that point - the point where it's going to hurt - there's where the love and unconditional acceptance comes in," continues Ashcraft. A trained peer says, "I'm going to go ahead. I'm going to accept the pain that I'm going to feel when I am with you. But, I'm not going to live at the level of that pain, because if I do, I can't be of service to you."

This is where peers are trained to "be in two places at once," Ashcraft explains. So, on one level, as a peer is listening to and feeling all of those things, on another level, he's thinking, "I've got to keep my head here, so I don't get overwhelmed."

This is where the love comes in, because when a peer makes that commitment to love, fear diminishes. The peer decides, "I'm gonna go for it here." At that point, the peer's commitment is to just be with you, completely present in your situation. They know that they aren't there to ask a lot of clever questions - that's the therapist's job - or to fix you or to offer a lot of advice."

"Instead, the peer's job is to work with the person to go deeper inside and learn more. The peer is looking to find and understand the strengths that are within the person, then - amid the person's current crisis - to reflect those back in a positive way so that the person can start finding himself again, and finding his own direction forward."

"The goal is tapping into a person's own powerful sense of self determination," Ashcraft says. But, she cautions, "The moment that I step in or tell you what to do, I rob you of that power, which is what you need most at that time."

GOVERNOR SIGNS HISTORIC EDUCATION BILL TO TEACH MENTAL HEALTH TO YOUTH

Middle schools and high schools have been teaching about various health topics since the 1970s. The current State Education Law requires schools to provide instruction in topics such as the use and misuse of alcohol, tobacco, and substances and the early detection of cancer. Now, under new legislation signed by Governor Cuomo, mental health instruction will be added to the list of critical health issues that youth will learn about.

The new legislation, sponsored by Assemblywoman Cathy Nolan (D-Queens) and Senator Carl Marcellino (R-Nassau), passed with near unanimous support in the State Legislature. "This legislation represents a policy goal that the Mental Health Association in New York State, Inc. (MHANYS) has advocated for over the past five years" according to MHANYS CEO Glenn Liebman. "We are celebrating the passage of this vital legislation on behalf of young people in New York and their families. By ensuring that young people are educated about mental health, we increase the likelihood that they will be able to recognize signs in themselves and others that indicate when help is needed and how to get help," Liebman said.

Some 20 percent of Americans will be diagnosed with a mental illness at some point in their lives, and about half of them will begin experiencing symptoms as early as 14 years of age. Too often, however,

these signs are missed and young people go without treatment for years, often suffering academically, abusing alcohol and drugs, getting into legal trouble, and too often, tragically losing their lives to suicide. In the same way that people can be taught to recognize the early signs and symptoms of other illnesses and get the help they need, the same can be taught about mental illness according to proponents of the new law.

John Richter, Director of Public Policy at MHANYS, commented that "we possess the knowledge and tools necessary to increase awareness in young people about mental health, how to recognize when someone's in distress or crisis and how to get help. Why in the world would we withhold this lifesaving information from our youth?" In fairness, some schools have already taken the initiative to teach about mental health and suicide prevention, but these efforts have not been consistent across the state and many schools are unsure about their role and the appropriateness of teaching this subject matter. The new law will settle any ambiguity along these lines.

Advocates and many experts believe that teaching the facts about mental health and openly discussing the issues with students will lessen the stigma surrounding mental illnesses. Young people and their families would feel more comfortable seeking help, academic performance for all students would be enhanced, and ultimately, lives can be saved.

"This was a true grassroots effort driven by our members, thousands of people in the community and many of our colleague organizations," according to Liebman.

The new law becomes effective in July 2018. Schools will have until September of the same year when school resumes after the summer break to have curriculums and teachers in place ready to begin teaching about mental health.

Mental Health Association in New York State, Inc. (MHANYS) is a not-for-profit organization comprised of 26 affiliates in 52 counties throughout New York State. The mission of MHANYS is to promote mental health and recovery, eliminate discrimination, and raise public awareness with education and support.

Second Annual Harvest Hopela was a Success!

We raised a little over \$10,000 at our second Harvest Hopela. We owe so many people a debt of gratitude for their support and assistance. Please look over our donor list and support the businesses that gave us their support. If you have used one of these businesses, please thank them in person or by social media.

We hope to continue to build on our success each year. We will continue to need the support of our local businesses and NAMI members to make the Harvest Hopela an event that keeps our organization financially healthy.

The funds we raise provide scholarships to our conferences, buy curriculums to give to schools, and will help complete our latest project to develop a website that refers people to services. Efforts must be funded to promote education, provide support and to fight stigma.

We appreciate the board members and NAMI members who worked to insure the success of our Harvest Hopela. It takes many hands to pull off a big party. Consider joining us next year!

GET INVOLVED!

Will you be part of our efforts? There are many committees working on promoting our organization. Join us in reaching out to more families. Just give some thought as to where your talents could be put to use. Please review the list of active committees and call the office if you are interested in getting involved!

- May Children's Conference/Silent Auction
- Summer Art Show
- Fall Conference/Silent Auction
- Harvest Hopela/Silent Auction, Food, Music and Raffles
- Religious Outreach
- Speaker's Bureau
- Grant Writing
- Mental Health Court
- Social Networking

- Breaking the Silence/curriculums to schools and calls to schools to utilize the information
- Newsletter prep and mailings
- Donation seeking for silent auctions/contacting individuals and businesses to ask for tax deductible donations
- Board of Directors, a very active working board that spearheads the committees and fundraising
- Residential Board, oversees the needs of the PROMISE Residential Project.

NAMI Syracuse Educational Conference

We had 105 attendees at our **Preparing for Tomorrow** October conference. We provided 10 scholarships and raised over \$3,000 from the registrations and silent auction.

We thank Pensabene's for providing us a lovely location and delicious food for the day.

Thank you to the committee:

Marla Byrnes, Spence Plavacos, Kris Neagle, Carol Brady, Mary Gandino, Steven Comer and Deb Mahaney.

Thank you to our speakers who donated their time and expertise:

Dr. Paula Zebrowski, Jennifer McDonnell, Betsy McKee, Diane O'Brien, Jason Erwin, Scott Ebner and Kathryn Murphy.

Thank you to the folks who worked that day:

Spence and Marie Plavacos, Mary Gandino, Judy Flint, Karen Winters Schwartz, Steven Comer, Kris Neagle, Marla Byrnes and Carol Brady.

Our conferences continue to reach and educate more families, consumers, providers and community members. If you are interested in making recommendations for future topics or speaking, please call our office.

Happy Thanksgiving!



Thank You, Harvest Hopela Donors!

Accents of Armory Square
Ann's Sunny Day
Berkshire Bank
Bryce Cullen Publishing
China Pavilion, Westvale
Dunkin Donuts
Frightmare Farms
Golden Hanger, Western Lights
Goodman Beck Publishing
Hairanoia
Happy Snap
Indie Kids
JSA Authentication
Laura Hand, CNY Central
LuLaroe on the Go with Brenda Geiger
Metro Home Style
Middle Ages Brewery
Mohegan Manor
Om Home Yoga, Kristin Kadaji
Painting with a Twist, Dewitt
Point of View Optical
Phoebe's
Plaza Wine and Liquors
Provisions Bakery
Ramsgard Architectural Design
Rosamond Gifford Zoo
SalesIT, Brook Gleasman
Sherwood Inn
Sterling Optical, Camillus
Tom Mann's Golf
Vinomania
Wegmans
Whole Mental Wellness, Sheri Ramsgard

Hutchings Psychiatric Center Family & Community Education Schedule

Tuesday, December 13, 2016

10am - 12noon

Helping Children & Teens with Self Harm or Traumatic Stress. Information for consumers, families, friends and caregivers.

Dr. Robert Kallinicos, MD

CYS Inpatient Psychiatrist, 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.

ON THE TRAGIC DEATH OF DEBORAH DANNER

by Harvey Rosenthal, NYAPRS

On Tuesday, October 18th, Deborah Danner, a 66 year old woman who had endured a 30 year struggle with schizophrenia, was fatally shot by a NYPD policeman in her apartment in the Bronx.

Deborah Danner's story was filled with both dignity and tragedy. She shared it in a heartbreakingly candid piece she wrote in 2012 called **Living with Schizophrenia**.

Among her most telling, tragic words: *"We are all aware of the all too frequent news stories about the mentally ill who come up against law enforcement instead of mental health professionals and end up dead."*

And that we should be *"teaching law enforcement how to deal with the mentally ill in crisis so as to prevent another "Bumpurs" incident, (whereby) a very large woman was killed by police by shotgun because she was perceived as a "threat to the safety" of several grown men who were also police officers. They used deadly force to subdue her because they were not trained sufficiently in how to engage the mentally ill in crisis. This was not an isolated incident."*

I'll share that, as they had done a number of times without incident in the past, the NYPD had responded to a 911 call from a neighbor, who reported that Deborah Danner had been acting erratically, something she describes in her story.

And that, while several officers and Deborah's sister waited in the hallway, NYPD Sergeant Hugh Barry, an 8 year veteran who had never previously fired a gun on duty, arrived and entered Deborah's apartment and persuaded her to put down a pair of scissors.

And that when she picked up a baseball bat and tried to swing it at him, Sergeant Barry fired twice, fatally wounding her.

You should know that the NYC Mayor and Police Chief responded swiftly, calling the events "tragic and unacceptable," citing that Sgt. Barry had not followed training or protocols for dealing with those with mental illness,

neither using his Taser nor waiting for specialized officers trained to deal with such situations and that he was placed immediately on "modified duty without badge or gun."

And that a number of investigations are underway, by both the Bronx district attorney and the NYPD's Department of Investigation.

Also that, while NYC began Crisis Intervention Team training last year, it has only reached 4,400 of the 36,000 rank and file officers, not including Sgt. Barry.

There'll be plenty of time to analyze what could have or should have been done to try and prevent Deborah's tragic death - and we must do so quickly, but without turning this tragedy into yet another shameful call for more coercion that shows such a lack of understanding about all that really must be done to make our care and our lives so much better.

But what I really want you to see are some of Deborah's terribly poignant words from her 6 page piece, **Living with Schizophrenia**, about her experience with mental illness and the response she has gotten from those she encountered.

"Any chronic illness is a curse. Schizophrenia is no different - its only "saving grace," if you will, is that as far as I know it's not a fatal disease..."

We're treated with suspicion as liars who can't be trusted to control ourselves. We're asked to accept less than our natural rights to life, liberty and the pursuit of happiness. Often, our movements are curtailed by well-meaning care givers who believe that only by "keeping a close eye" on their afflicted charges can they be kept safe. We're rarely employed in the mainstream (unless, like me, we hide our affliction(s)), and end up living on the periphery of life, accepting the dictates of someone who should know better who controls or tries to control where we go, who we see, what we spend, what we do.

All of the above is a prescription for misery.

I've lost several jobs because of stigma -jobs I was succeeding at. I've gotten to the point where I now tell any employer who asks that I am "semi-retired" to avoid explaining, endlessly, that I have schizophrenia and that no, I won't go postal and yes, I can handle more than normal stress

(es) and no, I am not taking Thorazine, and no, I won't be getting bouts of depression that'll make me miss work and that yes, I take a medication daily to control it and that no I don't act crazy and no, I don't require special handling, thank you very much.

So, now you have a pretty good idea of what it's like living with this disease - flashbacks, depressions and stigma. It tends to break relationships that should last a lifetime, provides for a stupefying amount of isolation and, if allowed to, can significantly affect one's self-esteem. In fact, if I were a weaker personality, this litany of negative experiences would have broken me.

I smile rarely, but I am surviving.

What have I done about this state of affairs? Well, it's not all negativity. I have found a strong support system in my church home dealings. They know I suffer and still accept me. They provide the succor I am still not receiving from family and some old friends. They trust and support me, offer assistance financially and emotionally and bring me ever closer to a God who I know loves me. I've begun therapy with the wonderful Naomi - a mental health professional -- who listens, converses with and advises me and has me convinced that I am still a person of worth. She, hopefully, will notice and tell me if she observes the behavior(s) associated with this awful disease emerging and will perhaps become a friend."

Deborah was remembered by her friend Daniel, who told the **Times** that "she was a dear friend and a good person who had a great laugh."

RIP Deborah Danner.

Maybe we can turn the terrible pain your words evoke and the courage and dignity you shared with us in life to redouble our efforts to help offer hope and help to our sisters and brothers across the City and nation.

~~Harvey Rosenthal is the executive director of New York Association of Psychiatric Rehabilitation Services, Inc. (NYAPRS)

Tanisha Wiggins is a NAMI member and poet. Several of her poems have appeared in our NAMI Syracuse newsletter. Tanisha submitted the following letter and asked that we share it with our members.

Dear Healthcare Providers,

Stigma, according to Webster's dictionary, is defined as: a set of negative and often unfair beliefs that a society or group of people have about something. Unfortunately, I have been stigmatized in the Healthcare Community. It's painful to go to the doctors, or the emergency room, regarding my physical health only to be reprimanded on my mental health. It is hard for me to be defined negatively by the pain I experience mentally. When I get questioned, if I feel suicidal, and the reason for the visit is stomach pain, it makes me feel angry inside that I can be judged solely by my mental health history. Although you may not see the agony I feel inside, I want you to know that it hurts. I've also seen recovering addicts go through a similar problem. They go to the doctor for pain, only to be looked at as a drug seeking behavior. Can you imagine having someone treat you for the things you've overcome, everyday of your life? I am asking you if you could look at the whole puzzle and not pick away the pieces that don't make sense. For the pieces that might not make sense may just be the pieces that make the whole puzzle. We all have things that we suffer from, we shouldn't be reminded about them every day of our life. I want you to take a moment and ask yourself, am I here to serve others or am I here to judge? I want you to know that yes, I have a mental health diagnosis and no, I'm not ashamed. I just want to be treated with respect and compassion.

Thank you for taking the time to read my message.

Sincerely,
Tanisha Wiggins

The following letter to the Editor appeared in the *Syracuse Post Standard*.

Remember:

Suicide is never the answer

To the Editor:

Without revealing anyone's identity, another young person who was otherwise healthy and with so much to offer has taken his/her own life. This is tragic on many levels. The devastation resulting from this is far reaching and does not diminish with time.

If life seems bad, it is only a temporary problem or perhaps multiple temporary problems.

Nothing is as bad as it seems in the moment.

It is a waste of so much talent and life to apply a permanent solution to a temporary problem.

In this world there are many who care for the person or persons pondering ending their own lives. It is more of a matter of the depressed person losing sight of the love their families and friends feel for them.

However, they can only help if they know of your troubles. Where there is life, there is hope.

Maintaining Relationships when Mental Illness Interferes

Let's face it. Relationships, whether they're with friends, family, or a romantic partner, are difficult. Maintaining relationships when mental illness interferes takes that difficulty to a new level. Sadly, mental illness does sometimes drive people apart. A 2011 study showed that, among 18 mental disorders studied, 14 are associated with an increased divorce rate.

Whether you are living with a mental illness or are in any type of relationship with someone experiencing mental illness, your relationship isn't doomed to failure. Some keys to maintaining healthy relationships when mental illness interferes:

- Communicate what things are like for you. Share honestly and calmly how your symptoms affect you, or gently let your partner know how his/her symp-

toms impact you. Together, determine how to make problems better.

- Know your limits. When you're aware that you're reaching your frustration threshold, step away and enjoy a calming activity.
- Define your relationship goals, and keep them at the forefront. Working toward common goals keeps you moving in the same direction, and it facilitates a healthy bond.

~~from *HealthyPlace.com*

As we celebrate Veterans Day 2016 let us remember...

According to the RAND Center for Military Health Policy Research 20% of the veterans who served in either Iraq or Afghanistan suffer from either major depression or post-traumatic stress disorder. 19.5% of veterans in these two categories have experienced a traumatic brain injury. These three service related disorders alone have an enormous impact on the demand for veteran mental health treatment.

Veteran mental health services are essential in order to help our returning veterans recover from their combat experiences and mental health issues related to their military service. There are a number of troubling statistics which show that enough is not being done and that many of our veterans are not receiving the care that they deserve.



***May this holiday season
leave you with precious memories:
A Christmas filled with love and light,
perfect gifts, delicious foods,
love and joy all around.
A New Year with countless blessings:
friends, family, good work, great fun,
and delightful surprises.
Merry Christmas and
Happy New Year!***

by Joanna Fuchs

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.)