



National Alliance on Mental Illness

# NAMI Syracuse



# Newsletter

NOVEMBER/DECEMBER 2017

### Meeting Schedule

**NAMI Syracuse - Support & Sharing Meeting**  
**Third Tuesday of each month, 7:00pm**

**AccessCNY, 420 East Genesee Street, Syracuse 13202**

*(parking and entrance in rear of building)*

**NAMI Syracuse Family Support Group**

**Second Wednesday of each month, 10:00am**

**NAMI Syracuse office, 917 Avery Avenue, Syracuse 13204**

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 8, 2017	<b>NAMI Syracuse Family Support</b> 10:00am - NAMI Syracuse office
November 21, 2017	<b>Support &amp; Sharing Meeting</b> 7:00pm - AccessCNY
December 5, 2017	<b>NAMI Syracuse Holiday Party</b> Francesca's Cucina <i>(see page 3 for details)</i>
December 13, 2017	<b>NAMI Syracuse Family Support</b> 10:00am - NAMI Syracuse office
December 19, 2017	<b>Support &amp; Sharing Meeting</b> 7:00pm - AccessCNY
January 6, 2018	<b>Music for Mental Health</b> American Foundry, Oswego, NY <i>(see page 5 for details)</i>
January 10, 2018	<b>NAMI Syracuse Family Support</b> 10:00am - NAMI Syracuse office
January 16, 2018	<b>Support &amp; Sharing Meeting</b> 7:00pm - AccessCNY

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**MESSAGE FROM THE PRESIDENT**

Dear Members:

At a time of great difficulty and need in my life, the members of NAMI Syracuse touched me and supported me. And in turn, they supported my family. A whole world opened up for me, filled with compassion and knowledge and advocacy and love. For the last four years it's been my pleasure to be able to give something back as the president of NAMI Syracuse - to an organization that transformed my life.

One of the things that keeps an organization working at peak performance, eliciting new ideas, and encouraging diversity is shaking things up now and then. So it's with pleasure, mixed with pain, that I step down as your president at the end of 2017. Pleasure because the amazing Marla Byrnes has agreed to serve as your next president! And pain because I'll so miss bossing everyone around!

But in all seriousness, these last four years have been a wonderful ride, a ride that I will truly miss! Let's take a quick look back at what we've accomplished together: updated and improved our website with help from a grant awarded by the CNY Community Foundation; greatly increased our visibility on social media such as Facebook and Twitter; purchased new computers for the office and AV equipment for our two annual educational conferences; hosted the Harvest Hopela three years running - a successful fundraiser making NAMI Syracuse once again financially sound; organized the "SEE ME TOO!" Art & Poetry Show held at the Community Folk Art Gallery four years running; added new NAMI Signature Programs to the services we provide; reached out to numerous local churches; was instrumental in the formation of a congressional task force and helped write the Youth Mental Health Task Force Report; brought Breaking the Silence or similar educational materials into dozens of local schools; received a Congressional Record from Congressman Katko; was honored in Albany at "What's Great in Our State: A Celebration of Children's Mental Health Awareness" for our work with children's mental health. That's all I can remember, but it seems like a lot.

I will continue to stay an energetic member of NAMI Syracuse, as I sincerely hope many of you will. If you're not already actively involved, there are so many ways that we can work together - all of us - to open the doors to compassion, kindness, knowledge, tolerance, and love. Please join me at our annual holiday dinner/business meeting on December 5th at Francesca's Cucina where I'll pass the torch, celebrate our victories, and move forward into 2018!

Warmly,  
Karen

**NAMI Syracuse Officers**

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

**Board of Directors**

- Dr. Sunny Aslam*
- J. Thomas Bassett*
- Judy Bliss-Ridgway*
- Carol Sheldon Brady*
- Sandra Carter*
- Steven Comer*
- August Cornell*
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- Sheila Le Gacy*
- Deborah Mahaney*
- Patricia Moore*
- Sherie Ramsgard*
- Krysten Ridgway*
- Lacey Roy*
- George Van Laethem*

**Consultant to Board**

- Dr. Mantosh Dewan*
- Dr. Stephen Glatt*
- Ann Canastra*

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



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

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

**smile.amazon.com**

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

**Where Were YOU?**

Our annual Fundraiser is the **Harvest Hopela**. We sold 97 tickets but most were not NAMI Members.

How can we get more NAMI members to attend? Please call the office or e-mail us to answer the following questions:

- Is \$60 per person, \$100 per couple too much?
- How much would you recommend?

- Is the location not favorable?
- Is Sunday afternoon a bad time?
- What time or day do you recommend?
- Do you have ideas for fundraising?
- Thank you for any feedback.

Marla Byrnes

*Hope to see you at the NAMI Syracuse Holiday Party!*

## **NAMI Syracuse Holiday Party/Business Meeting**

Tuesday, December 5, 2017

Francesca's Cucina

545 North Salina Street, Syracuse

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



*This year we are pleased to be offering 10 "scholarships" to NAMI members who would like to join us at the holiday party.*

*You must be a NAMI Syracuse member in good standing (current dues paid). This will be on a first come, first serve basis.*

*If interested, please call the NAMI Syracuse office 315-487-2085.*

### Menu

**Italian Antipasto/Bread**

**Chicken Riggies**

**Herb Roasted Potatoes**

**Chicken Francese**

**Oven Roasted Top Round of Beef**

**Dessert**

*~~cash bar~~*

*~~\$35.00 per person~~*

*Please RSVP by **Wednesday, November 29th** by calling or e-mailing the NAMI Syracuse office,  
315-487-2085/namisyracuse@namisyracuse.org  
and sending payment to NAMI Syracuse, 917 Avery Avenue, Syracuse, NY 13204*



*Sending warm wishes to you  
and your family during this  
Holiday Season.  
May your home be blessed with  
love and happiness!*

## SET BOUNDARIES TO AVOID ISOLATION, ENHANCE MENTAL HEALTH

from *HealthyPlace.com*

Being around people can be overwhelming when you live with a mental health challenge. The anxiety, exhaustion, and fear of stigma can understandably cause a desire to isolate. While isolation may be easier, it isn't mentally healthy. We all need support, camaraderie, laughter, and other benefits of human connection.

Thankfully, interaction isn't an all-or-nothing endeavor. By setting healthy boundaries, you can benefit from the presence of others - sometimes. Establishing boundaries allows you to limit your interactions, choose what you do and don't want to do, and reduce stress.

Try these suggestions for setting boundaries:

Reflect to connect. Connecting with yourself helps you know what boundaries you want to set and where you want to set them.

Give yourself permission. Other people give themselves permission to invade your space. You are allowed to keep them out of your space.

Practice saying "no." On notecards, write requests and invitations you often receive. Go through them like flashcards, politely and simply declining these requests. The more you can do this on your own, the easier it will be when the real situation arises.

Think of boundaries as a balance between total isolation and extreme socializing. Boundaries are simply a form of self-respect that everyone deserves, and establishing them is important for mental health.

## 9 WAYS TO FIGHT MENTAL HEALTH STIGMA

by *Laura Greenstein, Oct. 11, 2017*

Most people who live with mental illness have, at some point, been blamed for their condition. They've been called names. Their symptoms have been referred to as "a phase" or something they can control "if they only tried." They have been illegally discriminated against, with no justice. This is the unwieldy power that stigma holds.

Stigma causes people to feel ashamed for something that is out of their control. Worst of all, stigma prevents people

from seeking the help they need. For a group of people who already carry such a heavy burden, stigma is an unacceptable addition to their pain. And while stigma has reduced in recent years, the pace of progress has not been quick enough.

All of us in the mental health community need to raise our voices against stigma. Every day, in every possible way, we need to stand up to stigma. If you're not sure how, here are nine ways our Facebook community responded to the question: "How do you fight stigma?"

### **Talk Openly About Mental Health**

"I fight stigma by talking about what it is like to have bipolar disorder and PTSD on Facebook. Even if this helps just one person, it is worth it for me." - Angela Christie Roach Taylor

### **Educate Yourself and Others**

"I take every opportunity to educate people and share my personal story and struggles with mental illness. It doesn't matter where I am, if I over-hear a conversation or a rude remark being made about mental illness, or anything regarding a similar subject, I always try to use that as a learning opportunity and gently intervene and kindly express how this makes me feel, and how we need to stop this because it only adds to the stigma." - Sara Bean

### **Be Conscious of Language**

"I fight stigma by reminding people that their language matters. It is so easy to refrain from using mental health conditions as adjectives and in my experience, most people are willing to replace their usage of it with something else if I explain why their language is problematic." - Helmi Henkin

### **Encourage Equality Between Physical and Mental Illness**

"I find that when people understand the true facts of what a mental illness is, being a disease, they think twice about making comments. I also remind them that they wouldn't make fun of someone with diabetes, heart disease or cancer." - Megan Dotson

### **Show Compassion for Those with Mental Illness**

"I offer free hugs to people living outdoors, and sit right there and talk with them about their lives. I do this in public, and model compassion for others. Since so many of our homeless population are also

struggling with mental illness, the simple act of showing affection can make their day but also remind passersby of something so easily forgotten: the humanity of those who are suffering." - Rachel Wagner

### **Choose Empowerment Over Shame**

"I fight stigma by choosing to live an empowered life. To me, that means owning my life and my story and refusing to allow others to dictate how I view myself or how I feel about myself." - Val Fletcher

### **Be Honest About Treatment**

"I fight stigma by saying that I see a therapist and a psychiatrist. Why can people say they have an appointment with their primary care doctor without fear of being judged, but this lack of fear does not apply when it comes to mental health professionals?" - Ysabel Garcia

### **Let the Media Know When They're Being Stigmatizing**

"If I watch a program on TV that has any negative comments, story lines or characters with a mental illness, I write to the broadcasting company and to the program itself. If Facebook has any stories where people make ignorant comments about mental health, then I write back and fill them in on my son's journey with schizoaffective disorder." - Kathy Smith

### **Don't Harbor Self-Stigma**

"I fight stigma by not having stigma for myself-not hiding from this world in shame, but being a productive member of society. I volunteer at church, have friends, and I'm a peer mentor and a mom. I take my treatment seriously. I'm purpose driven and want to show others they can live a meaningful life even while battling [mental illness]." - Jamie Brown

This is what our collective voice sounds like. It sounds like bravery, strength and persistence-the qualities we need to face mental illness and to fight stigma. No matter how you contribute to the mental health movement, you can make a difference simply by knowing that mental illness is not anyone's fault, no matter what societal stigma says. You can make a difference by being and living StigmaFree.

~~*Laura Greenstein is communications coordinator at NAMI.*

~~*a great example of fighting stigma and educating the public is found in the letter on the following page written by a NAMI Syracuse member.*

An open letter to Graziano Zazzara, of Paradise Companies, and the New York State Fair:

I am appalled that one of the attractions at the “Fright Nights” at the Fair is “The Insane Asylum!” The many people who suffer from mental illness must deal with negative stigmatism on a daily basis, which seriously affects every aspect of their lives. The struggle to achieve and maintain a balanced life when one is impaired by a neurological brain disorder is immense. And stigma, whether intentional or misguided, makes this struggle many times worse.

The most shocking thing about mental illness is how little people understand it. Over 44 million Americans currently suffer from a diagnosable mental disorder. But many people and their families are forced to hide their suffering because of the shame that is often placed upon them. Sadly, because of this stigma, many people with treatable mental illness do not seek help, until they are forced to because of a crisis which results in either hospitalization, or in many cases, imprisonment.

Although people's knowledge about mental illness has improved in recent decades, it has unfortunately not come far enough. The majority of Americans still believe that it is caused by emotional weakness, bad parenting, or willful acting out. None of these is true. In addition to this, many people believe that mental illness causes people to act violently and thus should be feared and avoided. In truth, only between 3% and 5% of violent acts can be attributed to individuals living with mental illness.

When a venue includes such entertainment as “The Insane Asylum,” these tragic beliefs are reinforced. Such a venue promotes the idea that people with mental disorders are objects to be shunned,

laughed at and feared. Given that one in four families in America has a relative with a mental illness, imagine how many people are caused even more pain and grief than they are already dealing with when faced by this.

PLEASE remove the “Insane Asylum” from the Fright Nights Halloween entertainment. It has no place in an educated, compassionate society.

Thank you,  
Martha K. Starkey  
Syracuse

## Music for Mental Health

On Saturday, January 6, 2018, Oswego, NY resident and musician, John McConnell will host an event called **Music for Mental Health**.

The event will take place from 5pm to 9pm at The American Foundry in Oswego, NY. John's goal is to rally the community around an evening of music that seeks to raise awareness for mental health issues and helps to lessen the stigma associated with mental illness.

Proceeds from this event will be donated to NAMI Syracuse.

**Music for Mental Health** will feature performances by: John McConnell, Gary Carpentier (NBC's The Voice), Cam Caruso, The Love Volcanoes and many other fine Central New York musicians. There will be two local professional counseling services represented there, in addition to many other local businesses. As part of the evening's events there will be a 50/50 raffle and a table raffle featuring: gift certificates, gift baskets and merchandise donated by local businesses.

Tickets are \$20 and will be available for sale via the web in mid-November. Buffet-style snacks will be provided and included in the ticket price. For more information visit: **Making Music for Mental Health** on Facebook or email John at: johnmcconnellmusic@gmail.com

## MENTAL HEALTH INVESTMENTS PAY OFF FOR EVERYONE

by William T. Gettman Jr., *Another Voice*,  
*Buffalo News*, September 29, 2017

While many of us may feel like mental health issues are something that affect other people, the truth is that most of us will be affected by a mental health disorder at some point in our lives. Recent research published earlier this year in the **Journal of Abnormal Psychology** suggests that approximately 80 percent of the population will experience a diagnosable mental health issue, like depression, over time.

Consider:

Nearly 1 million people commit suicide every year; four of the six leading causes of years lived with disability are due to disorders such as depression, substance abuse, alcohol-use disorders, schizophrenia and bipolar disorder; and one in four families has at least one member with a mental disorder.

In a country where four out of five people struggle with a disorder, most will never receive treatment, and their family and personal relationships, job performance, personal health, life expectancy and life satisfaction will likely suffer. Family members often become the primary care givers of people with mental disorders.

In addition to the health and social costs, those suffering from mental illnesses are also victims of stigma and discrimination, which makes getting the help people need even more difficult. Last, mental health needs can add large and long-term costs to our health care system.

It's time for a change. The research provides some hope that timely and effective interventions can create a long-term change in behaviors, health and life conditions. A combination of well-targeted treatment and prevention programs can have a positive impact. These investments include all age groups, demographics and geography.

As we once again evaluate, debate and prioritize our national and state fiscal priorities, five areas of investment can allow individuals to avoid years lived with disability and deaths, reduce the stigma attached to mental disorders, increase considerably the social capital, help reduce

poverty and promote our country's development:

- (1) Increasing funds for prevention, treatment and recovery services.
- (2) Expanding and fairly compensating the mental health workforce.
- (3) Widening the use of health information technology.
- (4) Advancing public education, especially in identifying needs in younger populations and school settings.
- (5) Continuing valuable research work and projects.

Mental health has been hidden behind a curtain of fear, stigma and discrimination for too long. We need to bring it out into the open. The magnitude, suffering and burden for individuals, families and societies are staggering. In the last few years, the world has become more aware of this enormous burden and the potential for mental health gains.

Investing in mental health today can generate enormous returns in terms of reducing disability and preventing premature death. The priorities are well known and the projects and activities needed are clear and possible. We have a responsibility to turn the possibilities to reality.

*~William T. Gettman Jr. is CEO of Northern Rivers Family Services in Albany.*

**Wishing our NAMI members and friends a most happy and blessed Thanksgiving Day!**



**Thanksgiving is one of my favorite days of the year because it reminds us to give thanks and to count our blessings. Suddenly, so many things become so little when we realize how blessed and lucky we are.**

*~Joyce Giraud*

## **WAYS TO PREPARE FOR WINTER DEPRESSION**

*October 27, 2015, Liz Smith*

Preparing for the winter when you have depression is an important thing to do, since so many of us suffer from the winter blues. We're in the fall right now, so this is a good time to start planning ahead for the cold days and long dark nights. It's time to prepare for winter depression.

After several years of this routine, I've started to accept the importance of having a plan to help prevent depression, or at least minimize the worst effects of it, if it does strike, and starting to do that in the fall. Winter blues is bad enough, but full-blown seasonal affective disorder (SAD) can be truly debilitating. I've never been unfortunate enough to have SAD myself, but I know people who have and it can wipe out the whole season for those badly affected.

I'm definitely prone to the blues in winter, though, which is why I'm making my plans now to try and get through the dark season without too many ill effects. Don't deny that winter is coming. It's going to happen whether you like it or not, so preparation is the best form of defence.

### **My Four-Point Winter Depression Plan**

My winter depression preparation is a four-point plan, based on thinking about all the things that I often lack in winter and how I can compensate for them or get around seasonal limitations. Some of this is also around self-care for depression and remembering that when you're either experiencing or at risk of mental illness, you have to put some extra effort into ensuring you get that care.

1. Vitamin D: We get this naturally from sunlight, which we lack in the winter. Our bodies don't hold on to vitamin D, so you need to keep topped up.

There is a strong link between depression and diet, vitamin D in particular, so for me, it's definitely worth supplementing in winter. I notice a huge difference both in terms of my mood, my skin (less prone to dry patches and cracked lips) and my digestion. If you're prone to SAD, a light therapy box may also be a worthwhile investment, along with exercise to boost feel-good endorphins, which I'll go into more in point three.

2. Nutrition: We all love winter comfort foods (hello crumble, sticky puddings with custard, macaroni and cheese and mulled wine) and these are fine in moderation, but it's important to remember that good nutrition makes a difference to our mental health.

Meal planning can help you to avoid the lure of comfort food and takeout when you want to just stay under the blanket and keep warm. You might not feel like salads in winter, but things like roasted vegetables, stewed winter fruits, and healthy warming soups will ensure you get your fruit and vegetables in. I like to cook big batches of soup and freeze them in portions to defrost for quick and healthy lunches.

3. Exercise (particularly outdoors): It's easy to exercise less in the winter, not just through winter lethargy and avoiding the cold, but there are safety considerations, too, with the dark evenings. I wouldn't go out running or walking by myself of an evening when it's pitch black, for example. Finding an alternative form of exercise for the winter can be an important part of the fight against winter depression. Even if you have to switch to exercising indoors, you'll still get the benefits from the endorphins.

4. Positivity: There are lots of things about winter I don't like, but there are also some that I do. There are things you can do in winter that you can't do in summer - go ice skating, for example.

I also look forward to watching favorite Christmas movies with my friends. Why not make a list of all the things you are looking forward to this winter and look at it whenever you start to feel negatively or apprehensive about the coming season? Even better, plan things to look forward to and put them in your diary.

It's worth doing that little bit of planning if it means avoiding a brush with winter depression later.

*Find Liz on Twitter, Google+ and Facebook.*

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## HARVEST HOPELA 2017

by Marla Byrnes

All Saints Church hosted our event again this year in their beautiful parish center. Meg Ksander and Father Fred Daley welcomed us at every turn. They accommodated our many needs.

The decorations, food, and all silent auction items were donated. The NAMI Syracuse board was there in full force cooking, cleaning, and handling whatever job needed doing. We had a record 25 volunteers to help this year. Many of them not even NAMI members but friends of NAMI members or family members.

We raised \$9,000 this year which is down from \$11,000 the first year and \$10,000 the second year.

We want to increase the participation of our membership; so please take the time to respond to the article on page 2 asking "Where were YOU?" to evaluate how we can reach more of you. We also want to reach out to a broader audience in the community.

We are always looking for ways to improve. Please feel free to contact us at the office with any ideas.

THANK YOU to all the people and businesses who supported us again this year and the people who attended!

*Thank you to all the people and businesses who contributed to our Harvest Hopela and Silent Auction:*

ACCENTS at Armory Square

Bersani Jewelry

SUN Auto

Behind the Iron Gate

Golden Hanger

Phoebe's Restaurant & Coffee Lounge

Warner Lawn Service

Green Hills Market

Tom Mann Golf

Hairanoia

Sunovian Pharmaceuticals

Metro Home Style

Sherie Ramsgard

Whole Mental Wellness

Wegmans

Kelley's Bar & Restaurant

Kinney's Drugs, Oswego Road

Mohegan Manor

Vinomania

JSA Authentication

Delta Sonic

C & A Accounting

Dr. Karen Winters

Dr. Paul Schwartz

Dr. Paula Zebrowski

Dr. Suzi Campararo

Pam Fortino

Marla Byrnes & Ernest Jones

Frank Mazzotti

Carol & Dan Brady

Mary Gandino

Kristin Neagle

Patricia & Steve Moore

Ann & Dan Canastra

Hair and Body Salon

Hafner's, North Syracuse

Laura Hand, CNY Central

Spence & Marie Plavocos

Joe & Judy Bliss Ridgway

Carrabba's Italian Grill

Provisions Bakery & Restaurant

Painting with a Twist, Dewitt

Paula Fulco

All Saints Church

Olivia Lynn Styling Sessions

Sterling Optical

Wendy Brooks

Foodie Group

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## THE WRONG PILL CAN PLAY WITH YOUR MIND

by Jaime Lowe, September 30, 2017

When I was 16, I was admitted to U.C.L.A.'s neuropsychiatric institute. I'd been suffering from increasing paranoia (I thought war was imminent; I thought I would be called into battle) and lack of sleep (I paced our staircase into the early hours of morning). Most profoundly, I thought my parents were actually secret agents, wearing masks, sent to monitor my behavior.

My hallucinations encompassed a wide range of cultural references - Michael Jackson, the Muppets, the Night Stalker, Bob from "Twin Peaks" and the clown from "It." My parents told the doctors at U.C.L.A. that my behavior had been erratic for two months - I was obsessing over odd things, I wasn't eating and I was convinced that the end of the world was on its way. In short, I was manic. I was hospitalized for almost a month, and I left the institute with a diagnosis of bipolar disorder.

My cure came in the form of three pink pills: 900 milligrams of lithium. It worked when I was on it. But a few years ago, my general practitioner had discovered heart-attack-level blood pressure and high creatinine measures - side effects that I couldn't feel but were serious enough to warrant a visit to the E.R. As a result of my taking lithium, my kidneys were breaking down - I basically had a 60-year-old's kidneys in my 37-year-old body. I was given a choice: I could stay on the lithium and get a kidney transplant eventually, or I could switch medication and risk having mania return.

I chose to try a new medication.

No drug could ever be as cool as lithium, a mysterious element that was present during the Big Bang and lingers throughout the galaxy as primordial stardust. Lithium has a medicinal history that dates to the Greeks and Romans, yet no doctor or researcher knows exactly how or why it works. It just does. It's on the periodic table of elements, unpatentable and therefore cheap. Depakote, a drug officially approved for bipolar patients in the United States in the mid-1990s, has none of this cachet, and yet it's known to be as effective as lithium in bipolar cases like mine. So my psychiatrist prescribed it to replace my pink pills.

When I first made the switch, in the fall of 2015, I was resistant. Depakote pills were difficult to swallow, and taking them made me vomit. Almost instantly, I felt bloated all the time and gained seven pounds. I couldn't stomach the food and drinks I'd been used to consuming without thought: lemons, hot sauce, kombucha, fried anything, cheese, even raw vegetables. I got so dehydrated that for long periods I couldn't speak. I was increasing the Depakote while on a full dose of lithium - standard practice. My psychiatrist said that

some of the intensity of my reactions could have been from taking both medications at the same time. He wasn't sure, he said, because it's different for every person.

The worst part of a new medication is not knowing - not knowing whether the symptoms are real, whether what you're feeling is coming from the medication or from a thousand other life variables. I didn't feel like myself - I was irrationally angry, disturbed by things I would normally find O.K. Week 1, I felt terrible. Week 2, worse. Week 3, same. Week 4, I wanted to murder Depakote. Week 5, I was barely able to keep it together. Week 6, I called it quits. This was so much worse than sacrificing a kidney, I thought.

I was still on lithium, but I was eager to try the next option. There were so many choices that it would be all right if my body rejected the first one. The world of psychopharmacology was ripe with possibility. At least, that's what it always seems like in pharmaceutical ads - that a normal life of chasing a red balloon with my golden retriever on a lazy Sunday is only one pill away. That we all should be happy, could be happy, would be happy.

I tried Tegretol. For about two weeks, things were looking up. Until, that is, blood work showed that Tegretol was causing toxicity in my liver. A year had passed since I initially tried the Depakote, so my psychiatrist suggested I try it again. Warily, I agreed. This time the Depakote felt different. The side effects weren't as bad. I wasn't crying every day. I didn't tear up at the mention of cheese. Maybe I was experiencing psychosomatic symptoms the first time.

Then I refilled my prescription and noticed that the pills were slightly different from the month before - blue and oval. The originals were larger and white and had a different stamp on them. Though both were generic, one was known as Depakote D.R. (for delayed release), the other as Depakote E.R. (for extended release). I asked my pharmacist if there was a difference and he said, no, they are the same chemical makeup. It turns out there are studies that claim that the two different forms of Depakote are interchangeable. Why any drug com-

pany would distinguish medications with the nearly interchangeable words "delayed" and "extended" was beyond me.

Within a day of taking the Depakote D.R., I was bloated again - angry, irritated, fat-feeling, hair-losing and sobbing. I was increasing the dose at the same time, so I assumed that my symptoms were just a reaction to the amount I was taking. I kept taking the D.R.; I kept sobbing. After a month, my general state got so extreme, I considered ditching Depakote again.

In October 2016, I refilled my prescription again. And within 24 hours, I felt better. This time the bottle said "Depakote E.R." Two days later, I still had side effects, but they were mild by comparison. I wasn't murderous and I didn't feel as if there was an alien baby growing in my stomach. I realized that the first time I tried Depakote, in 2015, I had probably been given D.R. I was responding well to one form of Depakote but not to another, yet my pharmacist had sent me home assuring me they were interchangeable.

According to my body, they are not.

When I asked Dr. Richard Brown, a clinical psychiatrist and an early advocate of Depakote, why I would be given two different kinds of the drug interchangeably, he said that historically it has been the pharmaceutical companies themselves that educate doctors and pharmacists on new medications.

"What's happened is that most psychiatrists have no clue that E.R. is better than D.R., and many prescribe generic D.R.," he answered. "And because it's been off-patent for several years there's no economic incentive to educate doctors." He mentioned that some patients don't even get a psychiatric evaluation; medication is prescribed by a general practitioner. One study led by researchers at the Yale School of Medicine found that 58 percent of people who were prescribed a psychotropic medication within the study group of roughly five million had no psychiatric diagnosis.

Dr. Brown, addressing my situation in particular, told me that sometimes a pharmacy makes the mistake of assuming one Depakote is the same as another, and then there is also the problem of generics. This communication gap is potentially catastrophic - I might never have gotten the

right Depakote, I might have stopped at Depakote D.R. Who knows how many others are on the wrong versions of medication, and suffering?

Medicating people with mental illness, and encouraging them to stay on their medication, is one of the most challenging aspects of managing the disease. "There should be a separate specialty board in certification in psychopharmacology," Dr. Brown said, a process that isn't in place at all right now for doctors.

I took the pills blindly and trusted a dysfunctional system.

Getting medications right for any disorder is considered a science, but my experience was more nebulous. E.R. was better for me; D.R. may be better for someone else. Medication education is barely a consideration in our health care system. I'm a well-informed patient with a very strong support system, and it still took me by surprise when the Depakote changed shape and then turned out to be hurting rather than helping.

Small shifts in disseminating information would make a big difference - psychiatrists, general practitioners and pharmacists could play a more active role in suggesting other options for the same type of medication, in being still more aware of individual responses and in educating themselves and their patients about the nuances of psychotropics.

If I had not realized that E.R. worked for me and D.R. didn't, I might have given up on a new medication altogether and stuck with lithium. In that case, my name would be among the more than 100,000 people on the kidney transplant waiting list.

~~Jaime Lowe is the author of "Mental: Lithium, Love and Losing My Mind," from which this essay is adapted.



***We wish you all a very  
Happy Holiday season and  
a peaceful and prosperous  
New Year filled with  
good health and an  
abundance of happiness!***

## WHY BORDERLINE PERSONALITY DISORDER IS MISDIAGNOSED

by Alan E. Fruzzetti, Ph.D., Oct. 3, 2017

Living with Borderline Personality Disorder (BPD) is difficult for many reasons, including unstable relationships, emotional reactivity and dysregulation, impulsivity, and other challenging features. But what makes the condition even harder is that many people who live with Borderline Personality Disorder don't even know they have it.

BPD is one of the most commonly misdiagnosed mental health conditions. It's so misdiagnosed, in fact, that there isn't even an accurate prevalence rate for the condition. What we do have is an estimate of 2-6% of the population, which actually makes BPD very prevalent. So how is it possible that a prevalent condition is so misdiagnosed? Here are just a few reasons why that could be.

BPD is one of the most heavily stigmatized mental health conditions a person can experience. This rampant stigma has both tangible and emotional consequences that can worsen existing difficulties with BPD. In the form of judgments, blame, negative assumptions and discrimination, stigma can lead a person experiencing BPD to feel ashamed and hide their suffering. This leads to further negative emotion (shame, loneliness, fear) and attempts to suppress distress. Suppression of distress and self-invalidation typically results in further emotion dysregulation, dysregulated thinking and out-of-control behavior.

Even if individuals are determined enough to push through the stigma and seek treatment, they may encounter even more stigma. Some mental health professionals are reluctant, or even refuse, to diagnose and/or treat BPD even when a person clearly meets diagnostic criteria.

This problem is even more pronounced among adolescents: Many clinicians fear that even correctly diagnosing a teenager with BPD will only worsen their problems because of stigma. In addition, many professionals incorrectly believe that it is not possible to diagnose

BPD in adolescents. This results in underdiagnoses and inaccurate prevalence rates. Worst of all: It prohibits teens from receiving the specialty care they need when early detection and early intervention are essential to recovery.

People with BPD typically also meet the criteria for multiple other diagnoses, including depression, anxiety, post-traumatic stress disorder, substance use disorders, eating disorders, bipolar disorder, and so on. These disorders, of course, are not independent of BPD, but are connected and related through shared psychological, social and biological pathways. However, when these other diagnoses are the focus of treatment, they can dominate professionals' attention, preventing any significant focus on the whole pattern of difficulties, resulting in missed diagnosis of BPD.

In particular, there is evidence that BPD is commonly misdiagnosed as Bipolar Disorder, Type 2. One study showed that 40% of people who met criteria for BPD but not for bipolar disorder were nevertheless misdiagnosed with Bipolar Type 2. This is most likely due to some similarities between symptoms: impulsive behavior, intense emotions and suicidal thinking. However, they are very different diagnoses with different treatments methods, so it's crucial for mental health professionals to understand and know the difference.

Some of the problems with diagnosing result from the fact that there was no evidence of effective treatment for BPD until the 1990s. The first published evidence for the effectiveness of Dialectical Behavior Therapy was by Marsha Linehan in 1991. Before then, many clinicians blamed people with BPD for not getting better, rather than acknowledging that professionals had not yet figured out how to treat people with BPD successfully, or trying to find more effective pathways for treatment. Today, unfortunately, many professionals continue to think that BPD is not treatable despite growing evidence that it is. This leads some professionals to avoid giving the diagnosis even when someone meets the criteria.

Gender is another factor in misdiagnosis. The epidemiological rates of BPD in males and females are roughly equal. However, females are over-diagnosed and males are underdiagnosed significantly.

This happens in part because women are overrepresented in most studies and treatment. Stereotypes about masculinity and femininity are also likely at play. It's no surprise that females, who have long been stereotyped for being "emotional" or "hysterical," are the ones who are over-diagnosed.

Of course, there are many other factors that influence the accuracy (or inaccuracy) of a BPD diagnosis. However, the more individuals with BPD and their families become aware of these problems, the more they can advocate for accuracy. A lack of understanding about BPD already prevents people from seeking treatment. So, for those who do seek help, we should make sure they are getting the proper treatment. And that starts with getting the correct diagnosis.

~Alan E. Fruzzetti, PhD, is the program director of the 3East Boys Intensive Program and the director of Family Services for 3East Continuum. He has adapted and implemented dialectical behavior therapy for underserved populations, and developed many successful DBT programs for people with borderline personality disorder and other problems with emotion regulation. Dr. Fruzzetti is on the Board of Directors of the National Education Alliance for Borderline Personality Disorder, the International Society for DBT, and the Linehan Institute.

### American Foundation for Suicide Prevention Survivor Day

*International Survivors  
of Suicide Loss Day*

November 18, 2017

Phoenix VFW

70 Couvert Street, Phoenix, NY

Contact: Angela Marotta

[angela.marotta@hutamaki.com](mailto:angela.marotta@hutamaki.com)

**315-529-9893**

food served, charge/donation

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**10-11:30am**

**Facilitated by:  
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**AccessCNY  
420 E. Genesee St., Syracuse  
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**7:00pm**

**Facilitated by:  
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