National Alliance on Mental Illness

NAMI Syracuse Newsletter

NAMI SYRACUSE
A Better Understanding

JANUARY/FEBRUARY 2018

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

Events Calendar

January 10, 2018	**NAMI Syracuse Family Support** 10:00am - NAMI Syracuse office
January 16, 2018	**Support & Sharing Meeting** 7:00pm - AccessCNY
February 14, 2018	**NAMI Syracuse Family Support** 10:00am - NAMI Syracuse office
February 20, 2018	**Support & Sharing Meeting** 7:00pm - AccessCNY
February 22, 2018	**NAMI Homefront Classes** begin VA Medical Center 800 Irving Ave., Syr., NY 13210 6:00-8:30pm - 6 weeks contact: Ann Canastra to register Ann.Canastra@va.gov or 315-425-4400 ext. 52727
March 14, 2018	**NAMI Syracuse Family Support** 10:00am - NAMI Syracuse office

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***

Contents

Message from The President	**2**
New Federal Report Addresses Mental Health Crisis on College Campuses	**3**
Depression Is On The Rise In The US, Especially Among Young Teens	**4**
Genes May Explain Why Some Don't Respond to Bipolar Drug	**4**
How To Decide If Medication Is The Most Effective Treatment For Your ADHD Child	**6**
Keys to Managing Schizophrenia	**7**
In 2017, We Held Our Own; In 2018, Let's Do What Works	**7**
Mental Health First Aid, Youth Mental Health First Aid, and Suicide Prevention Trainings	**8**
Re-Affiliation Letter from NAMI	**9**

NAMI Syracuse, Inc., 917 Avery Avenue, Syracuse, New York 13204
phone (315) 487-2085, FAX (315) 487-2154, email namisyracuse@namisyracuse.org, web site www.namisyracuse.org
NAMI Syracuse is the local affiliate of NAMI - New York State, 1-800-950-FACT, web site www.naminys.org and
National Alliance for the Mentally Ill (NAMI), 1-800-950-NAMI, web site www.nami.org

MESSAGE FROM THE PRESIDENT

Dear NAMI Family:

I've been reluctant to take on the role of president for NAMI. Judy Bliss-Ridgway and Karen Winters Schwartz tried to convince me for years to give it a whirl and I resisted. I guess I was intimidated by the fact NAMI has always had stellar presidents.

Past Presidents:

1981 - 1983	Betty Pringle
1984 - 1985	Marge Hinton
1986 - 1987	Adolph Adolphi
1988 - 1989	Jeanette Whitmore
1990 - 1991	Ardis Egan
1992 - 1995	Peg & Joe Gentile
1996 - 2000	Joe Gentile
2001 - 2013	Judy Bliss-Ridgway
2014 - 2017	Karen Winters Schwartz

It's humbling to think of joining the ranks of the passionate men and women who have kept this organization alive and vital to the community. Now I have been given an opportunity to work with a wonderful board of directors and long serving VP Spence Plavocos and treasurer Frank Mazzotti. I know I'll rely on Mary Gandino who manages the NAMI office and is the "voice of reason" when you call 315-487-4085. We have been blessed with Sheila Le Gacy, Spencer Gervasoni and Ann Canastra who are official family support leaders and educators. It's a great group of folks who bring many talents to the table.

Our board of directors lead many committees to do our conferences, the Hopela, outreach to churches, presentations to schools, write grants, advertise, manage our finances, and respond to requests for information.

We also depend on our volunteers who work behind the scenes to make sure the newsletter gets put together and sent out, who speak to organizations interested in finding out more about mental illness, who take on the tasks required to sponsor conferences and fundraisers, and who share their time to do education and support to families.

I look forward to a year of challenges and triumphs for 2018 with a dedicated group of volunteers and families who want to see positive changes for persons with mental illness. Advocacy, education, support and fighting stigma are our key missions. Raising funds and awareness are important too.

Soon you'll be hearing more about our priorities for this year. I hope you will join me in promoting NAMI's missions and projects.

I am grateful for this opportunity to serve as the president of an organization which has supported me as a professional and as a family member.
Thank you,

Marla Byrnes

President

NAMI Syracuse

NAMI Syracuse Officers

Marla Byrnes.....President
Spencer Plavocos.....Vice-President
Frank Mazzotti.....Treasurer
Patricia Moore.....Recording Secretary

Board of Directors

Dr. Sunny Aslam
Mary Bartowski
J. Thomas Bassett
Sandra Carter
Steven Comer
August Cornell
Allyson Kemp
Phuong Kripalani
Sheila Le Gacy
Deborah Mahaney
Sherie Ramsgard
Joseph Ridgway
Krysten Ridgway
Lacey Roy
George Van Laethem
Susan Zdanowicz

Consultant to Board

Dr. Mantosh Dewan
Dr. Stephen Glatt
Dr. Raslaan Nizar
Ann Canastra MS, LMHC

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

Like

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!

Thank you to everyone who has joined or renewed membership in 2017.

And, thank you to everyone who has made a donation to NAMI Syracuse and to those who have have supported our events. If we are to remain a strong and vibrant organization, we need membership participation.

Please, let us know if you have any ideas or suggestions for the future. Also, if you're not sure, please check with the office to see when your 2018 dues are due. Remember, there is strength in numbers!

NEW FEDERAL REPORT ADDRESSES MENTAL HEALTH CRISIS ON COLLEGE CAMPUSES

Mental Health Weekly, July 2017

If colleges and universities are unable to provide the expertise needed to care for students' mental health needs, they should provide community referrals, the NCD suggests.

College administrators have been unable to meet the demand of increasing numbers of students seeking help for mental health disabilities, and are experiencing a lack of financial resources, contributing to a mental health crisis, according to the first report on campus mental health conducted by the National Council on Disability (NCD).

Strong mental and behavioral health supports on campus can improve the academic performance of students and increase their resilience and ability to handle stress, with reduced suicide rates, substance abuse and eating disorders, according to the NCD.

According to the study, "Mental Health on College Campuses: Investments, Accommodations Needed to Address Student Needs," students with mental health disabilities continue to face barriers to accessing counseling services on campus and in receiving disability-related accommodations that are necessary to help them participate in their education on an equal footing with students without disabilities.

To understand challenges, best practices and emerging trends of supporting students with mental health disabilities, the NCD interviewed mental health providers, students, college administrators, advocates and other stakeholders.

"This is the first time that the NCD has looked at college mental health," Ana Torres-Davis, attorney advisor for the National Council on Disability, told MHW. The NCD decided to prepare a report on college mental health more than a year ago following a council meeting where various stakeholders shared information about what's happening on college campuses. "From there, NCD decided the topic was of great importance. We wanted to take a very deep dive," Torres-Davis said.

The current situation involving mental health services on college campuses has been referred to as a mental health crisis, she said. What's fueling the crisis is that more students are coming to campus with mental health issues than ever before, Torres-Davis said.

Torres-Davis added, "Other issues might include funding, although some students beg to differ, particularly students going to schools with large endowments. If colleges had more money, they could hire full- or part-time staff and more qualified staff."

Colleges are becoming very good at recognizing when they do not have the capacity to support students and, when this is the case, developing partnerships with community providers, according to the report. Colleges and universities generally provide short-term services to students and, if they have connections with community-based clinics, refer students for assistance with long-term needs. If there is a fee for service, it is helpful if colleges offer a voucher system for off-campus mental health services, according to the NCD.

In colleges that use the case management model, case managers are often responsible for managing relationships with community-based providers. Case managers also help students transition to off-campus services, which is especially necessary for students who are not from the community and lack a way to determine which provider would be best for them.

"Having a system in place when you refer students is an excellent best practice for all colleges to have," said Torres-Davis. "Most community colleges do not have services onsite, so they have to rely on community mental health providers so that they can continue to see the student. If they're understaffed for whatever reason, they can refer them out."

Mental health case managers that can act as community liaisons and maintain relationships with community providers are good resources, she said. "Say a student comes in and needs a referral, you have a community liaison - they know what counselors in the community are accepting clients, and what insurance is accepted," Torres-Davis said.

She added, "You don't want a referral where someone says they're not seeing new clients right now. Somebody will walk kids through the service access process. They make sure students don't get lost in the hole when they walk through the door." Sometimes referrals are more challenging in rural areas because there are fewer counselors in the surrounding communities, said Torres-Davis.

"If students need mental health services and the college can't handle those numbers in a short time, they're going to need to have a referral system to community mental health providers," she said.

It's important to distinguish between mental health challenges not diagnosed versus students diagnosed with a mental health disability, said Torres-Davis. "When a student with a diagnosed mental health disability makes it known to the colleges, the student has certain protections under civil rights laws, such as the Americans with Disabilities Act and Section 504 of the Rehabilitation Act," she said.

The law requires that if a person is diagnosed with a mental illness and needs accommodations, the school has to provide that unless it's an undue burden, she noted. The school needs to work with the student to provide reasonable accommodations. "That's the layer of information we provide," she said. "That's the level of protection that other reports don't delve into."

The report found that concern over stigma prevents students from disclosing their disabilities and results in students not receiving accommodations and possibly dropping out of school.

Treating mental health as part of wellness for the entire campus would improve academic success and promote safety, according to the report.

Students with mental health disabilities are often placed on lengthy waiting lists for mental health services - sometimes waiting over a month. Many schools do not screen for emergencies when students need help, the report found. "There are issues with wait lists for mental health services on campuses all over the country," Torres-Davis said. "When you have students in crisis, they need help today - not in two weeks."

Among its recommendations, the report noted that:

* The Substance Abuse and Mental Health Services Administration should require colleges that apply for mental health-related grant funding to hire mental

health staff, describe how they will recruit and hire culturally competent and diverse counselors, and have a system in place to ensure that colleges that receive grant funds comply with these requirements.

* Colleges should examine the service structure within campus health centers to ensure that parity exists between mental and physical health services. Policies should be adjusted to adhere to parity regulations if needed.

* The Suicide Prevention Resource Center's guidebook to promoting mental health and preventing suicide in college and university settings argues that college campuses with a comprehensive wellness system in place to assist in early intervention have a greater chance at reducing student suicide rates.

* Offer life skills and resilience classes as part of a comprehensive health promotion effort along with the integration of mental health curricula in regular classes.

"We are promoting better mental health services for all students whether they have been diagnosed or not with a mental health disability," Torres-Davis said. "Schools have to invest in better mental health services for students with disabilities and be aware of their responsibility to provide reasonable accommodations to students with disabilities."

DEPRESSION IS ON THE RISE IN THE US, ESPECIALLY AMONG YOUNG TEENS

Depression is on the rise in the United States, according to researchers at Columbia University's Mailman School of Public Health and the CUNY Graduate School of Public Health and Health Policy. From 2005 to 2015, depression rose significantly among Americans age 12 and older with the most rapid increases seen in young people. The findings appear online in the journal **Psychological Medicine.**

This is the first study to identify trends in depression by gender, income, and education over the past decade.

"Depression appears to be increasing among Americans overall, and especially among youth," said Renee Goodwin, PhD, of the Department of Epidemiology, Mailman School of Public Health, who led the research. "Because depression impacts a significant percentage of the U.S. population and has serious individual and societal consequences, it is important to understand whether and how the prevalence of depression has changed over time so that trends can inform public health and outreach efforts."

The results show that depression increased significantly among persons in the U.S. from 2005 to 2015, from 6.6 percent to 7.3 percent. Notably, the rise was most rapid among those ages 12 to 17, increasing from 8.7 percent in 2005 to 12.7 percent in 2015.

Data were drawn from 607,520 respondents to the National Survey on Drug Use and Health, an annual U.S. study of persons ages 12 and over. The researchers examined the prevalence of past-year depression annually among respondents based on DSM-IV criteria.

The increase in rates of depression was most rapid among the youngest and oldest age groups, whites, the lowest income and highest income groups, and those with the highest education levels. These results are in line with recent findings on increases in drug use, deaths due to drug overdose, and suicide.

"Depression is most common among those with least access to any health care, including mental health professionals. This includes young people and those with lower levels of income and education," noted Goodwin. "Despite this trend, recent data suggest that treatment for depression has not increased, and a growing number of Americans, especially socioeconomically vulnerable individuals and young persons, are suffering from untreated depression. Depression that goes untreated is the strongest risk factor for suicide behavior and recent studies show that suicide attempts have increased in recent years, especially among young women."

Depression frequently remains undiagnosed, yet it is among the most treatable mental disorders, noted the researchers. "Identifying subgroups that are experiencing significant increases in depression can help guide the allocation of resources toward avoiding or reducing the individual and societal costs associated with depression," said Goodwin.

GENES MAY EXPLAIN WHY SOME DON'T RESPOND TO BIPOLAR DRUG

by Robert Preidt, HelathDay News

In a finding that pulls the roots of two mental illnesses closer together, researchers say people with bipolar disorder that's resistant to the drug lithium have a high number of genes associated with schizophrenia.

Since the 1950s, lithium has been widely used to treat bipolar disorder. The drug stabilizes mood swings -- the highs and lows associated with the disorder -- and reduces the risk of suicide. But nearly one-fourth of patients don't respond to the drug and about 30 percent have only a partial response.

To learn more about why some don't respond to the treatment, researchers studied the genetics of more than 2,500 bipolar patients who were given lithium.

"We found that patients clinically diagnosed with bipolar disorder who showed a poor response to lithium treatment all shared something in common: a high number of genes previously identified for schizophrenia," said study author Bernhard Baune, head of psychiatry at the University of Adelaide, in Australia.

"This doesn't mean that the patient also had schizophrenia -- but if a bipolar patient has a high 'gene load' of schizophrenia risk genes, our research shows they are less likely to respond to mood stabilizers such as lithium," he said in a university news release.

"In addition, we identified new genes within the immune system that may play an important biological role in the underlying pathways of lithium and its effect on treatment response," Baune said.

The study was published Nov. 8 in the journal **JAMA Psychiatry**.

"In conjunction with other biomarkers and clinical variables, our findings will help to advance the highly needed ability to predict the response to treatment prior to an intervention," Baune said.

"This research also provides new clues as to how patients with bipolar disorder and other psychiatric disorders should be treated in the future," he added.

SOURCE: University of Adelaide, news release, Nov. 8, 2017

Board of Directors and Volunteers a big Thank YOU!

Mary Bartowski, Joe Ridgway, and Susan Zdanowicz are coming "on board" to add their energy and ideas to our already robust group of board members. Judy Bliss-Ridgway and Carol Sheldon Brady have finished another 4 years of service but are willing to stay involved with committee work.

Each member of the board brings talents and connections that are useful to our mission of reaching families, supporting and educating families, connecting with providers as a resource, educating the community and fighting stigma, and advocating for fair/equitable/respectful treatment of persons with mental illness.

Members of the board don't just show up for meetings. They are the driving force behind every project, presentation, and improvement made in this organization. They donate time and money to insure our success. The NAMI board is a true working board of directors.

A new consultant is Dr. Raslaan Nizar from St. Joseph's CPEP. Ann Canastra, currently a consultant and family educator, now is a member of the NAMI-NYS board. Drs. Mantosh Dewan and Steve Glatt remain consultants from Upstate. These connections assist us in outreach and projects.

There is another category of involved members who just like to get things done. Judy Flint continues to "work behind the scenes" whenever there is a repair or project to be done. Spence and Marie Plavocos assist with operations at the office and every event. Frank Mazzotti keeps tabs on our finances and acts as newsletter volunteer and postman. Mary Gandino our office manager, "the voice" when you call the office and unofficial historian keeps us on track. We have been blessed with Sheila LeGacy as a family educator for more years than you would think possible since she looks so young and vibrant. Sheila has been involved as a board member and for many is the face of NAMI and family support.

I can't do justice to including all the people who have lent a hand, offered a hug, painted a residence, put in an air conditioner, donated a computer, asked for a donation on our behalf, attended an event, sold a ticket, or washed dishes. That would be YOU. All of our members who make sure this organization stays alive and well.

Thank you for yesterday, today and tomorrow!
~~Marla

Immune System Dysregulation Implicated in Both Manic and Depressive Mood States
bp magazine, Fall 2017

A large scale analysis by American and Brazilian researchers, published in the **Journal of Psychiatric Research** suggests systemic inflammation plays a role in the acute mood phases of bipolar disorder.

The team reviewed more than 100 studies involving people with bipolar to look at levels of cell-signaling molecules that are markers of immune system activity. They found that levels of pro-inflammatory cytokines, which trigger immune system response, tend to be elevated during hypo/manic and depressive episodes, while anti-inflammatory cytokine levels are lower than the norm.

Reasons to Make 2018 YOUR Year of Mental Health

Congratulations! You've reached another new year. Forget the New Year's resolutions. Celebrate being here in this moment, just as you are. You've had mental health challenges, and you've weathered them with your strengths. Celebrate that, and look forward with positivity to 2018, a brand new year waiting for you to jump into.

This might sound energizing, or it might sound exhausting. Living with mental illness or any mental health challenge can make it difficult at times to look ahead with enthusiasm. To give you a boost, here are great reasons to make 2018 your year of mental health.

- You deserve it. You have inherent worth, and facing mental health challenges doesn't diminish your value.
- You have passions. Mental illness can feel deflating and can make you focus on all of the associated struggles. Yet you do have things that bring you joy, and you can make pursuing them a priority this year.
- You have good things in your life that mental illness can't take away from you. You can love, you can nurture yourself and others, and you can appreciate beauty within you and around you.

Living with mental illness and mental health challenges can be difficult. There are times when you don't think you will ever feel mentally healthy. Yet you are not your illness. You are separate, a deserving human being who has countless reasons to make 2018 YOUR mentally healthy year.

You're not going to master the rest of your life in one day.
Just relax.
Master the day. Then just keep doing that every day!

HOW TO DECIDE IF MEDICATION IS THE MOST EFFECTIVE TREATMENT FOR YOUR ADHD CHILD

Finally Focused

Many families dealing with ADHD struggle with the decision to add medication to their child's treatment. Before medicating children with ADHD, here are five critical questions that parents of an ADHD child should answer first.

It's a familiar struggle and I see in my own office again and again: parents of children with ADHD trying to decide if their child needs to add an ADHD medication to their ADHD treatment plan. Their child may be falling behind or getting into trouble at school. They may be overly emotional, showing low self-esteem, having a hard time maintaining friendships, or acting out of control. They need help. But is medication for ADHD the answer?

These five questions can help families find the best ADHD treatment for their kids:

QUESTION ONE | Has my child been diagnosed with ADHD by a doctor?

ADHD is a developmental disorder, meaning that it is a condition that first appears in childhood. Children as young as four years old can be formally diagnosed with ADHD and most ADHD children will show a range of symptoms before they turn 12. But many of the symptoms of ADHD-being in constant motion, having a hard time listening, being noisy, talkative and prone to distractions-can also seem like "kids being kids." After all, every child learns to control their body and focus their mind at different rates and ADHD is not the only condition that can make it harder for some children to master these skills.

Because there is no definitive test for ADHD, a proper diagnosis of ADHD is a careful, multi-step process that requires professional experience and training. A good doctor rules out other potential causes like anxiety or depression, identifies six or more known symptoms of ADHD, and may even consider a brain scan before diagnosing your child with ADHD.

Before parents consider giving their child medication for ADHD, they need an ADHD diagnosis from a qualified doctor.

QUESTION TWO | Do I understand the side effects of ADHD medication for children?

Like all medications approved for use by children, the most common medications for ADHD are rigorously tested, continuously studied and are considered safe for otherwise healthy children. But like all medications, ADHD drugs do have side effects. Parents and physicians must balance the risks of known side effects against the benefits a child may receive from their ADHD medication, understand how these medicines will react with other drugs their child may be taking, and children with known heart conditions should not take certain kinds of ADHD drugs at all.

The most common side effects of ADHD medication for children are problems with sleeping and a decrease in appetite. These may not sound like a big deal at first, but my research has shown that regular sleep and the right mix of nutrients are both very important factors in how well a child can manage their ADHD symptoms naturally over time. I work closely with parents in my practice to identify these potential side effects and develop a strategy for how to lessen them.

Before your child begins taking medication for ADHD, ask your physician about the known side effects and have a plan in place for how to deal with them.

QUESTION THREE | Do my partner and I agree that medication is the right treatment for our child's ADHD?

In my consulting room, I've heard parents express many fears and doubts about giving their child medication for ADHD. They are good parents who want to protect their child and I work hard to give them the information that they need to make their decision and to feel comfortable with their choice. But what if parents or caregivers disagree?

Medical treatment for ADHD is a big step that adults should agree on. There are many ways to help families find consensus. I always encourage my patients to take a holistic approach to ADHD treatment and not to rely on medication alone. I always ask parents to try proven natural remedies for ADHD and to implement behavioral therapies before adding ADHD medications. I also recommend beginning ADHD drug therapies with less intensive (but highly effective) nutritional supplements called neurotransmitter precursors to rebalance brain chemistry naturally.

By easing families into a holistic treatment plan for ADHD, parents can find a way to get on the same page.

QUESTION FOUR | Will my child always need medication for ADHD?

Parents thinking about medicating their child for ADHD often find themselves thinking not just about the decision they face today, but about what it means for their child's future. Will their child always need to take medications for ADHD? When parents ask me this question, I tell them that I can't forecast the future. I can, however, give their ADHD child a better chance at a medication-free future.

According to recent studies, about 50% of children are able to naturally transition off ADHD drugs as they grow into adulthood. To give my patients the best chance of treating their ADHD without medication, I make sure the ADHD children I see are learning strategies to modify their behavior and are receiving the right nutrition and proven natural treatments to rebalance their brain chemistry.

Holistic treatment for ADHD can help children give up ADHD drugs as they grow into adulthood.

QUESTION FIVE: Have I explored the proven, scientifically studied natural remedies for ADHD first?

My work has shown again and again that medication is just one part of the most effective treatment for ADHD, and that behavior therapy and natural remedies for ADHD. My research reveals that the complicated relationship between an ADHD child's biochemistry and their behavior can best be unlocked through optimized nutrition. Holistic ADHD treatments can work alongside behavioral therapy and ADHD drugs and they can work alone. They are essential for parents looking for a more natural way to treat ADHD in children or who want to avoid the side effects of ADHD medication.

KEYS TO MANAGING SCHIZOPHRENIA

by Andrew Downing, 12/8/2017

When I was 16, I was ranked number one in North America's National Hockey League central scouting agency. Most scouts considered me a shoe-in to play professionally. But by the time I turned eighteen, both my grasp on reality and my aspirations to be a professional hockey player were gone. This is when my mental illness journey began. This is when I was diagnosed with schizophrenia.

Since then, I've been hospitalized twice-both times in a dramatic fashion. Before my second hospitalization, my visual hallucinations were out of control and I nearly died. I was carving gibberish on the walls of my apartment with a knife and I thought I was made of sand. I threatened to prove this reality with the knife and began gliding a (thankfully) dull knife all over my body. My mother was forced to call the police.

I spent two weeks in a psychiatric ward after that episode and narrowly avoided being committed to a more permanent facility. Nearly every time I write or talk about this time of my life, I cry. I feel so blessed and lucky to be alive so many years later. My symptoms have never completely gone away, and I'm always at risk for a psychotic episode if I don't take all my medications. But I've learned to better manage my condition.

After nearly twenty years living with schizophrenia, I'd like to share a few key pieces of advice that have helped me during my recovery:

Find the Right Treatment Plan

Managing schizophrenia starts with finding the right medications, and there are more options for treatment now than ever before. Everyone reacts differently to various medications, so getting the proper diagnostic assessment is very important. And developing a relationship with a professional can be very valuable, as it increases a person's chance of finding a medication that works. Learning to speak truthfully and openly to a medication provider may prove to be the greatest asset to a person living with schizophrenia, especially in the beginning stages of treatment.

Find a Support System

Sometimes people experiencing mental illness choose to isolate, but we can all benefit from relationships-remember that no one is an island. Finding healthy activities that foster relationships may be intimidating for someone with schizophrenia, but having a support system is invaluable. One place to start is support groups within organizations like NAMI.

There is a special bond between people who have mental illness or have a loved one living with a mental illness. Having an informed, listening ear can provide immense healing for someone with schizophrenia. While living in fear of relationships is a reality for many, there are tools and programs to help people conquer these fears and maintain fulfilling relationships.

Find Your Own Road to Recovery

Medicines and relationships are incomplete without addressing what a person can do to improve their own quality of life:

- Eat healthy. A well-balanced diet offers many mental health benefits. Side effects of antipsychotic medicines can cause constipation, dehydration and weight gain. A healthy diet and plenty of water can remedy those issues.
- Exercise. Walking is a fantastic source of exercise and many people find peace in the great outdoors.
- Find work that isn't too stressful. If a person with schizophrenia is unable to work, they can still accomplish small tasks that can make them feel productive.
- Spirituality. Religion can offer help in conquering addictions, finding community, support and help in navigating delusional thinking.
- Art therapy. Painting and drawing is a common practice in mental health facilities throughout the world. Expressing yourself through creative art can help reestablish identity lost to delusional thinking.

Schizophrenia is not a hopeless situation-people living with schizophrenia can experience recovery and live fulfilling lives. I'm an example of that. I may not be a professional hockey player, but I'm grateful for my life. I've learned to manage my mental illness and you can too.

~~Andrew Downing is a published co-author, alongside his wife who is a seasoned mental health practitioner. Their book, ***"Marriage and Schizophrenia: Eyes on the Prize,"*** *vividly details their fifteen-year partnership together. You can check out the book to hear the full story. Andrew now lives in recovery and has been stable for nearly seven years.*

IN 2017, WE HELD OUR OWN; IN 2018, LET'S DO WHAT WORKS

by Linda Rosenberg, from the Field Mental Health Weekly

I measure the success of a year by my answer to the following question: "Did we improve the lives of people affected by mental illnesses and addictions?"

2017 is a year when perhaps the best I can say is we held our own in the face of attack. It was a year bookended by bad ideas. We began with a health care bill that, had it passed, would have radically restructured Medicaid and used the savings to give tax cuts to the wealthy - and we ended the year with a tax bill that provides tax cuts to the wealthy and repeals the Affordable Care Act's individual mandate, potentially eliminating health insurance for 13 million Americans.

With entitlement "reform" on the table for early 2018, the war on Medicaid, Medicare and all income supports continues.

In between, we declared the opioid crisis a public health emergency, but the federal investment required to help our family members, friends and co-workers never materialized. The Centers for Disease Control and Prevention reported that more than 42,000 Americans died of opioid overdoses in 2016, a 28 percent increase over 2015, and said that "we could very well see a third year in a row. With no end in sight." In 2018, our job is to compel Congress to provide the resources required to address this crisis, with its attendant drop in life expectancy.

Toward the end of the year, a bright spot emerged when the federal Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) recommended expanding Certified Community Behavioral Health Clinics (CCBHCs), strengthening the workforce and addressing the needs of individuals with mental illnesses in the justice system. We applaud the work of this group, and need to ensure this is not just another report on a shelf. In the coming year, we will work hard to make sure the recommendations set the stage for investments in mental health.

Investments must support the work of states, local governments and health systems - our living laboratories for change.

We are on the cusp of a tipping point thanks in good measure to the federal Center for Integrated Health Solutions.

Increasingly, behavioral health is practiced in integrated care settings, and the National Council is honored to promote full integration between primary and behavioral health care across the lifespan.

In 2017, we saw people freely share their stories of recovery from mental illness and addiction, and this simple, brave act is breaking down barriers. Through a partnership with Lady Gaga's Born This Way Foundation, an additional 150,000 individuals are newly minted Mental Health First Aiders. And the International Association of Chiefs of Police is calling for 100 percent of its sworn officers to be trained in Mental Health First Aid. In the 10 years since Mental Health First Aid was introduced to the United States, more than one million people from all walks of life have been trained to recognize the signs of a mental illness or addiction and connect someone to help.

Through all the ups and downs of 2017, the National Council - our board and our members - held steadfast to our belief that health care is a right, not a privilege. We won the initial battle to protect Medicaid, but the health care war rages on, and individuals with mental illnesses and substance use disorders are the ultimate casualties.

The solution is at hand. Just six months after launch, CCBHCs authorized by the Excellence in Mental Health Act are adding new staff, offering integrated treatment, expanding crisis services and using mobile apps and telehealth to extend their reach. They have increased access by 25 percent, and many are seeing patients the same day they call. Nearly 80 percent of CCBHCs have initiated or expanded medication-assisted treatment, a lifesaving treatment for opioid addiction.

In return, CCBHCs receive a Medicaid rate based on the actual costs of providing treatment, allowing them to hire psychiatrists and other professionals to meet patients' multiple and complex needs. The shortage of behavioral health practitioners is one of the most significant treatment barriers people experience, and CCBHCs are helping close this gap.

So, too, will the Mental Health Access Improvement Act, which will bolster the workforce by allowing licensed marriage and family therapists to independently bill Medicare for their services. We urge Congress to pass it.

Ultimately, we need CCBHCs in every community in America. We support the bipartisan Excellence in Mental Health and Addiction Treatment Expansion Act, which would extend CCBHC operations by an additional year in the current eight states and allow 11 more states to participate. We wholeheartedly agree with the ISMICC's recommendation to make the program nationwide. We haven't a moment to lose. We must do what we know works, because people are literally dying for our help.

~~Linda Rosenberg is president and CEO of the National Council for Behavioral Health

MENTAL HEALTH FIRST AID, YOUTH MENTAL HEALTH FIRST AID, AND SUICIDE PREVENTION TRAININGS

Winter Training Classes at Contact

Mental Health First Aid

8 hour workshop

Mental Health First Aid is a general class about mental health issues, including the risk of suicide. Register for this 8-hour workshop and learn to manage crises, reduce stigma, and practice a 5-step plan for helping someone in a mental health crisis.

Our next classes:

Tuesday and Wednesday, Jan. 30-31,

9 a.m. to 1:15 p.m. each day (You must attend both sessions)

Monday and Tuesday, March 19-20,

9 a.m. to 1:15 p.m. each day (You must attend both sessions)

Cost: $75. Space is limited. To register,

please call 315-251-1400, ext. 108.

Youth Mental Health First Aid

8-hour workshop

Mental Health First Aid/Youth covers normal adolescent development and common mental health challenges of youth, including anxiety, depression, substance use, disruptive behavior disorders (including ADHD), non-suicidal self-injury, and eating disorders.

This workshop is intended primarily for adults interacting regularly with young people ages 12-18.

Our next class:

Monday and Tuesday, March 5-6,

9 a.m. to 1:15 p.m. each day (You must attend both sessions)

Cost: $75. Space is limited. To register,

please call 315-251-1400, ext. 108

All Classes are held at Contact Community Services, 6311 Court Street Road, East Syracuse 13057

Suicide Prevention Classes

Crisis and Suicide Prevention Training

Help create a suicide-safer community by increasing awareness, recognizing warning signs and taking steps to keep a friend safe. For information about bringing a suicide prevention training to your organization, call 315-251-1400, ext.104, or email ltreat@contactsyracuse.org.

Matt Michael

Director, Community Engagement

Contact Community Services

mmichael@contactsyracuse.org or

315-251-1400, ext. 125

RE-AFFILIATION LETTER FROM NAMI

December 2017

Dear NAMI Affiliate Leaders in NY State:

We all know how important strong NAMIs are to people with mental illness and their families. Often, we are the voice of compassion and understanding, and we provide the education and support that empowers people to improve their, or their loved ones, mental healthcare and to help others. NAMI also fights stigma and advocates for system changes at the local, state and national levels. Together, we make sure that the experiences and needs of those with mental illness and their families are not forgotten.

The NAMI grassroots recognized the need for strong NAMI organizations to deliver on our critical mission. In 2010, a committee from the grassroots worked with NAMI to begin setting forth **Standards of Excellence** and talking about them at NAMI state and national meetings, during technical assistance and affiliate calls and in newsletters, emails and in **The Advocate**. We began with State Organizations and the re-chartering effort because they have such an important coordinating role. Beginning in 2013, the conversation turned specifically toward affiliates and the re-affiliation process.

Why do we need the **Standards of Excellence** and requirements for re-affiliation? First, standards are important to our commitment to our volunteers and those we serve. We are always inspired by the countless hours that our volunteers provide in service of people impacted by mental illness. Our alliance owes it both to the volunteers who toil in this labor of love, and the communities that need and deserve NAMI programs and services, to carry out this work in an ethical and legally sound manner.

Second, standards help local NAMIs succeed in securing the resources for their mission in an increasingly competitive fundraising environment. Standards are important to funders, and affiliates completing this process have found it very helpful in their fundraising efforts to promote the standards they uphold to donors and foundations. Standards also protect our collective reputation, which is essential to our ability to secure funds and execute our mission in our communities. NAMI recently worked to secure national gifts that distribute funds to affiliates. Funders specifically asked how we ensure the integrity of how those funds are used at the local level. They reviewed our re-affiliation requirements and asked questions about NAMIs that had financial improprieties, even when these incidents happened many years ago. When visiting a NAMI affiliate recently, we learned that they had trouble raising resources from funders because of financial concerns about another NAMI in the same area. When one part of NAMI struggles, it is attributed to all of us because we all belong to the Alliance. Re-affiliation is our mutual representation to each other that we will uphold the integrity of the alliance to benefit all of us.

As a result, the re-affiliation requirements represent a baseline of business practices that indicate an organization has sufficient structures and policies in place to meet the expectations of donors, funders, the nonprofit community and our constituency. The national team, in partnership with State Organizations across the country, has been working diligently to create the tools, templates and trainings to support affiliates in their efforts to meet the baseline re-affiliation requirements. If you have not had the opportunity to review these tools, please go to www.nami.org/standards and send questions about national resources to standards@nami.org. We are very committed to helping you at each step of this process.

As we enter the fifth year of the alliance's re-affiliation effort, the NAMI Board of Directors has established a deadline of December 31, 2018 for all affiliates in the alliance to complete this work. We are writing because it is important that we clearly communicate that this is a firm deadline. All affiliates who want to continue to provide help to people with mental illness and their families as part of the Alliance must complete the process by this deadline. The process requires that the state review the required documents, endorse the affiliate, then the national office reviews and the national board votes to approve the affiliate. During the review by state and national staff, an affiliate is often required to make changes - this can take significant time.

Affiliates who complete re-affiliation will be positioned to attract financial and volunteer resources based on the strength of their operations. Additionally, as NAMI continues to grow in stature and influence nationally, affiliates will reap greater rewards from being part of the alliance. For example, in 2018, re-affiliated organizations will have:

Priority access to (1) NAMI Ending the Silence expansion resources available because of former second lady, Mrs. Tipper Gore's gift to NAMI and (2) NAMI Family and Friends expansion resources available because of NAMI being named the fundraising beneficiary of 100 Women in Finance.

Continued access and opportunities for local relationships with national partnerships secured by NAMI - Fox Sports, Alpha Kappa Alpha (AKA), HOSA - Future Health Professionals, Providence-St. Joseph Health and many more.

Congratulation to those of you already finished with re-affiliation.

NAMI and NAMI New York State are in close collaboration and stand ready to support and assist all NAMI affiliates. NAMI New York State set a July 31, 2017 deadline to have the time to review and correct any issues before referring the affiliates to the NAMI Board for approval to ensure all affiliates reach the re-affiliation deadline of December 31, 2018. At the state level, your re-affiliation contact, Tammie Paradis, works closely with our national re-affiliation team. Your questions about re-affiliation are important to us so we can help you be successful. If you have any questions or concerns, please reach out right away because often others have tackled these same questions. While the process may seem daunting at first, over a hundred affiliates from the smallest rural affiliate to major metropolitan affiliates have completed it. We have heard consistently that once you get started, it begins to fall into place and becomes much easier as you go along.

We understand that even with assistance, it takes time and energy to complete this process and many of you are already volunteering or working long hours for NAMI. We appreciate all that you do and know that this is an additional task competing with other urgent needs in your community. Please know that we have carefully considered this and believe so strongly in the long-term benefits to the alliance and sustaining our collective mission that we are asking you to dedicate the time and energy necessary to complete the process by the deadline. Thank you in advance for this extra effort. We are deeply grateful.

Together, let's bring New York State affiliates to the finish line in 2018!

Steve Pitman, NAMI Board President
Mary Giliberti, NAMI Chief Executive Officer

NOTE to NAMI Syracuse Members and Supporters:

We are happy to announce that NAMI Syracuse is one step away from completing all the required information necessary for re-affiliation!

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**

NAMI Syracuse
Family Support Group

2nd Wednesday of each month

NAMI Syracuse office
917 Avery Avenue, Syracuse

10-11:30am

Facilitated by:
Ann Canastra
Marla Byrnes

Support & Sharing Meeting

3rd Tuesday of each month

AccessCNY
420 E. Genesee St., Syracuse
(parking & entrance in rear of building)

7:00pm

Facilitated by:
Sheila Le Gacy
Spencer Gervasoni