



NAMI SYRACUSE

National Alliance on Mental Illness

Newsletter

MAY/JUNE 2017

Meeting Schedule

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

AccessCNY

420 East Genesee Street, Syracuse 13202

(parking and entrance in rear of building)

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

**CARING
EDUCATION**

**SHARING
ADVOCACY**

Events Calendar

- May 16, 2017 Support & Sharing Meeting
7:00pm - AccessCNY
- June 20, 2017 Support & Sharing Meeting
7:00pm - AccessCNY
- June 27th thru
August 5th, 2017 **SEE ME Art & Poetry Show**
Community Folk Art Center
Reception: Saturday July 8th
(see page 3 for details)
- July 18, 2017 Support & Sharing Meeting
7:00pm - AccessCNY

New NAMI Syracuse Daytime Family Support Group To Start in September

(see page 2)

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

Contents

Message from The President	2
SEE ME Art & Poetry Show	3
Depression is an Illness, Not a Weakness	4
Mental Illness Isn't All-Encompassing	4
Taking Guesswork Out of Drug Selection	5
FDA Approves First Medicine for Tardive Dyskinesia	5
NAMI Celebrates May is Mental Health Month	7
Report from Bipolar Network News, Vol. 21, Issue 1 2017	7
Upstate Golisano Children's Hospital Capacity Hurt by Pediatric Mental Illness	8
NAMI Syracuse Children's Conference, May 3rd - AWESOME!	8
The Scourge of Mental Health Illness, Drug Addiction, and Incarceration	9

MESSAGE FROM THE PRESIDENT

Dear Members:

It's been a long winter and a very cold wet spring-a long wait for summer. In a time when there seems to be a lot of collective negative energy in the world, I've found myself doing a lot of waiting. Spiritual teacher Eckhart Tolle says there are two types of waiting. Short term waiting, which are things like standing in the check out line in the grocery store, waiting for the traffic to clear, waiting for the coffee to finish brewing. And there is long term waiting: waiting for your next vacation, waiting to meet a love interest, waiting for the next election, waiting for your ill family member's life to improve, waiting for world peace, waiting for a better health care system, waiting for happiness...

The problem with waiting is that it adds to the collective negative energy. By the very act of waiting you are dissatisfied with where you are. By waiting, whether short or long term, you may miss the shine of a snowflake, the brightness of a tulip, the chirp of a bird, the smile your loved one has just given you, the kindness of a stranger - it may just cause you to miss life.

Join me in the act of non-waiting. Embrace each and every moment. If there is something positive to be done to bring forth necessary change, then do it! Advocate for a better world, but do so in a positive manner. We as a community can improve the collective energy. We can bring forth positive change in our mental health care system by not waiting and by firmly asserting what we need to our legislative bodies and our health care workers.

If you have not already read the **Youth Mental Health Task Force Report**, please do so. Here is the link: <https://katko.house.gov/media-center/press-releases/katko-magnarelli-cny-healthcare-service-providers-local-advocates> Contact Representative Katko and Assemblyman Magnarelli and let them know you greatly appreciate their efforts but that they now must push ahead with their recommendations. Contact OMH (Office of Mental Health) and let them know that any plans to increase community-based services in our area are more than welcome, but this cannot involve decreasing our few existing in-patient beds! OMH budget link: <https://www.budget.ny.gov/pubs/executive/eBudget1718/agencyPresentations/appropData/MentalHealthOfficeof.html> The Affordable Care Act has allowed countless individuals access to mental health care; let our representatives know that this is something we don't want to change.

As I continue advocating for those in need, I intend to stop waiting, to drink my coffee with deep joy, to feel the silkiness of a tulip petal, to catch and return each and every smile that's thrown my way, and do my best to send positive thoughts into the universe, right now and always now.

~~Karen

NAMI Syracuse Officers

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

Board of Directors

- Dr. Sunny Aslam
- J. Thomas Bassett
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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

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

smile.amazon.com

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

New NAMI Syracuse Daytime Family Support Group Starts in September

NAMI Syracuse is going to offer a day time support group at our office at 917 Avery Street, Syracuse this fall. Marla Byrnes will be leading the family support group for an hour once a month. We have not decided on the day or time yet. **We would like to hear from you.** What day and time of day would work for you? Please call the office with your input.

We will provide refreshments or lunch depending on the time of day we choose. We can meet for 60-90 minutes, again depending on what people want from the group.

NAMI Syracuse continues to offer support groups in the evening. This new group is our attempt to reach people that may not want to drive at night.

We want to reach more families and we are always looking for your ideas of how we can better serve you. Please call the office 315-487-2085 with any ideas or feedback. Thank you!

“SEE ME” 4th Annual Art & Poetry Show

All you creative types get busy! We will be sponsoring the **4th Annual Art & Poetry Show** in June. It will be held courtesy of the Community Folk Art Center, 805 East Genesee Street, Syracuse NY. We are hoping for another great turnout of artists, poets, and photographers.

Our art show will run June 27th - August 5th. **You can drop off your art work with the application form June 12th - June 16th.**

All artwork must be framed and ready for display. Poetry must fit on an 8x10 page and we will frame. Consider doing a reading of your poetry at our reception.

Reception: Saturday July 8th, 12noon - 2pm.

Pick up of art work will be August 7th - August 11th. It cannot be picked up earlier because it would disrupt the gallery display of our artwork.

Please consider participating in this wonderful forum to fight stigma!

Any questions, please call NAMI Syracuse 315-487-2085.

“SEE ME” NAMI SYRACUSE ART & POETRY SHOW

Name _____

Address _____

Phone _____ E-mail _____

Art Title _____

Media (i.e. oil, pastel, photo,etc.) _____

Poetry _____ May submit online to namisyracuse@namisyracuse.org

Do you want your name posted with your art work or first name only?

We are not liable for loss/damage to your property. Entry is at your own risk. This show is open to the public. Entries must stay up the entire show period. Must be 18 years old or older to enter.

Your artwork must be display ready and wired. One to two pieces per person and list priority for showing due to limited space. If all work cannot be displayed, there will be an “online” gallery.

Please drop off your art piece June 12th - June 16th, 10am-5pm at Community Folk Art Center, 805 East Genesee St., Syracuse, NY 13210, 315-442-2230.

YOU MUST BRING THIS FORM WITH YOU.

The show will run June 27th thru August 5th.

NAMI Syracuse will host a reception Saturday, July 8th - 12pm-2pm.

GALLERY HOURS: Tuesday-Friday 10am-5pm and Saturday 11am-5pm.

You must pick up your art work August 7th-11th. You cannot pick it up earlier.

DEPRESSION IS AN ILLNESS, NOT A WEAKNESS

Joshua Beharry & Dr. John
Ogrodniczuk, April 21, 2017

While growing up, boys learn what it means to “be a man.” Unfortunately, some of these “manly” teachings can be downright harmful like “big boys don’t cry,” “suck it up,” “tough it out,” and more. Most boys are taught to ignore or dismiss their feelings - internalizing vulnerability and asking for help as weakness. Boys then grow into men, without ever being in touch with their emotions or knowing how to identify or describe what’s bothering them.

For these reasons, many men find depression a difficult topic to discuss. They feel ashamed that they need help and are too embarrassed to ask for it. “For a long time, I’d been pushing things away, hiding my emotions and pretending that everything was okay, but it was getting to the point where I was afraid that I’d drifted too far and I wasn’t going to come back,” says Joel Robison, concept photographer and mental health advocate.

Starting the conversation is the first step towards recovery. For many men who have overcome depression, the turning point came when they reached out to a friend or family member for support. It’s usually something they wished they had done sooner rather than later. Here are specific things any guy can do to start a conversation about mental health:

Talking to a Friend or Family Member

If you don’t normally talk about your mental health or feelings, it can be hard to know which person in your life is best to talk to. And you may be worried about the reaction you’ll get if you reach out. Just keep in mind that the conversation doesn’t have to be perfect, and you should only share what you’re comfortable with. Try easing in:

- “I’ve been getting pretty stressed lately.”
- “I’m going through a tough time right now, and I think something might be wrong.”

- “I think I may be depressed, have you noticed me seeming more down lately?”

Be prepared for different responses - in particular, don’t be deterred if you don’t find the support you were hoping for right away. But if things go well, you can talk more and ask for more specific support, like working out together or helping you keep up with chores. Most people are happy to be given a chance to lend a hand in a time of need. When you’re doing better, you can return the favor.

Talking to a Professional

Depression is a serious illness. It can make your life miserable if it’s not treated properly. When you break your arm, you go to the doctor. If you have ongoing serious pain, you go to the doctor. If you think you may have depression, you go to the doctor. That’s how simple it should be. When you talk to a doctor, you’re talking to someone who knows about depression, and whose job it is to help you. That’s why it’s essential to get their input.

If you’re hesitant to see a doctor because you think they’ll just throw medication at you, know that medication isn’t the only treatment for depression. Your doctor can give you advice about certain lifestyle changes and different treatment options that may or may not include medications.

Once you’re at your appointment, it may feel a little awkward getting started. Be as honest and as specific as possible about how you’re feeling and the impact it’s having on your life. Here are some examples:

- “I can’t sleep at all.”
- “I’m too tired to go to work, but I keep going out drinking.”
- “I don’t want to see my friends anymore; I’m sick of everyone.”
- “Sex isn’t interesting me like it used to and it’s getting harder to perform.”
- “I’ve been gaining (or losing) a lot of weight recently.”

Depression is one of the leading risk factors for suicide. It’s a real and serious condition that affects millions every year. Talking about depression is never easy, but men everywhere need to start talking about their mental health. There are effective treatments and there’s no shame in seeking support. In fact, reaching out could very

well be the smartest and bravest thing you could do. It could save your life.

~~Joshua R Beharry - Since recovering from experiences with depression and a suicide attempt in 2010, Joshua R. Beharry has become a passionate advocate for mental health. Josh is currently the project coordinator for HeadsUpGuys.

~~Dr. John Ogrodniczuk - Dr. Ogrodniczuk is a Professor and Director of the Psychotherapy Program in the Department of Psychiatry, University of British Columbia. His research has been supported by various provincial and national funding bodies, and has led to more than 150 scientific publications. John is also a co-founder of HeadsUpGuys.

MENTAL ILLNESS ISN’T ALL- ENCOMPASSING

Living with mental illness can be stressful and challenging. Any mental illness affects the entire person - thoughts, emotions, behaviors, relationships with self and others, and more. By definition, for a mental health challenge to be classified as a mental illness, it must be pervasive, which means it must affect all or almost all aspects of someone’s life. It also must be present for a long time.

Yet mental illness doesn’t have to be all-encompassing. Let’s explore a few things about mental illness that show that it doesn’t have to overtake you, knocking you down and keeping you down.

You’re living life. Maybe you can’t do exactly what you want to do, but you are living and you are doing some good things.

You have other aspects of your life to turn your attention to, such as relationships.

Mental illness isn’t who you are. You are a unique human being who is going through a difficult time.

You have hopes and dreams. Mental illness may change things, but it doesn’t take away your visions.

You can take action, even one small step each day, to move forward despite mental illness.

Mental illness is difficult, but by focusing on other things in your life you can keep it from overpowering you.

~~from *HealthyPlace.com*

TAKING GUESSWORK OUT OF DRUG SELECTION

submitted by Sheila Le Gacy, Director of the Family Support & Education Center, AccessCNY

Recently, several families from my educational groups have reported that their relatives diagnosed with psychiatric disorders have had their genetic profiles analyzed to discover which psychiatric medications best fit their conditions. I am providing information on three different testing sites. You will need a doctor to order testing. Some testing is covered by insurance-others are self pay. Please let us know if you have found this kind of testing helpful in medication selection for your relatives.

Treating mental health disorders often involves repeated adjusting and piggy-backing of a patient's psychotropic medications in order to find the best treatment option. Prescribing medications for mental health treatment is often guesswork and an empirical cycle of trial and error. But thanks to technology invented at Mayo Clinic, GeneSight Psychotropic, a groundbreaking product from Assurex Health is taking the guesswork out of prescribing drug therapies. GeneSight, a multimarker molecular diagnostic tool, analyzes mental health patients' genetic markers to evaluate what drugs would likely provide better outcomes and thus help physicians make treatment decisions to patients with mental health conditions such as depression, PTSD and schizophrenia.

For more information contact: <http://ventures.mayoclinic.org/impact/neurotropic-drug-selection>

Another site that has come to our attention is Millennium Health Pharmacogenetic Testing. This lab analyses clinically relevant genetic variants for 14 genes related to medication response to help clinicians individualize prescribing decisions. The Millennium Analysis of Patient Phenotype provides clinicians with evidence based and clinically actionable information to support medication decisions for over 40 commonly prescribed medications across 13 medication classes.

For information contact: <http://www.millenniumhealth.com-services/pgt-testing/>

A third possibility, (and there are probably other sites I am not aware of) is Genomind DNA Swab which provides a Genecept Assay Report. Results from this site are sorted by Anti Depressants, Mood Stabilizers, Atypical Antipsychotics, Typical Antipsychotics, Stimulants Anxiolytics and Pain meds. One family reported that insurance paid for the testing. Contact Genomind.com

Much of this is covered by Medicaid. Ask your doctor.

FDA APPROVES FIRST MEDICINE FOR TARDIVE DYSKINESIA

by Ken Duckworth, M.D., 4/19/17

Tardive dyskinesia (TD) is a movement disorder that occurs in some people who take first-generation antipsychotics (such as haloperidol, chlorpromazine), and to a lesser degree second-generation antipsychotics (such as aripiprazole or paliperidone). TD results in repetitive, involuntary movements commonly of the face, lips and limbs. Movement disorders were described in people living with schizophrenia before the advent of first generation antipsychotics, but the clear majority of these movement symptoms currently are clearly induced by medicines. TD is a neurologic disorder that can be disabling and stressful and had no FDA-approved treatment-until recently.

Recently, the FDA approved a new medication for the treatment of TD with the trade name Ingrezza and generic name valbenazine. The FDA fast-tracked this medicine's approval process, given this unmet medical need. The clinical trial that led to the approval evaluated the movements of 234 individuals with TD who were also diagnosed with schizophrenia, schizoaffective disorder, or bipolar disorder. These research subjects were randomly assigned valbenazine or a placebo (a sugar pill). At six weeks, a clear difference emerged in the movement symptoms of the two groups, which led to the approval.

If you have TD, this new medicine is worth a fresh conversation with your prescriber. In study trials, this medicine

appears to have been well tolerated, though as with most treatments, there are common and serious side effects (usually for people with heart rhythm issues). There is also another medicine currently seeking FDA approval for TD, so the tool box for treatment of this condition may soon increase even further.

The clinical focus for TD to date has been largely on prevention, which hasn't been very successful given the prevalence of TD. Doctors assess TD symptoms with the Abnormal Involuntary Movement Scale (AIMS) scale. This should be performed on a regular basis, typically every 6 months. The AIMS exam is an assessment of a person for movements that could suggest TD; if TD is suspected, a discussion with the person about lowering their medication dose or switching medication to one with less risk is typically advised.

TD can be avoided in some cases, but with long term use of the medicine (tardy or emerging over time), the risks are increased. It's hard to predict who will develop TD, but we do know that African American, Asian American, people with diabetes and individuals over 55 are at a greater risk. Many people take antipsychotics for decades, so the risk of developing TD is real and needs to be weighed against the benefits for symptom reduction and alternative treatments.

I have felt a bit helpless in the past when I see people who live with TD. We didn't have any treatment for TD approved by the FDA. We now have a new tool and I look forward to learning more about this medication from my patients' experiences and scientific literature.

Note: NAMI does not endorse any treatments, and this is only informational to introduce a new treatment approach to a difficult condition.

Ken Duckworth is medical director at NAMI.

***“Instead of saying,
I’m damaged, I’m broken
say I’m healing,
I’m rediscovering
MYSELF,
I’m starting over.”***

from HealthyPlace.com

Kendra's Law

Recently the Manhattan Institute released a report by senior fellow Stephen Eide, entitled "**Assisted Outpatient Treatment in New York State: The Case for Making Kendra's Law Permanent.**"

This June, a critical element of New York's mental health care system, Kendra's Law, is set to expire. Also called Assisted Outpatient Treatment (AOT), the law provides court-ordered treatment to a small percentage of those with serious mental illness, allowing them to be stable enough to live in the community under the supervision of mental-health officials.

According to the state Office of Mental Health, Kendra's Law has reduced rates of incarceration and homelessness among the seriously mentally ill who receive court-mandated treatment by around 70%. In light of these striking results, Eide makes the case that state lawmakers should formally abandon the premise that the program is simply an experiment and make it permanent.

Making Kendra's Law permanent remains a top priority for NAMI-NYS.

New Membership Structure Coming in July 2017

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

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

Some Thoughts on Mental Illness

The mentally ill are unfortunate souls with a serious brain disorder and the disgraceful way they are treated is unconscionable. The brain is a very important organ of our bodies, and should be given the same loving care and treatment we give to all other serious illnesses. Sometimes the brain just gets sick, just as a heart does, or a liver, or a lung. The brain is an organ and is susceptible to disease. When you ignore an illness, cut funding, use derogatory names about them, i.e., crazy, lunatics, nut cases and deranged, etc., this attitude compounds the stigma; this must stop. The ill person and their families try for years to make things better and not much good happens. Though this rarely happens, sometimes with some individuals, the daily struggles get to be too much, and bad things may happen. These bad tragedies would stop if people cared about them and we as a Nation did all we could to find a cure. The mentally ill are truly the forgotten ones and think of this: If all other serious illnesses received the same lack of care and treatment - **NO ONE WOULD EVER GET BETTER.**

When the World decides to make it a priority to find a cure for mental disorders, that decision would be monumental in alleviating the pain and suffering of so many. As it stands now, the families that are fighting this incredible battle, are fighting it alone.

Betty Pringle

5/7/17

In May 1981 Betty became the Founding President of PROMISE, now NAMI Syracuse Inc.



Hutchings Psychiatric Center Family & Community Education Schedule

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

Tuesday, 6/13/17, 10am to 12noon

Family Support Programs

Information for Families, Participants,
Caregivers and Friends.

Presenters:

George Van Laethem,

NAMI-Syracuse

Cathy Munson,

*HPC Parent Advocate and Family
Tapestry program*

Shannon Kelley, LCSW,

HPC Support Matters program

Spencer Gervasoni, AccessCNY

Family Support & Education program

The 7 Deadly Emotions of Caregiving

#1: **Guilt** - Guilt is virtually unavoidable as you try to "do it all."

#2: **Resentment** - This emotion is still so taboo that many caregivers are loathe to admit to it.

#3: **Anger** - Some people outwardly show their anger more than others, but almost no one is never angry.

#4: **Worry** - A little goes a long way, but sometimes we can't turn off the fretting.

#5: **Loneliness** - Your world can shrink almost before you realize what's happened.

#6: **Grief** - Don't think this one applies yet? Think again.

#7: **Defensiveness** - Protecting yourself is good - to a point.

~~by Paula Spencer

NAMI CELEBRATES MAY IS MENTAL HEALTH MONTH

This month, NAMI, the National Alliance on Mental Illness (and all state and local affiliates), will observe Mental Health Month to raise awareness about mental illness and call on all Americans to be 'Into Mental Health: Inspired, Informed, Involved.' The campaign will focus on the power of starting inspiring conversations, being informed to know the right thing to say and becoming involved with NAMI activities.

"Sixty million people in the United States face the day-to-day reality of living with a mental illness and every American is affected through their friends and family," said Mary Giliberti, CEO of NAMI. "Mental Health Month is a time for us all to come together, to inspire people, raise awareness and become involved so we can build better lives for millions of people with mental illness. We're asking everyone to join with us to say, 'I'm into mental health!'"

Millions of Americans are affected by mental health conditions every year. Here are facts about the prevalence and impact of mental illness.

1 in 5 adults in the United States lives with a mental health condition and 1 in 25 adults in the United States lives with a serious mental illness.

Half of all lifetime mental health conditions begin by age 14 and 75% by age 24, but early intervention programs can help.

90% of those who die by suicide have an underlying mental illness. Suicide is the 10th leading cause of death in the United States, but suicide is preventable.

The best treatments for serious mental illnesses today are highly effective; between 70 and 90% of individuals have significant reduction of symptoms and improved quality of life with the right treatments and supports.

Mental Health Month is an opportunity to take action where people can provide support, advocate for equal care and fight stigma. Stigma is a sense of shame and disgrace that sets someone apart from others. Dealing with a mental health condition can be tough, and the

isolation and blame that is often encouraged by stigma can create huge challenges to moving forward in one's recovery. Mental Health Month provides the opportunity for people to come together to fight stigma.

"We want everyone to know they are not alone on this journey and together, we have hope," said Giliberti.

~~Bob Carolla, J.D., NAMI Senior Writer; Media Relations Communications & Public Affairs

REPORT FROM BIPOLAR NETWORK NEWS, VOL. 21, ISSUE 1 2017

edited and submitted by Sheila Le Gacy, Director of the Family Support & Education Center, AccessCNY

PREVENTIVE TREATMENT SHOULD BEGIN AFTER FIRST MANIC EPISODE

Evidence from multiple studies has indicated the importance of beginning preventative treatment, particularly with lithium, early in the course of bipolar disorder. **Psychoeducation and medication are more effective in bipolar disorder when applied in earlier stages of the illness rather than later stages.** A Danish study from 2014 found that those who started treatment after one manic episode were less likely to find lithium ineffective than those who started later.

Another study found that after a first manic episode, a year of treatment with lithium was much more effective on all measures of outcome, including mania and depression ratings, brain imaging, and neuropsychological functioning, than a year when patients were randomized to quetiapine (Seroquel.) All data indicate that early treatment, which may include psychotherapy, medications, mood charting and illness education, can improve the long-term course of illness. Lithium is often a key component of such a treatment.

Editor's Note: This type of intensive, ongoing treatment is not the norm after a first manic hospitalization in the United States, but it should be. Given the new data on the impact of starting lithium after a first episode of mania, and lithium's superiority over quetiapine in the year follow-

ing a first episode, lithium treatment should be standard following a diagnosis of bipolar disorder.

HOW STRESS TRIGGERS INFLAMMATION AND DEPRESSION

Depression and bipolar disorder are associated with increases in markers of inflammation that can be found in the brain and blood. It is increasingly clear that the mechanisms that cause depression are not just in the brain, but actually throughout the body. See research by Michael D. Weber and colleagues in the journal Neuropsychopharmacology Reviews in 2017.

SUPPLEMENT Acetyl-L - carnitine May Treat Stress and Depression

N-acetylcysteine (NAC) an antioxidant sold in health food stores, has several beneficial effects on brain and behavior. It improves depression and can reduce cravings for cocaine, alcohol, marijuana, and nicotine, and can also help control habit-driven behaviors such as gambling, compulsive hair-pulling, and symptoms of obsessive-compulsive disorder (OCD).

1 gm of ALC taken twice daily safely improved hypertension, insulin resistance, impaired glucose tolerance...in subjects at increased cardiovascular risk.

Evidence indicated that ALC improves mild depression. Several clinical trials indicated that ALC was more effective than placebo for mild depression. Two other randomized clinical trials showed that ALC was as effective as the antidepressants fluoxetine and amisulpride for mild depression and better tolerated.

RECENT BIRTH COHORTS MAY HAVE MORE DEPRESSION AND BIPOLAR DISORDER

Research in Europe and the US has found that **patients born more recently had an earlier age of onset of their bipolar disorder. Younger patients also had parents and grandparents with a greater incidence of depression bipolar disorder, and alcohol and substance abuse compared to older patients.**

Editor's Note: Other researchers have found evidence of a cohort effect for unipolar depression, substance abuse, and ADHD. The data indicate that childhood onset of psychiatric illnesses may be becoming more common. Research aimed

at earlier detection and treatment is needed to reverse these trends.

ADHERENCE TO ANTIDEPRESSANTS ASSOCIATED WITH LOWER MORTALITY

A large study from Israel published in the *Journal of Clinical Psychiatry* in 2016 suggests that **over a 4-year period, people who regularly took their prescribed antidepressants were less likely to die of any cause during that period.** The study used data from an Israeli health provider that covers 53% of the nation's population. It included 251,745 patients aged 40 and up who filled a prescription for an antidepressant at least once over 4 years.

Editor's Note: This study by Krivoy and colleagues provides more evidence of the benefit of long-term antidepressants. People who have had two or three episodes of unipolar depression should consider long-term prevention with antidepressants over the course of their lifetime, in the way that people take blood pressure medications long-term to prevent heart attacks. In addition to lowering mortality, antidepressants also reduce the rate of relapse by 75%, compared to placebo. More time on antidepressants also preserves hippocampal volume with aging.

UPSTATE GOLISANO CHILDREN'S HOSPITAL CAPACITY HURT BY PEDIATRIC MENTAL ILLNESS

At Upstate Golisano Children's Hospital, doctors aren't allowed to step in during one of the worst situations for a family - when a child threatens suicide or to hurt somebody else.

Dr. Tom Welch, the medical director, says, "We basically end up admitting the child to one of our inpatient units almost for babysitting because really we are not allowed to provide ongoing mental health services."

In New York State, there are two separate licenses for hospitals. One administered by the Health Department, which Upstate has, and another administered by the Office of Mental Health.

Because Upstate can't treat mental illnesses, it becomes a holding hospital as the patient waits to be transferred to a psychiatric hospital. That wait can take one or two weeks, while the patient gets no treatment.

The situation hurts other Central New York children too, as they wait for a bed already being used by a mental health patient for their own treatment or surgery.

At one point, 17 of the 71 beds, one in four, were used for mental health patients.

Welch says two models have been proposed:

1. Adding a special mental health floor to Upstate
2. Partnering with an already-existing hospital like the Hutchings Psychiatric Center.

Dr. Welch says the problem needs to be addressed by the Department of Health, the Office of Mental Health and SUNY, which is why it's not easily solved.

NAMI SYRACUSE CHILDREN'S CONFERENCE, MAY 3RD - AWESOME!

by Marla Byrnes

The NAMI Syracuse Children's Conference was held at the Bishop Harrison Center, Syracuse. It was a comfortable and convenient location with plenty of parking. The caterers were "Friends of Dorothy"-Nick, Dwayne and Chris. The food was delicious!

The speakers were top notch and all donated their time and talent.

Dr. James Demer from Upstate was informative, easily understood, and presented concepts that we could readily understand. His warm, gracious and compassionate manner kept us all spell bound. Many commented it was the best talk on mood disorders they had ever heard.

Lacey Roy, a NAMI Syracuse Board Member, shared her struggles as a child hearing voices and experiencing mood swings. Her story was straight from the heart and helped people understand the internal experience of psychosis. Her loneliness and fight to be the person her parents wanted her to be brought tears to many of us. She shared how she managed to excel and learn to cope with symptoms that were not relieved with medications. Her triumph

is a story she continues to want to share. She wants to offer hope to others and understanding to families. She is an active speaker on the NAMI speakers bureau. We are grateful she is willing to share her talent and charm with NAMI.

Nicole Semmens spoke about the Nurtured Heart Approach. She was entertaining and knowledgeable. She shared her story of working with homeless youth and her own family. She will share more on our website when she does her all day trainings for providers and family members who want to learn more about this compassionate approach.

The day wrapped up with Beckie and Danae Hidy speaking about their journey as a teen with mood disorder and a family searching for answers. This was their first public speaking engagement and they did an incredible job. They have encountered many of the same obstacles and roadblocks families face with schools, mental health services, insurance, residential support and treatment. They have endured and persisted to seek answers. Their story inspired many of us.

The day built on information Dr. Demer shared and the presentations flattered each other. When we plan conferences it's difficult to predict if the day will blend together. We outdid ourselves!

We must thank all the speakers for their generosity and courage.

We thank the committee who spent time and effort to make the day a success - Carol Brady, Spencer Gervasoni, Judy Bliss-Ridgway, Lacey Roy, and Marla Byrnes.

We thank Mary Gandino who does so much work behind the scene to pull off all our events.

We thank Spence and Marie Plavacos for their volunteer time, Joe Ridgway for his hustle, Karen Winters Schwartz for her energy and washing and ironing tablecloths (it's not all glamorous), Krysten Ridgway for making signs, arranging tables and helping out, and thank you to all the folks who donated items to the silent auction.

Silent auction donations: Wegmans, Target, Spence and Marie Plavacos, Phong Kripalani, Carol Brady, Marla Byrnes, Judy and Joe Ridgway, Patricia Moore, Sherie Ramsgard and Ramsgard Architectural firm.

It takes a village every time we have an event. Thank you to all who attended to support our efforts to educate the community and fight stigma.

THE SCOURGE OF MENTAL HEALTH ILLNESS, DRUG ADDICTION AND INCARCERATION

from *Thursday's Obligation*, newsletter of Jail Ministry, Spring 2017

Looking through the metal grate, I wait somewhat impatiently. Paint on the grate is worn and looks like it has seen its share of heartache through the years. I have been told that many state prisons lived their early years as mental institutions. Ironic that now much of the prison population have diagnosed as well as undiagnosed mental illness...My eyes focus on the long crack on the back wall. After about 40 minutes, I watch my older son enter the room with a few others, settle in his chair with his hand cuffs still attached; our visit in SHU begins.

My son went to prison due to a drug-related incident. He suffers and has suffered from depression for years, but it has never been more apparent than in the past few years in state prison. Mental health counseling is offered sparingly and falls quite short from its intended purpose. Antidepressant medication is available but the time between visits with the prison's psychiatrist makes it virtually impossible to attain a therapeutic dose and so leads to its ineffectiveness.

Another impediment to productive treatment are the conditions under which a person who expresses any suicide ideations is housed after the ideation is expressed. This includes very humiliating treatment for 48 hours, involving the use of a "suicide vest." This embarrassing situation often hinders inmates who have experienced this treatment once from being candid in their counseling sessions in the future.

There is a general consensus in the public sector that, after the closing of many state mental health facilities in the 1970's and 1980's, inadequate attention was given to expanding and supporting the outpatient mental health services that were promised with the emptying of the inpatient systems. This led to widespread homelessness and inadequate or non-existent mental health treatment.

Drug abuse, which may be precipitated by mental health condition, has run rampant in many of our communities across the US. With drug abuse often comes illegal criminal activity. In my son's case, this is exactly what occurred and has led to his present situation. Up until his junior year in college, my son experienced NO interaction with the criminal justice system, acquired a 3.4 cumulative average, was very active in playing basketball and was quite adept in his writing ability, particularly in creative expression. I mention this to illustrate that drug abuse and subsequent criminal activity is widespread and knows no particular boundaries. For any parent who must face the reality of having their son or daughter imprisoned for a crime committed resulting from the disease of drug addiction and/or mental illness, the results can be heartbreaking.

Recently, there has been an interest in local communities developing Crisis Intervention Teams. These teams would pair law enforcement officers with mental health professionals when a crisis occurs involving a person who may be experiencing mental health issues. This is a very positive direction since it could lead to a diversion of resources away from jail and incarceration as an immediate solution to a crisis and toward a more humane and positive outcome for the individual as well as their families.

~~The writer of this article asked to be not identified.

BOOK REVIEWS

submitted by Sheila Le Gacy, Director of the Family Support and Education Center, AccessCNY

No One Cares About Crazy People: The Chaos and Heartbreak of Mental Health in America by Ron Powers, Hachette Books, 2017, \$28.00

Edited from **The New York Times Book Review**, April 9, 2017 review by Ron Suskind who called this an "extraordinary and courageous book."

The author, an established biographer and historian, writes movingly about his two sons, diagnosed with schizophrenia. Both sons were highly gifted, the younger took his life at age 20. The older son became stable and lives a productive life

through "vigilant, compassionate care." He found the right doctor, the right medicine, the right dose. The author wants to "arm other families with a sense of urgency that perhaps came to us too late. When symptoms occur in a loved one, assume the worst until a professional convinces you otherwise. Act quickly, and keep acting. If necessary, act to the limit of your means. Tough advice. Tough world."

In addition to his personal story, Powers reviews the disastrous history of mental health care in this country. The failure of deinstitutionalization: today there are some 10 million Americans with mental illness and only 45,000 inpatient psychiatric beds, leaving patients to shuffle between crisis hospitalizations, homelessness and incarceration. Jails and prisons are now the nation's largest mental health care facilities. And most disastrous: there are 38,000 suicides a year in the US and 90 percent of the victims are mentally ill.

"Like many families that struggle with mental illness, the Powers family have seen way beyond their reasonable share of darkness, but they do eventually find a kind of hope and strength. This brave book-which reads like the act of consecration it imparts both, and demands society do the same for all who struggle."

Robert Lowell, Setting the River on Fire: A Study of Genius, Mania, and Character by Kay Redfield Jamison

One does not have to be a fan of Robert Lowell's poetry to appreciate this deeply fascinating book.

Andrew Solomon wrote that it is one of the finest biographies I have read. "Jamison brings together meticulous research into the factual narrative of Lowell's life, an immensely sophisticated ability to interpret his poetry, and a profound understanding of his mental illness and its effect on everything else about it...a thrilling examination of the complex relationship between genius and madness."

I recommend this book to families who struggle with supporting their relatives diagnosed with bipolar disorder/manic depression. They will appreciate reading about Lowell's wife's incredible strength and pain throughout his 16 episodes of mania and repeated hospitalizations.

Thank you to Wendy Fulton, Graduate of Supportive Family Training who donated a copy of this book to our library.

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**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.)**