



National Alliance on Mental Illness

NAMI Syracuse



Newsletter

MARCH/APRIL 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

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

CARING

SHARING

EDUCATION

ADVOCACY

Events Calendar

March 14, 2018	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
March 20, 2018	NAMI Syracuse Family Support 7:00pm - AccessCNY
March 21, 2018	Peer Support Group 5:30pm. - NAMI Syracuse office <i>(see page 2 for details)</i>
April 11, 2018	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
April 17, 2018	NAMI Syracuse Family Support 7:00pm - AccessCNY
April 18, 2018	Peer Support Group 5:30pm - NAMI Syracuse office
	May is Mental Health Month
October 10, 2018	NAMI Syracuse Educational Conference <i>Save the Date</i> Rosamond Gifford Zoo

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MESSAGE FROM THE PRESIDENT

Dear NAMI members and friends,

Whenever I think about NAMI there are faces that come to mind. The people who have given so much to NAMI over the years and who inspired me by their strength and courage. Sarah Edwards, Flo Rosenthal, Jeanette Wagner, Jennie Ciarpelli, Paula Civiok, Grace Mondo, Sumner Carlon, Catherine McConnell, Ralph and Karen Blackshear, Gabrielle Amodio, Peg and Joe Gentile, Mary Gandino, Spence and Marie Plavocos, Frank and Esther Mazzotti, Sheila Le Gacy, Joe and Judy Bliss Ridgway, Karen Winters Schwartz and many others.

We owe our NAMI families and professionals a debt of gratitude.

I'm still pondering on all the people who make a difference in NAMI Syracuse. I named a few in our last newsletter but there's always room for more.

We owe a great deal to Karen Winters Schwartz for the years of service she served as president to NAMI. Karen not only devoted hours of her time to the organization doing public presentations but hours of time working on our technical presentation. Karen still dreams of the day we will have an active "e-newsletter". She recruited friends to support our website and facebook page.

She was focused on establishing a "working board" that participated in sharing the mission of NAMI throughout the community. She reached out to politicians with support from Sheila LeGacy and other board members. The efforts paid off when Upstate announced their plan to build 8 beds for youth with mental illness.

Her novels are an effort to educate and de-stigmatize through entertainment. Her books and national talks give NAMI Syracuse name recognition around the state and country.

I am grateful Karen is willing to remain active in NAMI as a consultant to the board. I also want to thank Karen and her husband Paul for donating stays at their home in Belize and eye exams at their practices as part of our fundraising efforts. They are shining examples of NAMI families who make a difference.

Another power couple who have given so much time and effort to NAMI are the Ridgways. Judy Bliss-Ridgway was our longest serving president. She spent 14 years at the helm taking us through some perilous times with changes in funding and services for mental health. She navigated in the community and with the board in her lovely, supportive, professional manner. She is always working on a project for NAMI or church. Judy and Joe have hosted picnics, garage sales, and parties to keep us together as a social organization. Her cooking skills were always put to good use at our concerts, parties, receptions, and fundraisers. Joe was always graciously following Judy's orders hauling stuff, making deliveries, or acting as parking attendant. Judy remains active in our NAMI residential program. Her husband Joe has now joined the board. We remain grateful for their dedication to NAMI.

I plan to continue to thank individuals because we can't spread our mission without the efforts of the devoted NAMI membership. Thank you to all our long time members and new members for renewing memberships, remembering NAMI with donations, and naming NAMI in memorials.

Please let me know if there is someone you want to recognize for their efforts in supporting NAMI. Until then, I'll continue to contemplate who we need to celebrate.

Sincerely,
Marla Byrnes
President NAMI Syracuse

NAMI Syracuse Officers

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

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



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

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

smile.amazon.com

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

Peer Support Group begins meeting at the NAMI Syracuse office on the 3rd Wednesday of each month!

**First Meeting:
Wednesday, March 21, 2018
NAMI Syracuse office
917 Avery Avenue
5:30 - 6:00pm
light dinner & chat
6:00-7:00pm
sharing strategies and striving**

All diagnoses welcome!

**BOOK REVIEW-BLUE DREAMS:
THE SCIENCE AND THE STORY
OF THE DRUGS THAT CHANGED
OUR MINDS**

by Parul Sehgal February 27, 2018

The world's first transorbital lobotomy was performed in 1946 by Walter Freeman, in his Washington office. Using an ice pick from his own kitchen, he went through the eye sockets into the brain of his patient, a 29-year-old severely depressed housewife, and cut into her frontal lobes. Then he sent her home in a cab.

The history of mental illness treatments reveals medicine at its most inventive, desperate and disturbing. There have been awe-inspiring discoveries - of the healing properties of lithium, for example, a soft, silvery metal produced in the first 20 minutes after the Big Bang. But remedies generally seem to have run a narrow gamut from the unpleasant (Cotton Mather's prescription for depression: "living swallows, cut in two, and laid hot reeking unto the shaved Head") to the outright sadistic. Aside from Freeman's lobotomies, there is a long tradition of poisoning patients or inducing comas to "reset" the brain. In one notorious treatment, turpentine was injected into a patient's abdominal wall in the hope of encouraging a fever high enough to burn away her hallucinations.

We're lucky to live in more evidence-based, scientific times. Or do we? In "Blue Dreams," a capacious and rigorous history of psychopharmacology, the psychologist and writer Lauren Slater looks at the fact that despite our ravenous appetite for psychotropic medications (about 20 percent of Americans take some psychotropic drug or other), doctors don't really understand how they work or how to assess if a patient needs them. In the case of antidepressants, two-thirds of patients taking an S.S.R.I. (Prozac, Zoloft, Celexa, etc.) would improve on a placebo alone.

Still the misconception that depression is a matter of "low serotonin" persists. "There is no proof that a depressed person has a chemical imbalance," Slater writes. "When you choose nevertheless

to put that person on a medication that will alter neurotransmitter levels in his or her brain, then in effect you are causing a chemical imbalance rather than curing one."

None of this is news, or should be. "Blue Dreams" arrives in the thick of a debate about the pharmaceutical approach to mental health, and synthesizes forceful critiques from Gary Greenberg, Irving Kirsch and Robert Whitaker, among others. Slater is pithy, readable and generally fair, although I wish she had engaged more thoroughly with the defense of antidepressants, mounted perhaps most persuasively by Peter D. Kramer in his recent book "Ordinary Well," which explored flaws in the studies that examined the efficacy of antidepressants.

The real strength of this book comes from Slater's very particular position. She is patient *and* psychologist, part of the first wave of people who were prescribed Prozac in the 1980s. She describes how, in the years since, her mind has been saved and her body destroyed.

For 35 years, Slater has taken one psychotropic medication or the other. Her 1988 book "Prozac Diary" documented the relief that medication brought her, at the age of 26. She'd long been suicidal and suffered from eating disorders, obsessive compulsive disorder and a depression so crippling, she was hospitalized five times between the ages of 13 and 24.

Prozac "hurled me to heaven," she writes in "Blue Dreams." "I lived a gilded life, rich and buttery, producing books and babies as fast as I could, because I knew the Prozac would wear off, and eventually it did.

She found another drug cocktail that eased her symptoms. But at 54, she writes, "my body is in the shape of an octogenarian with issues." Her memory is shot. The antipsychotic she takes causes insatiable hunger and her weight has ballooned. She has diabetes. Her kidneys are failing. Her feet are covered in weeping sores and her eyesight is in trouble.

The drug Slater relies on is called Zyprexa. Curiously enough it's the same drug Andrew Solomon described taking almost 20 years ago, in his National Book Award-winning history of depression, "The Noonday Demon: An Atlas of

Depression." He writes of the relief and anguish the drug brought him with eerie similarity, of having to choose his mind over his body.

What accounts for this sluggish progress, these intolerable bargains? There's a "dry pipeline of new drugs," the psychotherapist Gary Greenberg wrote in The New Yorker, "an indication that the drug industry has begun to lose faith in the myth it did so much to create." Looking to the future, Slater seems to find hope in the "drugs not discovered but rediscovered": in the encouraging studies of psychedelic and depression.

"Blue Dreams," like all good histories of medicine, reveals healing to be art as much as science. Slater doesn't demonize the imperfect remedies of the past or present - even as she describes their costs with blunt severity. And, improbably perhaps, she ends on a note of hope, calling these early efforts to address mental illness "the first golden era." If the story of the magic bullet of psychopharmacology is coming to an end, another story - a potentially better one, Slater believes - is coming to take its place.

Blue Dreams:

The Science and the Story of the Drugs That Changed Our Minds

By Lauren Slater

399 pages. Little, Brown & Company. \$28.99.

**Regional Open Access Center
for Addiction**

Launched on October 16th, the Regional Open Access Center for Addiction (ROACA), operated by SBH, is the first of its kind in the area to provide access to assessments and evaluations seven days a week to individuals seeking immediate assistance for substance use disorder.

Located at the SBH Integrated Outpatient Facility at 329 North Salina Street, Syracuse, the center will initially operate 8 a.m. to 10 p.m. Monday through Friday, and 11:30 a.m. to 8 p.m. Saturday and Sunday. The center will operate around the clock when it is fully operational.

CHECKING FACTS AND FALSEHOODS ABOUT GUN VIOLENCE AND MENTAL ILLNESS AFTER PARKLAND SHOOTING

by Linda Qiu and Justin Bank,
February 16, 2018

A heavily armed young man is accused of killing 17 people after opening fire on terrified students and teachers at Marjory Stoneman Douglas High School in Parkland, Fla., on Wednesday, February 14th. It was the third mass shooting in the past four months in the United States.

Nikolas Cruz, who has been linked to a history of mental illness, is believed to have used a legally obtained AR-15 in the shooting. The attack has led to widespread conversations about links between gun violence and mental illness, and how lawmakers and interest groups are debating potential policy responses. Below is a look at some facts and falsehoods uttered by Speaker Paul D. Ryan, Republican of Wisconsin; Senator Bernie Sanders, independent of Vermont; and others in the wake of Wednesday's shooting.

"Mental health is often a big problem underlying these tragedies." - House Speaker Paul Ryan

There's a link, but it's more limited than widely thought.

Mr. Ryan's claim reflects a common misconception. According to various polls, roughly half of Americans either believe that failing to identify people with mental health problems is the primary cause of gun violence or that addressing mental health issues would be a major deterrent.

That conclusion is not shared by experts or widely accepted research.

In an analysis of 235 mass killings, many of which were carried out with firearms, 22 percent of the perpetrators could be considered mentally ill.

Overall, mass shootings by people with serious mental illness represent 1 percent of all gun homicides each year, according to the book "Gun Violence and Mental Illness" published by the

American Psychiatric Association in 2016.

To be sure, gun violence experts contacted by New York Times reporters have said that barring sales to people who are deemed dangerous by mental health providers could help prevent mass shootings. But the experts said several more measures - including banning assault weapons and barring sales to convicted violent criminals - more effective.

And, as The Times has reported, Americans do not appear to have more mental health problems than other developed nations of a comparable size, which experience far fewer mass shootings.

Some further research:

- A 2016 academic study estimated that just 4 percent of violence is associated with serious mental illness alone. "Evidence is clear that the large majority of people with mental disorders do not engage in violence against others, and that most violent behavior is due to factors other than mental illness," the study concluded.
- A 2015 study found that less than 5 percent of gun-related killings in the United States between 2001 and 2010 were committed by people diagnosed with mental illness.

As John T. Monahan, a professor specializing in psychology and law at the University of Virginia, told The Times:

"Two things typically happen in the wake of a mass shooting. First, politicians claim that mental illness is the major cause of violence in America. Then, advocates for people with mental illness respond by denying there is any relationship whatsoever between mental illness and violence. Both groups are wrong. Research shows that the association between mental illness and violence is not strong, but it does exist."

"After 18 school shootings in America in just 43 days of 2018, the Congress might want to consider common-sense gun safety legislation and save innocent lives." - Senator Bernie Sanders

False. There have been 18 instances of weapons being discharged. It would not be fair to call them all shootings.

The figure is drawn from a list maintained by the advocacy group Every Town for Gun Safety. As the group explains on its

site, the total includes "any time a firearm discharges a live round inside a school building or on a school campus or grounds."

As The Washington Post, The Washington Examiner and other outlets have pointed out, that includes some incidents that most people would not consider school shootings. For example, the list includes suicides, like a Florida man who shot himself in the parking lot of a school while it was closed. And it also includes accidents like a Minnesota third-grader who pulled the trigger on a police officer's holstered weapon, injuring no one.

"Israel pretty much eliminated [shootings] by placing highly trained people strategically to spot the one common thread - not the weapon, but a person with intent." - Former Gov. Mike Huckabee of Arkansas

This is an interpretation that the Israel's reject.

Israeli officials and experts rejected this version of events after a similar claim was made by Wayne LaPierre, the president of the National Rifle Association, after the 2012 shooting at Sandy Hook Elementary School in Newtown, Conn., in which 20 children and six adults were killed.

"Israel had a whole lot of school shootings until they did one thing. They said, 'We're going to stop it,' and they put armed security in every school, and they have not had a problem since then," Mr. LaPierre said in December 2012 on NBC.

Yigal Palmor, a spokesman for the Israeli Foreign Ministry, told The New York Daily News at the time that the situations in the United States and Israel were "fundamentally different" and said that the measures that Israel enacted were a response to terrorism.

"What removed the danger was not the armed guards, but an overall antiterror policy and antiterror operations, which brought street terrorism down to nearly zero over a number of years," Mr. Palmor said.

"Your very first acts as president, Mr. Trump, was to actually roll back the regulations that were designed to keep firearms out of the hands of the mentally ill." - Late-night host Jimmy Kimmel.

True, but the rule's scope was narrow.

After Mr. Trump focused on mental health in his national address on Thursday

in response to the Parkland shooting, many journalists, activists and others, like Mr. Kimmel, noted the repeal of a rule that would have prevented “seriously mentally ill” people from purchasing guns.

Federal law already bars anyone who “has been adjudicated as a mental defective or has been committed to any mental institution” from purchasing a gun. And a majority of states have laws requiring them to report mental health information to the national background check system. But gaps in the system still exist.

After the Newtown shooting, President Obama proposed adding another data source to the background check system: reports from the Social Security Administration of people who receive disability benefits through a third party because of mental impairments. According to a 2016 White House fact sheet, the rule would have affected 75,000 people.

It was opposed by the National Rifle Association, but also the American Civil Liberties Union, which said the rule violated civil rights. Some disability rights groups also argued against the rule on the basis that it perpetuated stigmas about mental illness.

Mr. Trump signed a congressional resolution that expressed disapproval of the proposed rule in February 2017, nine months before compliance would have been required.

Linda Qiu is a fact-check reporter, based in Washington. She came to The Times in 2017 from the fact-checking service PolitiFact. @ylindaqiu

Justin Bank is a senior editor for internet and audience. He was previously a senior editor at The Washington Post. @bankonjustin

“It can be difficult for people to talk about it, because there still is that stigma around mental illness. But I would encourage people to do that, because they’ll be surprised once they do “come out” how many other people have had similar experiences.”

~~Matt Haig

May is Mental Health Month **How will you advocate?**

May is just around the corner even though we haven't gotten to spring yet. How will we as individuals and an organization make our family, friends, and community more aware of mental health issues?

Are you part of a book club? Do you participate in a seniors group at a community center or a church adult education group? Could you ask at your church or temple if you can put out our NAMI brochures and information on mental illness? Could you arrange an invitation for NAMI to speak?

We are going to ask at a few local libraries to see if we can have a display. Possibly arrange some speakers. The NAMI board hasn't finalized plans so we hope our members have ideas to share. Our goal is to get name recognition.

We want to get our message of support out to other families. We want our message of hope and recovery to reach people who may be despairing. We want to educate the public that people are not “crazy”, they are ill. We want to change minds about how treatable mental illness is - not only with medications - but with holistic approaches to good health. We want to advocate for more services that match individuals needs, desires, dreams, and goals.

How will you be part of the movement to advocate during May and everyday?

If you want to be involved, get involved. Call our office to find out what committees might fit your talents. Or call for brochures to put in your doctor's office. No effort is too small.

~~Marla Byrnes



**There is
HOPE!**

WHITE ADULTS WITH MENTAL ILLNESS REPORT MORE BARRIERS TO CARE, STUDY SHOWS

Crain's Health Pulse, February 1, 2018

In a reversal of the typical health-disparities story, a new study led by a Mount Sinai researcher found that white adults with serious psychiatric distress were more likely than their minority counterparts to report barriers to care.

Judith Weissman, an assistant professor of psychiatry at the Icahn School of Medicine at Mount Sinai, was the lead researcher on the study published in the journal **Psychiatric Services**.

Results from the National Health Interview Survey, spanning 2006 to 2015, showed that white people with mental health issues severe enough to impede their ability to work or go to school were more likely than either black or Hispanic people to report being unable to afford their medication or mental health care. They were also more likely to experience delays in getting care in general.

“I ran the numbers over and over again, and they came out the same way,” said Weissman. “White Americans are reporting worse access and utilization than other groups. It's not just a marginal or fluke finding.”

Past research indicates the opposite—that racial minorities have worse access to mental health services. A 2015 report by the Substance Abuse and Mental Health Services Administration found that 16.6% of whites reported using mental health care in the past year, compared with 8.6% of blacks and 7.3% of Hispanics. The cost of care was the most frequently cited reason for not accessing services among all groups, according to that report, which was based on data from the National Survey on Drug Use and Health from 2008 to 2012.

One possible explanation for the results in the current study is that white people were more likely than black or Hispanic survey respondents to have private insurance coverage, which could fluctuate depending on employment, said Weissman.

“I went back and looked at what kind of coverage different groups had and found

that whites with mental illness were going back onto private coverage after the recession, whereas other groups were disproportionately going toward Medicaid,” Weissman said. “Our hypothesis would be that if you look at the trajectory of oscillation in the economy, you would probably see whites with mental illness going on and off health coverage based on the economy.”

Weissman said the study didn't determine whether private insurance or Medicaid offers better mental health benefits, but she said it's worth studying in the future.

Dr. Ralph Aquila, medical director at Fountain House, a community center in Manhattan for people with serious mental illnesses, said public insurance is better for the people he serves because they don't have to worry about exorbitant out-of-pocket costs. The fact that many mental health professionals in New York don't accept any type of insurance may also narrow the gap between privately and publicly insured people with mental health problems, he noted.

The overwhelming majority of Fountain House members, regardless of race, are publicly insured. Members often worry that taking a full-time job would jeopardize their coverage, said Kenneth Dudek, president of Fountain House.

“In spite of what everybody says, Medicaid and Medicare are pretty good health plans,” said Dudek. “A lot of the [employer-sponsored] plans people are on are very limited in what they offer.”

MAJOR NEUROLOGICAL CONDITIONS HAVE MORE IN COMMON THAN WE THOUGHT, STUDY FINDS

Different neurological conditions like autism, schizophrenia and bipolar disorder appear to have more in common than scientists thought they did. A new study finds that they have important similarities at a molecular level.

And understanding the molecular basis of those disorders could help in developing better treatments.

These conditions are diagnosed by how a patient behaves. There are no clear

signs on a brain “that you can see with your eyes or most microscopic techniques,” says Dan Geschwind, a professor of neurogenetics at the University of California, Los Angeles. His team's findings were published in Science.

The conditions are different from brain diseases like Alzheimer's or Parkinson's, which physically change the brain. In those cases, a doctor can look at a brain and say what the patient suffered from.

But recent advances in genetics allowed the scientists to pinpoint the patterns of gene expression in the brain that are linked to these disorders.

In a large-scale study, they measured RNA in 700 tissue samples from the brains of people with autism, schizophrenia, bipolar disorder, major depression and alcoholism, and compared them with tissue of people without these disorders. RNA can show which genes are turned on and off in the tissue.

“With these new genomic molecular measurements, we're actually able to understand what is shared and what is distinct” about these disorders, says Geschwind.

The researchers found that the way genes express themselves in patients with autism, schizophrenia and bipolar disorder actually have a lot in common. Broadly, that includes fewer genes involved in signaling between neurons and more genes related to neuroinflammatory cells.

There are areas of clear divergence, too - an increase in genes related to a certain kind of neuroinflammatory cell was present in patients with autism, but not those with schizophrenia or bipolar disorder.

Major depression was very distinct, he says. “And alcoholism didn't overlap with any of them at all.”

Geschwind says that understanding the molecular signature of these disorders could help with curing them someday. “It gives us hope that perhaps we can use these signatures or hallmarks of the disorder to screen for drugs that can reverse them,” he says. “And we can test whether those drugs actually work on the symptoms in patients.”

He says that monkeys treated with an antipsychotic medication actually showed

signs of reversing the genetic changes linked to autism and schizophrenia.

The causes of these disorders are complicated, involving many different genes and other triggers, such as the patient's life experiences. Geschwind says that is part of the reason why this research is so surprising - that they appear to have very different causes and yet display similar patterns on a molecular level in the brain.

“We think that having these patterns is a first step,” he says. A big question is understanding exactly what caused those changes. But Geschwind is hopeful that knowing the molecular basis of these disorders can help develop better treatments.

This research is not going to be immediately helpful in diagnosing patients who may have psychiatric disorders. It was carried out on the brains of deceased patients.

But it could someday be useful in diagnosis. Geschwind says, “It's possible that some of these changes might eventually show themselves in the blood or we might be able to develop new, noninvasive techniques for measuring gene expression in living patients down the road.”

This study could be a milestone in the field. Kenneth Kendler, a psychiatric geneticist at Virginia Commonwealth University in Richmond, Va., tells Science that “this [work] is changing fundamental views about the nature of psychiatric illness.”

The scientists tested tissue samples from the brains of deceased patients who had from autism, schizophrenia and bipolar disorder.

2018 Jail Ministry
Annual Movie Fundraiser
at the Palace Theater
Thursday, April 19th, 7pm
Tickets are \$5
Donations are welcome!

Jack Nicholson
One Flew Over The Cuckoo's Nest

For more information call Jail Ministry
315-440-6407 or jailministry@gmail.com

SAVE-THE-DATE!

Mark your calendars for a Grand Rounds

Sponsored by the Department of
Psychiatry & Behavioral Sciences
SUNY Upstate Medical University and
NAMI Syracuse

**The Addiction Solution:
Treating Our Dependence on Opioids
and Other Drugs**

Thursday November 1, 2018 --- 4 P.M.
Grand Rounds area, 2nd Floor
713 Harrison Street

**Presenter: Lloyd Sederer MD
Medical Director NYS OMH**

Description: The greatest problem with opioid (and other psychoactive) drugs is that they are immediately effective in relieving physical and psychic pain, and delivering surcease from the existential miseries and ennui that life can produce. In this talk, I will detail effective clinical and policy solutions individuals, families and communities can take, now.

Disclosure: Dr. Sederer has no relevant conflicts of interest.

If you have any questions regarding this presentation please contact Nicole Romanowicz 315-464-3117 or RomanowN@upstate.edu

THIS TALK IS OPEN TO EVERYONE

**NAMI'S STATEMENT REGARDING
PRESIDENT TRUMP'S RECENT
COMMENTS ON MENTAL HEALTH
CARE, FEBRUARY 22, 2018**

In recent days, there has been a lot of rhetoric by the President and the NRA about "crazy people" and a desire to return to the days of the "institutions." These comments reinforce inaccurate and negative stereotypes and create barriers to having real conversations about how to improve the mental health services that lead to recovery and participation in American society by people experiencing mental health conditions.

The National Alliance on Mental Illness fights for a more understanding and accepting world for the millions of

Americans affected by mental illness, and for a mental health system that provides the care and support they need to do well in school, work and life. All Americans should have coverage for mental health care and access to treatment when needed.

Psychiatric institutions were closed historically for many reasons, including unsafe treatment of patients and deplorable conditions. Today, we see many youth and young adults languishing in emergency rooms and law enforcement officers are forced to respond to crises because mental health services are frequently not available. There is a need for high-quality inpatient care, including as a last resort, court ordered treatment.

Solutions to this crisis also require more than inpatient care. There are many common sense approaches that we know are effective and that can be implemented now to improve access to mental health services along a continuum of care for youth who are at risk. These include:

- Implementing intensive community-based mental health interventions for youth and young adults with the most serious mental illnesses.
- Integrating mental health in primary care and in schools so that mental health treatment is readily available.
- Increasing access to high-quality inpatient treatment through repealing the exclusion in Medicaid for paying for these beds and increasing reimbursement along with required outcomes.
- Ensuring a well-funded and strong mental health system through fully funding the Medicaid program and requiring private health insurance to provide adequate coverage for mental health and substance use treatment.

NAMI would welcome the opportunity to meet with President Trump and work with his administration on steps for improving mental health services in America. We were proud to participate in the Interdepartmental Coordinating Committee for Serious Mental Illness. This report provides the Administration with a blueprint for fixing our nation's broken mental health system, including improving services for children and youth who are at risk.

Hello friends of NAMI:

January 24, 2018 was a special day for AccessCNY (Partners in Person-Centered Services) and for people in Onondaga County that may be struggling with crisis. AccessCNY had its open house for their new peer-run crisis respite house called "Berkana House." The house is located at 2320 James Street, Syracuse, NY 13206 and this is in the heart of Eastwood directly across from Walgreens Pharmacy. Congressman John Katko and Assemblyman William Magnarelli were present at the open house for the ribbon cutting marking the official opening of the house.

The Berkana House accommodates six guests at a time, and guests may stay up to seven days depending on their needs. The house offers people in the community a safe place to have their needs heard by peer staff, and this gives guests an alternative to going to the emergency department of one of the hospitals. The people that we serve may have a crisis related to mental illness, substance abuse or both. All we ask of each guest is that they work with us to discuss resources in the community that may benefit them and have a willingness to explore strategies for coping or preventing personal crisis.

We encourage any of our friends with NAMI to put the word out that we are now open at Berkana House. Our phone number is (315) 437-3301. A guest must call this number to start the admitting process and have their own transportation to the house. Also, we may only serve guests 18 years of age or older.

Thank you.

Steven Kent, Peer Support Specialist
at Berkana House
2320 James Street
Syracuse, NY 13206
Phone: (315) 437-3301

PREVENTING MASS SHOOTING VIA GUN VIOLENCE RESTRAINING ORDERS BASED ON “DANGEROUSNESS NOT DIAGNOSIS”

by Harvey Rosenthal, NYAPRS E-News, March 6, 2018

A 2015 Atlantic article entitled “Restraining Orders - But for Guns[1]” remarked on how quickly the national conversation after the 2012 Sandy Hook Elementary School mass shootings turned toward mental health.

They found that that response, however, didn't seem right to researcher Shannon Frattaroli and others in the gun violence prevention community. She told the Atlantic that a better predictor of future violent behavior is a past history of violent behavior.

“It's dangerousness, not diagnosis,” Frattaroli said, and family members are in the best position to identify warning signs.”

To examine one promising strategy to get ahead of some mass shootings, Frattaroli et al presented a paper in 2015, entitled “Gun Violence Restraining Orders: Alternative or Adjunct to Mental Health-Based Restrictions on Firearms.[2]”

The paper advocated for the broader use of gun violence restraining orders (GVROs) as both an alternative to mental health diagnoses and an adjunct to other risk factor-based prohibitions on gun purchase and possession.

The Gun Violence Restraining Order (GVRO) “offers families and loved ones, household members, and law enforcement a judicial pathway for temporarily removing firearms and prohibiting future gun purchases for the duration of the order.[3] Initial restraining orders will last up to 21 days, but can be extended to one year.

Here are some excerpts from the Frattaroli article:

The current dialogue about mental illness and gun violence is fraught with misconceptions about the relationship between these two issues, as has been established by other contributors to this special issue. Underlying the dialogue in

the popular press, among government officials and around kitchen tables across the country there is a search for explanations as to why violence continues to plague the United States, and perhaps more importantly, how to effectively intervene in what has become an all-too-frequent part of American life.

As with so many persistent social issues, gun violence is a complex problem without a single cause or solution. However, identifying modifiable risk factors for gun violence and developing interventions targeting those specific factors have been shown to measurably reduce gun violence.

Many gun violence prevention policy proposals reject the common belief that people with mental illness are at increased risk of committing violence.

Given that mental illness alone is a poor predictor of violence (Swanson, McGinty, Fazel, & Mays, 2014), more accurate indicators of risk are needed.

This article presents a new tool for intervening in advance of these evidence-based markers of risk of harm to self or others, the gun violence restraining order (GVRO), and considers this tool as both an alternative to mental health diagnoses and an adjunct to other risk factor-based prohibitions on gun purchase and possession.”

According to the conservative National Review's David French, “though the idea originated in progressive circles, there's nothing inherently left-wing about a GVRO. California, Washington, Oregon, Indiana, and Connecticut have passed various versions of GVRO laws, and similar proposals are under consideration in at least 18 states. The Trump administration is considering backing the concept.”[4]

NYAPRS strongly believes that the use of GVROs should be considered as a means to take guns away from potential shooters without targeting and stigmatizing Americans with mental health conditions.

[1] Restraining Orders, But For Guns; Resnick, The Atlantic, May 27, 2015 <https://www.theatlantic.com/politics/archive/2015/05/restraining-orders-but-for-guns/454371/>

[2] “Gun Violence Restraining Orders: Alternative or Adjunct to Mental Health-Based Restrictions on Firearms? by Shan-

non Frattaroli, Ph.D., M.P.H. et al in Behavioral Sciences and the Law Behav.

(Sci. Law 33: 290-307 DOI: 10.1002/bsl.2173)

[3] Speak for Safety: Raising Awareness of the Gun Violence Restraining Order <https://speakforsafety.org/>

[4] “Gun-Violence Restraining Orders Can Save Lives”, David French, National Review, March 1, 2018

<https://www.nationalreview.com/magazine/2018/03/01/gun-violence-restraining->

IS DEPRESSION MAKING YOU BULLY YOURSELF?

Bullying yourself. One of the cruel things about depression-and there are so many-is that it turns someone into his own worst enemy. Depression involves having automatic negative thoughts, many of which are self-critical.

These thoughts are exactly what the name says. They're automatic, which means they're in our head, and we buy into them without really thinking about it. They're also negative. They're critical, harsh, and distorted.

Someone with depression bullies herself relentlessly as part of these automatic negative thoughts. Have you ever caught yourself thinking things like this?

I'm no good, and I never will be
I should be a better spouse/parent/friend
I just can't handle things
I'm stupid, worthless, never good enough
I should have more energy
I shouldn't be so exhausted all of the time
Other people can manage their lives, but not me

What's wrong with me?
People say I should snap out of it, but I can't because I'm too weak

These statements are hurtful, and they can worsen depression. It's easy to get stuck in a cycle of despair and self-bullying.

Start noticing how you're talking to yourself. When you notice criticisms, you can interrupt and reduce self-bullying. You might not believe this right now, but it's true: you don't deserve to be so hard on yourself.

~~from *HealthyPlace.com*

Thank you to everyone who has recently joined or renewed annual membership to NAMI Syracuse!

Dr. Sunny Aslam
 Veronica Bailey
 John Barnett
 Mary Bartowski
 J. Thomas Bassett
 Katherine Beissner
 Judy Bliss-Ridgway
 Carol Sheldon Brady
 Cindy Brady
 Margaret Bristol
 Beverly Broad
 M/M James Buchanan
 Helen Buehl
 Marla Byrnes/Ernest Jones
 Linda Cady
 Aida Caputo
 Dr. Malika Carter
 Sandra Carter
 Karyn Cavallo
 Sherman/Carol Chottiner
 Sandy Cisco/Rick King
 Paula Civiok
 Steven Comer
 Willson Cummer
 Colleen Curr
 Bob Dacey
 Grace Davin
 M/M William Dee
 David DeStefano
 Margaret Dobbins
 Mary C. Donovan
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 Rose Warakomski
 Constance Webster
 Barbara Weller
 Adelaide Wilburn
 Joan Wilson
 Dianne Wisniewski
 Mitzi Wolf
 Dr. Paula Zebrowski

NAMI Syracuse is trying to bring more NAMI Signature Programs to Syracuse. If any member is interested in training and teaching, please see the schedule below and contact the NAMI Syracuse office, 315-487-2085, for more information and how to enroll.

NAMI Family-to-Family April 6th -8th Location: NAMI-NYS Office
 NAMI Homefront April 20th-22nd Location: NAMI-NYS Office
 NAMI Basics June 2nd-3rd Location: NAMI-NYS Office
 NAMI Peer-to-Peer June 15th-17th Location: NAMI-NYS Office
 NAMI Family Support Group and Connections, June 22nd-24th Location: NAMI-NYS Office

Thank you to those below for your donations to help the work of NAMI Syracuse

- Carol Sheldon Brady in honor of Marla Byrnes
- Cynthia Cappuccilli in honor of Anthony Hall
- Constance Webster in memory of Brandon Webster
- Susan Hutko in memory of Gregory Hutko
- Aida Caputo in memory of Renee Hogle-Meacham
- Laurence Bousquet, Barbara Hancock, Robert Rodormer, St. Croix Board of Realtors in memory of Benjamin Edwards
- Dr. Sunny Aslam
- Estelle Hahn
- Tim & Peg Kelley
- Mary Grace McGuire Kelley
- Judith Flint
- Francesca Haller
- Hutchings Psychiatric Center

In Memoriam

Prayers and sympathy are offered to the families and friends of the following NAMI Syracuse members who have recently passed:

- Stanley Shubsda Jr.
- Benjamin Edwards
- Patricia Moriarity

May they rest in peace.



**May your troubles be less
 And your blessings be more
 And nothing but happiness
 Come through your door.**

Read any good books lately about mental health issues?

We invite you to tell us about a book you have read and would like to share with NAMI Syracuse and our readers. Perhaps you could write a short review about the book and why you liked it and recommend it to others. Send submissions to:

namisyracuse@namisyracuse.org

BECOME A MEMBER OF NAMI SYRACUSE TODAY!

_____ Household Membership \$60.00

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

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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

NAMI Syracuse
Family Support Group

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