



# NAMI SYRACUSE

National Alliance on Mental Illness

## Newsletter

JANUARY/FEBRUARY 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  
EDUCATION**

**SHARING  
ADVOCACY**

### *Events Calendar*

- February 16, 2016     **Support & Sharing Meeting**  
7:00pm - AccessCNY
- February 25-26, 2016     **SSI & SSDI Benefits Training**  
NAMI Syracuse office  
*(see page 3 for details)*
- March 15, 2016     **Support & Sharing Meeting**  
7:00pm - AccessCNY
- April 19, 2016     **Support & Sharing Meeting**  
7:00pm - AccessCNY
- May 5, 2016     **SAVE THE DATE!**  
NAMI Syr. Children's Conference  
***Addressing Challenging Behavior  
in Children & Youth***
- May 7, 2016     **NAMIWalks/Rochester**  
Village Gate, Rochester, NY
- May 17, 2016     **Support & Sharing Meeting**  
7:00PM - Access-CNY

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**MESSAGE FROM THE PRESIDENT**

Dear fellow NAMI members:

I hope you all had a good holiday season. Often family dynamics and high expectations can make the holidays stressful-especially for those dealing with a mental illness. This is where hot chocolate and nights reading a good book by the fireplace come in. Although we didn't get our dreamy white Christmas, we were spared from the stress of nasty winter driving. As I write this the sun is shining brightly! Here's to a much needed El Nino winter!

NAMI Syracuse is planning many exciting activities for 2016. We hope you will join us for most or all of the services and educational opportunities that NAMI Syracuse provides to the community. I also hope that each one of you share your stories with at least one other person during the new year and encourage your family and friends to join our NAMI family. We are an organization whose strength comes from our numbers and the power of our voice. With each positive story we share, we decrease stigma. With each new NAMI member, we increase our ability to sway our legislators to form an improved and functional mental health care system.

I'm very pleased to announce that Elizabeth Patience from the Office of Mental Health will be hosting a free two-day training titled "SSI and SSDI Benefits Training: Myths, Tips, Tricks & How to Make It Work" on February 25th and 26th at the NAMI Syracuse office. I hope many of you will take advantage of this excellent opportunity to learn how to help our loved ones secure financial benefits that could ease stress and improve their recovery outcome. Details on page 3.

Six new individuals have joined our board for 2016! Welcome Steven Comer, Kerry Delduchetto, Deborah Mahaney, Krysten Ridgway, Lacey Roy, and George Van Laethem. I look forward to getting to know all of you.

It has been my honor to represent NAMI Syracuse as president for these last two years. I look forward to a productive third year. Thank you for your continued support of NAMI Syracuse. Special thanks to all of our board members-new and old. And don't forget to share your stories and let at least one person know about NAMI Syracuse! HAPPY 2016!

Karen  
NAMI Syracuse President

**NAMI Syracuse Officers**

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

**Board of Directors**

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Kristin Neagle  
Sherie Ramsgard  
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Steffany Rose  
Lacey Roy  
George Van Laethem  
Susan Zdanowicz

**Consultant to Board**

Dr. Mantosh Dewan  
Stephen Glatt, PhD

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

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

Follow us on **twitter**:

 Tweet [twitter.com/NAMI\\_Syracuse](https://twitter.com/NAMI_Syracuse)

***Save the Date!***

***Thursday, May 5, 2016***

***NAMI Syracuse Children's Conference:***

**Addressing Challenging Behavior in Children & Youth**

***9:00am - 3:00pm, Rosamond Gifford Zoo, Syracuse***

*~~presenters~*

- **Adrienne D. Allen, MD, Children & Youth Services, HPC Outpatient Clinic**
- **Regina Canuso, NYS Council on Children & Families, Coordinator, Hard to Place/Hard to Serve Unit**
- **Bridget Hier, Ph.D, Assistant Professor, School of Psychology, University of Buffalo**
- **Panel of Family Members sharing what has worked for their child**

# **SSI and SSDI Benefits Training: Myths, Tips, Tricks, and How to Make It Work**

**Presented By: John B. Allen Jr., Special Assistant to the Commissioner, OMH**

## **Do you know....**

- How to help someone get benefits within 90 days?
- About expedited reinstatement of benefits?
- That you can work full-time and maintain low cost, or even no-cost, medical insurance?
- That you can ask for a waiver if Social Security mistakenly overpays you?
- That providers can get up to \$25,000 per person for helping people who are eligible for Ticket to Work find and keep jobs?

Even if you answered “yes” to any of these questions, you will benefit from this intensive two-day interactive training. Find out Social Security Work Incentives can help SSI/SSDI beneficiaries:

- Test their work and earning abilities
- Earn money for training or college
- Earn money to start a business
- Ease off cash benefits and into self-sufficiency

**February 25, 2016, from 9:00 a.m. to 5:00 p.m.**

**And February 26, 2016, from 9:00 a.m. to 2:00 p.m.**

**NAMI Syracuse, 917 Avery Ave., Syracuse, NY 13204**

**(Lunch on your own each day)**

**Please register before February 22, 2016 with:**

**Elizabeth Patience at [elizabeth.patience@omh.ny.gov](mailto:elizabeth.patience@omh.ny.gov) or 315-426-3942**

Certificates will only be sent to people who are present for both days. All participants who register for this comprehensive training will be expected to share the information to help someone else obtain SSI/SSDI benefits.

~~Presented by the OMH Office of Consumer Affairs

## HISTORIC SETTLEMENT OVERHAULS SOLITARY CONFINEMENT IN NEW YORK

The New York Civil Liberties Union and New York State on December 16, 2015 announced a settlement agreement that will comprehensively overhaul solitary confinement in New York State -- one of the largest prison systems in the country -- and provide a framework of ending the state's overreliance on extreme isolation. The agreement will result in the end of traditional solitary confinement for more than 1,100 people -- one quarter of the current solitary population -- who will either be placed in alternative units or provided with less isolating, more rehabilitative conditions. The settlement is expected to reduce the solitary population even further by eliminating solitary confinement as punishment for all minor violations and limiting the duration of most solitary sentences, and it will abolish several of solitary's most dehumanizing features altogether.

"New York State has recognized that solitary confinement is not only inhumane but detrimental to public safety and has committed to changing the culture of solitary within state prisons," said NYCLU Executive Director Donna Lieberman. "No prison system of this size has ever taken on such sweeping and comprehensive reforms to solitary confinement at one time. Today marks the end of the era where incarcerated New Yorkers are simply thrown into the box to be forgotten under tortuous conditions as a punishment of first resort, and we hope this historic agreement will provide a framework for ending the abuse of solitary confinement in New York State."

The agreement comes as a result of the 2012 class-action lawsuit, Peoples v. Fischer, brought by the NYCLU with pro bono co-counsel Morrison & Foerster and co-counsel Professor Alexander Reinert of the Benjamin N. Cardozo School of Law.

Under the agreement, the state commits itself to (1) reducing solitary, (2) limiting the length of solitary sentences and (3) increasing rehabilitative features in solitary and abolishing its most dehumanizing aspects.

## In Memoriam

NAMI Syracuse offers our sympathy and prayers to the following families who have recently lost loved ones:

Paul and Joanne Szlosek on the passing of their son **William Szlosek O'Hara** on November 7, 2015.

We thank Paul and Joanne for designating NAMI Syracuse as the recipient of donations made in William's name.

To the Family of **Estelle Przybicien** who passed away on November 24th at the age of 94. Estelle had been a NAMI member since 1987.

Catherine Adamo whose daughter **Anna Adamo** passed away on December 7th. Catherine has been a NAMI member since 1984 and donations in Anna's memory were also designated to NAMI Syracuse. We thank Catherine, her son Andre and daughter Joanne for remembering NAMI.

*May William, Estelle and Anna  
Rest in Peace*

## Thank you's

Thank you to Marla Byrnes for her donation to NAMI Syracuse in honor of Carol Sheldon Brady's Birthday!

Thank you to UNO Pizzeria and everyone who participated in the Mental Health Week (October, 4-10, 2015) UNO Fundraiser. NAMI Syracuse received \$445.00.

Thank you to all our members and non-members who donate to NAMI Syracuse to help spread the word and eradicate the stigma of mental illness!

## NAMIWALKS/ROCHESTER

NAMI Rochester is preparing to host their 4th **NAMIWalks Rochester** and again this year, NAMI Syracuse is partnering with them. As a participating affiliate, NAMI Syracuse will receive a portion of all funds we raise through our teams and our direct sponsorship.

**Saturday, May 7th  
Village Gate, Rochester, NY**

More info to follow on how you can help!

## BINGHAMTON SENATORS TEAM UP WITH DIFD TO RAISE AWARENESS FOR MENTAL ILLNESS

What is **DIFD**? **DIFD** stands for **Do It For Daron**. The night is dedicated to raising awareness about mental illness, specifically in young adults. It was started after Daron Richardson died by suicide November of 2010 at the age of 14. Daron's parents Luke and Stephanie Richardson, decided to transform their very private pain into a public call-to-action. Supported by the energy and efforts of dozens of Daron's close friends and classmates, a grassroots movement was formed with the mission of creating awareness, inspiring conversations, and transforming youth mental health.

On **Saturday, February 6, 2016, 7:05pm** the Binghamton Senators Hockey Club is offering a special ticket rate, \$15.00, with a portion of it going directly to **DIFD**. For more information or other ticket packages, contact 607-722-7367 or order online:

<https://bsens.formstack.com/forms/difd>

*"The best way to not feel hopeless is to get up and do something. Don't wait for good things to happen to you. If you go out and make some good things happen, you will fill the world with hope, you will fill yourself with hope."*

**--Barack Obama**

**HE'S A KENNEDY, WHAT DOES HE HAVE TO BE DEPRESSED ABOUT?**

by Laura Greenstein, Nov. 10, 2015

***A Common Struggle: A Personal Journey Through the Past and Future of Mental Illness***

by Patrick Kennedy

On Feb. 29, 2000, at the Woonsocket Senior Center in Rhode Island, Patrick Kennedy unexpectedly opened up to the public about his mental health conditions. While he felt somewhat relieved to finally let go of the secrecy, the media derided him with stigmatizing comments. The question in the air was what did a Kennedy have to be depressed about?

After being publicly made fun of, the media started calling people in the mental health sphere for comment. They reached out to the NAMI deputy executive director at the time, Bill Emmet, who happened to be the first person Kennedy ever talked to about mental health parity. Emmet's response to the media was simple, straightforward and, above all, brutally honest: "Saying Patrick has nothing to be depressed about is like saying Patrick has no reason to have heart disease, no reason to have cancer."

To further this point, Kennedy mentions a time in his life when he learns that he has a tumor on his spinal cord as a happy occasion—it is the first time there is something wrong with his health that he could prove.

Throughout his new book, *A Common Struggle*, Kennedy chronicles how mental health influenced both his personal life and his career through these stories and others. He goes through his own personal mental health journey living with depression, bipolar disorder and substance abuse while also highlighting the history and evolution of the mental health system.

An important element of the book is hidden trauma and the mental health conditions that resided within his family. "The more I was confronted in ther-

apy...the more I had to admit that my family issues were not unique at all," Kennedy writes. "Fathers and sons, worrying about expectations and legacies, speaking but not really talking. Families trying to ignore mental illness and addiction. These are common problems, really common." In his family, standard protocol was to bottle up trauma, avoid publicity and self-medicate.

One of those family members deeply affected was his father, and Senator, Teddy Kennedy. Patrick Kennedy writes about how the assassinations of both of his uncles had a rippling effect on his father's mental health. "My father went on in silent desperation for much of his life, self-medicating and unwittingly passing his unprocessed trauma on to my sister, brother and me... His own anguish was palpable and unspoken... Since he was the more emotionally available of my parents, I derived most of my emotional foundation from his strength and his turmoil."

His relationship with his father is a critical aspect of the book. Almost every period of his life that he shares in the book connects back to their relationship in some way. His father's political strength and power as a U.S. Senator was something he used as a model to follow and emulate. Unfortunately, he also followed in his father's footsteps when it came to substance abuse.

Kennedy is very open throughout the book about his struggle with substance abuse. His story goes back and forth through times of recovery and relapse. His poignant examples display the harsh reality that a person can face when struggling with addiction. For example, in 2008, Kennedy received a prescription for painkillers after breaking his hand. He knew they would send him into a downward spiral, but immediately made plans in his mind to abuse them. He writes, "I can still remember how much I craved those pills, how much one part of my brain wanted the drug, and the other part of my brain was telling me it wasn't a good idea."

Luckily, for Kennedy, his friend and office manager Terri was there to help. "I'm still amazed at how much courage it took for Terri to confront me, and how many acts of emotional bravery, large and small, it really takes to care about someone with these illnesses," he proclaims. In the

same passage, he commends all people who help to look after people who live with a mental health condition. He understands that it's not an easy task and it should be appreciated.

Kennedy had to suppress his urges for alcohol and drugs while simultaneously serving as a public face trying to pass the legislation that could positively change the lives of millions of people who shared his struggle.

Parity for mental health care that included care for substance abuse disorders was something that Kennedy and his father fought for together. This issue carried an important weight for both of them because this was something that they themselves struggled with, along with numerous family members. He was never able to muster up the courage to point out to his father that the bill they were fighting for would also help their family. "Did he realize that one of the families that this bill was supposed to help de-stigmatize was ours?" he wanted to ask. "Did he know that making sure that the bill wasn't only about mental illness but about alcoholism and drug addiction was about us too?"

Kennedy's personal experience gives him an inside view to the parity that he is fighting for. Throughout the book, there are several points where Kennedy eloquently demonstrates how debilitating and challenging it is to not only live with a mental illness, but also be stigmatized for it. The wisdom he derives from his experiences with stigma and perception are woven through almost every page in *A Common Struggle*. This book is a candid and genuine depiction of Kennedy's life living with numerous mental health conditions.

***Darkness Is My Only Companion, Revised and Expanded Edition***

***A Christian Response to Mental Illness***

by Kathryn Greene-McCreight

Where is God in the suffering of a mentally ill person? What happens to the soul when the mind is ill? How are Christians to respond to mental illness? In this brave and compassionate book, theologian and priest Kathryn Greene-McCreight confronts these difficult questions raised by her own mental illness--bipolar disorder. With bru-

tal honesty, she tackles often avoided topics such as suicide, mental hospitals, and electroconvulsive therapy. Greene-McCreight offers the reader everything from poignant and raw glimpses into the mind of a mentally ill person to practical and forthright advice for their friends, family, and clergy.

The first edition has been recognized as one of the finest books on the subject. This thoroughly revised edition incorporates updated research and adds anecdotal and pastoral commentary. It also includes a new foreword by the current Archbishop of Canterbury and a new afterword by the author.

### **WHY EQUATING MENTAL ILLNESS WITH VIOLENCE HARMS US ALL**

*by Congressman Paul Tonko, 12/1/15*

We too often forget that those struggling with mental illness are constantly forced to fight a battle on two fronts. Not only do they have to grapple with themselves - with their own thoughts and mind - but they also have to contend with the negative assumptions made about those with mental illness, which are pervasive in our society.

Those stereotypes, though, are hardly a figment of their imagination. Public opinion suggests that people with mental illness and violent tendencies go hand in hand. In fact, at least half of the American public believes that individuals with mental illness are inherently more violent.

These claims are unfounded and they are completely unacceptable. Attitudes like this do nothing but aggravate the stigma that so many have spent decades trying to overcome.

But any progress we have made to change attitudes is incrementally undone every time there is an incident of mass violence in this country and politicians or pundits take to cable news to tout mental health reform as the solution.

These repeated claims are re-stigmatizing mental illness and they can no

longer be our reaction to isolated and extreme events.

To be clear, I am not suggesting that a person with a mental illness is incapable of committing a crime. But the fact is that people with mental illness are an order of magnitude more likely to be victims of a crime than perpetrators.

Violent crimes are committed by violent people. Plain and simple. Study after study has shown that there is no connection between those with mental illness and violence. Violence is not a characteristic of one particular demographic and, while it may be seductive to believe otherwise, these terrible episodes of mass violence cannot be predicted.

The need for meaningful reforms that better serve the needs of patients and families experiencing mental illness is clear, but we cannot make unsubstantiated claims in order to scare the public into supporting reforms. That will only create a false sense of security, while ignoring the real issues and demonizing a community in the process.

Members on both sides of the aisle and passionate advocates across the country desperately want to see real improvements made to strengthen our mental health system. In response, we should put in place forward looking and inclusive policies that offer the necessary services, supports, and treatments to individuals so that recovery is an option. Likewise, we must build on the historic gains that the Affordable Care Act made for mental health coverage by expanding Medicaid and better enforcing our mental health parity laws. We also have to acknowledge that our current dysfunction stems in part from decades of broken promises and a chronic under investment in community based mental health services.

Unfortunately, when our national discourse is based upon the false premise that mental health reforms are the solution to mass violence, we end up with regressive proposals that, if enacted, would do more harm than good. Policies that, in the name of public safety, restrict patients' civil rights, infringe on their privacy, or use the courts or law enforcement to force individuals to receive health care services take us in the wrong direction as a country and would reverse decades of progress. No credible witness believes that the funda-

mental problem ailing our mental health system is that individuals have too many rights.

At its core, these policies would take us back to outdated and biased treatment of those with mental illness by rolling back critical patient protections that would deter individuals from getting the support and medical care that they need. Perpetuating the harmful stigma that those with mental illness are more inclined to be violent is exactly what keeps people from seeking treatment when they need it most.

We are better than this. We need to make advancements on mental health issues in this country, but in so doing, we cannot advance a harmful and false understanding of these disorders.

### **Giving Mental Health Support When Living With Mental Illness**

When living with mental illness, should you offer mental health support to another person? Is it wise to help a friend with his/her mental health challenges when you're experiencing similar struggles?

Living with mental illness doesn't diminish someone's ability to be a friend, to care, or to provide mental health support. It can, however, be stressful and leave people fatigued, overwhelmed, and vulnerable to triggers. Despite this, there are advantages to reaching out to a friend or family member in need of mental health support:

Shared experiences are powerful; when both people know they're not alone, a healing connection is formed;

A shared toolbox of healing strategies is created;

Helping a friend can keep each person positive through lifting each other's spirits and motivation.

Helping a friend with mental health challenges when you're dealing with your own works as long as you remember some guidelines:

Set healthy boundaries and limits. You want to be a friend and it's okay to expect the other person to be a friend, too.

Practicing self-care is important. You don't have to take calls into the night or be expected to be available constantly.

Nurture yourself as much as you nurture others, then helping a friend when you live with mental illness is wise.

## OUTREACH TO THE RELIGIOUS COMMUNITY

by Marla Byrnes

The NAMI Syracuse Board has formed a new committee! Our purpose is to reach out to our faith based communities. We want to get the word out about the supports and education NAMI offers to families.

We are starting out slowly so we don't overextend ourselves. We need your help. NAMI has a site online with articles and information about how to reach out to faith communities. Below is an excerpt from their website:

*NAMI FaithNet is a resource network of NAMI members, friends, clergy and congregations of all faith traditions who wish to encourage faith communities who are welcoming and supportive of persons and families living with mental illness.*

*NAMI FaithNet strives to encourage welcoming, caring congregations as well as to promote the vital role of spirituality in the recovery journeys of many who live with mental health conditions, those for whom faith is a key component.*

*Through this website and through efforts nationally and in local communities, NAMI and NAMI Affiliates encourage an exchange of information, tools and other resources which will help educate and inspire faith communities about mental illness and the vital role spirituality plays in recovery for many.*

*NAMI FaithNet is not a religious network but includes an effort to outreach to all religious organizations.*

### What can you do?

If this speaks to your heart, get involved. Call the NAMI office, 487-2085 for an information packet to post on a bulletin board at your church/temple. Put brochures on an information table. Talk to your minister about hosting a presentation by NAMI speakers to educate your congregation or adult education group. The more we get the word out that NAMI is there to support and educate families, we can ease the journey for families affected by mental illness. We can encourage faith communities to welcome our loved ones. There are many

who want to help but don't know how. Let's open the discussion in our faith communities.

Thank you for your efforts.

## GOVERNOR CUOMO SIGNS MENTAL HEALTH TAX CHECK-OFF BILL INTO LAW

NYAPRS is extremely pleased to let you know that Governor Andrew Cuomo has signed into law a provision that provides an income tax check-off for mental health public awareness. This initiative is the first of its kind in the nation, and represents a great victory for the Mental Health Association in NYS and its tireless leader Glenn Liebman, but also for all of the agencies and individuals who advocated on its behalf, including many NYAPRS members.

In sharing the great news, Glenn added "Now when you fill out your income tax forms or when you e-file, you will see a tax check-off for mental health public awareness. That check-off will help fund an anti-stigma public awareness campaign," which he described as a "major step forward in our fight to end the devastating impact of the stigma and discrimination of mental illness."

Great thanks are due to Governor Cuomo for recognizing the importance of this movement and signing the bill into law, as well as for the crucial leadership of the bill's sponsors - Assemblywoman Aileen Gunther and Senator David Carlucci - and the determined support of Senator Robert Ort.

~~from NYAPRS E-news 11/12/15

*Human progress is neither automatic nor inevitable... Every step toward the goal of justice requires sacrifice, suffering, and struggle; the tireless exertions and passionate concern of dedicated individuals.*

~~Martin Luther King, Jr.

## NAMI SYRACUSE ELECTS SEVEN NEW BOARD MEMBERS FOR 2016-2017 TERM

Welcome and congratulations to our newly elected Board Members:

**Steven Comer**  
**Kerry Delduchetto**  
**Sheila Le Gacy**  
**Deborah Mahaney**  
**Krysten Ridgway**  
**Lacey Roy**  
**George Van Laethem**

**Stephen Glatt** has completed his 4 year term on the NAMI Syracuse Board but will continue on as a Consultant to the Board along with Dr. Mantosh Dewan.

A big part of Steve's work on the NAMI Syracuse Board has been getting the **Breaking the Silence Program** up and running in several school districts throughout the county. Also, Steve has been elected to serve on the NAMI-NYS Board.

Thank you, Steve!

## "COWBOYS," CHEMICALS, AND BABIES

*Lown Institute - 12/12/15 - by Margie Coloian, MSJ*

Just when you think you've heard all there is on medical overuse, an article explodes on the front page of the **New York Times** chronicling the story of an 18-month old who had been prescribed an antipsychotic medication after he became violent. As if that one incident wasn't bad enough, we learn that drugs like these given to babies aren't all that uncommon. Last year there were 20,000 prescriptions for antipsychotics written for American children, ages 2-and younger. While these drugs are normally prescribed for adults, no published research exists regarding their effectiveness or potential harms in children so young.

Allen Frances, MD, a member of the RightCare Alliance's Behavioral Health Council and professor emeritus of psychiatry at Duke University, was quick to respond to the article. He condemned the use of antipsychotics, stimulants and antidepressants in infants and young children, calling the all too

familiar practice “an epidemic of careless prescribing.”

“We have absolutely no knowledge of what the long-term impact of these drugs in toddlers with immature and developing brains. Parents need to protect their kids from the unknown risks of these powerful chemicals.”

One would assume that the bulk of prescriptions to toddlers and children are being dispensed by child psychiatrists, but this is not so. Frances said most of the prescriptions for psychiatric meds are written by primary care physicians, often not specifically trained in their use. Loose prescribing habits have been encouraged by influential child psychiatrists with strong ties to the pharmaceutical industry - “cowboys prescribing wildly and excessively” without sufficient indications, respect for risks, or concern about the lack of research on benefits and harms.

“Under no circumstances,” Frances contends, “should a child 2, 3, 4 years old, be on psychiatric medications without the most urgent of indications and the most extensive evaluation.” The Agency for Healthcare Research and Quality echoes that sentiment.

And yet in an epidemic of careless evaluation and diagnosis, more than 15 percent of children in the U.S. are labeled as having ADHD before reaching age 18. One of the best predictors for the diagnosis, according to Frances, is being the youngest kid in the class “because immaturity is mistakenly deemed a psychiatric disorder.”

More blame to go around. Frances believes the pharmaceutical industry is responsible for the many extensive, drug advertising campaigns targeted to consumers. Only the U.S. and New Zealand allow pharma advertising to consumers and “spreading the misinformation that every person needs a chemical solution,” he said. Not surprisingly, parents and teachers see and hear these ads and then they react to the suggestion to “ask your doctor.”

While the American Academy of Pediatrics and other specialty groups caution about treating very young children, the practice continues and should be curtailed.

### **Resilience: Getting Up When Mental Illness Knocks You Down**

Any mental health challenge can bring people down, but resilience lets people get back up. Living with mental illness quite often interferes in people's lives in significant ways. In fact, the definition of any mental illness includes criteria specifying that the illness impacts the total person (thoughts, feelings, and behaviors) and is enduring and inflexible. Yet, people experiencing mental illness can and do thrive. The ability to transcend mental health challenges comes, in part, from within the person. It's a character trait called resilience, and it helps people flourish even among difficulties.

#### **What is Resilience?**

Resilience is powerful. It allows each and every one of us to get up again and again, any time life - including mental health struggles - knocks us down. What's really great is that, while it's a character trait, resilience is something that people can develop. It's a trait, but it's also a skill. Resilience has a great deal to do with attitude, perspective, and thoughts. It's flexibility, or the ability to switch directions when necessary. It involves creating inner direction and honing a sense of humor. Resiliency also involves self-acceptance rather than self-blame. Resilience is the ability to get up and persevere even when mental health challenges try to keep you down, and that is thriving.

### **HPC Family & Community Education Schedule**

**Tuesday, 2/9/16: 10am to 12 noon  
Recovery from food addiction:**

**How to develop a plan to eat  
for health and wellness**

Presenters: Kara Corey, MA, RD  
HPC Nutrition Services Adm. II &  
Lindsey Hunter, MA, RD, CDN  
HPC Dietitian II

Free & open to the public. Room 102, 545 Cedar St., Syr., NY. To register call, 426-6873 or 426-6870.

### **NAMI Family-to-Family at the Syracuse VA**

NAMI Family-to-Family is a free, 12 session educational 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 & VA Staff who have been there, and includes presentations, discussion and interactive exercises.

**Class Begins: January 27, 2016**

**Time: 6-9 pm for 12 consecutive Wednesdays**

**Cost: Free**

**A light dinner will be provided free of charge.**

Call **Ann Canastra**, Local Recovery Coordinator at 315-425-4400 ext. 52717. Classes held at 620 Erie Boulevard West, BHOC 116A, Syracuse, NY 13204.

NAMI Family-to-Family not only provides critical information and strategies for taking care of the person you love, but you'll also find out that you're not alone. Recovery is a journey, and there is hope.

The group setting of NAMI Family-to-Family provides mutual support and shared positive impact - you can experience compassion and reinforcement from people who understand your situation. You can also help others through your own experience.

In the program you'll learn how to manage crises, solve problems and communicate effectively; taking care of yourself and managing your stress; developing the confidence and stamina to provide support with compassion; finding and using local supports and services; up-to-date information on mental health conditions and how they affect the brain; current treatments, including evidence-based therapies, medications and side effects; and, the impact of mental illness on the entire family.

## MENTAL HEALTH COURTS ARE POPULAR, BUT ARE THEY EFFECTIVE?

*Michelle Andrews, 12/16/15*

Mental health courts have been embraced in many communities, and it's easy to understand why.

Rather than sending someone who's mentally ill to an overcrowded jail that is poorly equipped to manage his condition, mental health courts offer treatment and help with housing and other social services.

The community saves on the cost of locking someone up and offenders get support to stay healthy and may have their charges expunged.

Everybody wins, right?

The reality is more complex. Mental health courts have been in existence since the 1990s, modeled after drug courts that offer an alternative for people with substance-abuse problems who are charged with drug-related crimes.

After initially accepting only those charged with misdemeanor crimes such as vandalism or trespassing, many of the roughly 350 mental health courts nationwide now accept people charged with some felonies such as robbery, and even violent crimes in some cases.

The approaches vary widely, but judges often oversee a team of mental health experts and social services case managers who refer participants to services available in the community. Offenders generally return to the court regularly for the judge to review their progress and offer encouragement or, if necessary, sanctions.

Research is still scant on the courts' effectiveness at addressing offenders' mental health problems or discouraging offenders from relapsing into criminal behavior. And some experts are concerned that offenders who are charged with minor crimes would be better off staying out of the criminal justice system and instead just getting treatment.

The popularity of mental health courts also aligns with growing concerns about prison crowding and the increasing costs to taxpayers. Estimates vary, but according to one study up to two-thirds of peo-

ple in jails and prisons had a mental health problem in the previous year, compared with 11 percent of the general population.

Although inmates have a constitutional right to health care in prison, correctional institutions are generally not set up to provide treatment for mentally ill prisoners.

In Florida, Judge Steve Leifman presides in the 11th Judicial Circuit for Miami-Dade County and oversees the mental health court. The approach there to dealing with mentally ill offenders is multilayered, Leifman says. Many arrests are averted by a crisis intervention team of police who refer people to treatment before they're booked.

Offenders who are arrested and complete the mental health court program have a much lower recidivism rate than their peers: 20 percent versus 72 percent. "The key is to identify people and get them treatment earlier," Leifman says.

A report by the Urban Institute that summarized research on mental health courts concluded that they seemed to be modestly effective at reducing recidivism, but it was unclear whether they had a positive effect on participants' mental health.

These courts handle only a tiny fraction of cases dealing with mentally ill offenders, by some estimates 5 percent or less. Given their limited resources, it's critical that mental health courts target the right people, generally those who are at highest risk for committing a new crime and who have serious mental illness, say experts.

From that perspective, the shift toward including people who are charged with more serious crimes and may be facing a sentence of several years makes sense.

"That's when you start to see real cost benefits [to the system] in that you're averting real jail time," says Dr. Fred Osher, director of health systems and services policy at the Council of State Governments Justice Center, a nonprofit that consults on public safety issues.



## CAN WE PREVENT DISABILITY FROM SERIOUS MENTAL ILLNESSES?

*Adam Swanson, National Council for Behavioral Health, 1/6/16*

Last month, the National Council for Behavioral Health welcomed Dr. John Kane from North Shore LIJ to present on the recently published clinical outcomes that resulted from the National Institute for Mental Health's (NIMH's) Recovery After an Initial Schizophrenia Episode (RAISE) study. Dr. Kane, one of the lead researchers involved in the RAISE Early Treatment Program study, presented concrete data on this pioneering intervention for people that experience psychosis related to a schizophrenia diagnosis, which has resulted in remarkable outcomes for individuals who - up until this point in history - would have likely ended up permanently disabled and unable to participate in a lifetime of quality everyday living.

Psychosis is a blanket term used to describe symptoms of the onset of a serious mental illness, like bipolar disorder, post-traumatic stress disorder or schizophrenia. According to the Substance Abuse and Mental Health Services Administration, most mental health clinicians find that individuals with first episode psychosis experience warning signs of illness during adolescence and early adulthood. Yet, of the majority of persons diagnosed with serious mental illness who exhibit symptoms between the ages of 16 and 25, only about 50 percent get any type of diagnosis, referral or treatment.

Dr. Kane and his colleagues' analysis examined outcomes resulting from implementation of the NAVIGATE model of clinical intervention at 34 different clinics throughout the United States for young people experiencing a first-episode of psychosis. NAVIGATE is a comprehensive, multi-disciplinary, team-based treatment approach for first-episode psychosis that was derived from NIMH's RAISE study. NAVIGATE has been successfully implemented at dozens of provider organizations throughout the U.S.

Dr. Kane followed the treatment of more than 400 individuals that had experienced a first episode of psychosis receiving care at

NAVIGATE clinics. Most of the individuals involved in the study were in their early 20s, mostly males, not working or in school and most had a schizophrenia diagnosis. According to the October 2015 **American Journal of Psychiatry**, the 223 original NAVIGATE participants remained in treatment longer, experienced greater improvement in quality of life and psychopathology and experienced greater involvement in work and school when compared to the 181 participants in traditional schizophrenia treatment programs. And, 55 percent of NAVIGATE participants met with a provider that helped them get a job in the community or further their education. This is encouraging news for professionals working with individuals with serious mental illnesses, as a schizophrenia diagnosis has traditionally led far too many individuals down a path of homelessness, jail or death.

The team of researchers Dr. Kane managed found that the coordinated specialty care model within NAVIGATE can be successfully implemented in a real-world setting with significant symptom improvement among these participants.

Now, given passage of the omnibus appropriations bill, states have new opportunities to invest further in these types of interventions. The bill increases the set aside for early interventions from five percent to 10 percent. What do you hope your state does with the funding?

## **MENTAL HEALTH REFORM SHOWS PROMISE OF SUCCESS THIS YEAR SAYS SPEAKER PAUL RYAN**

Laying out his agenda for Congress this election year, Speaker Paul Ryan highlighted both mental health and criminal justice reform as areas where he expected to see legislation passed.

Reforms currently being discussed in both areas would have a profound impact on the way the country treats people with severe mental illness.

Ryan highlighted two bills that focus on reforming our broken system to better serve people with severe mental illness, noting that both already enjoy strong bipartisan agreement:

The Helping Families in Mental Health Crisis Act, introduced by Representatives Tim Murphy (R-PA) and Eddie Bernice Johnson (D-TX), focuses on mental health reform for those with severe mental illness and their families who are struggling to get necessary care for their loved ones. The legislation advanced out of the House Energy and Commerce health subcommittee markup in November with all provisions intact to help people with severe psychiatric illnesses.

The Comprehensive Justice and Mental Health Act of 2015, introduced by Representatives Doug Collins (R-GA) and Bobby Scott (D-VA) would increase CIT and other training for law enforcement on how to appropriately respond to incidents involving people with mental illness, provide support for mental health courts and expand data collection on the criminalization of mental illness. The legislation passed out of the House Judiciary Committee. The Senate companion bill of the same name passed out of the Senate by voice vote in December.

The combination of effective mental health and criminal justice reform holds the potential of finally addressing our nation's longstanding mental health failures. For too long, our nation's mental health system has failed those in need, leaving law enforcement to pick up the pieces. As a consequence, our jails have become de facto psychiatric facilities. It is inhumane, ineffective and too often ends in tragedy.

**CONTACT YOUR LEGISLATORS.** Tell them that you support comprehensive mental health reform and urge them to support the Helping Families in Mental Health Crisis Act (HR 2646) and the Comprehensive Justice and Mental Health Act of 2015 (HR 1854).

~~from *Treatment Advocacy Center*

## **WITH ANXIETY, ARE YOUR THOUGHTS TRUSTWORTHY?**

*HealthyPlace Newsletter*

Fear. Terror. Worry. Obsessive thoughts. Anxiety and all of its manifestations can be crippling. The mind races with worst-case scenarios, and the anxious thoughts can be unrelenting. As if the thoughts themselves aren't bad enough, it's common for another worry to bubble to the surface of the mind plagued by anxiety: are these thoughts real, and can I trust them?

### **Anxious Thoughts**

When we're gripped by any type of anxiety disorder, it can be maddening to experience self-doubt on top of the anxious thoughts. On too many occasions, I've made some mistake or another and then fretted and agonized over it until I was fully entrapped in web of anxiety symptoms, both physically and emotionally. I knew, without a doubt, that I had completely ruined important aspects of my life: relationships, career potential, reputation, love, and financial security. I was certain that these were out the window because my thoughts told me so, and thoughts don't lie. Perhaps you've had similar experiences.

When anxiety is running rampant through our minds, it's often difficult to know if our thoughts are accurate or faulty. It doesn't help when the (usually) well-meaning people around us dismiss these thoughts, saying, "Don't worry!" or "It's not that bad. You're imagining problems." **Are Anxiety Thoughts Real? Yes. Trustworthy? No.**

Anxiety is real. It's part of the brain's physiology. Further, the thoughts are real. They are authentic. While they are real, you can't always trust them. Because they're not trustworthy, they don't have to control or dictate your reality. Since you can't trust them, why let them stick around?

Decreasing anxious thoughts is a process, and there are many effective approaches to ridding yourself of thoughts you can't trust. One component of the process is a researched-proven therapeutic approach known as cognitive-behavioral therapy (CBT). Cognitive-behavioral therapy is multi-faceted. It includes, among

other things, identifying your anxious thoughts or negative thinking patterns and challenging them.

### **Deciding Whether or Not Your Thoughts are Trustworthy**

- When you're anxious, pay attention to the thoughts clamoring around in your mind. What, exactly, are you thinking?
- Don't argue or struggle with the thoughts. Like a stubborn toddler, that will just make them stand their ground.
- Simply notice your thoughts. Wonder about the possibility that you can't trust this thought.
- Come up with a plausible alternative and acknowledge that this could be the trustworthy thought.

That's it. Of course there are subsequent steps, but going through too much of the process at once can be overwhelming and usually anxiety-provoking in and of itself. An important goal in reducing anxiety is to slowly, but surely, develop a large toolbox filled with strategies that work for you.

Simply noticing your thoughts and gently challenging them by wondering if there could be alternate thoughts that are more trustworthy, has great potential to make anxiety dwindle.

## **HOSTILITY & HEALTH**

Irritability and outbursts of rage can be part and parcel of bipolar, but you can learn useful strategies to unravel your wrath.

Irritation and anger can be a normal and even healthy response to certain provocations. As with many emotions, however, people with bipolar disorder appear to be more vulnerable to extreme responses. Irritable mood is among the primary diagnostic criteria for mania and hypomania, and there's growing understanding that anger and irritability can be hallmarks of depression as well.

In addition to inflicting damage on relationships, rage may have devastating

physiologic effects, explains Redford Williams, MD, director of the Behavioral Medicine Research Center of Duke University School of Medicine.

"Anger activities our body's fight or flight response, which is the release of stress hormones such as adrenaline and cortisol," says Williams, whose books include *Anger Kills: Seventeen Strategies for Controlling the Hostility That Can Harm Your Health*.

Over time, elevated levels of stress hormones cause wear and tear on all body systems. And when people who are irritable and easily frustrated by temperament go into anger mode, Williams says, "all components of this (anger) response occur at higher levels."

"We know that people with a hostile personality type develop hardening of their coronary arteries at an earlier age than their less hostile counterparts," Williams says, and that enhanced response may be why.

"Whether or not people who have anger as a component of bipolar disorder show the same exaggerated fight-flight response is not known, but anger is certainly bad for the heart and a potential contributor to the development of heart disease and high blood pressure," he adds.

Clinical research demonstrates that cognitive behavioral stress management training can help people learn to reduce hostility and anger. Here is an exercise from the Williams LifeSkills program that goes by mnemonic "**I AM WORTH IT.**"

**I:** Is the situation **I** mportant to you?

**A:** Is your anger **A** ppropriate given the facts of the situation?

**M:** Is the situation **M** odifiable?

**WORTH IT:** Is taking action worth it?

If you answer "no" to any of those questions, Williams says, It's a signal to modify your reaction - for example, by reminding yourself, "Hey, this is not that important!" or practicing a meditation exercise.

If the answer to each question is yes, you can take steps to target the trigger for your emotion - in a way that is proactive rather than destructive.

That would include problem-solving to change the situation or approaching the other people involved to assertively discuss how their behavior is affecting you and what you need to have happen differently.

~~from *bp magazine*, Winter 2016

## **MOVIE REVIEW: TOUCHED WITH FIRE**

Filmmaker Paul Dario's characters in his new movie, **Touched With Fire**, play out his own conflicted feelings about the link between art and mania.

After Paul Dario was diagnosed with bipolar disorder, he struggled to understand what it meant. Was he irretrievably broke, or should he welcome mania as a gift granting heightened creativity? Would taking meds take that away? Who was he separate from his symptoms?

Dario channels all that and more into his first feature film, **Touched With Fire**. Overseen by famous filmmaker Spike Lee and premiered at the edgy South by Southwest Film Festival, the indie movie is now scheduled for theatrical release on February 12th. Dario wrote the semi-autobiographical script, composed the score, and directed an impressive cast - led by Katie Holmes as Carla and Luke Kirby as Marco. Both characters are poets, both have bipolar, and they meet when they are both hospitalized during manic episodes.

The story line gets quite graphic in spots, and some scenes could possibly be triggering for audience members who've gone through something similar.

The filmmaker hopes just the opposite will happen, though. At the least, he sees **Touched With Fire** as a conversation-starter, something that will get the average movie-goer to rethink stereotypes - to see "beauty in bipolar". At best, he hopes those who live with bipolar will be moved to let go of shame and learn to like themselves - perhaps even nurture their own gifts.

The title, **Touched With Fire**, is borrowed from Clinical Psychologist Kay Redfield Jamison's groundbreaking book **Touched with Fire: Manic-Depressive Illness and the Artistic Temperament**.

In her influential work, published in 1996, Jamison explores how creative genius and bipolar were inextricably linked in figures from Alfred Lord Tennyson to Vincent Van Gogh. Dario has called the book "a revelation" that fundamentally transformed his outlook - from viewing his disorder as a "genetic defect" to seeing it as something to take pride in.

~~from *bp magazine*, Winter 2016

## SEND YOUR MEMBERSHIP TO NAMI Syracuse TODAY

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### 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.)**