NAMI SYRACUSE

National **A**lliance on **M**ental **I**llness

Newsletter

MARCH/APRIL 2017

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

March 21, 2017	**Support & Sharing Meeting** 7:00pm - AccessCNY
April 18, 2017	Support & Sharing Meeting 7:00pm - AccessCNY
May 3, 2017	Children's Conference **Mood Disorders:** **Surviving & Thriving the Ups & Downs**
May 16, 2017	Support & Sharing Meeting 7:00pm - AccessCNY
June 20, 2017	Support & Sharing Meeting 7:00pm - AccessCNY

Support and Sharing Meetings are free, confidential and a safe group of families helping other families who live with mental health challenges by utilizing their collective lived experiences and learned group wisdom.

Contents

NAMI Syracuse, Inc., 917 Avery Avenue, Syracuse, New York 13204
phone (315) 487-2085, FAX (315) 487-2154, email namisyracuse@namisyracuse.org, web site www.namisyracuse.org
NAMI Syracuse is the local affiliate of NAMI - New York State, 1-800-950-FACT, web site www.naminys.org and
National Alliance for the Mentally Ill (NAMI), 1-800-950-NAMI, web site www.nami.org

MESSAGE FROM THE PRESIDENT

Dear Members:

These are complicated political times. With so much negativity and division it's hard not to be overwhelmed with helplessness and anxiety. And these feelings are not totally unjustified; the threat to such things as funding for services, housing, treatment, community support, is real. The challenges facing those dealing with serious mental illness seem insurmountable. The present state of our Union seems irreparable.

Progress such as the Affordable Care Act, which provided treatment and medication for countless individuals, and the passage of Mental Health Reform Act of 2016 by Congress gave us hope. More than ever, we need to advocate and fight for our loved ones and ourselves to insure that we don't make that cliche "One step forward, two steps back" a reality.

If you haven't already read it, please check out this excellent article by Ashley M. Casey in Eagle News Online concerning the ACA: **http://www.eaglenewsonline.com/news/2017/02/07/in-limbo-how-could-aca-repeal-affect-mental-health-services.**

If you are not an active member of NAMI, please join our family. NAMI is bipartisan; we fight for a better future. Through organizations such as NAMI, our voices are strong, we have direction, anxiety is decreased. We are not helpless. We are powerful in our ability to unite. Rather than feeling overwhelmed: call your local, state, and national representatives; become part of the solution by demanding continued advancements to mental health care services. Help up push forward NAMI Syracuse's mission to improve the lives of individuals and their families who struggle with brain disorders such as bipolar disorder, schizophrenia, and severe depression. Just by subscribing to and reading this newsletter, you've already moved forward!

Karen Winters Schwartz

NAMI Syracuse President

SUPPORTIVE FAMILY TRAINING WILL BEGIN ITS SPRING SESSION ON WEDNESDAY, APRIL 12th, AT 6PM.

If you are interested in being part of this **free 12 week** class please contact Sheila Le Gacy, Director of the Family Support and Education Center, or Spencer Gervasoni, Assistant Director. They can be reached at AccessCNY, 315-478-4151. If you are a graduate of the training and wish to refer someone you know, this month is a good time for them to contact us.

SUPPORTIVE FAMILY TRAINING, a precursor of NAMI's Family to Family course, is like a mini graduate course on psychiatric disorders. It is designed for the parents, siblings, adult children spouses and partners of persons diagnosed with psychiatric disorders. The training includes information on the latest research, the uses and limitations of medication, rehabilitation and recovery, and community supports.

One of its most important focus is on self care for caregivers. Discussion of the role of stress, and techniques to deal with stress are highlighted.

The next NAMI Support Group meeting in on Tuesday, March 21st at 7pm at the offices of AccessCNY, 420 East Genesee Street. This would be a good opportunity for individuals interested in the 12 week class to meet the teachers and learn about educational opportunities.

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

Like

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!

New Membership Structure Coming in July 2017

The National NAMI Board of Directors has voted to add a Household membership category to the membership structure and to increase the dues for Regular and Open Door memberships. These changes will become effective as of July 1, 2017.

- Household Membership $60.00
- Regular Membership $40.00
- Open Door Membership $5.00

Save the Date:

Wednesday, May 3, 2017, 9:00am - 3:00pm

NAMI Syracuse Children's Conference

Mood Disorders: Surviving & Thriving the Ups & Downs

Bishop Harrison Center, 1340 Lancaster Ave., Syracuse 13210

~~presenters~~

James Demer MD, Board certified Child, Adolescent and Adult Psychiatrist. Director of Child Psychiatry Fellowship Program at Upstate Medical University. Currently Assistant Professor.

Mood Disorders in Children and Youth

Lacey Roy, NAMI Syracuse Board Member, will present about her experience with bipolar disorder and her passion to get information about mental health into the school system.

Nicole Semmons will discuss the **Nurtured Heart Approach,** a social emotional strategy that instills greatness and transforms negative behaviors into positive behaviors and increases interrelatedness and connectivity among family members, teachers and students.

Rob Thrasher and his daughter Abbey and Becky Hidy and her daughter Dinae will discuss the individual and family experience of dealing with a mood disorder.

Brochures and on-line registration available soon!

Support Matters

A short-term group created for family and friends seeking guidance on ways to best support their loved ones that are experiencing mental health symptoms.

Many of the topics will be determined by our group members to ensure we are targeting areas of importance. Examples include, but are not limited to - psychotropic medications, substance abuse, diagnosis, supportive techniques, navigating/understanding the mental health system, coping and self care.

Presenters: Maizie Shaw, LMSW and Shannon Kelley, LCSW, CASAC. Dates:

March 29, 2017
April 5, 2017
April 12, 2017
April 19, 2017

6:00pm to 7:30pm, Washington Street Clinic, 1330 East Washington Street, Syracuse, NY 13210

6:00 - 6:30pm - Refreshments/Food and Networking

6:30 - 7:30pm - Presentation/Discussion

Please call and ask for Maizie or Shannon with questions and/or to register 315-426-7680.

Email is also available: Shannon.Kelley@omh.ny.gov Maizie.Shaw@omh.ny.gov

NAMI Family to Family at the Syracuse VA

NAMI Family to Family is a free, 12 session education program for family, significant others and friends of people living with mental illness. It is a designated evidence-based program. Research shows that the program significantly improves the coping and problem-solving abilities of the people closest to an individual living with a mental health condition.

NAMI Family to Family is taught by NAMI trained family members and VA Staff and includes presentations, discussion and interactive exercises.

Class Begins: April 6, 2017
Time: 4:00-6:30pm, for 12 consecutive Thursdays
Cost: FREE
Call: Ann Canastra, Local Recovery Coordinator
Phone: 315-425-4400 ext. 52717
Email: Ann.Canastra@va.gov
Location: 620 Erie Boulevard West, BHOC 116A, Syracuse, NY 13204

Call today to reserve your spot!

TALKING TO A THERAPIST CAN LITERALLY REWIRE YOUR BRAIN

by Carolyn Gregoire

These changes in brain connectivity may be responsible for a patient's long-term recovery from mental illness.

If you can change the way you think, you can change your brain.

That's the conclusion of a new study, which finds that challenging unhealthy thought patterns with the help of a therapist can lead to measurable changes in brain activity.

In the study, psychologists at King's College London show that Cognitive Behavioral Therapy strengthens certain healthy brain connections in patients with psychosis. This heightened connectivity was associated with long-term reductions in psychotic symptoms and recovery eight years later, according to the findings, which were published online in the journal **Translational Psychiatry.**

"Over six months of therapy, we found that connections between certain key brain regions became stronger," Dr. Liam Mason, a clinical psychologist at King's College and the study's lead author, told The Huffington Post in an email. "What we are really excited about here is that these stronger connections lead to long-term improvements in people's symptoms and overall recovery across the eight years that we followed them up."

Cognitive Behavioral Therapy, or CBT is a psychotherapy technique that was developed in the '70s and is commonly practiced today. CBT targets depression, anxiety and other mental illnesses by helping patients to identify dysfunctional thought patterns and beliefs, and ultimately to replace them with healthy ones.

In the case of schizophrenia and psychosis, CBT can help patients reframe their thinking around unusual perceptions or paranoid thoughts - for instance, the belief that others are out to get them.

"CBT helps people learn new ways of thinking about and responding to their difficulties," Mason said. "What we think makes it effective is that people can take the tools they have learned and practiced in therapy, and then continue to use them long after the therapy has ended."

Rewriting Beliefs, Rewiring The Brain

In rewriting their deeply-ingrained thought patterns, it seems that patients also quite literally rewire their brains.

In a previous study, Mason and his team showed that psychosis patients who received CBT had stronger connections between brain regions involved in accurate processing of social threats. The new findings reveal that these changes are enduring, and they may be critical to long-term recovery.

In the original study, patients with psychosis underwent brain imaging both before and after three months of CBT. The patients' brains were scanned while they looked at images of faces expressing different emotions. After undergoing CBT, the patients showed marked increases in brain activity. Specifically, the brain scans showed heightened connections between the amygdala, the brain region involved in fear and threat processing, and the prefrontal cortex, which is responsible for reasoning and thinking rationally - suggesting that the patients had an improved ability to accurately perceive social threats.

"We think that this change may be important in allowing people to consciously re-think immediate emotional reactions," Mason said.

For their new research, Mason and his colleagues followed 15 of the original study participants, tracking their health over the course of eight years using medical records. At the end of the eight years, the participants also answered questions about their overall recovery and well-being.

The researchers found that heightened connectivity between the amygdala and prefrontal cortex was associated with long-term recovery from psychosis. The exciting finding marks the first time scientists have been able to demonstrate that brain changes resulting from psychotherapy may be responsible for long-term recovery from mental illness.

Overcoming Psychiatry's "Brain Bias"

There's a good chance that similar brain changes also occur in CBT patients being treated for anxiety and depression, Mason said.

"There is research showing that some of the same connections may also be strengthened by CBT for anxiety disorders," he explained.

The findings challenge the "brain bias" in psychiatry, an institutional focus on physical brain differences over psychological factors in mental illness. Thanks to this common bias, many psychiatrists are prone to recommending medication to their clients rather than psychological treatments such as CBT.

"Psychological therapy can lead to changes in the mechanics of the brain," Mason said. "This is especially important for conditions like psychosis which have traditionally been viewed as 'brain diseases' that require medication or even surgery."

"This research challenges the notion that the existence of physical brain differences in mental health disorders somehow makes psychological factors or treatments less important," Mason added in a statement.

COMMON SENSE PARENTING CLASSES

The next Common Sense Parenting class is available to all consumers of services at HPC who are parents/guardians of children ages 3-16, and for parents/guardians of children/adolescents involved with the CYS Inpatient and Outpatient.

The Common Sense Parenting class is a program developed by Girls and Boys Town and offered by the New York State Office of Mental Health.

Common Sense Parenting is based on a long history of research using effective parenting practices. Using discussion, group exercises and videos, the classes address topics such as: Parents as Teachers; Preventing and Correcting Problem Behavior; Strengthening Positive Behavior; Giving Clear Messages; Using Consequences that Work; Handling Emotionally Intense Situations; Teaching Children Self-Control Skills; and Enriching Your Relationships with Your Children.

The class starts: April 12, 2017 (for 6 Wednesdays) Time: 10:00am to 12:00 noon Place: Education and Training,

Cost: Free with free parking (participants receive a book and information packet to keep) For referrals, staff or interested parents/guardians should contact either Jennifer Walton at 315-426-7739, or Teresa Kliss at 315-426-7740 to register for the class.

URGENT CARE: SCHIZOPHRENIA PATIENTS DYING PREMATURELY, BUT WHY?

by Debra Hughes, MS MPR, 1/22/16

Nonelderly adults with schizophrenia are 3.5 times more likely to die than adults in the general population. Each individual, on average, loses 28.5 years of life.

Yet, more than 85% of these deaths are from natural causes, primarily cardiovascular disease, cancer, and diabetes mellitus.

The questions are: "Why"? and "What can be done"?

One reason is that adults with schizophrenia are "less likely than their age-matched peers to receive adequate treatment for major medical conditions," Mark Olfson, MD, MPH, and colleagues write in **JAMA Psychiatry**, thus compounding the risk of premature mortality.

"Many factors, including economic disadvantage, negative health behaviors, and difficulties accessing and adhering to medical treatments, are thought to contribute to premature mortality," Dr. Olfson, of the Department of Psychiatry and New York State Psychiatric Institute, College of Physicians and Surgeons, Columbia University, New York, NY, and coauthors state. "Smoking, limited physical activity, obesity, elevated serum glucose level, hypertension, and dyslipidemia are all significantly more common in schizophrenia than in the general population."

To characterize key sources of excess mortality among adults with schizophrenia, the investigators conducted a national examination of the Medicaid program, "the largest payer of health services for persons with schizophrenia in the United States."

They identified 1,138,853 individuals in the schizophrenia cohort and 74,003 deaths, 65,553 of which had a known cause.

What they found was "a more comprehensive picture than was previously available of the gap in mortality, highlighting the need for more effective strategies to improve the medical care of this patient population."

Increased risk of mortality "was particularly elevated for COPD, influenza and pneumonia, diabetes mellitus, cardiovascular disease, and suicide," they write. "Among all causes of death, suicide was associated with the highest mean years of potential life lost per death," Olfson et al note.

The mortality rate was higher for men than women, increased with age, and was higher for those of white race/ethnicity than for other racial/ethnic groups.

"In absolute terms, the leading identified causes of death were cardiovascular disease, cancer, and accidents," they wrote. By age group, unnatural (vs. natural) deaths were highest among those 20 to 34 years of age, which was attributed to accidents and suicide, while natural deaths from cardiovascular disease were highest in those 35 to 54 and 55 to 64 years of age.

These patterns can guide clinicians managing patients with schizophrenia. Olfson et al suggest the following:

In an accompanying editorial in **JAMA Psychiatry**, Shuichi Suetani, MBChB and colleagues note that the Olfson et al research "is a reminder of how we are failing to meet the needs of people with schizophrenia." They call on governments "to ensure priority is given to physical and mental health care of those with severe mental disorders" to prevent "a further widening of the life expectancy gap between the general population, whose life expectancy continues to rise, and that of people with severe mental disorders."

Severe mental illness can also elevate risk for type 2 diabetes mellitus. For this reason, "the **American Diabetes Association** recommends annual diabetes screening for patients treated with antipsychotic medications, and public health administrators have targeted this population for improved health screening," Christina Mangurian, MD, of the Department of Psychiatry at the University of California, San Francisco, CA, and colleagues note in **JAMA**.

However, due to limitations in public health records, "to our knowledge, no studies have examined screening rates in this highest-risk population of adults with severe mental illnesses," such as schizophrenia and bipolar disorder. To investigate the prevalence of diabetes screening, they used data from a California healthcare system that included publicly insured adults with severe mental illnesses treated with antipsychotic medications; also assessed were characteristics predictive of screening.

They found that of 50,915 study subjects, 15,315, or 30.1%, received diabetes-specific screening, while 15,832 (31.1%) received no form of glucose screening over the course of a year.

"The strongest correlate of diabetes-specific screening was having at least 1 outpatient primary care visit during the period examined," in addition to mental health services, Mangurian et al report.

"This observation supports the value of burgeoning efforts to integrate behavioral health and primary care," they write. "Growing evidence supports the value of screening for diabetes mellitus in higher-risk populations."

They call for studies "to explore barriers to screening in this vulnerable population."

UNDERSTANDING THE SPECTRUM OF BIPOLAR DISORDER

by Cheryl Cranick, 2/1/17, from www.nami.org/Blogs

We do a great disservice to people diagnosed with bipolar disorder by ignoring the condition's types. Too often I see "bipolar disorder" used alone, yet the illness actually exists on a spectrum.

For most of my teenage years, I struggled with sadness, lack of energy, rapid mood cycles and suicidal thoughts without knowing the cause of the symptoms. By age 16, I had been diagnosed with OCD and depression, but treatment wasn't helping.

At age 20, my mother found a home screening test to determine if my depression might actually be bipolar disorder. When the results placed me on the spectrum, I was deeply confused. Based on my understanding of the disorder, its symptoms did not match what I experienced. My dominant symptom was depression, and I never reached mania.

After receiving a formal diagnosis from a mental health professional, I began to better understand how I could have bipolar disorder without the "typical" symptoms I had heard so often. My condition is bipolar II disorder—I just didn't know there was more than one type.

This was back in the early 2000s, when talking about mental health was still rather hushed. While, we know more now, and we talk more about mental illness, it still seems the bipolar disorder types are often left out.

Why the Details Matter

Beyond the occasional reference to Types I and II, bipolar disorder is usually grouped as one condition. Ignoring the spectrum prevents the public from better understanding the complexity of this illness, and what's worse is the prevalence of misdiagnosis. Studies have found 40% of patients with bipolar disorder were initially diagnosed with unipolar (major depression). This does not surprise me. With bipolar II disorder specifically, depression is usually the most common or stronger symptom of the high/low mood scale, whereas manic symptoms may go unreported to a doctor because the elevated (or increased) mood is not severe enough to affect the person's life.

Understanding the Spectrum

For those who don't know the difference—or want to easily explain the difference to others—I often hold up my two hands. One hand is unipolar (depression). The other hand is bipolar I (manic depression). What exists in the middle is the bipolar II spectrum. Unfortunately, the spectrum is wide and unique to each person.

You can also think of the bipolar spectrum as a hill, with unipolar (depression) at the bottom and bipolar (manic depression) at the top. The space between the upward curve is the spectrum and each person with bipolar II disorder exists somewhere along it. The closer a person's symptoms are to one end, the more likely that person is to receive a diagnosis of major depression or manic depression.

With bipolar I, the mania is usually quite clear. In bipolar II, the mania is "milder." Depression is usually present in both, and may be more severe and prevalent in bipolar II. However, these conditions rarely feature across-the-board symptoms for everyone. It's the cluster of symptoms that need to match up for a diagnosis.

I am somewhere in the middle. My lows are low and have reached suicide ideation. My mania, however, is classified as "hypo," and expresses itself in behaviors such as talking faster than normal, staying up late with lots of energy or being quick to anger.

Educating Others

The spectrum is not new to people who live with the disorder, but it *is* news to many. As a **NAMI In Our Own Voice** presenter, two responses I received during presentations last year have stuck with me.

After sharing my story at a CIT training, one officer asked me: "How am I able to help people in my community if I don't even know this exists?"

Months later, while speaking at a **NAMI Family-to-Family** class, a woman told me about her husband, noting his depression treatment was not working. Visibly relieved, she said: "I've never heard of this. I think you just diagnosed my husband, daughter and sister-in law."

While only a health care professional can diagnose, we must be active self-advocates and educators. We must be clear when referencing this illness in hopes that fewer people will endure the pain and frustration that comes with misdiagnosis.

For more information on the bipolar spectrum, check out the book: ***"Why Am I Still Depressed? Recognizing and Managing the Ups and Downs of Bipolar II and Soft Bipolar Disorder"*** by Jim Phelps.

~~Cheryl Cranick fictionalized her bipolar II misdiagnosis and severe weight gain into a novel titled ***Becoming.*** The book hopes to educate about bipolar II and encourage empathy, as her character struggles through college. Cheryl lives with her two rescue dogs in Jupiter, FL.

(http://www.cherylcranick.com)

Hutchings Psychiatric Center
Family & Community
Education Schedule

All classes are free and open to the public, and are held in room 102 of the H.P.C. Education and Training Building, at 545 Cedar Street, Syracuse, N.Y. Paid parking is nearby. To register for classes please call the Education and Training Department at 315-426-6873 or 426-6870. Please register at least 1 week in advance.

3/17/17: 10am to 12 noon:
Overview of Medications
Information for Families, Participants, Caregivers and Friends.
Presenter: Dr. Sunny Aslam, MD
Associate Psychologist - CYS Outpatient Clinic

4/11/17: 10am to 12noon:
Anyone Can Work! Information about: Supported Employment and Education Services Through Individual Placement and Support (IPS), And Work Incentives to Return to Work on SSA
Presenters:
Sarah Curtis, LMSW, Supported Employment and Education Specialist - Ontrack
Brianna Leger, Rehabilitation Counselor and Vocational Specialist - MIT
Arletta Holman, MS, CRC, Work Incentive Benefits Specialist - MIT

Project AWARE
"Advancing Wellness and Resilience in Education"

Mental Health First Aid Training
Date: **Wednesday, March 29, 2017**

Time: 8**am - 5pm**

Location: **Hutchings Psychiatric Center Education & Training Building, 545 Cedar Street, Syracuse, NY 13210**

To Register: **Upstate Connect, 315-464-8668**

For more information, contact:

ProjectAWARE@omh.ny.gov or 315-426-6812

NEW COLLECTION OF APPS CAN REDUCE DEPRESSION AND ANXIETY BY 50%

posted by Karen, heysigmund.com. January 20, 2017

Technology is often criticized for its bulging intrusion into our lives, but researchers from Northwestern University have developed a collection of 13 clinical apps for depression and anxiety. Collectively, the apps are known as IntelliCare, and research has found that they can reduce anxiety and depression by up to 50%.

Anxiety and depression can hit hard, and too often. More than 20% of people have significant symptoms of anxiety or depression, but only 20% get the treatment they need to manage their symptoms. The good news is that research is finding powerful ways for people to self-support and improve their symptoms without medication or outside intervention.

For some people, medication makes an important difference, but any management of anxiety or depression has to include lifestyle factors that have been proven to strengthen the brain and support mental strong health. Two of the most profoundly important lifestyle factors are mindfulness and exercise. They have enormous potential to reduce the symptoms of depression and anxiety by changing the structure and function of the brain. When done together, they can reduce the symptoms of depression by up to 40% in two months. And then, there are apps -

"Using digital tools for mental health is emerging as an important part of our future" says David Mohr, Professor of Preventive Medicine and Director of the Center for Behavioral Intervention Technologies, Northwestern University Feinberg School of Medicine.

The apps are based on different theories of psychology, and have been designed to be used frequently and briefly, in line with the way most people use a mobile phone (checking emails, texting, looking for a restaurant, making a call).

The apps are available for free from the Google Play Store.

Depression and anxiety have a way of stealing people's personal power and putting helplessness and disempowerment in their place. The truth is that people with depression and anxiety are strong and resourceful - they have to be to live their lives and function day to day with symptoms that swipe the way depression and anxiety do. Now technology is finding ways to help people use that strength and resourcefulness and find a way through.

KATKO, MAGNARELLI, CNY HEALTHCARE & SERVICE PROVIDERS, LOCAL ADVOCATES - RELEASE COMPREHENSIVE MENTAL HEALTH TASK FORCE REPORT DETAILING NEED FOR IMPROVED ADOLESCENT CARE IN CNY

March 3, 2017 Press Release

A bipartisan Task Force launched by **US Rep. John Katko (NY 24)** and **NYS Assemblyman Bill Magnarelli (129 District)** in 2015 released its final, comprehensive report outlining the largest gaps in youth behavioral and mental health services in Central New York and providing recommendations to improve access to care.

Congressman Katko and Assemblyman Magnarelli partnered to create the Youth Mental Health Task Force to address the lack of a sufficiently integrated system for child and adolescent mental health inpatient and outpatient services in Central New York. The Task Force was made up of local mental health and substance use disorder treatment providers, leaders from the Syracuse affiliate of the National Alliance on Mental Illness (NAMI), grassroots health care organizations and advocates, Central New York hospitals, and local government officials, and was tasked with assessing and improving local pediatric mental health care services.

"This report follows two years of intensive dialogue, data collection, and study from community advocates, healthcare providers, and hospitals on the need to strengthen access to pediatric mental health care in our community," **said U.S. Rep. John Katko (NY-24)**. "There is a dire need to improve access to pediatric mental healthcare in Central New York, and this report outlines recommendations to help overcome the barriers we face – including improving early identification of behavioral and mental health issues among children, expanding innovative and unique treatment practices, and incentivizing healthcare providers to pursue careers in mental health care. I am committed to working with our community partners to move these reforms forward for Central New York and I will continue to advocate for policies to address this public health crisis in Congress."

Assemblyman Magnarelli stated, "I commend the Task Force in highlighting barriers to appropriate and essential needs of our youth with mental illness. However, to service the needs of patients, youth mental health services must be expanded to include more community based resources. A major factor in providing these vital services is for private insurance companies to step up and meet this challenge, as well as provide coverage for youth in our State-run facilities."

Among the recommendations provided in this report, it outlines:

- **The importance of streamlining data collection on the prevalence of mental illness,** as current statistics vary greatly and impede the ability for practitioners, researchers, and policymakers to serve individuals in need of care.
- **The need to improve the administration of mental health services within the current healthcare system** by increasing access to assertive community treatment, creating a continuum of care, and closing gaps in the patient hand-off process from one provider to another.
- **The need to increase access to effective services and supports for primary and mental healthcare providers,** including the expanded use of telepsychiatry, enabling open access to psychiatric centers, incentivizing core mental health professionals to pursue careers in mental healthcare, improving mental health education for primary care providers and the public,

and increasing inpatient psychiatric services**.**

- **An approach to improving effective crisis management and treatment,** including the proper implementation of mental health crisis teams, increasing access to crisis residence programs, increasing the availability of planned and emergency respite services, strengthening home based crisis intervention, increasing the availability of specialized evidence-based outpatient treatment programs and increasing the number of community residences for adolescents in need of supervised care.
- **A strategy to improve early diagnosis and treatment of behavioral and mental health problems,** as well as the need to reduce stigmatization through education and leadership.

Upstate Medical University President Danielle Laraque-Arena, MD, FAAP, said, "I applaud U.S. Rep. John Katko and Assemblyman William Magnarelli for bringing together local and national mental health experts in fashioning this blueprint of how to improve mental health services for our children. There is not a moment to waste in moving forward and addressing these recommendations. From issues ranging from insurance coverage to access of services, we must create a system of local mental health that breaks down barriers to care and ensures that evidence-based services are available to those in need."

"As one of the region's major providers of behavioral health services, St. Joseph's Health is proud to support the Youth Mental Health Task Force created by Congressman Katko and Assemblyman Magnarelli," **said Jeanette Angeloro, Director of Outpatient Behavioral Health Services at St. Joseph's.** "One in four adults, approximately 57.7 million Americans, experience a mental health disorder in a given year. The first onset of mental disorders usually occurs in childhood or adolescence. Sadly, early detection and diagnosis of mental illness is possible, but often missed. It is imperative that we find a better way to integrate behavioral and mental healthcare delivery using multiple settings and providers. This report offers valuable insights into the current state of adolescent mental health in Central New York and provides preliminary steps to improve mental health programs and services for local youth."

"Oswego Health thanks U. S. Congressman John Katko and State Assemblyman William B. Magnarelli for their efforts to improve local mental health services offered to those aged 18 and younger," **said Oswego Health President and CEO Chuck Gijanto.** "With the number of those requiring behavioral health services increasing, these representatives have recognized that rather than reduce services, they should be expanded and available through community-based resources. Oswego Health is addressing Oswego County's mental health issues through its Community Service Plan and regular communication with the Office of Mental Health. We look forward to continuing to work together as we develop a comprehensive, coordinated approach to providing mental health services for our youth and their families."

"Crouse applauds Congressman Katko's and Assemblyman Magnerelli's collaborative efforts in improving availability and access to substance use and mental health prevention, treatment and recovery services for Central New York youths," **stated Monika Taylor, LCSW, CASAC -Director Behavioral Health for Crouse Hospital.**

ARISE CEO Tania Anderson said, "It has been an absolute pleasure for ARISE to be a partner in the Youth Mental Health Task Force working with so many talented and dedicated colleagues. ARISE embodies the mission of the task force within our own services and is a part of many county initiatives supporting this mission. As an Independent Living Center, ARISE has advocated for the rights of all individuals with any kind of disability since 1979. We assist people of all ages and abilities to achieve a gratifying life experience through self-determination. Therefore, we stand wholeheartedly behind the Youth Mental Health Task Force and its objective to improve mental health awareness, reduce barriers to treatment, and encourage collaborations. ARISE applauds the work of the task force members in breaking down silos and reaching across the table to address an urgent community need."

"During these complicated political times, more than ever, we need to advocate and fight for our loved ones and ourselves. The challenges facing those dealing with serious mental illness seem insurmountable, but joining forces with so many concerned members of The Youth Mental Health Task Force has given our NAMI Syracuse members renewed hope and the ammunition to continue our mission," **stated Karen Winters Schwartz, NAMI Syracuse President.** "It was refreshing to collaborate with individuals who could put their political differences aside and get something done! As president of NAMI Syracuse, I look forward to continuing working with Congressman Katko and Assemblyman Magnarelli to improve mental health care services and the lives of individuals and their families who struggle with brain disorders such as bipolar disorder, schizophrenia, and severe depression."

Sheila Le Gacy, Director of the Family Support and Education Center for AccessCNY stated, "I am the Director of the Family Support and Education Center for AccessCNY. I work with families of individuals diagnosed with serious psychiatric disorders. I was encouraged by my participation in the Youth Mental Health Task Force and hopeful that our recommendations will become reality. I look forward to continuing our work with Congressman Katko and Assemblyman Magnarelli to improve the delivery of mental health services to the patients and families in our community."

"With the coming of spring, I am calm again."
--Gustav Mahler

CONFIRMED: ADHD BRAIN IS DIFFERENT

Megan Brooks, Medscape, 2/23/17

The structure of the brain of children with attention-deficit/hyperactivity disorder (ADHD) differs from that of normally developing children - a difference that is clearly visible on MRI. This suggests that ADHD should be considered a neurologic disorder, researchers say.

In the largest imaging study of ADHD conducted to date, investigators found that five regions of the brain were slightly smaller in children with ADHD compared to children without the disorder.

"We hope that this will help to reduce stigma that ADHD is 'just a label' for difficult children or caused by poor parenting. This is definitely not the case, and we hope that this work will contribute to a better understanding of the disorder," principal investigator Martine Hoogman, PhD, of Radboud University Medical Center, Nijmegen, the Netherlands, said in statement.

The study was published online February 15 in the Lancet Psychiatry.

Until now, neuroimaging studies of patients with ADHD have been small and heterogeneous in their methods, leading to "inconclusive results about structural brain differences in ADHD," Dr Hoogman told Medscape Medical News.

To overcome these limitations and to conduct collaborative studies of "maximal power," the researchers founded the ENIGMA ADHD Working Group in 2013 to aggregate structural MRI data from participants with ADHD and healthy control persons across the lifespan, the researchers note.

"We tried to reuse all the efforts that have been put in the individual imaging studies and reanalyze all the raw data again using homogenized methods. This has resulted in a large sample size with adequate power to detect small changes in the brains of people with ADHD," said Dr Hoogman.

The researchers assessed differences in the subcortical structures and intracranial volume on MRI scans of 1713 individuals with ADHD and 1529 unaffected control persons across 23 sites. The participants ranged in age from 4 years to 63 years (median age, 14 years).

In this "mega-analysis," patients with ADHD were found to have reductions in the volumes of the accumbens, the amygdala, the caudate, the hippocampus, and the putamen respectively, as well as reductions in intracranial volume.

The differences in the brains of people with ADHD uncovered in the study have "similar effect sizes as those of depression or obsessive compulsive disorder," said Dr Hoogman.

The differences were most prominent in the brains of children with ADHD. They were less obvious in adults with the disorder, which supports the notion that ADHD is a disorder of the brain and that delays in the development of these brain regions are characteristic of ADHD, she noted.

At the time of brain MRI scanning, 455 people with ADHD were taking psychostimulant medication; 637 had taken psychostimulant medication at some time in their lifetime. The observed differences in the five brain regions involved in ADHD were independent of psychostimulant medication, suggesting that the differences in brain volumes were not a result of the medication, the researchers note.

Dr Hoogman said that "at this point in time," there is no role for MRI in the diagnosis of ADHD.

"Unfortunately, we are not there yet. The results of this study might help to get a better understanding of the neurobiology of ADHD, but using an MRI scan to diagnose ADHD is not possible," she said. The differences between people with and those without ADHD are "really small, and there is a lot of individual variability in the volumes," she noted.

Dr Hoogman believes it would be worthwhile to do more research similar to this study, "with large sample sizes and enough statistical power," but focusing on other parts of the brain (the cortex, or connections between brain areas). "Hopefully, this will contribute to a complete picture of the neural substrates of ADHD."

The coauthors of a linked commentary say the ENIGMA collaboration "laudably embodies the collaborative spirit of data sharing and the type of science that the field should strive to make commonplace."

Jonathan Posner, MD, and Claudia Lugo-Candelas, PhD, of Columbia University in New York City, note that the study "replicates previously documented volume reductions in the caudate and putamen in individuals with ADHD, yet also makes a novel contribution by being the first meta-analysis, to their knowledge, to document accumbens, hippocampal, and amygdala differences in their mega-analysis."

"This study represents an important contribution to the field by providing robust evidence to support the notion of ADHD as a brain disorder with substantial effects on the volumes of subcortical nuclei. Future meta-analyses and mega-analyses will need to investigate medication effects as well as the developmental course of volumetric differences in this disorder," the authors of the commentary conclude.

The study was funded by the National Institutes of Health.

End the Isolation Caused by Mental Illness

Living with mental illness can create a sense of isolation and loneliness. Sometimes, just leaving the house can lead to anxiety and panic attacks. Depression and so many other mental health disorders can make people want to isolate because being alone, in a quiet, calm place, feels easier than facing the overstimulating world. Yet it is by ending the isolation that we achieve mental health.

Wanting to end the isolation can be hard. What are people supposed to do when they feel isolated and would like to reach out? Try these tips for reaching out and connecting to overcome isolation.

Start small. Don't pressure yourself to crash a wedding and be the life of the party. Small steps are what lead to big life satisfaction.

Do what you love. Use a service such as meetup.com or read the community events section of your local newspaper to find interest groups that appeal to you.

Volunteer. Offer an hour of your time a week at a humane society, soup kitchen, or whatever appeals to your strengths and interests.

Isolation is tempting, but it can increase mental illness symptoms and lead to a loneliness that is hard to shake. Use your interests to begin to reach out. Connection, and well-being, are possible.

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(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.)