



NAMI SYRACUSE

National Alliance on Mental Illness

Newsletter

JULY/AUGUST 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)

Events Calendar

- 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 14-15, 2017 **NAMI Syracuse Barn/Yard Sale**
2503 West Genesee St., Syracuse
8:00am - 4:00pm
- July 18, 2017 **Support & Sharing Meeting**
7:00pm - AccessCNY
- August 15, 2017 **Support & Sharing Meeting**
7:00pm - AccessCNY
- September 19, 2017 **Support & Sharing Meeting**
7:00pm - AccessCNY
- September 24, 2017 **3rd Annual Harvest Hopela**
Bishop Harrison Center, Syracuse
(see page 3)
- October 4, 2017 **NAMI Syracuse Educational Conference**
Rosamond Gifford Zoo, Syracuse
(see page 3)

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**

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MESSAGE FROM THE PRESIDENT

Dear Members:

A huge shout out of thanks goes to the senior class of Bishop Grimes High School for choosing NAMI Syracuse for this year's charity! And also to St. Joseph's Church of Camillus for their generous donation to NAMI Syracuse! These funds will be used to help continue our efforts to improve awareness of the issues surrounding individuals and their families who are dealing with serious mental illness.

Education and community outreach is a major part of what NAMI Syracuse does. This summer our outreach includes the Annual See Me Too Exhibition at the Community Folk Art Center, the NAMI Barn Sale, and various speaking engagements at our local churches. This fall our third annual Harvest Hopela will take place on September 24th and our fall education conference will be on October 4th.

Save the dates for fall and please stop in and check out the amazing artwork and writings at the Community Folk Art Center this summer. If you have items you wish to donate to the garage sale, please call our office at 315-487-2085. Or maybe you're looking for some great bargains; our barn sale is the place to go!

All these events are about increasing awareness, which is the first step to improving mental health care services for ourselves and our loved ones. Please share with us your ideas for reaching out to our communities. Let us know if your church, school, library, community center, senior citizen center, etc. is looking for a speaker or an educational program. We have a diverse group of individuals who love to tell their stories, share what NAMI has meant to them, discuss the impacts of mental illness, educate the public on these illnesses, and speak with regard to the available local resources. It's what we do; it's what NAMI Syracuse is all about!

HAPPY SUMMER!

Karen Winters Schwartz
NAMI Syracuse President

New Membership Structure as of 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 are effective as of July 1, 2017.

Household Membership	\$60.00
Regular Membership	\$40.00
Open Door Membership	\$ 5.00 (for those on limited income)

Wishing all of you a safe,
peaceful summer!



NAMI Syracuse Officers

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

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- Dr. Sunny Aslam
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- 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](https://www.smile.amazon.com)

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

SEE ME TOO Art & Poetry Show

Plan to stop by the Community Folk Art Gallery, 805 East Genesee St., Syracuse, to view the beautiful paintings, photographs and poetry submitted by our NAMI Syracuse members and friends. Our "nothing to hide" photo text exhibit is also on display!

Show will run through August 5th.

Gallery hours:

Tuesday-Friday 10am - 5pm

Saturday 11am - 5pm

NAMI Syracuse Barn/Yard Sale



Friday, July 14th, 8:00am - 4:00pm
Saturday, July 15th, 8:00am - 4:00pm
2503 West Genesee Street, Syracuse

All proceeds to benefit NAMI Syracuse...
offering support and advocacy to families and friends
of persons affected by mental disorders

Save the Date! Wednesday, October 4, 2017

NAMI Syracuse Educational Conference at the Rosamond Gifford Zoo, Syracuse, 9:00am - 3:00pm
Mind, Body, Spirit: A Complete Approach to Mental Health & Well-Being

~~presenters~~

Dr. Nasri Ghaly MD

Transcranial Magnetic Stimulation

Dr. Kelly Richards, Psy.D

Trauma & Integrative Therapies To Help

Dr. Renie Kehres Ph.D, MSN

Mindfulness & Meditation

Panel Discussion:

Kelly Springer - Nutrition

Renee Goot - Yoga

Rochetter Withers - Spirit

Kim Sacco - Reiki, Essential Oils

Registration Fee:

\$65.00 - Non-NAMI Member

\$50.00 - NAMI Member

\$30.00 - Consumer/Student

3rd Annual NAMI Syracuse Harvest Hopela



Sunday, September 24, 2017
Bishop Harrison Center
1342 Lancaster Avenue, Syracuse
4:00pm - 7:00pm



~~Food

~~Drinks

~~Entertainment

~~Silent Auction

\$60.00 per person

\$100.00 per couple

TIPPER GORE FUNDS NATIONAL EXPANSION OF NAMI'S FLAGSHIP TEEN PROGRAM, ENDING THE SILENCE

On June 26, 2017, the National Alliance on Mental Illness (NAMI) announced the nationwide expansion of their flagship teen program, **Ending the Silence**, due to a generous gift from Former Second Lady of the United States, Tipper Gore. The announcement comes as more than 1,600 mental health advocates from across the country headed to Washington, DC for NAMI's National Convention, which was held June 28th - July 1st.

The \$1 million gift will enable NAMI affiliates throughout the country to adopt the early intervention program so that more middle school and high school students will have access to the program, that is designed to reduce the stigma surrounding mental illness and help young people get the treatment they need.

One-half of all chronic mental illness begins by the age of 14, and according to a recent study, 13.6 percent of boys and 36.1 percent of girls experience depression by age 17. Suicide is the third leading cause of death for ages 10 to 14 and the second for ages 15 to 24.

"Mrs. Gore is a woman of extraordinary insight, courage and compassion whose advocacy has been devoted especially to children and families. She has given hope to millions of Americans and with her support, NAMI will continue these efforts with a new generation of middle and high school students," said NAMI CEO Mary Giliberti.

"I've worked for decades to help Americans with mental illness, and I am thrilled to be working with NAMI to end the silence and help our children understand they are not alone, and to learn how to ask for the help they need," said Mrs. Tipper Gore. "Mental illness is a public health crisis in the United States. Too many people-especially young adults-live undiagnosed, untreated, and unable to reach their full potential. Armed with knowledge and understanding, and having open and honest communications

can help everyone know there is no shame in needing help. It is empowering to ask for help."

NAMI **Ending the Silence** is a 50-minute early intervention program that engages youth in a discussion about mental health. Teens learn to recognize early warning signs of mental health conditions and what to do if they or someone they know is showing these signs. They can ask questions of family members and individuals experiencing mental health conditions. The chance to hear directly from a young adult with a mental health condition dispels myths and stereotypes, instills a message of hope and recovery and encourages teens to reduce stigma. By engaging teens in discussions about mental health conditions with their peers, youth who may be experiencing mental health issues can realize they're not alone.

Tipper Gore has dedicated her life to giving voice to parents, children and families. She served as Mental Health Policy Advisor to President Clinton, and convened the first-ever White House Conference on Mental Health in 1999. She was instrumental in passing the Mental Health Parity Act in 1996, which helped end the disparity in treating people with physical injuries and mental illnesses. In 1990, she founded Tennessee Voices for Children, a coalition to promote services for children and youth with behavioral, emotional, substance abuse, or other mental health challenges.

NEW ELECTRICAL BRAIN STIMULATION TECHNIQUE SHOWS PROMISE IN MICE

by Pam Belluck, *The New York Times*
June 1, 2017

Pulses of electricity delivered to the brain can help patients with Parkinson's disease, depression, obsessive-compulsive disorder and possibly other conditions. But the available methods all have shortcomings: They either involve the risks of surgery, from implanting electrodes deep within the brain, or they stimulate from the skull's surface, limiting the ability to target electricity to the right brain areas.

Now, a team of neuroscientists and engineers has devised a method that might

achieve the best of both worlds: skipping the surgery while reaching deep brain areas. The research, published in the journal *Cell* and led by a prominent neurobiologist at the Massachusetts Institute of Technology, was conducted in mice, and many questions remain about its potential application to people. But experts say if the method proves effective and safe, it could help a range of neurological and psychiatric disorders more cheaply and safely than current approaches.

"They have this clever new way to deliver current to a spot of interest deep in the brain and do it without invading the brain," said Dr. Helen Mayberg, a professor of psychiatry, neurology and radiology at Emory University, who was not involved in the study and who pioneered the still-experimental treatment of deep brain stimulation for depression. "If you didn't have to actually open up somebody's brain and put something in it, if it could do what we're doing now just as well - sign me up."

Edward S. Boyden, the study's senior author and co-director of the M.I.T. Center for Neurobiological Engineering, said he and his colleagues are already testing the method on people without disorders to see if it works in human brains. If those results are promising, at least one clinician, Dr. Alexander Rotenberg, a neurologist who directs the neuromodulation program at Boston Children's Hospital and Harvard Medical School, said he would collaborate with the team to evaluate the technique for epilepsy.

"This is something that many of us in the field have wished for for a long time," said Dr. Rotenberg, who said it might also eventually help tens of thousands of epilepsy patients for whom medications fail. Dr. Rotenberg and Dr. Mayberg said they could also envision the technique as a diagnostic tool to pinpoint the best brain location to target for electrical stimulation before surgically implanting electrodes for deep brain stimulation.

At a time when scientists are developing sophisticated technological approaches to look inside the brain and manipulate brain cells - including a celebrated technique called optogenetics that was created in part by Dr. Boyden - the new study uses a basic and long-established tool: electricity. But it adds a brand new twist.

“Rather than try to prove another way to modulate the brain, they take a very simple technology and are using it in a unique way,” said Dr. Casey Harrison Halpern, an assistant professor of neurosurgery at Stanford University who uses deep brain stimulation for Parkinson's and O.C.D. and was not involved in the study. “Now we just have to see where it plays out best in the clinical arena. I could rattle off 10 potential ways that it could and should be tested.”

The method, called temporal interference, involves beaming different electric frequencies, too high for neurons to respond to, from electrodes on the skull's surface. The team found that where the currents intersected inside the brain, the frequencies interfered with each other, essentially canceling out all but the difference between them and leaving a low-frequency current that neurons in that location responded to, Dr. Boyden said.

“Very high frequency electronic fields are much faster than the brain can actually follow for the same reasons that you and I can't hear sonar,” he said. “But if you deliver 1,000 hertz and 1,001 hertz to the brain, the neuron will react as if you were delivering 1 hertz. And only the region where the two interfere is where you get the signal.”

That means other regions would be unaffected by the electricity, in contrast to what happens with other surface techniques, like transcranial magnetic stimulation, a federally approved treatment for depression.

When the team used electricity to stimulate the hippocampus in mice, “there's no evidence whatsoever that the neurons were activated,” in the cortex and other structures closer to the surface, said Li-Huei Tsai, director of M.I.T.'s Picower Institute for Learning and Memory, who led the mouse experiments.

“Before you see the results, you're like 'really?'” she said. “But we saw the extremely precise localized signal only in the region we stimulated.”

To further test whether they could target the electricity, the researchers aimed at certain spots in the motor cortex causing mice to move forepaws, whiskers or ears. The technique caused no safety problems, Dr. Tsai said.

Several experts raised potential limitations and questions. Dr. Mayberg said it would have to deliver frequencies like 130 hertz, higher than those in the study, and would need to work among complex brain circuitry, like the white matter bundles her work involves.

Dr. Michael Okun, a neurologist at the University of Florida and medical director for the Parkinson's Foundation, said delivering electricity to people who need it occasionally or even once a day seemed more feasible than for people with “complex diseases like Parkinson's who have a need for near-continuous stimulation.”

All the experts wondered about logistics: Would patients use a portable, wearable electricity-delivery device? And they emphasized a need to direct electricity to smaller, more precise brain locations, a limitation Dr. Boyden said he hoped could be addressed by using more electrodes.

“We've got to avoid areas of the brain that might cause motor contractions or weakness or problems with speech or vision,” Dr. Okun said. “A couple of millimeters in brain space could be the distance between Florida and Australia.”

Still, he said, so far “they've accomplished something that's fairly remarkable.”

WHAT THEY DON'T TEACH YOU ABOUT THE “S” WORD

by Mary M. West, 2016

They don't teach you about the pain, the grief, and the heartbreak.

Every single day, somewhere around 100 Americans will take their own life. This means that there are around 30,000 deaths in the United States each year from suicide alone. You can Google the statistics, the facts and the figures, and then you can go ahead and read about the suspected reasons that a person would decide to commit such a devastating, permanent act. They talk about how to get help, how no life is worthless, and then they list the phone numbers for the suicide hotlines as if calling a hotline is some sort of foolproof method to prevent someone from taking their own life.

But what they don't teach you about is the pain, the grief, and the heartbreak. They don't teach you how to live in the aftermath of the worst case scenario - a person you love committing suicide. The word “suicide” is taboo a lot of the time. In school, in church, in the mouths of the family members of the deceased. I'm tired of not talking about it. I'm tired of having to hold it in. There are a lot of things they don't tell you about losing a loved one to suicide. School taught me how to see the warning signs, school taught me how to try to get someone to reach out for help. But school didn't teach me how to handle it once it has happened, only how to try to prevent it. But what happens if it is too late?

My momma once told me, “Life is for the living.” But they don't teach you how hard it is to go on living when you've lost someone you love. They don't teach you how hard it is to continue breathing and feeling and existing on the Earth when you know that the one you love will no longer have that opportunity.

They don't teach you how to find the words to speak when someone asks you, “What is wrong? What has happened?” They don't teach you how you'll be fumbling over your words searching for the right letters to string together and explain that someone you love is no longer here anymore, and that the reason they are not here is on their own accord. And you aren't stumbling over your words because you are ashamed or because you are angry, but because you are just confused and cannot understand yourself.

They don't teach you about the heaviness. They don't teach you how you will feel as if you will never be whole again. They don't teach you how to live with the ever present guilt that rests in your head and your heart when you wonder why, how, and what if. Why did this happen? How could I have prevented this? What if I had called just one last time?

They don't teach you about the strength required to carry on. They don't teach you that you'll see the strongest people you've ever known break down completely right in front of your eyes. How you will see your grandfather cry for the first time because he lost his only son. How you never thought something so terrible could happen, until it did, and how you have got

to be strong enough to hold it together when your whole family is falling apart around you.

They don't always teach you that mental illnesses are real, life changing diseases.

My momma once told me that life is for the living, but living without a person that you love is the hardest thing in the world. Forever in our hearts, missing you endlessly.

60 TIPS TO COPE WITH SERIOUS MENTAL ILLNESS IN THE FAMILY

Following are tips written many years ago by Rex Dickens that I found useful and wanted to put back in circulation. This is not medical advice. More tips are on the Mental Illness Policy Org website "Coping" Section. This document also available at <https://mentalillnesspolicy.org/coping/coping-tips-mentally-ill.html>

~~DJ Jaffe

If you have a family member with a serious mental illness, remember these points:

1. You cannot cure a mental disorder for a family member.
2. Despite your efforts, symptoms may get worse, or may improve.
3. If you feel much resentment, you are giving too much.
4. It is as hard for the individual to accept the disorder as it is for other family members.
5. Acceptance of the disorder by all concerned may be helpful, but not necessary.
6. A delusion will not go away by reasoning and therefore needs no discussion.
7. You may learn something about yourself as you learn about a family member's mental disorder.
8. Separate the person from the disorder. Love the person, even if you hate the disorder.
9. Separate medication side effects from the disorder/person.
10. It is not OK for you to be neglected. You have needs & wants too.
11. Your chances of getting mental illness as a sibling or adult child of someone with schizophrenia are 10-14%. If

you are older than 30, they are negligible for schizophrenia.

12. Your children's chances are approximately 2-4%, compared to the general population of 1%.

13. The illness of a family member is nothing to be ashamed of. Reality is that you may encounter discrimination from an apprehensive public.

14. No one is to blame.

15. Don't forget your sense of humor.

16. It may be necessary to renegotiate your emotional relationship.

17. It may be necessary to revise your expectations.

18. Success for each individual may be different.

19. Acknowledge the remarkable courage your family member may show dealing with a serious mental illness.

20. Your family member is entitled to his own life journey, as you are.

21. Survival-oriented response is often to shut down your emotional life. Resist this.

22. Inability to talk about feelings may leave you stuck or frozen.

23. The family relationships may be in disarray in the confusion around the mental disorder.

24. Generally, those closest in sibling order and gender become emotionally enmeshed, while those further out become estranged.

25. Grief issues for siblings are about what you had and lost. For adult children the issues are about what you never had.

26. After denial, sadness, and anger comes acceptance. The addition of understanding yields compassion.

27. The mental illnesses, like other diseases, are a part of the varied fabric of life.

28. Shed neurotic suffering and embrace real suffering.

29. The mental illnesses are not on a continuum with mental health. Mental illness is a biological brain disease.

30. It is absurd to believe you may correct a physical illness such as diabetes, the schizophrenias, or manic-depression with talk, although addressing social complications may be helpful.

31. Symptoms may change over time while the underlying disorder remains.

32. The disorder may be periodic, with times of improvement and deterioration, independent of your hopes or actions.

33. You should request the diagnosis and its explanation from professionals.

34. Schizophrenia may be a class of disorders rather than a single disorder.

35. Identical diagnoses does not mean identical causes, courses, or symptoms.

36. Strange behavior is symptom of the disorder. Don't take it personally.

37. You have a right to assure your personal safety.

38. Don't shoulder the whole responsibility for your mentally disordered relative.

39. You are not a paid professional caseworker. Work with them about your concerns.

Maintain your role as the sibling, child, or parent of the individual. Don't change your role.

40. Mental health professionals, family members, & the disordered all have ups and downs when dealing with a mental disorder.

41. Forgive yourself and others for mistakes made.

42. Mental health professionals have varied degrees of competence.

43. If you can't care for yourself, you can't care for another.

44. You may eventually forgive your member for having MI.

45. The needs of the ill person do not necessarily always come first.

46. It is important to have boundaries and set clear limits.

47. Most modern researchers favor a genetic, biochemical (perhaps inter-uterine), or viral basis. Each individual case may be one, a combination, or none of the above. Genetic predisposition may result from a varied single gene or a combination.

48. Learn more about mental disorders. Read some of our recommended books like **Surviving Schizophrenia: A Family Manual** by Dr. E. Fuller Torrey; **"I Am Not Sick, I Don't Need Help! How to Help Someone with Mental Illness Accept Treatment**, by Xavier Amador and **Insane Consequences: How the Mental Health Industry Fails the Mentally Ill** by DJ Jaffe.

49. From **Surviving Schizophrenia**: “Schizophrenia randomly selects personality types, and families should remember that persons who were lazy, manipulative, or narcissistic before they got sick are likely to remain so as schizophrenic.” And, “As a general rule, I believe that most persons with schizophrenia do better living somewhere other than home. If a person does live at home, two things are essential - solitude and structure.” And, “In general, treat the ill family member with dignity as a person, albeit with a brain disease.” And, “Make communication brief, concise, clear and unambiguous.”

50. It may be therapeutic to you to help others if you cannot help your family member.

51. Recognizing that a person has limited capabilities should not mean that you expect nothing of them.

52. Don't be afraid to ask your family member if he is thinking about hurting himself.

A suicide rate of 10% is based on it happening to real people. Your own relative could be one. Discuss it to avoid it.

53. Mental disorders affect more than the afflicted.

54. Your conflicted relationship may spill over into your relationships with others. You may unconsciously reenact the conflicted relationship.

55. It is natural to experience a cauldron of emotions such as grief, guilt, fear, anger, sadness, hurt, confusion, etc. You, not the ill member, are responsible for your own feelings.

56. Eventually you may see the silver lining in the storm clouds: increased awareness, sensitivity, receptivity, compassion, maturity and become less judgmental, self-centered.

57. Allow family members to maintain denial of the illness if they need it. Seek out others whom you can talk to.

58. You are not alone. Sharing your thoughts and feelings with others in a support group is helpful and enlightening for many.

59. The mental disorder of a family member is an emotional trauma for you. You pay a price if you do not receive support and help.

60. Support research.

INSANE CONSEQUENCES: HOW THE MENTAL HEALTH INDUSTRY FAILS THE MENTALLY ILL BY DJ JAFFE

Book Review by Kim Hendrickson,
National Review, July 10, 2017 Issue

Insane Consequences: How the Mental Health Industry Fails the Mentally Ill, by DJ Jaffe (Prometheus, 363 pp., \$25)

Donald Trump's election suggests many things about Americans. Among them: Many of us are sick and tired of political correctness. Much of the country cringes when the president makes outrageous comments - but much of the country loves it. There is something deeply satisfying, to many people, about insulting people you're not supposed to make fun of and questioning prevailing assumptions. The problem, of course, is that it's often counterproductive to be offensive. Politically incorrect statements and tweets can preclude alliances and impede policymaking.

DJ Jaffe's new book is an important reminder about the useful side of flame-throwing. Being politically incorrect *can* create change when it's done with a strategic sense and a clear sense of policy direction. **Insane Consequences** is an unapologetic critique of the approaches and assumptions of the mental-health industry and mental-health advocates. By stating - boldly - that prevailing approaches to mental illness have “insane consequences” for those who most need assistance, Jaffe will infuriate many readers. But his attack has the potential to make a positive difference, in showing how to make alliances in challenging the status quo and how to change policy by debunking assumptions. This is an indispensable book for advocates for the seriously mentally ill and policymakers who want to change the system.

Read more at: <https://www.nationalreview.com/magazine/2017-07-09-2050/dj-jaffe-insane-consequences>

YOU CAN BE SELF-CONFIDENT WHEN YOU LIVE WITH MENTAL ILLNESS

from *HealthyPlace.com*

“Believe in yourself,” they say. If you live with a mental health disorder, you might have well-meaning friends and family members who try to encourage you.

Yet the nature of mental health disorders can make it difficult to have self-confidence. It's hard to feel sure of yourself when mental illness looms over you.

Mental illness in general:

- makes you question yourself, wondering if you're thoughts and feelings are “normal”
- zaps your energy, making you feel “lazy” or “worthless”
- interferes in your ability to take actions you want to take.

These are a few ways in which mental disorders interfere with self-confidence. Despite these things, you can believe in yourself and act with confidence.

Try these tips:

- When you find yourself questioning your thoughts, acknowledge them, but don't get stuck there. Examine your goals and things you can do to achieve them regardless of what your thoughts are telling you.
- Drop labels like “lazy” and “worthless.” Focus on self-care, including rest, exercise, and nutrition.
- Know what's important to you, and define goals accordingly. Then, create an action plan that involves taking small steps every day to achieve it.

Mental illness can affect your life, but you can move forward and live well despite it. It is this that hones self-confidence.

“The darkest place I've ever seen was inside me, and nothing scared me more.”

“From the outside looking in, it's hard to understand. From the inside looking out, it's hard to explain.”

"One Fine Summer Day"

Sitting in the dark

Curtains drawn

Exhausted by endless
impotent medication

I wait

For a brighter day

That I know must come

Though, really

I don't believe it

Yet, still

I am here

~~by Benjamin Charles Jones

DEPRESSION: A MED STUDENT'S HIDDEN STRUGGLE

by Megan Brooks, www.medscape.com,
5/30/17

A medical student vividly describes her struggle with depression and the stigma of mental illness in the medical field in an anonymous essay published in **Annals of Internal Medicine**.

The author, "Cassandra," starts by painting a haunting picture.

"I write this because I am a fourth-year medical student typing on a small laptop in my closet in the dark. Because I am sitting on the floor with my back against the wall. Because to my left lies a pile of unsorted clothes and underneath a silver knife.

"Because in my senior year of college, I sat on the corner of my bed - on my bed, because back then my closet was overfull of skeletons and nightmares seeped in under door cracks and through the

walls and there was nowhere left to hide from my darkness anymore - and that blade seemed like it would be kinder than the psychologist who diagnosed me with depression and laughed when I told her I was afraid to check my email."

Cassandra continues: "I write this because I cannot ask for help. Because first I was a pre-med student and now a medical student and soon I will be applying for a residency program and then I hopefully will become a practicing physician. This is why I cannot ask for help."

"Irreparably Broken"

In an accompanying editorial, Michael LaCombe, MD, associate editor of **Annals of Internal Medicine**, said Cassandra's article is a major departure from the journal's usual content.

"I am blessed with two editors at the journal where the student submitted this essay to go all-in with it, asked me to write the editorial, and consented to the anonymity of the author, which we very, very rarely do," Dr. LaCombe told Medscape Medical News.

Studies have shown that medical students are at higher risk for depression and suicidal ideation than the general population and are less likely to receive appropriate treatment despite working in healthcare settings. Medical students also report that stigma against mental illness is a barrier to seeking treatment.

Cassandra has seen evidence of this stigma in the medical profession firsthand and shares several stories in her essay. She writes of the resident who whispers "psych consult" as if mental illness were something "too filthy to hold the words in your mouth too long. My resident says it's too bad we can't really fix the problem. As if mental illness left a person irreparably broken."

On the wards, diagnoses related to mental illness are often discussed "only in rushed whispers tacked onto the ends of differentials, as if physicians were afraid of touching something dirty," she writes. Regarding one patient's discharge, a resident explains, "He's not sick. He just has depression.' As if an illness in the mind were anything less than real."

"On my psychiatry rotation," writes Cassandra, "another medical student pointed out a depressed young man admit-

ted for a failed suicide attempt and told me that this admission is completely pointless because that patient is already just death, walking.... I write this because I have seen a psychologist's eyes looking at me as if I were dead already. I write this because this is why sometimes I wish to ask for help in medical school and know I cannot ask, cannot admit what I set down here in black ink on cold, pale paper.

"I write this because we would never look at a patient with cancer and say that person is already dead, but the actions of some health care professionals imply this about our patients and colleagues struggling with mental illness," she adds. "I write this," she concludes, "because I hope for a future in which a medical student fighting mental illness will be seen as someone strong and not as someone dying. I write this because I dream of a future in which I will not have to be afraid to write this."

Teaching by Terror

In his editorial, Dr. LaCombe writes about visiting residency programs and holding group sessions with residents on "forbidden topics." In these closed-door sessions, "absolute confidentiality" is pledged on both sides, and no faculty or administrative personnel are permitted to attend, including the chief resident.

"As the trust builds in the room, they bring up the ever-present poor attending who has been allowed to hang around and teach them for want of any more profitable pursuit and of whom they would dearly love to be rid of. Sexual harassment surfaces, as does the problem of the harsh, hostile, arrogant attending who subscribes to the House philosophy of teaching-by-terror," writes Dr. LaCombe.

"Yet, although it is common among them, the subject of depression, much less thoughts of suicide, is not broached. It would make them seem weak, less intelligent, a danger to patients, not fit for further training," he notes.

"More papers like Cassandra's need to be published," Dr. LaCombe writes, adding, "It is our responsibility as teaching attendings to care as much for our students as we do our own children."

"Lifesaving" Article

In an interview with Medscape Medical News, Michael Myers, MD, professor of

clinical psychiatry and vice-chair of education, SUNY Downstate Medical Center in New York City, praised the author for writing the essay and the journal for publishing it.

"In many respects, I feel we have come a long way. In contrast to Cassandra's piece, we do read more and more first-person accounts of students or residents or practicing physicians who have made the decision to go public with their mental health issues," said Dr. Myers.

"Whenever I read a piece at all where the individual has come out of the closet, so to speak, I always send them an email or card to thank them for their gift.

"It's such a courageous statement, and not only is it healthy for the person who has written the piece, but it also helps those physicians who are struggling privately to go and get help themselves. Stories like this actually save lives. This is the kind of stuff I would like more and more residents to read," said Dr. Myers.

Thursday, October 5, 2017

12:30pm - 2:00pm

2nd floor

713 Harrison Street, Syracuse

Grand Rounds sponsored by the
Department of Psychiatry,
Upstate Medical University

A Debate

**"The Insanity Defense
should be abolished"**

In Favor: **Richard Vatz, PhD**

Professor of Rhetoric & Communications at Towson University

Against: **James Knoll, MD**

Professor of Psychiatry at SUNY
Upstate Medical University

Moderator: **Daan Braveman, JD**

Formerly Dean, Syracuse University college of Law

President, Nazareth College

THE TALK IS OPEN TO EVERYONE

Questions, call Erin Becker, 315-464-3120 or Beckerer@upstate.edu

DEPRESSION IN LATER LIFE

*Sara Weisenbach, PhD, Susan Lehmann, MD, from Ask the Doctor article, **esperanza**, Spring, 2017*

Is depression different in older adults?

Depression is never a normal part of aging! While depressions in adults over 65 are similar to depressions in younger people, there are some key differences.

Older adults are more likely to have mood changes such as irritability than to talk about feelings of sadness. They are also more likely to experience bodily physical symptoms associated with depression, such as gastrointestinal disturbances, headaches, fatigue, and appetite loss.

A number of medical conditions that are more common in older people, including Parkinson's disease and cancer, are associated with high rates of depression. Patients and physicians sometimes incorrectly attribute changes in sleep, appetite, and energy entirely to an individual's medical condition and miss the underlying depression.

In addition, cognitive impairments due to depression can mimic the memory losses of dementia.

For all of these reasons, depressions can be more difficult to recognize and diagnose in older adults. Yet accurate diagnosis is crucial because treatment not only benefits mood, vitality, and quality of life, but also improves general medical health and overall functioning and independence.

National Minority Mental Health Awareness Month

In 2008, the U.S. House of Representatives proclaimed July as Bebe Moore Campbell National Minority Mental Health Awareness Month.

Campbell was a champion for mental health education and support among individuals of diverse communities. A leading African American author, she co-founded NAMI Urban Los Angeles and received NAMI's 2003 Outstanding Media Award for Literature. She died in 2006.

Support Matters

A short-term group created for family and friends seeking guidance on ways to best support their loved ones that are experiencing mental health symptoms.

Washington Street Clinic
1330 East Washington Street
Syracuse, NY 13210

6:00pm to 7:30pm

6:00 - 6:30:

Refreshments/Food & Networking

6:30 - 7:30:

Presentation/Discussion

July 12, 2017

July 19, 2017

July 26, 2017

August 2, 2017

To register call 315-426-7680 or e-mail: Shannon.Kelley@omh.ny.gov or Maizie.Shaw@omh.ny.gov

Two New Support Groups Beginning in Fall of 2017

NAMI Syracuse is excited to announce a peer support group, inclusive of all diagnoses on the last Wednesday of the month beginning in September 2017, 5:30pm at the NAMI Syracuse office, 917 Avery Avenue, Syracuse 13204. For more details email:

namisyracuse@namisyracuse.org
or **eroyalacey@gmail.com**

Also, beginning in the Fall, Marla Byrnes will be offering a NAMI Syracuse daytime family support group. Start date and time yet to be determined. Please call the office, 315-487-2085 with any suggestions or requests.

FIND HELP!

FIND HOPE!

BECOME A MEMBER OF NAMI SYRACUSE TODAY!

_____ Household Membership \$60.00

_____ Individual Membership \$40.00

_____ Open Door Membership \$ 5.00 (for those on a limited income)

Donation \$ _____ In Memory/Honor of \$ _____ Name: _____

Name: _____

Address: _____

Tel. # _____ E-Mail: _____

Mail to: NAMI Syracuse Inc., 917 Avery Avenue, Syracuse, NY 13204

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 speciality 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

The NAMI Syracuse Support & Sharing Meeting facilitated by Sheila Le Gacy is held on the 3rd Tuesday of each month at 7:00pm at AccessCNY, 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.)