



NAMI SYRACUSE

National Alliance on Mental Illness

Newsletter

JULY/AUGUST 2016

Meeting Schedule

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

AccessCNY

420 East Genesee Street, Syracuse 13202

(parking and entrance in rear of building)

NAMI Syracuse is a not-for-profit, self-help organization of active and concerned families and friends of people who suffer from serious and persistent psychiatric illnesses, most commonly schizophrenia, bipolar disorder (manic depression), and severe depression.

CARING SHARING
EDUCATION ADVOCACY

Events Calendar

- June 28-Aug. 13, 2016 **“SEE ME” Art & Poetry Show**
Community Folk Art Center
- July 1-July 18, 2016 **Nothing to Hide -Photo/Text Exhibit**
Hazard Branch Library
1620 W. Genesee St., Syracuse
- July 19, 2016 **Support & Sharing Meeting**
7:00pm - AccessCNY
- August 13, 2016 **NAMI Syracuse Picnic** *(see page 3)*
- August 16, 2016 **Support & Sharing Meeting**
7:00pm - AccessCNY
- September 20, 2016 **Support & Sharing Meeting**
7:00pm - AccessCNY
- September 25, 2016 **Harvest Hopela**
All Saint’s Parish Center *(see page 5)*
- October 5, 2016 **NAMI Syracuse Educational Conference**
Preparing for Tomorrow! *(see page 5)*

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MESSAGE FROM THE PRESIDENT

Dear Members:

Here's the thing: mental illness is insidious. Just when you think everything is coming up daisies, a burdock peaks up from the tiniest crack in the soil. It starts out innocent enough, but just a few days or weeks of complacency can allow the deep roots, tough leaves, and hard-to-break stems to take over, shadowing all that surrounds. No one should stand in the garden and stress about whether the burdock might grow, but knowing what to do when it does is important. And that's where support and NAMI Syracuse comes in.

The last couple months have been tough on my family; the burdocks have been popping up faster than I can yank them out.

Maybe my daisy/burdock analogy is a bit lame, but you get the idea. As a family member or someone dealing directly with a serious mental illness, it's important to have a plan in place. It's important to have support in place both physically and emotionally. No one should deal with the stress of illness alone. Being part of the NAMI family gives us all a safe place. The work we do is important and none of it can be done without all of us.

I know I've spent a lot of newsletter space thanking people. And I'm about to do it again. Thanks to all of your for making NAMI Syracuse what it is. Thank you for being there for me and for appreciating us being there for you. Thank you in advance for supporting our second annual fall fundraiser, the **Harvest Hopela**, which will be on Sunday, September 25th. I hope to see you all at the **See Me** Exhibition reception July 13th and our NAMI picnic on August 13th. Thank you for helping me see the pretty white daisies that dominate my garden!

As always,
Karen
NAMI Syracuse President

NAMI Syracuse Officers

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

Board of Directors

- Judy Bliss-Ridgway
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- Sandra Carter
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- George Van Laethem
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- Dr. Stephen Glatt
- Dr. Sunny Aslam
- Dr. James Knoll
- Dr. Intihab Ahmad

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



facebook.com/NAMISyracuse

Reminder...

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

smile.amazon.com

and Amazon will donate 0.5% of the price of your eligible AmazonSmile purchases to NAMI Syracuse!

NAMI Syracuse

3rd Annual SEE ME Exhibition

June 28 - August 13, 2016

Opening Reception:

Wednesday, July 13th from 3pm - 5pm....

***with live music, poetry readings,
snacks and beverages***

Community Folk Art Center
805 East Genesee Street
Syracuse, NY 13210
(315) 442-2230
Gallery Hours:
Tuesday - Friday:
10am - 5pm
Saturday: 11am - 5pm

***If you're not able to
attend the reception,
please visit the gallery
while the exhibition is on
display in support of our
talented family members!***

NAMI Syracuse Annual Picnic!

Please join us

Saturday, August 13, 2016

1:00pm

at the home of Judy & Joe Ridgway
2503 West Genesee Street, Syracuse

NAMI Syracuse will provide
hotdogs and hamburgers

Please bring:
a dish and/or dessert to pass

beverage

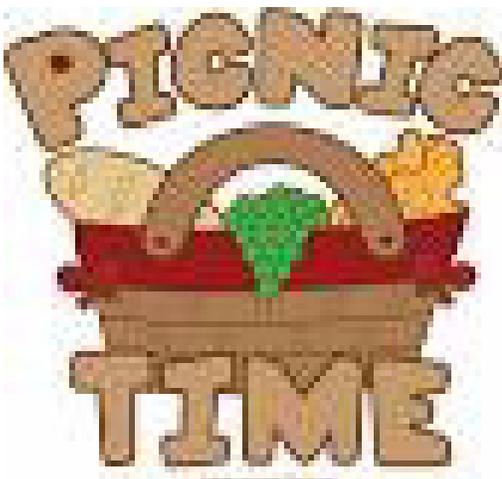
bathing suit and towel,
if you want to swim!



Please call 487-2085 or
e-mail namisyracuse@namisyracuse.org
to let us know you plan on coming!

Don't miss this great opportunity to meet
other NAMI Members and their families in
a relaxed and friendly atmosphere and learn
more about NAMI Syracuse and how you
can help and be part of one of our many com-
mittees!

Hope to see you there!



CLOZAPINE USE IN TREATMENT RESISTANT SCHIZOPHRENIA

Clozapine is regarded as the “gold standard” for treating schizophrenia, the brain disease that affects an estimated 2.6 million adults in the U.S. Often referred to by its trade name Clozaril, the drug is the only antipsychotic medication ever approved by the FDA for treating the 20 to 30 percent of people with schizophrenia whose symptoms are treatment resistant. It has been found to be particularly effective in preventing suicide and violence.

In Germany, 20 percent of the population that could benefit from clozapine receives the medication; in China, 30 percent, and in Australia, 25 percent.

In the United States, fewer than 5 percent nationwide, according to “Clozapine for Treating A Comparison of the States,” published by the **Treatment Advocacy Center** in 11/2015.

(Followed with a breakdown of use state by state, New York was not one of the states cited for even minimum use.)

The authors concluded: “As the ‘gold standard’ antipsychotic for individuals with treatment-resistant schizophrenia, especially those who are suicidal or violent, clozapine use can be regarded as a measure of a state’s effort to treat the sickest and most difficult-to-treat patients. This study has revealed a wide discrepancy.”

*This article has been edited by Sheila Le Gacy from **The Catalyst**, a publication of the **Treatment Advocacy Center**. Le Gacy recommends families subscribe to this publication of the **Treatment Advocacy Center**, which offers a highly informed approach to mental illness issues. The **Stanley Medical Research Institute** is a supporting organization of the **Treatment Advocacy Center**. **Research Weekly**, a weekly digest of brain, behavior and public policy research from journals, conferences and other expert sources not readily accessible to the public, is the newest public service from the **Treatment Advocacy Center**.*

STUDY: NEWS STORIES OFTEN LINK VIOLENCE WITH MENTAL HEALTH ILLNESS, EVEN THOUGH PEOPLE WITH MENTAL HEALTH ILLNESS ARE RARELY VIOLENT

Research Finds Little Has Changed In Media Portrayal Of Mental Illness Over 20-Year Period

~Johns Hopkins Bloomberg School of Public Health June 6, 2016

Nearly four in 10 news stories about mental illness analyzed by Johns Hopkins Bloomberg School of Public Health researchers connect mental illness with violent behavior toward others, even though less than five percent of violence in the United States is directly related to mental illness.

The findings, published in the June issue of **Health Affairs**, suggest that this routine linkage of mental illness with violence toward others paints an unfair portrait of those with mental illness, suggesting that most are prone to violence when numerous studies have concluded that only a small percentage actually commit violence. The researchers, who examined a sample of stories published in top-tier media outlets over a 20-year period, say they were surprised that there was little change in how the media portrayed people with mental illness. If anything, they say, the portrayals may have increased the stigma toward people with mental illness. Just one percent of newspaper stories linking violence with mental illness appearing on the front page in the first decade of the study period (1994 to 2005) compared with 18 percent in the second decade (2005 to 2014).

“Most people with mental illness are not violent toward others and most violence is not caused by mental illness, but you would never know that by looking at media coverage of incidents,” says study leader Emma E. “Beth” McGinty, PhD, MS, an assistant professor in the departments of Health Policy and Management and Mental Health at the Bloomberg School. “Despite all of the work that has been done to reduce stigma associated with mental health issues, this portrayal of mental illness as closely linked with violence exacerbates a false perception about people with these illnesses, many of whom live healthy, productive lives.

“In an ideal world, reporting would make clear the low percentage of people with mental illness who commit violence.”

In any given year, 20 percent of the U.S. population suffers from mental illness and, over a lifetime, roughly 50 percent receive a diagnosis.

For their study, the researchers analyzed a random sample of 400 news stories about mental illness over a 20-year period that appeared in 11 high-circulation, high-viewership media outlets in the United States. The most frequently mentioned topic across the study period was violence (55 percent), with 38 percent mentioning violence against others and 29 percent linking mental illness with suicide. Treatment is mentioned in 47 percent of stories but just 14 percent described successful treatment for or recovery from mental illness.

“Stories about successful treatment have the potential to decrease stigma and provide a counter image to depictions of violence, but there are not that many of these types of narratives depicted in the news media,” McGinty says.

A deeper dive into the media coverage found that depictions of mass shootings by individuals with mental illness increased over the course of the study period, from nine percent of all news stories in the first decade to 22 percent in the second decade. The number of mass shootings, according to FBI statistics, has remained steady over the time period. Among the stories that mentioned violence toward others, 38 percent mentioned that mental illness can increase the risk of such violence while eight percent mentioned that most people with mental illness are never or rarely violent toward others.

Schizophrenia was the specific diagnosis most frequently mentioned as related to violence (17 percent) and the two most frequently mentioned risk factors for violence other than mental illness were drug use (five percent) and stressful life events (five percent).

One limitation of the study is that it did not include stories from local television news, where large segments of Americans get their news.

McGinty says the negative stories add to the perception that people with mental illness are dangerous, a stigmatizing portrayal that prior studies have shown leads

to a desire for social distance from people with mental illness: people who say they wouldn't want to work with someone with mental illness or wouldn't want someone with mental illness to marry into their families. Such stigma can lead to a reluctance among people with symptoms to seek treatment, problems staying in treatment and discrimination regarding housing and employment.

She concedes, however, that it may be difficult for members of the news media not to assume mental illness is in play because of the idea among many that anyone who would commit violence, especially mass shootings, must have mental illness.

"Anyone who kills people is not mentally healthy. We can all agree on that," McGinty says. "But it's not necessarily true that they have a diagnosable illness. They may have anger or emotional issues, which can be clinically separate from a diagnosis of mental illness. Violence may stem from alcohol or drug use, issues related to poverty or childhood abuse. But these elements are rarely discussed. And as a result, coverage is skewed toward assuming mental illness first."

Recommendation from Sheila Le Gacy

Check out Maria Bamford in an original series available on NETFLIX: **Lady Dynamite**.

Maria Bamford is a stand-up comedienne who has appeared on the Steven Colbert show. This series, "a unique Bipolar Autobiography" (The Hollywood Reporter), "2016's must-see TV show" (Rolling Stone) is original, funny and not surprisingly, very quirky.

Bamford dramatizes her experience with mood disorder effectively. Her sense of humor will be appreciated by individuals and their families who live with similar situations.

Save the Date!

NAMI Syracuse Educational Conference

Preparing for Tomorrow

Wednesday, October 5, 2016

Pensabene's Casa Grande, 9:00am-3:00pm

~~presenters~~

Dr. Paula Zebrowski, OCMS Behavioral Health Clinic & ACT Team

*Living Psychotic vs. Medication Consequences -
a discussion of risks and benefits of illness and treatment*

~~~~~

**Scott Ebner, MSW**, Executive Director, Onondaga Case Mgt. Services, Inc.

**Kathryn Murphy**, Coordinator, St. Joseph's Hospital PROS Program

*Recovery in a Managed Care Environment*

~~~~~

Panel Discussion

Elizabeth "Betsey" McKee, Program Director, Hope Connections Recovery

Diane O'Brien, Program Director, Unique Perspectives

Peer Support to Define and Accomplish Your Goals

~~~~~

**Jennifer McDonnell, Esq.**, Estate Planning Law Center

*Trusts: Planning for Your Family Member's Future*

NAMI Syracuse Fundraiser

## Harvest Hopela

Sunday, September 25, 2016

All Saint's Parish Center

1342 Lancaster Avenue, Syracuse

4:00pm - 7:00pm

**Food**

**Drinks**

**Entertainment by Dove Creek**

**Silent Auction**

**\$60.00 per person**

**\$100.00 per couple**

Looking for volunteers to help set up, serve, clean up. If interested, call 487-2085.

## **GARAGE SALE SUCCESS!**

by Marla Byrnes

Who would have thought a garage sale could be a good outreach opportunity!

May 20 - 21 turned out to be a great time to reach many people in the community. Judy and Joe Ridgway shared their home to host the NAMI Syracuse garage sale. It was the perfect location to maximize exposure. We saw over 100 people that otherwise would not have had contact with our organization. Our banner hung out front on West Genesee Street and we used NAMI ribbons to decorate. We passed out brochures and had time to speak with individuals.

Other benefits of the garage sale was, of course, to raise money for our organization. We made over \$1,600 for our outreach programs and daily operation. We also had time to get to know one another better as we worked side by side to sell, haul, price, and deliver our "recycled treasures".

Many thanks to the folks who donated items for sale and to those who worked so hard to make this the success it was:

Joe and Judy Bliss Ridgway, Ardis Egan, Karen and Paul Schwartz, Sandra Carter and Chris Coppola, Judy Flint, Mary Gandino, Carol Brady, Ann Canastra, Deb Mahaney, August Cornell, Spence and Marie Plavocos, Deborah Maines, George and Tatyana Van Laethem and Marla Byrnes.

If you have ideas about how to raise funds and awareness, please contact our office to share your thoughts. We are always looking for new ways to inform the greater Syracuse area that we are here to help families with information and support.



## **RESEARCH REPORTS FROM THE BIPOLAR NETWORK NEWS**

(*bipolarnews.org*, Vol. 20, Issue 3, 2016)  
Edited by Sheila Le Gacy, Director of the Family Support & Education Center, AccessCNY

### **Therapy Improves Outcomes for People With Bipolar Disorder**

A 2016 article in the **British Journal of Psychiatry** reported moderate-quality evidence "that psychological interventions reduced relapses following treatment, and that collaborative care reduced hospital admissions for adults with bipolar disorder."

### **Anti-Viral Treatment Leads to Improvement in Chronic Fatigue Syndrome**

Chronic fatigue syndrome, or Systemic Exertion Intolerance Disease (SEID) as it is now known, is characterized by extreme fatigue that cannot be explained by any underlying illness. A new small study of adolescents suggests that anti-viral medications can reduce fatigue.

The 2014 article by Theodore A. Henderson in the journal, **Advanced Mind Body Medicine** reports that among 15 adolescents who reported chronic fatigue symptoms, 1000 mg/day of the antiviral valacyclovir (trade name Valtrex) led to improvement in 86% of the patients by 3 months, and 92% of the patients by 5 months. Symptoms of fatigue, exertion-induced malaise, excessive sleep, napping, unrefreshing sleep, headaches, cognitive symptoms, and emotional symptoms all improved after treatment with the antiviral. Several previous studies have also shown positive effects of antiviral treatments in patients with chronic fatigue.

### **Guanfacine Improves ADHD Symptoms and Academic and Social Functioning in Children**

A study by researcher Jeffrey H. Newcorn and colleagues published in the **Journal of the American Academy of Child and Adolescent Psychiatry** in 2013 found that eight weeks of treatment with the drug guanfacine (extended release) improved symptoms of attention deficit hyperactivity disorder (ADHD) in children compared to

placebo. A 2015 study by other researchers extended this research, determining that guanfacine also improved academic and social functioning, including family dynamics, in the same group of children.

Children aged 6-12 who had been diagnosed with ADHD received 1-4 mg. of guanfacine extended release either in the morning or the evening.

### **Guanfacine Improved Cognition in Schizophrenia**

People with disorders on the schizophrenia spectrum often suffer cognition problems that affect skills such as the processing of information about people and social situations and executive function (the execution of plans). Researcher Larry J. Siever reported that the drug guanfacine improved these types of thinking in people with disorders on the schizophrenia spectrum. (2015 meeting of the Society for Biological Psychiatry).

### **Stimulants Lined to Psychotic Symptoms in Offspring of Parents with Psychiatric Illness**

Young people taking stimulants for ADHD should be monitored for psychotic symptoms, particularly if they have a parent with a history of depression, bipolar disorder, or schizophrenia. A 2016 article in the journal **Pediatrics** reported that among children and youth whose parents had one of these psychiatric illnesses, 62.5% of those who had taken stimulants had current psychotic symptoms, compared to only 27.4% of those who had not taken stimulants.

### **Information About the Child Network**

The **Child Network** is specifically for parents of children ages 2 to 12 who are at high risk for a mood disorder or have symptoms of a mood disorder. Parents assess their child weekly using a secure website. The network will collect information about which treatments children are already taking, how effective they are, and for which children.

74% of children who have a parent with bipolar disorder and 80% of those who have a parent with unipolar depression will develop a major psychiatric illness upon long-term follow up. These illnesses,

including depression, anxiety, oppositional behavior, substance abuse, often go unrecognized for long periods of time. Joining the **Child Network** could help families and doctors identify these illnesses earlier.

Visit <http://bipolarnews.org> and click on the tab for the **Child Network**.

## UPDATE ON CHURCH OUTREACH

On Thursday, May 12th members of NAMI Syracuse were invited to speak to a group at St. James' Episcopal Church in Skaneateles.

NAMI Syracuse members Marla Byrnes and Annette Becker presented personal stories of how NAMI and faith have sustained them when mental illness impacted their families. Pam Stewart was our hostess and about 20 people attended. It was an interactive and engaging time to discuss how mental illness affects an individual and family. We found several people who wanted more information and to become more involved with NAMI's programs and trainings.

Many thanks to Pam Stewart for taking the initiative to involve and educate her church community. This may lead to more collaboration with the St. James community.

Please keep in mind, we have a speaker's bureau willing to go to any church, synagogue or temple to talk about faith and mental illness. We also are willing to do presentations at other organizations including libraries, women's or men's clubs, or youth organizations. We want to reach out to families who may be struggling on their own. Help us to get the word out. Please contact the office, if you have a group you are involved with that wants to learn more about NAMI.

## DEPRESSION CAN FEEL A LOT LIKE THE FLU

My body aches all over. Why does a mental illness feel so much like a physical one?

Depression can feel a lot like the flu because it is a lot like the flu. It feels a lot like a physical illness because it is a lot like a physical illness.

The way we feel when we are physically sick is caused by the products of inflammation that result from the interaction between the flu virus and the body's defense mechanisms. Markers of inflammation, called cytokines, are elevated in times of stress, such as when the body is fighting an infection. The result is a feeling of malaise, poor energy, lack of appetite, and general all-over body aches. The decreased energy and accompanying psychological features are driven to a significant degree by the cytokines and related products of the inflammatory process.

Simply put, increased cytokines are the result of stress - whether from a physical or an emotional cause.

There are many theories about what causes the elevated cytokines found in individuals with depression. Diet (excess processed sugars cause increased cytokines), and sleep and physical activity (low levels of either can result in increased cytokines) are common culprits; even the stressors of everyday life can boost these inflammatory markers.

What should I do to feel better?

Unfortunately, unlike the flu, there is no vaccine to decrease the incidence or severity of depression. But just as "rest and plenty of fluids" is good advice for people with the flu, individuals with depression would do well to follow a healthy diet low in processed sugars, and maintain a consistent routine of good sleep and regular exercise.

Taking care of your health - both physical and psychological - involves collaboration with your health-care provider. If you feel flu-like symptoms talk with your doctor. Malaise, lethargy, social withdrawal, decreased appetite and body aches could be signs of the flu - or it could be a depression

that's dragging you down. Both are treatable.

~~Edited by Sheila Le Gacy from an article by Melvin G. McInnis, MD, FRC Psych, Professor of Bipolar Disorder and Depression, Dept. of Psychiatry, U. of Michigan School of Medicine.

## GIVING MENTAL HEALTH SUPPORT: EMPOWERMENT VS. ENABLING

To provide mental health support to a loved one or friend is generally very helpful. However, the type of mental health support someone receives makes a difference in his or her recovery.

Here's what I mean. When someone is in the throes of a mental health crisis, it's natural to want to make their problems disappear. Sometimes, people readily jump in to remove obstacles, fix, and make things as easy as possible for the person they care about. Such help is known as enabling. With enabling, people try to make healing possible for someone but they do all of the work. This can quickly become frustrating for all involved and removes the opportunity for the loved one to take charge of his/her own mental health recovery.

Empowerment strengthens mental health recovery.

Empowering someone is different than enabling the person. Empowering lends appropriate assistance and support without taking responsibility for the person's recovery. Empowering supports in order to build someone up and help them regain a sense of control over their life. Empowering is motivating, and it leads to self-confidence and autonomy.

The best mental health support involves empowerment. Think of it this way, the support you can provide from behind (rather than pulling from the front) in order to help the person take charge of their own mental health is a great way to empower someone.

~~from *HealthyPlace.com*

## THE HUMANITY OF MENTAL ILLNESS

by Lorna Oppedisano

~~This article appeared in the *Syracuse Woman Magazine*, May 30, 2016

Stephen Glatt is a man of science. Although he'd devoted his life to studying mental illness, it wasn't until he met Betty Pringle that the effect of his work really hit home. Betty - the founder and former president of mental health advocacy organization PROMISE, which evolved into the local branch of the National Alliance on Mental Illness (NAMI) - has a son who was diagnosed with schizophrenia in his late teens, a little more than three decades ago.

"She made it personal for me. She put a face on it. Before that, I was just a scientist, and I was locked away in the university studying these problems in a very sterile way," Steve said. "And then she showed me the gritty underbelly of mental illness through her eyes for her son, and at that moment, it just clicked for me."

What attracted Steve to the field of mental health was the complexity of the human brain and its mental capabilities, he said, adding that he likes the challenge of exploring "the essence of what makes us human."

After college, Steve worked with a man at Harvard studying schizophrenia. Most of Steve's early work - along with a lot of his current work - concerned the disease.

But when he had his own children - his son is now 9 years old, and his daughter 6 years old - he began to see the effect mental illness could have on children and their families. While his family wasn't affected, it still moved Steve to shift his field of study slightly to include developmental disorders like autism, ADHD and depression, among others.

In his decade or so at Upstate, Steve's lab - the Psychiatric Genetic Epidemiology & Neurobiology Laboratory - has seen great support from the college's department of psychology, he said, which has allowed him and his colleagues to conduct research aimed at dis-

covering the cause of mental illness. The consensus that's building is that genes related to the immune and inflammatory systems might actually be at the root of mental illness, and those related to the neurotransmitter systems might be the aftereffects, Steve explained.

"So that's been an exciting realization," he said, "that these disorders have a lot more in common than we used to think."

Another unique focus of the lab is study into resilience: "If we could figure out or identify people who have a huge amount of genetic risk - or maybe even a huge amount of genetic risk and environmental risk - but don't have the disorder," Steve proposed. "What else are they packing that buffers them from that risk?"

Approaching the idea from a biological standpoint, he hopes that looking at what makes people resilient on a gene-based level might one day lead to pinpointing strategies to increase any person's resilience, like monitoring nutrition or exercise. "It's all about moderating your known risks," he explained.

Looking forward to the future, Steve's interested in studying postpartum disorders. While there's not as much support in postpartum-related research as something more visible in society like schizophrenia, Steve explained that the chief precipitating environmental factor is know: pregnancy, birth and the perinatal period. "So if we take baseline measures, and then after-pregnancy measures, we can see the changes in biology that really occur within a very narrow window," he said. "So I think that's a really powerful design."

Along with the relative rarity of the disorders, the issue of stigma is likely preventing further funding and study. Steve's fighting to end that stigma, along with the stigma associated with mental illness in general.

The best way to go about that is reaching out to children, he explained. As a board member of NAMI Syracuse, Steve brings the program "Breaking the Silence" into area schools, addressing children in grades 4 through 12. He aims to show children that mental illness shouldn't be treated any differently than a cardiovascular disease or cancer when it comes to an open dialogue. "Maybe we'll make the next generation a bit more emphatic," he said, "and that will

also impact the morbidity of mental illness, like how much of a toll mental illness takes."

Throughout his life and career, Steve has been positively influenced by women, from his single mother to his PhD adviser. While science is a field that's historically male-dominated, Steve predicts this will change in the future. In his opinion, a lot of the problem stems from unconscious biases, and the solution is to actively confront them. Much of his staff is composed of female scientists. Last year, a local female high school student expressed interest in studying in the lab, and now volunteers there often. Now, Steve is actively looking for a female grad-student to join the team.

"Hopefully we'll get to a point - just like [with] mental illness - where you don't need to do that," he said, comparing mental illness's stigma to the unconscious biases against women in his field. "We'll see men and women in equal proportions in science."

### July - National Minority Mental Health Awareness Month

In 2008, the US House of Representatives designated July as Bebe Moore Campbell National Minority Mental Health Awareness Month in honor of the leading African American novelist and journalist, who also was a voice for individuals and families affected by mental illness. She died in November 2006. She received NAMI's 2003 Outstanding Media Award for Literature. Campbell advocated for mental health education and support among individuals of diverse communities.

*"Once my loved ones accepted the diagnosis, healing began for the entire family, but it took too long. It took years. Can't we, as a nation, begin to speed up the process? We need a national campaign to destigmatize mental illness, especially one targeted toward African Americans...It's not shameful to have a mental illness. Get treatment. Recovery is possible."*

~~Bebe Moore Campbell, 2005

## WHY CAN MENTAL ILLNESS BE SO HARD TO DIAGNOSE?

The process of diagnosing mental illness can be frustrating. Frequently, someone experiencing a mental health crisis is well aware that something is wrong. Naturally, he or she wants answers. However, mental illness can be hard to diagnose.

It can take months, and sometimes years, for doctors to accurately diagnose a mental illness. Some reasons:

Symptoms of mental illnesses often overlap. Psychotic features, for example, are a part of schizophrenia and other psychotic disorders as well as mood disorders, dissociative disorders, and personality disorders.

There are individual differences. While there are distinct criteria for and symptoms of every mental disorder (The DSM-5: The Encyclopedia of Mental Disorders), each person is unique. What depression is like for one person is a bit different for another.

With few exceptions, medical tests don't yet exist. While brain imaging can show how mental illness affects the brain, it's not used for diagnosis. Further, there are no blood or other lab tests to show a mental illness.

Receiving a diagnosis of mental illness can feel like nothing more than trial and error. While there is a degree of trial-and-error involved, it's educated, methodical trial-and-error. Diagnosis can be a difficult and frustrating process, but the process does involve progress on the road to recovery.

~~from *HealthyPlace.com*

*“Rest is not idleness, and to lie sometimes on the grass under trees on a summer's day, listening to the murmur of the water, or watching the clouds float across the sky, is by no means a waste of time.”*

~~John Lubbock

## Liberty Resources Crisis Bed Respite Center 218 Liberty St., Oneida, NY

The Crisis Bed Respite Center offers short-term crisis support in a home-like setting by certified peer specialists to individuals experiencing an emotional or psychiatric crisis to improve their quality of life while reducing the need for emergency room visits or hospitalizations.

Respite center guests work with peer support staff to develop an individualized support plan and wellness recovery action plan.

For more information,  
call: 315-280-0384,

visit: [Liberty-Resources.org/CrisisBed](http://Liberty-Resources.org/CrisisBed) or  
email: [CrisisBed@Liberty-Resources.org](mailto:CrisisBed@Liberty-Resources.org)

## SYRACUSE PSYCH CENTER OUTPATIENT CLINIC INTEGRATES MIND, BODY

*James T. Mulder, [jmulder@syracuse.com](mailto:jmulder@syracuse.com)*

Hutchings Psychiatric Center's renovated outpatient clinic at 660 Madison Street is now prepared to take care of all its patients' health care problems, from depression to diabetes.

The clinic which officially reopened Wednesday, July 6th, is the first in the state psychiatric hospital system to integrate mental and primary care under one roof.

Dr. Ann Sullivan, the state's mental health commissioner, said the seriously mentally ill often die 10 to 15 years prematurely because they do not receive the medical care they need.

“We're putting the mind and body together,” Sullivan said. “We have to make sure we treat the whole person and treat them well.”

People with psychiatric problems often do not get adequate medical care because of the stigma surrounding mental illness, Sullivan said. “General practitioners are sometimes leery of working with the mentally ill,” she said.

The state spent \$2 million renovating the three-story clinic that serves about 1,000 patients with mental health needs.

Hutchings began providing primary care two years ago to about 200 of those patients as part of a pilot project and is now expanding that effort.

In addition to providing primary care to mental health patients, the clinic will provide primary care alone to people from the community.

The integrated approach reduces both physical and mental illnesses, and health care costs, according to Dr. Mark Cattalani, executive director of Hutchings.

The clinic is open 8:30am to 5pm Monday through Friday and can be contacted at 315-426-7680.

*We would like to thank the following people for their recent donations to NAMI Syracuse:*

*Patricia Moore, donated back to NAMI Syracuse her winnings from the 50/50 raffle held at our children's conference*

*Pam Fortino, donation made in honor of Marla Byrnes*

*Susan Hutko, donation made in memory of son, Gregory Lloyd Hutko*

## In Memoriam

NAMI Syracuse offers our condolences and sympathy to the following:

Harry and Patricia Carey Schwartzlander on the passing of their son, **Eric**, May 11, 2016

Ben Edwards and his sisters on the passing of their father, **Harold “Bud” Edwards, Jr.** on May 16, 2016

*Rest in Peace  
Eric and Bud*

## SEND YOUR MEMBERSHIP TO NAMI Syracuse TODAY

\_\_\_\_ Individual Membership (\$35.00)

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

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tel. #: \_\_\_\_\_ e-mail address: \_\_\_\_\_

### What are the benefits of NAMI membership?

- Membership at all three levels of the organization: NAMI National, NAMI-NYS & NAMI Syracuse
- Eligibility to vote in all NAMI elections
- A subscription to The Advocate, NAMI national's quarterly magazine, as well as access to optional subscriptions to specialty newsletters and information at the national, state and local levels
- Discounts on publications, promotional items, and registration at NAMI's annual convention, state and local conferences
- Access to exclusive members-only material on NAMI National's website

*Reminder:*

*If you are receiving this newsletter but are not a member, please consider joining NAMI.*

*If you are a member, please check to be sure your dues are up to date.*

*Please join or renew today.*

*There is strength in numbers!*

**The NAMI Syracuse Support & Sharing Meeting facilitated by Sheila Le Gacy is held on the 3rd Tuesday of each month at 7:00pm at ACCESS-CNY, 420 East Genesee Street, Syracuse. (Between South Townsend St. and South State St., next to the Onondaga County Sheriff's Department. Parking and entrance in the rear of the building.)**