NAMI SYRACUSE

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

Newsletter

NOVEMBER/DECEMBER 2014

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

November 18, 2014 **Support & Sharing Meeting**
7:00pm - ACCESS-CNY

November 22, 2014 International Survivors of Suicide Loss Day *(see page 4 for details)*

November 23, 2014 ***Touched with Fire***
Concert & Fundraiser
(see page 3 for details)

December 2, 2014 **NAMI Syracuse Holiday Party**
Kelley's Restaurant
(see page 5 for details)

December 16, 2014 **Support & Sharing Meeting**
7:00pm - ACCESS-CNY

January 20, 2015 **Support & Sharing Meeting**
7:00pm - ACCESS-CNY

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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 fellow NAMI members:

It's hard to believe that another successful fall education conference is already behind us and that we've scheduled our holiday party. I want to thank all of you who attended this year's conference. Special thanks to our wonderful speakers and to OnCare, Hutchings Psychiatric Center, and Cortland MHA for helping sponsor this important event. We are already working on next year's spring children's conference and fall education conference. Any ideas for speakers or topics, please let us know.

We are excited to once again host our annual **Touched with Fire** concert on Sunday, November 23rd. It's a perfect way to spend a late fall afternoon. Please join us. Details on page 3.

The book launch/fundraiser at Kelley's Restaurant was such a hit that we've decided to have our holiday party there this year. I hope you all will come out for great food and fun! It's Tuesday, December 2nd. Details on page 5.

As fall comes to an end, we are looking toward 2015 with many plans that continue to fight for the rights of our loved ones. In collaboration with OnCare, we are in the process of developing a family educational program geared toward the families of children with mental illness. We have formed a committee to once again fight for a mental health court in Onondaga County. We will continue the fight to keep our existing inpatient children's beds and fight to add beds to Upstate Golisano Children's Hospital. And we plan to ramp up our efforts to bring education to our local and area schools through the **Breaking the Silence** educational curriculum. Any and all help or ideas from our members is greatly appreciated.

I hope to see you all at our upcoming events. I wish you all the best as we bid the last of our fall colors good-bye and wait for that first snowfall!

~~Karen

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

Like

facebook.com/NAMISyracuse

Follow us on **twitter:**

Tweet

https://twitter.com/NAMISyracuse

FALL CONFERENCE SUCCESS - MANY THANKS!

~~ Marla Byrnes

Crucial Conversations was another successful conference for our NAMI chapter. We had 150 attendees!

Nearly a third of these were students from Cazenovia College and Hobart Williams Smith College.

Many thanks to the speakers who donated their time to our organization. Steve Kuusisto, Dr. Ahmed, Dr. O'Neill, Sheila Le Gacy, Bill Dee, Officer Jennifer Hardwich made this conference possible.

We did our first silent auction and raised over $400. Thank you to all who donated items: Kris Neagle, Mary Gandino, Marla Byrnes, Karen Winters Schwartz, August Cornell, Michael Caravan, Sue Pietrantoni, Carol Brady, Spence Plavocos and Judy Bliss-Ridgway.

It takes many hands to pull these conferences off. Thank you to Mary Gandino and Judy Flint who handled the registration, Susan Parker Zdanowicz and Cathy Donovan who sold the 50/50 raffle tickets which raised another $109. Additional fundraisers included Karen Winters Schwartz and Steve Kuusisto donating proceeds from their book sales.

Thank you to the committee who organized this line up of speakers: Spence Plavacos, Susan Parker Zdanowicz, Carol Brady, Kris Neagle, and Mary Gandino. Mary Gandino who manages the NAMI office is invaluable in organizing all our events. She really keeps us on track!

Thank you to our sponsors:

- Hutchings Psychiatric Center - Patricia Moore Chief of Social Work
- ONCARE -Tashia Thomas Director
- Mental Health Association of Cortland - Richard and Martha Bush (long time supporters of our conferences).

Last, but not least, thank you to the attendees, board members, and the NAMI members who support the conference and get the word out about our events and fundraisers.

NAMI Syracuse

Touched with Fire Concert

There will be music in the air!

Sunday, November 23, 2014, 3:00pm
Temple Society of Concord
910 Madison Street, Syracuse

performances by:

All Saints Gospel Choir

Central New York Flute Choir

Ben de la Garza, guitar

Dove Creek
Reyna Stagnaro & Putter Cox

Steve Rosenthal, cello

William Turo, piano

In 1998 we were given permission by Dr. Kay Redfield Jamison to use the title of her 1996 book, ***Touched with Fire: Manic Depressive Illness and the Artistic Temperament.***

Through writings, presentations, and teaching materials, Kay Redfield Jamison has always been open and sharing about her own suicidality. With the recent death of Robin Wiliams, suicide is brought into the spot light once again.We are reminded of the numerous deaths of genius minded, talented, desperate and lonely people driven to the completion of suicide.

There were approximately 40,600 deaths by suicide in 2012 in the United States, at the rate of 12.6 per 100,000. Statistics show that this rate has risen every year in America. This year to date there have been 36 in Onondaga County alone. It is with this tragic fact that our concert this year be dedicated to the memory of those who have completed suicide.

NAMI Syracuse Touched with Fire Concert
Sunday, November 23, 2014, 3:00pm, Temple Society of Concord, 910 Madison Street, Syracuse

NAME: _____ Tel. # or e-mail: _____

[ ] Suggested Donation $15.00 **Number: _____**
[ ] Recipient of Services $5.00 **Number: _____**
[ ] Sorry, cannot attend; please accept this donation: $_____

~~Refreshments at Intermission ~~

Please return with your tax deductible donation to: NAMI Syracuse, 917 Avery Avenue, Syracuse, NY 13204

Nobody Wins at War

Words and feelings are always there
Sometimes its hard to bare
Knowing that I took lives
Nobody wins at war

Drinking and drugs is how I dealt
To cover up the way I felt
Memories of the lives I've taken
Nobody wins at war

Nightmares and flashbacks to relive
For family and friends its hard to believe
Someone like me deals with these things
Nobody wins at war

Being in 36 IED blasts is worse than percussion
Pain in my head it's a concussion
Feeling sick to my gut, I'm afraid of not coming home
Nobody wins at war

Dreaming of dirt and sand
It's nothing like seeing an awesome band
Crazy things can always happen
Nobody wins at war

Before you leave you say good-bye
At that time you're a hero in their eye
When your over there you might just cry
Nobody wins at war

I see myself looking at a body
You play games to see who gets shotty
A little kid shot in the chest on the floor
Nobody wins at war

Being serious all the time
It's making me write this rhyme
Feeling guilty because I've killed
Nobody wins at war

Blown up bodies everywhere
The memories are hard to bare
Getting finger prints when they're not there
Nobody wins at war

Feeling so much guilt and shame
Should I be the one to blame
Should I feel relieved that I'm in one piece
Nobody wins at war

written by Justin C. Smith
a returning veteran recovering from PTSD

American Foundation for Suicide Prevention

2014 International Survivors of Suicide Loss Day
Saturday, November 22, 2014

International Survivors of Suicide Loss Day can change your life

It's the one day a year when people affected by suicide loss gather around the world at events in their local communities to find comfort and gain understanding as they share stories of healing and hope.

For many loss survivors, attending a Survivor Day event is the first time they realize they are not alone. Just hearing the stories - from people at all stages of healing - can be helpful. The gathering also provides participants with a chance to share their own stories with those who understand firsthand the challenges of living in the aftermath of a suicide loss.

We strongly encourage you to attend a Survivor Day event, because meeting other suicide loss survivors has proved so helpful for so many.

Join us at one of the conferences listed below:

Northside Baptist Church
7965 Oswego Rd. (Rt.57, Liverpool, NY 13090
(Located in the Seneca Mall Plaza)
10:00am - 2:00pm
Site Coordinator: Sarah Vroman **talklistensave@aol.com**

Dryden Fire Department
26 North St., Dryden, NY 13053
(Located off Route 13, next to Dunkin' Donuts)
11:15am - 2:00pm
Site Coordinator: Stacy Ayres **IthacaAFSP@gmail.com**

Center for Family Life and Recovery
Suite 401, 502 Court St., Utica, NY 13502
11:00am - 3:00pm
Site Coordinator: Judith Reilly **jreilly@cflrinc.org**

Flower Memorial Library
229 Washington St., Watertown, NY 13601
12:30pm - 3:00pm
Snacks provided
Site Coordinator: Victoria Hill **vic059@hotmail.com**

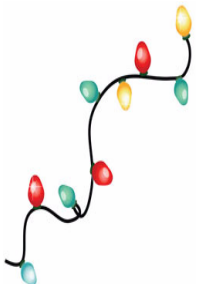
Refreshments & Lunch provided. Watertown snacks only.
No cost to attend, walk-ins welcome but pregistering is preferred.

In 1999, Senator Harry Reid, a survivor of his father's 1972 suicide, introduced a new resolution into the US Senate. With its passage, the US Congress designated the Saturday before American Thanksgiving "National Survivors of Suicide Day," a day on which friends and family of those who have died by suicide can join together for healing and support.

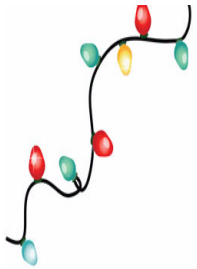
In recognition of the fact that suicide knows no geographic or national boundaries and because Survivor Day events are organized around the world, AFSP's program is called "International Survivors of Suicide Loss Day."

For additional information, contact Debra Graham, AFSP CNY's Area Director at **dgraham@afsp.org**

NAMI Syracuse Holiday Party!



Tuesday, December 2, 2014
Kelley's Restaurant
5076 Velasko Road, Syracuse
Social Hour 5:30pm
Dinner 6:30pm



Menu

Mixed Green Salad/Rolls
Sliced Boneless Ribeye Au Jus
Lemon Chicken Francaise
Honey Mustard Salmon
Tortellini in Vodka Cream Sauce
Oven Roasted Red Skin Potatoes
Fresh Steamed Vegetable Medley
Rice Pilaf
Coffee & Dessert

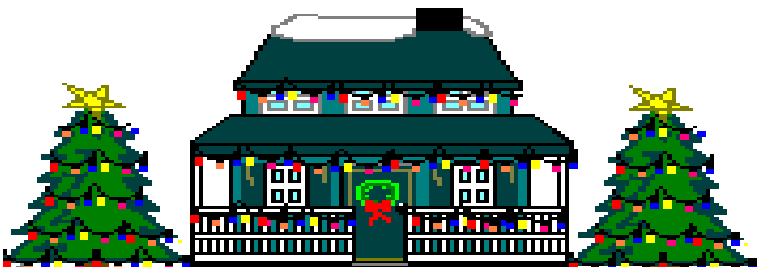
$30.00 per person
$15.00 consumers

cash bar available

Reservations must be made by Friday, November 28th
Please call the NAMI Syracuse office at 487-2085
e-mail: namisyracuse@namisyracuse.org
or send payment to NAMI Syracuse, 917 Avery Ave., Syracuse, NY 13204

Be merry all, be merry all,
With holly dress the festive hall;
Prepare the song, the feast, the ball,
To welcome Merry Christmas.

~William Robert Spencer



I wrote this poem near the end of my inpatient treatment for major depressive disorder at Four Winds in beautifully autumnal Saratoga Springs.

It was a time of change for the nature outside our unit as much as it was for my internal nature.

~~Elizabeth Droge-Young

Less Leaves/More Leaves

Less leaves
More pounds (winterization)

Less available acorns
More squirreled possibilities

Less daylight
Less turmoil

More wrappings
Less fear

Less degrees
Less injurious

More color
More colors

More clarity
More change
More perspective

More acceptance -
Maybe more acceptance

More flow
Less denying, overcompensating running

Less days yet
More days gone
More days yet

More love
More love
More love

More leaves
More left

HUTCHINGS PSYCHIATRIC CENTER OPENS CHILD AND ADOLESCENT CRISIS RESPITE

Hutchings Psychiatric Center is excited to share that their Child and Adolescent Crisis Respite opened on November 5, 2014. This is a much needed resource for the community and one HPC is proud to be part of. The crisis residence is a voluntary, free, short-stay program for children between the ages of 10 and 17.

The goal of this 6-bed program is to assist in stabilizing the crisis situation and to support the family and service providers's efforts to maintain youth in his or her current residence.

Criteria for its use are:

- Youth, ages 10-17, who currently receive mental health services.
- Voluntary (Youth and Family must agree to admission)
- Short Term (1-21 Days)
- No Cost to You

Contact the program Director, 315-426-7759 or Admission Office, 315-426-7751 for more information on the program and to learn how to apply.

As a youth experiencing a crisis or as a family member or guardian of someone experiencing a crisis, you are keenly aware of the many challenges involved.

In spite of these challenges, there is reason for hope and optimism for recovery. HPC is committed to offering the best quality care available through their respite program.

HOW SHOULD WE TALK ABOUT MENTAL HEALTH

Ted.com; Thu-Huong Ha, 12/18/2013

Mental health suffers from a major image problem. One in every four people experiences mental health issues - yet more than 40 percent of countries worldwide have no mental health policy. Across the board it seems like we have no idea how to talk about it respectfully and responsibly.

Stigma and discrimination are the two biggest obstacles to a productive public dialogue about mental health; indeed, the problem seems to be largely one of communication. How should we talk about mental health? How can informed and sensitive people do it right - and how can the media do it responsibly?

- End the stigma
- Avoid correlations between criminality and mental illness
- But do correlate more between mental illness and suicide
- Avoid words like "crazy" or "psycho"
- If you feel comfortable talking about your own experience with mental health, by all means, do so
- Don't define a person by his/her mental illnesses
- Separate the person from the problem
- Sometimes the problem isn't that we're using the wrong words, but that we're not talking at all
- Recognize the amazing contributions of people with mental health differences
- Humor helps!

I heard the bells on Christmas Day
Their old, familiar carols play,
And wild and sweet
The words repeat
Of peace on earth, good-will to all!

~Henry Wadsworth Longfellow

MAN CALLS A SUICIDE PREVENTION HOTLINE, SWAT TEAM KILLS HIM

Free Thought Project, Jay Syrmopoulos, 10/23/14

A Roy, Utah man, Jose Calzada, 35, placed a call to a suicide prevention hotline at 4:00 a.m. and threatened to kill himself, seven hour later he was shot and killed by police, according to law enforcement.

According to ABC 4, neighbors described Calzada as a quiet, friendly man, who was divorced and now lived in the home with his girlfriend and her children.

The first tragic mistake in this case was made when the Weber County Consolidated Dispatch Center sent officers to the residence rather than some type of crisis response team trained to deal with suicidal individuals.

From previous cases, such as that of Jason Turk, who was shot twice in the face after a suicide call to 9-1-1 by his wife, or that of Christian Alberto Sierra, who was suffering from depression and had attempted suicide when police showed up and shot him four times, killing him, most know all too well what happens when you send officers to "assist" people threatening suicide.

Subsequently, a SWAT team came to the residence and "negotiated" with Calzada for more than seven hours before taking his life.

"At some point those negotiations failed and unfortunately the SWAT team was involved in a shooting, and the subject is now deceased," said Roy PD spokesman Matt Gwynn.

Eyewitness Ron Smith told the Standard-Examiner that he heard "one shot, and then a pause, and then four or five shots after that, that were very rapid."

Specifics of the case were not released but Gwynn was sure to explain the cop logic of reasonableness stating, "Officers are authorized to stop a threat whenever their life is threatened, or the life of another is threatened. And at that point if the officer feels he is justified, he may act to stop that threat."

"This is being treated as an officer assisted suicide or suicide by cops," Gwynn said.

While that could potentially be the case, this is usually the default position of law enforcement when unprepared officers show up to deal with individuals experiencing severe mental health issues.

Often police go into these situations with an ingrained mentality of looking at citizens as threats to the safety of the officers and thus feel empowered and justified to use lethal force as the suicidal person has already threatened to kill someone, themselves.

Gwynn went on to state, "We encourage those having suicidal thoughts or tendencies to contact a physician or expert that can talk them through it. In this particular case he attempted to do that - it's unfortunate and sad that it failed."

Sadly, Gwynn's words ring hollow as Calzada did exactly as Gwynn suggests and ended up paying the ultimate price as is far too often the case in these situations.

"HIGH-FUNCTIONING" BIPOLAR DISORDER

by Natasha Tracy

Sometimes people don't believe I'm particularly sick. They meet me, I look fine, I interact, I charm, I wit and all seems, if not normal, at least something reasonably normal adjacent.

And that's fine. It's by design. Being a high-functioning mentally ill person, I can't really afford to run around with my hair on fire. But faking normalcy, happiness and pleasure is a tricky and very expensive bit of business.

Being a "high-functioning" bipolar doesn't really have a definition, per se. The term indicates that I'm not in a mental hospital, and I do things like live on my own, pay rent, work and whatnot. I would suggest that being "high-functioning" seems to indicate that I can fake not being a crazy person.

It's really important that I be able to put my bipolar on the shelf. I have to be able to put the crazy away so that I can talk to people, engage in business, produce technical documentation, write articles and so on. I wrote about 12,000 words last week for clients. You can't do that if you're pondering where on your wrist the best place to slice is.

The trouble is, using all my control, sanity and energy during the week to try and produce enough work to pay my rent then leaves me with a really large deficit when I'm not working. I'm crazy. Remember? Not normal? I'm just faking the normal. And faking normal requires more effort than you can possibly imagine.

So then, as soon as I'm not working, I break into a thousand pieces all over the tiles on my kitchen floor.

Sure, you go out Friday night with friends. My Friday night is usually spent fairly catatonic trying desperately not to get suicidal.

As I see it, everyone has a similar tank of energy. We expend that energy in lots of ways. We run after kids, we go to the office, we jump out of planes. All fine uses of energy. Me, on the other hand, I spend a massive amount of energy just trying to keep my brain in one place. I have almost no energy, or brain left, outside of that.

So all the appearance of my functioning is paid for by utter decimation and exhaustion the rest of the time. I don't have energy or brain space left to read, see friends, date or do pretty much anything else. The last thing I want to do is leave the house. I want to sleep. Forever. And ever.

I do know wonderful people and I do adore them. But that doesn't overcome the inertia of having every drop of energy sucked from me so I can pay rent.

I'm the least fun person in the world. I work. I sleep. I have a schedule. I keep that schedule. I'm tired. I make excuses not to go out. I'm sort of the lamest person ever.

But that's the mental illness sucking the life out of my ears. I want to go out. I want to see my friends. I want to do something fun. I want to have a drink with you after work. I just can't. I'm too tired.

So yes. I'm capable. I'm talented. I work hard. I produce stuff. Yay me. But the price I pay for that is not being able to be anything else.

You can find Natasha Tracy on Facebook or GooglePlus or @Natasha_Tracy on Twitter or at the Bipolar Burble, her blog

OUR SON COULDN'T BECOME STABLE BECAUSE HE WAS ALWAYS PUSHED OUT THE DOOR

from Treatment Advocacy Center

(October 3, 2014) Some patients with severe mental illness need more than just a few days of inpatient treatment, writes a mother on author Pete Earley's blog. A portion of her letter is published below.

In October, we managed to get Tom, now actively psychotic, admitted into a local hospital. We were trying to get him into (a state hospital) because we knew another short term hospitalization would do nothing to stop this cycle. We were unable to do this and again, upon admission the discharge plan began.

I told the social worker on the unit that if they planned to release him in 5-7 days, they might as well not waste the time and resources and let him go right now. He needed longer term so the medication can have a chance to work, that was our only hope.

I was told, "...there is no such thing as long term hospitalization anymore...they don't do that anymore..."

How many fewer admissions there would be if the hospital was not pressured to discharge so soon? The rotating door admissions would certainly decrease, which would save valuable time and resources and would give the patient a chance to recover.

So Tom was transferred to (state hospital) in mid-October where he remains today. It has been a difficult time for Tom but he's hanging in there. Initially, he presented very well and after a month they moved him to the research unit where he managed to escape for 24 hours. They placed him back in the high security unit which was a low point.

Let me back up.

As soon as Tom arrived at (state hospital) I noticed something different. First, it is not a "nice" facility-the hospital is old and dingy. But the staff, the medical treatment teams are like nothing we've experienced in five years at short term units.

Here, the focus is on the patient, not discharge. It is the first time I spent over an hour with the "medical treatment team" asking me questions and truly interested in the answers - the patterns, the symptoms, the cycles, the compliancy, the running away, the running back home, the diagnosis, the medication, the explanation of his psychotic breaks, and so on.

They use this information with the information they get from Tom to give him the best care.

So (during the holidays), I see college kids coming home and I find myself wondering where Tom would be if he hadn't gotten sick. I need to remind myself that today he is better than he's ever been. He asks about family and friends and these are all signs that he's getting well.

Discharge will come eventually when the time is right.

For the first time in a long time, we have hope.

Tom's Mom

Read the entire letter on Pete Earley's blog.

WHY ARE WE USING PRISONS TO TREAT THE MENTALLY ILL?

The Nation, 10/8/2014

This fall, we've (The Nation) partnered with the ACLU and Brave New Films to launch **OverCriminalized**, a video series highlighting the many social problems that we surprisingly expect the criminal justice system to solve. Focusing on mental illness, housing and drug dependency, the series sheds light on the damage done when we criminalize social problems and profiles innovative solutions that have proven to be far more effective than throwing people in jail.

In our video on mental illness, we look at Crisis Intervention Training (CIT), a program that teaches police officers to safely and effectively interact with someone struggling with a mental-health crisis. Growing in popularity, CITs have proven effective in cutting down on police violence and arrests of mentally ill people, while making it easier for people undergoing a mental-health crisis to get medical help.

While we fight to reform policing practices in our cities through programs like CITs, we can also make change on the national level. A new bill being considered by Congress, the **Strengthening Mental Health in Our Communities Act,** puts the focus of mental health reform where it belongs: on the gaps in community-based services that cause many thousands of people with serious mental illnesses to experience crises, become homeless or endure needless institutionalization or incarceration. It would also increase funding to train police officers in how best to respond to mental health crises and includes provisions that recognize the importance of protecting the civil rights of those struggling with mental illness.

TO DO

Sign our petition to Congress calling for passage of the **Strengthening Mental Health in Our Communities Act**. And if you'd like to begin a campaign to fight mass criminalization in your city, check out our action guide for hosting your own screening of **OverCriminalized**.

TO READ

In an article to accompany **OverCriminalized**, Agnes Radomski looks into the fight for Crisis Intervention Teams in New York City. And in his piece introducing the project, Mychal Denzel Smith writes that the series "focuses on the people who find themselves being trafficked through this nation's criminal justice system with little regard for their humanity and zero prospects for actual justice. They are the victims of an unwillingness to invest in solving major social problems, and the consequent handing off of that responsibility to the police, the courts and the prisons. They are the mentally ill, the homeless and the drug addicted. Sometimes they are all three."

TO WATCH

Our video on the criminalization of mental illness looks at San Antonio's CIT program and the difference it has made in the lives of the mentally ill of that city. Visit the website:

http://www.thenation.com/blog/181920/why-are-we-using-prisons-treat-mentally-ill

WHO RELEASES GLOBAL REPORT ON SUICIDE PREVENTION

WHO (the World Health Organization) has released its very first global report on suicide prevention.

According to the report, there are over 800,000 suicides per year - that's one suicide every 40 seconds. The report provides statistics on the ages, and locations where higher at risk.

Suicide has become the second leading cause of death in those aged 15 - 29, with men of all ages leading the way in the number of suicides.

The study also explores the link between suicide and mental illness stating:

"While the link between suicide and mental disorders is well established, broad generalizations of risk factors are counterproductive. Increasing evidence shows that the context is imperative to understanding the risk of suicide. Many suicides occur impulsively in moments of crisis and, in these circumstances, ready access to the means of suicide - such as pesticides or firearms - can determine whether a person lives or dies. Other risk factors for suicide include a breakdown in the ability to deal with acute or chronic life stresses, such as financial problems. In addition, cases of gender-based violence and child abuse are strongly associated with suicidal behaviour."

The report goes on to say that "Stigma, particularly surrounding mental disorders and suicide, means many people are prevented from seeking help."

What does the new report mean for you?

Many hope that this report will help further the cause towards suicide prevention. Following Robin Williams' suicide more and more people are speaking out for suicide prevention and counseling for those who are feeling depressed or suicidal.

DON'T COERCE THE MENTALLY ILL INTO TREATMENT - TIM MURPHY IS RAISING THE RIGHT ISSUES BUT PROPOSING THE WRONG SOLUTIONS

by Leah Harris, Pittsburgh Post-Gazette, September 10, 2014

Mental health advocates and experts agree that our mental health systems are the shame of the nation. As many psychiatric institutions - some of which were notorious for abuse and neglect - were shut down in the 1980s, jails and prisons became the new asylums and people struggling with mental health and substance-use issues were warehoused in even more inhumane and costly settings.

Our community mental health systems are fragmented, ineffective, difficult to access and fail to engage people who need the most help. Instead of providing needed social services for those who are homeless and experiencing serious mental health challenges or addictions, we criminalize their suffering.

Rep. Tim Murphy, R-Upper St. Clair, is to be lauded for shining a powerful spotlight on these issues. However, despite his good intentions and clear commitment, Rep. Murphy has it wrong when it comes to one of his most prominent prescriptions for fixing our broken mental health care systems.

The Murphy proposal - included in the Helping Families in Mental Health Crisis Act - pressures states to divert more than $130 million to expand the use of "involuntary outpatient commitment" court orders that serve only to force people into the same service approaches that have already failed to help them. It was drafted in response to the Newtown school shooting tragedy, in which a mentally ill Adam Lanza killed 22 people and himself, although people with mental illness are more likely to be victims than perpetrators of violence.

People with psychiatric disabilities who would be directly affected by Rep. Murphy's bill are vehemently opposed to it. In every other area of medicine, it is recognized that patient-centered approaches that foster personal choice and dignity are far more successful in engaging people with the most serious conditions as active participants in their own health care.

Rep. Murphy argues that involuntary outpatient commitment - also known as assisted outpatient treatment - is a "less restrictive alternative" to the horrors of prison and mental institutions. But why make people choose the lesser of two evils? Why not focus instead on providing an upfront investment in voluntary housing and support services that are proven to work?

One such model is Housing First, an evidence-based supportive housing program that does not make people jump through hoops in order to get off the streets and find a safe place to live. Many individuals who have found decent places to live through Housing First go on to work toward recovery from their mental health issues and to become clean and sober.

One success story is Shaelynn, who was living on the streets, had a felony conviction and was using drugs and alcohol when she was accepted into the program. With the program's support, she has achieved sobriety, has reconnected with her daughters and grandchildren, and is now doing very well.

Another evidence-based model is peer-to-peer support, which deploys trained individuals in recovery from serious mental health and or substance-use conditions to engage the hardest to reach people on the streets, help them access needed services and supports, and avert crises and tragic outcomes. For example, New York's Peer Bridger program was able to reduce avoidable and expensive re-hospitalizations by 71 percent in 2009.

But instead of promoting these innovative and promising forms of engagement, Rep. Murphy's bill seeks to cut federal funding that would make them more available.

Contrast this with Britain, which is working instead to reduce coercive interventions and promote patient-centered approaches. British psychiatrist Tom Burns, once a former supporter of community treatment orders - the British equivalent of assisted outpatient treatment - has changed his mind about the practice. He says that the research shows these laws don't accomplish much.

Rather than pouring even more taxpayer dollars into promoting controversial coercive approaches, we should be expanding proven and promising practices.

We in America do not lack resources. What we lack is the political will to get this done.

Leah Harris is director of the National Coalition for Mental Health Recovery (lharris@ncmhr.org)

CBT - AN EMPOWERING TOOL TO A MORE FULFILLING LIFE

reprinted by Jerry Mulegeon

Cognitive behavioral therapy (CBT) is a blend of cognitive therapy and behavioral therapy that helps people change their thinking away from unhealthy and defeating thoughts and directing their mind's attention to more functional, uplifting and constructive ones.

Through a process learned in talk therapy, the patient can alter dysfunctional thought patterns (which lead to distorted and negative views of themselves and the world around them) to a more accurate and healthier thinking process that results in positive and healing outcomes.

This powerful psychotherapeutic approach demonstrates the power of thought. If we believe something it becomes our truth, whether it is actually true of not. The renowned psychiatrist Aaron T. Beck, who created cognitive therapy, understood that we have the power to identify our own distorted thoughts and change them to be more accurate and thus more rewarding.

People with mental disorders who are fortunate to have a therapist trained in cognitive restructuring are having dramatic positive results.

In some parts of the world, such as the United Kingdom, CBT is recommended for a number of mental health disorders. Companions everywhere might be wise to check it out as a possible tool. When it comes to our loved one's recovery, should we leave any tool unexamined?

SCHIZOPHRENIA IS EIGHT DIFFERENT DISEASES, NOT ONE

***USA Today**, Liz Szabo, 9/15/14*

New research shows that schizophrenia is not a single disease, but a group of eight distinct disorders, each caused by changes in clusters of genes that lead to different sets of symptoms.

The finding sets the stage for scientists to develop better ways to diagnose and treat schizophrenia, a mental illness that can be devastating when not adequately managed, says C. Robert Cloninger, co-author of the study published in the **American Journal of Psychiatry.**

"We are really opening a new era of psychiatric diagnosis," says Cloninger, professor of psychiatry and genetics at the Washington University School of Medicine in St. Louis. Cloninger says he hopes his work will "allow for the development of a personalized diagnosis, opening the door to treating the cause, rather than just the symptoms, of schizophrenia."

Clonginger and colleagues found that certain genetic profiles matched particular symptoms. While people with one genetic cluster have odd and disorganized speech - what is sometimes called "word salad" - people with another genetic profile hear voices, according to the study, funded by the **National Institutes of Health**.

Some genetic clusters gave people higher risks of the disease than others, according to the study, which compared the DNA of 4,200 people with schizophrenia to that of 3,800 healthy people.

One set of genetic changes, for example, confers a 95% chance of developing schizophrenia. In the new study, researchers describe a woman with this genetic profile who developed signs of the disorder by age 5, when she taped over the mouths of her dolls to make them stop whispering to her and calling her name. Another patient - whose genetic profile gave her a 71% risk of schizophrenia - experienced a more typical disease course and began hearing voices at age 17.

The average person has less than a 1% risk of developing schizophrenia, Cloninger says.

Psychiatrists such as Stephen Marder describe the the study as a step forward. Today, doctors diagnose patients with mental illness with a process akin to a survey, asking about the person's family history and symptoms, says Marder, a professor at the David Geffen School of Medicine at the University of California-Los Angeles.

"It underlines that the way we diagnose schizophrenia is relatively primitive," Marder says.

Patients may wait years for an accurate diagnosis, and even longer to find treatments that help them without causing intolerable side effects.

Doctors have long known that schizophrenia can run in families, says Robert Freedman, editor-in-chief of the **American Journal of Psychiatry** and chair of psychiatry at the University of Colorado Anschutz Medical Campus. If one identical twin has schizophrenia, for example, there is an 80% chance that the other twin has the disease, as well.

In the past, doctors looked for single genes that might cause schizophrenia, without real success, Freedman says.

The new paper suggests that genes work together like a winning or losing combination of cards in poker, Freedman says. "This shows us that there are some very bad hands out there," Freedman says.

In some cases - in which a genetic profile conveys close to a 100% risk of schizophrenia - people may not be able to escape the disease, Cloninger says. But if doctors could predict who is at high risk, they might also be able to tailor an early intervention to help a patient better manage their condition, such as by managing stress.

Doctors don't yet know why one person with a 70% risk of schizophrenia develops the disease and others don't, Clonginger says. It's possible that environment plays a key role, so that child with a supportive family and good nutrition might escape the diagnosis, while someone who experiences great trauma or deprivation might become very ill.

The study also reflects how much has changed in the way that scientists think about the genetic causes of common diseases, Marder says. He notes that diseases caused by a single gene - such as sickle-cell anemia and cystic fibrosis - affect very few people. Most common diseases, such as cancer, are caused by combinations of genes. Even something as apparently sim-

ple as height is caused by combinations of genes, he says.

Doctors have known for years that breast cancer is not one disease, for example, but at least half a dozen diseases driven by different genes, says study co-author Igor Zwir, research associate in psychiatry at Washington University. Doctors today have tests to predict a woman's risk of some types of breast cancer, and other tests that help them select the most effective drugs.

Those sorts of tests could be extremely helpful for people with schizophrenia, who often try two or three drugs before finding one that's effective, Cloninger says.

"Most treatment today is trial and error," Cloninger says.

If doctors could pinpoint which drugs could be the most effective, they might be able to use lower doses, producing fewer of the bothersome side effects that lead many patients to stop taking their medication, Cloninger says.

Let us give thanks

For each new morning
with its light,
For rest and shelter
of the night,
For health and food,
for love and friends,
For everything
Thy goodness sends.

~Ralph Waldo Emerson

T
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E
Chocolate Debacle

A new novel by bestselling author & NAMI Syracuse President Karen Winters Schwartz!

Six months after her husband dies, fifty-eight-year-old Florence Loughton falls in love. She falls in love the moment that Hector stretches out his tiny little neck and licks at the smooth tan skin of her face. She soon forms an unlikely bond with twenty-six-year-old Trey Barkley, Hector's dog walker. Trey doesn't seem to mind that he walks dogs for a living or that he still lives with his parents, but when his whole world is set on end by a brief chocolate bar encounter, leading to his arrest for a murder he may or may not have committed-threatening his livelihood, his freedom, and the sanity he's worked so hard to maintain-he minds. He minds very much-especially considering that it's the murder of his only real friend: Mrs. Florence Loughton. Detective Seth Wooley is initially confident in his quick arrest of the crazy-ass dog walker. Every clue indicates that Trey Barkley is the murderer. Easy-except Seth just can't seem to shake the fact that sometimes things are just too damn easy. **The Chocolate Debacle** is a captivating story where two lonely people come together and form an odd friendship that comes to an abrupt and troubling end on the day Flo dies.

Book may be purchased on:

www.barnesandnoble.com

www.amazon.com

or by calling NAMI Syracuse 315-487-2085

BOOK REVIEW: TO CRY A DRY TEAR: BILL MACPHEE'S JOURNEY OF HOPE AND RECOVERY WITH SCHIZOPHRENIA

Bill's childhood passion for swimming lead him at the age of 19 to the South China Sea where he began a promising career as a commercial deep sea diver in Singapore. The future looked bright for Bill, already living his dream. Five years later, Bill was living a nightmare. Pacing a psychiatric ward, trapped in a world of illusions, delusions, paranoia and depression, he was 24 years old and diagnosed with schizophrenia. Bill was hospitalized 6 different times, lived in 3 group homes and had a suicide attempt. If you ever wondered what goes on in the mind of someone who is out of reality, this is the book that will give you a clear, vivid understanding of schizophrenia. Bill has shared many of his original nursing notes as well as his psychiatrist notes and treatment regimen. Today Bill is known as a recovery expert, and he defines recovery as when you would not want to be anyone other than who you are today. Bill has helped thousands of people through his work and publications and will help you understand what you need to know about recovery and life with schizophrenia.

Bill MacPhee is the founder and CEO of Magpie Media Inc. under which he launched the Canadian **SZ Magazine,** a quarterly magazine intended to offer encouragement and information to people affected by schizophrenia. In June 2003 he added a U.S. edition of the magazine. In addition to producing this award winning magazine, Bill travels throughout North America bringing hope to thousands of people through his inspirational talks about how he pulled himself from the depths of depression to become a successful entrepreneur, husband and father.

Editor's Note: *Many of you may remember Bill MacPhee sharing his powerful story with us at our 2004 Educational Conference,* ***Soaring to New Heights: Hope & Recovery.***

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

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.)