National Alliance on Mental Illness

NAMI Syracuse Newsletter

NAMI SYRACUSE
A Better Understanding

MAY/JUNE 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

May is Mental Health Month

May 1-30, 2018	**Nothing to Hide** exhibition at Liverpool Library *(see page 9 for details)*
May 9, 2018	**NAMI Syracuse Family Support** 10:00am - NAMI Syracuse office
May 15, 2018	**NAMI Syracuse Family Support** 7:00pm - AccessCNY
May 16, 2018	**Peer Support Group** 5:30pm - NAMI Syracuse office
May 19, 2018	**NAMI Syracuse Open House** *(see page 8 for details)*
June 13, 2018	**NAMI Syracuse Family Support** 10:00am - NAMI Syracuse office
June 19, 2018	**NAMI Syracuse Family Support** 7:00pm - AccessCNY
June 20, 2018	**Peer Support Group Meeting** 5:30pm - NAMI Syracuse office
October 10, 2018	**NAMI Syracuse Educational Conference** Save the Date Rosamond Gifford Zoo

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

NAMI Syracuse, Inc., 917 Avery Avenue, Syracuse, New York 13204
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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 members and friends,

This is a year of challenges. Our priorities are already formulating for us.

We will face the challenge of the 2018 tax reform. People may choose to no longer itemize deductions which could seriously impact our organization financially.

Dues increased last year as a dictate of national NAMI. Our membership numbers fluctuate and we need to encourage our "old" members to continue to join and to recruit new members.

National NAMI also requires all affiliates must be trained in "signature programs" to provide consistency in evidence based practices that reach families and the community.

Our priorities for 2018:

*train more volunteers in the NAMI signature programs

*explore creative fundraising efforts

*involve more NAMI members in committees and activities

*reach more families with our website and facebook page

*increase our membership and name recognition.

The good news is Karen Winters Schwartz and Steve Comer continue to work on our web page to make it user friendly. They are also putting in many hours to create an "e-newsletter" to save on postage and to reach further into our community. Grants have helped support this effort.

Krysten Ridgway, Sandra Carter and Lacey Roy are increasing our social media presence.

Our board members and consultants to our board are getting busy with committee work and projects. Mary Bartowski has made a connection with Liverpool Library to host our "Nothing to Hide" display during May is Mental Health Month. Lacey Roy started a peer support group at our office. Ann Canastra is organizing our "signature program" training. Efforts are underway to plan the Hopela and Fall conference.

We have made new connections in the community (Dr. Malika Carter, John Mc Connell and North Syracuse high school seniors).

We completed more speaking engagements in 2017 than in 2016. This year we are already fielding more requests than last year. We will continue to reach out to churches, schools, libraries, organizations, and law enforcement to educate our community.

Our efforts at fundraising continue. We sent out donation requests to many local businesses for help in supporting our conference and Hopela but had little response. If anyone has an "in" with a local business, please let us know so we can get them involved as a sponsor to NAMI. We will try new approaches to partner with community organizations and individuals to support NAMI's efforts.

Lastly let me thank the following for their efforts on our behalf:

-Sheri Ramsgard for volunteering to chair the fall conference and appear on Laura Hand's show.

-Krysten Ridgway for volunteering to organize the excel spread sheet of providers.

-Lacey Roy for her willingness to share her story with local high schools.

-August Cornell for contacting blue cross for their provider list and obtaining more posters for advertising NAMI Syracuse.

-Steve Comer for spending hours writing grants, reaching out to the Baptist churches, and being one of our techies.

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

facebook.com/NAMISyracuse

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

smile.amazon.com

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

-Sandra Carter for showing me new ways to use facebook and keeping an eye out in the political arena for possible supporters.

-Karen Winters-Schwartz who still works on NAMI projects from the sunny beach of Belize or the shores of Otisco Lake.

-Mary Bartowski for taking the lead with Liverpool Library.

-Ann Canastra for organizing the signature training.

-Mary Gandino for keeping all of us on track and informed!

Sincerely,

Marla Byrnes

NAMI Syracuse President

MENTAL HEALTH CRISIS FOR GRAD STUDENTS: STUDY FINDS "STRIKINGLY HIGH" RATES OF DEPRESSION AND ANXIETY, WITH MANY REPORTING LITTLE HELP OR SUPPORT FROM SUPERVISORS

Several studies suggest that graduate students are at greater risk for mental health issues than those in the general population. This is largely due to social isolation, the often abstract nature of the work and feelings of inadequacy -- not to mention the slim tenure-track job market. But a new study in Nature Biotechnology warns, in no uncertain terms, of a mental health "crisis" in graduate education.

"Our results show that graduate students are more than six times as likely to experience depression and anxiety as compared to the general population," the study says, urging action on the part of institutions. "It is only with strong and validated interventions that academia will be able to provide help for those who are traveling through the bioscience workforce pipeline."

The paper is based on a survey including clinically validated scales for anxiety and depression, deployed to students via email and social media. The survey's 2,279 respondents were mostly Ph.D. candidates (90 percent), representing 26 countries and 234 institutions. Some 56 percent study humanities or social sciences, while 38 percent study the biological and physical sciences. Two percent are engineering students and 4 percent are enrolled in other fields.

Some 39 percent of respondents scored in the moderate-to-severe depression range, as compared to 6 percent of the general population measured previously with the same scale.

Consistent with other research on nonstudent populations, transgender and gender-nonconforming graduate students, along with women, were significantly more likely to experience anxiety and depression than their cisgender male counterparts: the prevalence of anxiety and depression in transgender or gender-nonconforming graduate students was 55 percent and 57 percent, respectively. Among cis students, 43 percent of women had anxiety and 41 percent were depressed. That's compared to 34 percent of cis men reporting symptoms of anxiety and 35 percent showing signs of depression.

Because work-life balance is associated with physical and mental well-being, and little is known about it in the graduate trainee population, the authors asked respondents if they agreed that their work-life balance was "good." Of the graduate students who experienced moderate to severe anxiety, 56 percent did not agree, versus 24 percent who did. Among graduate students with depression, more than half (55 percent) did not agree with the statement (21 percent agreed).

The authors take those findings to mean that good work-life balance is "significantly correlated with better mental health outcomes."

Graduate students' relationships with their advisers or principal investigators are also known to impact the quality of their experience, so the study included questions about that, too.

The authors say they were alarmed to discover that among graduate students with anxiety or depression, half did not agree that their immediate mentors provided "real" mentorship (about one-third of both groups agreed with that statement). Responses were roughly similar to questions about whether advisers and PIs provided ample support and whether they positively impacted students' emotional mental well-being.

More than half of those who experienced anxiety or depression did not agree that their advisers or PIs were assets to their careers or that they felt valued by their mentor.

"These data indicate that strong, supportive and positive mentoring relationships between graduate students and their PI/advisors correlate significantly with less anxiety and depression," the authors say.

SHOULD YOU GO TO A MENTAL HEALTH SUPPORT GROUP?

Mental health support groups are gatherings of people who come together around a common goal, usually to cope with a mental health problem and develop skills for handling it. Understanding the nature of support groups can help you decide if they are right for you.

Support groups can be specific, such as an eating disorders support group. Alternately, they can be broad, open to anyone struggling with any mental health issue (such as NAMI Connection groups).

Support groups are often

- Led by a non-professional, usually someone who is experiencing or has experienced struggles similar to the purpose of the group (such as depression or OCD)
- Tend to be open, meaning there isn't an official start and stop date, and people can attend when it works for them
- Allow people to share struggles and get feedback from group members
- Help people learn new coping skills
- Offer social connection in a safe environment

If you are easily triggered by listening to others' experiences or if you simply aren't ready for this type of sharing with others, it's okay to say no to mental health support groups. Your goal is to heal, and you get to decide if a mental health support group is right for you.

~~from HealthyPlace.com

This Mind of Mine
Peer Support Group

3rd Wednesday of each month
NAMI Syracuse office
917 Avery Ave., Syracuse 13204

all diagnoses welcome!

for more information, contact Lacey Roy, eroylacey@gmail.com

WHAT NOBODY TELLS YOU ABOUT PARENTING A CHILD WITH A HISTORY OF EXTREME TRAUMA

Chris Prange-Morgan, Guest Writer, HuffPost

It has occurred to me frequently that I have held a front-row seat to the "trauma chronicles" since my husband and I adopted our son 11 years ago and I sustained a life-changing injury of my own.

We adopted both of our children from overseas, and the unfortunate reality is that every adoption story begins with the trauma of abandonment. This initial trauma can predispose children to an increased vulnerability to everyday stressors such as holidays and increased responsibility - things that would be considered "typical" for most families.

In addition, my son spent the first 28 months of his life experiencing extreme neglect, malnutrition and abuse in his orphanage. We suspect that he was kept alone in his crib for hours at a time, as he had virtually no rudimentary language skills, he recoiled from human touch and eye contact, and he lacked muscle tone to keep his body from toppling over in a seated position.

We also saw that any swift movement toward him would cause him to lift his hand in a defensive position. This was concerning, but certainly nothing we couldn't handle with awareness and sensitivity, we thought.

My husband and I both have degrees in mental health and school psychology. We felt that if anyone could parent a child with a history of trauma, neglect and abuse, we could. Plus, our daughter proved to be a hearty soul, and we hoped she would be a great role model for him. My bloodhound-like tenacity to seek out early intervention and resources, my husband's expertise, and our daughter's delightful, humorous personality - these things, I felt, would surely bring our son up to par in the world, where he would hopefully thrive one day.

Yet despite all of my efforts, my son pushed me away. In the early days, he would throw his head back, regardless of what dangerous protrusion might be behind him, or turn his head to the side to avert having to look into my eyes. He held a perpetual scowl and darkness behind his eyes, seeming to prefer being in another world somewhere - anywhere besides with a family attempting to love him.

I remember the time he tried to push my parents' new kittens down the stairs and lock them into a box.

"Wow," I thought. "He really needs constant supervision to avoid hurting himself or other living beings. He just doesn't inherently care about anything."

Fortunately, we had the financial resources and the foresight to know that our kiddo would require specialized interventions and that we would need a village to help him.

Still, it can be difficult to keep up appearances. Nevermind the reality I was living at the time, secretly hiding my loneliness and depression as I raised a child who I had deep concerns about, and who was difficult to connect with.

From a "typical" parenting perspective, there is nothing "normal" about raising a child who has experienced trauma. It is completely and utterly counterintuitive. (This does not even take into consideration that resources are virtually nonexistent for parents who find themselves in our situation.)

As the ruggedly independent, strong person I was, I attempted to swallow my loneliness and carry on. I took my son to medical and Applied Behavioral Analysis Therapy appointments and maintained as "normal" a family life as I could.

I did all of this until a split-second distraction landed me in the hospital. I suffered a climbing fall that was more than likely due to my own pent-up stress and anxiety. Even a severely fractured ankle, pelvis and back did not immediately funnel my thoughts toward my own well-being. In fact, while waiting for the paramedics to arrive, I continued to direct folks toward calling the several appointments my son would be missing because of my little mishap.

I have since read many articles alluding to the secondary post-traumatic stress disorder some parents face when they have children with special needs. Let me tell you: That it is real.

When serving on the Family Advisory Committee for Children's Hospital of Wisconsin, I became friends with other parents who faced similar struggles - isolation, depression, hypervigilance, fatigue, desperation. Parenting a child with special needs can be an all-encompassing, life-defining endeavor. Most people don't end up in the hospital, however. But I did. And that's the thing about parenting: We just carry on.

Two years, 11 limb-salvage surgeries and three hospitalizations later, I ended up losing my leg below the knee. Folks rallied to help our family as I recovered? including grandparents, friends, therapists, our church community and people from our kids' schools. I would regularly send them information from my bed, trying to educate everyone about how to work best with my kiddo and to understand how the mind of a child of trauma operates. We have been fortunate enough to have caring, compassionate people along the way. It has been hard, but I have learned so much.

Trauma is everywhere. It is physical for some and emotional for others. Trauma does not discriminate, but it can educate.

Life can be beautiful and awe-inspiring. It can also be painful and treacherous. There is a saying: "You never have to apologize for how you choose to survive." As a young mom parenting a child of trauma, this often involved retreating to the basement, blasting Alanis Morissette, and curling up in a ball to cry (as well as cracking open a beer at noon on occasion).

Survival strategies for my son and many others like him often include coping mechanisms that can be harmful or destructive. It can be easier to isolate, bury feelings through substance use, zone out in front of the TV or social media, or even hurl violent comments or images at others than it can be to look deeply into the eyes and heart of another human being.

Retired teacher David Blair recently wrote an open letter in which he pleaded with students to put down their phones and make friends with kids who eat lunch alone. I agree, wholeheartedly! But we also really need to do a better job of supporting parents and caregivers of kids with special needs. Obviously, this road ain't easy. It does take a village. We need more real villages these days, not just the ones online. Trust me.

And to the "trauma mamas" and other parents out there feeling alone and isolated: Pay attention to the stirrings of your own heart and any difficulties you may be carrying. Own them and work through them. Reach out to others to share and ask for help. As hard as it may be, don't let the super-parent persona take over, or the perfection facade of social media keep you from connecting with others. (I am a prime example of how trauma can happen when you don't connect and ask for help.) Real, open human connection is what it is all about.

Six and a half years have passed since my accident, during which time we have been forced to slow down a bit. I haven't been able to "do it all," which, in retrospect, has been a blessing.

My husband has had to share some of the kid-appointment responsibilities because I have acquired some appointments of my own, and quality time spent with family and friends has become golden. It isn't easy to accept help, much less ask for it - but the value I have learned in having caring people step forward in my life has been priceless.

Slowing down has also taught me to listen with my ears, eyes and heart. When my son's behaviors are out of control, I look into his eyes and see fear. Fear of not being good enough or not being in control. It is no coincidence when I notice these feelings come full circle to bite me. Touche, I think. Slow thyself down. Connect.

I often think about what would have happened if I had talked about my struggles prior to my accident, if I had paid attention to my own well-being. Trauma begets trauma, I have learned. The antidote? Mindful awareness and connection.

Our family has learned so much and grown in ways I would never have imagined. My once resistant kiddo does his homework right after school. He has a good friend and is learning to be a good friend. He even snuggles with our cat and feeds him every day. He is learning the value of connection. We have weathered the storm and continue forging on. There are always new things to learn.

"Compassion is the radicalism of our time," the Dalai Lama once said. I believe this to be revolutionary and true. Trauma will continue to be a regular occurrence unless we make human connection intensely personal. We need to be present, and to learn from one another with all that we are.

We need to understand the generational trauma that some people continue to carry and help unpack it in ways that truly open our hearts and minds. If we do, I think the reward will be not only immediate, but it will affect generations for years to come.

Dear NAMI Syracuse President, Marla Byrnes:

I am so glad you decided to take on the tremendous task of being our new President of NAMI Syracuse. Your last two "Messages from the President" were awesome and so kind and thoughtfully written. It did my heart good to read many of the names of lovely people I remember from when I first started the support group of Promise. Everything was so new to us, trying to figure out how to help ourselves and our loved ones. As time went on, we learned about our Community and where we could go for help. We became brave and gave Legislative Testimony to our Legislators hoping to educate them; so that they could help us. We even drove to Albany, New York and had a meeting with Governor Mario Cuomo and told him of our concerns with our ill family members. I remember traveling to many cities here in New York to help set up other support groups. We attended many Mental Health Conferences held all over New York and even attended one in Washington, DC. That one was a real eye opener as they had so many outstanding speakers and we came back so energized and ready to keep on fighting.

I've been thinking lately of what we must do, which is to "define exactly" what we want for our ill loved ones. I envision a place, where it is not like a hospital setting, and it has all the things of interest to them, so they can take part in wanting to go there. A hopeful and healing place. Perhaps, if we ask all our members what kind of a place we want for our loved ones if we could have anything we asked for. Let's make this a priority.

Imagine, if we were asked by Andrew Cuomo or even President Donald Trump - What services can we give you? - What exactly do you want? How would we answer them? Let's have a big comprehensive list ready for them and we can use that list in any letters or correspondence when needed.

I also think it is extremely important for the NAMI brochures to get out in our community to help make our presence known, so we can help suffering people sooner.

Marla Byrnes, I wish you all the very best as you proceed forward in helping families and their ill loved ones. I have a good feeling, that from your knowledge of working so many years at Hutchings Center, you are going to bring extraordinary needed changes to our Community that will benefit so many lives. God bless you.

And yes, three more things. I would like to say thank you to all the people who took on the experience and challenge of being president of NAMI. Thank you to: Marjorie Hinton, Adolph Adolphi, Jeanette Whitmore, Ardis Egan, Peg & Joe Gentile, Judy Bliss-Ridgway, Karen Winters Schwartz and Marla Byrnes.

And a special thank you to the Board of Directors and Consultants to the Board for all your time and dedication to help in so many important ways.

And a very special thank you to Mary Gandino who for many years has been so helpful with all the NAMI activities and who is such a calming, helpful and cheerful person who contributes so much to NAMI. God bless you too, Mary.

Betty Pringle

Founding President

March 26, 2018

ANGER ISN'T A MENTAL ILLNESS: CAN WE TREAT IT ANYWAY?

by Laura L. Hayes, Slate, April 6, 2018

We've seen it in mass shootings again and again-anger is the predecessor to violence. Can we find these people, and help them before they kill?

We know who they are long before they do it. Before people kill, they espouse hatred and blame others for their problems. They are verbally abusive and threatening. They look for the confrontation in every interaction. They deflect kindness. They curse at strangers. They threaten to hurt animals, girlfriends, rivals-and may even do so. We are repelled by their hostility, but at the same time they infuriate us, and we want to strike back. They are offensive and ostracized. Even in the field of mental health, where we strive to suspend judgement to treat the troubled, you might hear: "I'll tell you his diagnosis-he's an a**hole."

There is an identifiable population that is extremely dangerous, volatile, and likely to commit violent crimes, but is not diagnosable as mentally ill. The pattern we see time and again is that people who act out in violent ways are men who already have an established pattern of being threatening, cruel, and violent. They often have been perpetrators of domestic violence - indeed, felony domestic violence is the best predictor of murder. They have a chronic pattern of failure to modulate their aggressive feelings. Violent crimes are committed by violent people, almost always men who are lonely, isolated, blame others for their problems, and lack the skills to manage their anger.

The Parkland, Florida, killer had years of violent, erratic outbursts. He had made threats to numerous people and carried out physical assaults. Multiple people had called the FBI before the shooting to report that they thought he was dangerous, including his mother, who said he had "anger issues." The Pulse nightclub killer in Orlando, Florida, was involved in violent altercations as a teen and had a history of violent spousal abuse. His first wife said that leaving him saved her life. The Columbine killers created a website where they posted death threats against specific individuals, wrote of their desire to kill teachers and students at the school, wrote about making pipe bombs and explosives, and like the Parkland killer, were known to the police. The Virginia Tech killer was known by staff to be cruel and menacing. At least one student had a no-contact order against him.

The question is what we do with these people. It's a difficult question, because we are put off by them. Their bristling hostility makes it easy to dislike being around them. In response to criticisms that students did not reach out to the Parkland killer, one survivor exclaimed "You didn't know this kid!" Students at Stoneman Douglas said if the school ever had a mass killer it would be him. The poet Nikki Giovanni, who taught the Virginia Tech killer, said the idea that he was mentally ill was "crap"-he was "mean." He was so mean that other students and faculty feared him. They wondered, based on his writing, if he might become a killer. We know who these men are.

As we have tried to understand, as a society, what would cause someone to commit this kind of violence, we have considered the notion that these people are "mentally ill." It has been suggested that we can ensure our safety by taking guns away from the mentally ill. The message works because of a general lack of understanding of "mental illness." In reality, the vast majority of people with mental health diagnoses are sad and anxious rather than violent. The most frequently used mental health diagnoses are for variants of anxiety, depressive disorders, and trauma.

When we talk about mental illness, we are talking about the stressed working mom you see on the bus, the grieving widower down the street, the anxious child. Twenty percent of all US adults have some form of mental illness, but very few of them have mental illness that will increase their likelihood of violence. Even in the smaller group of people with a serious mental illness, violence is extremely rare. It can happen: Paranoid schizophrenics can occasionally be violent when they are having an episode of psychosis. But paranoid schizophrenia is very rare, and paranoid schizophrenics have been involved in only two of the 49 mass shootings since 2011.

This troubling stereotype is not just wrong, it gets in the way of finding a real solution to our violence problem. The people who commit violence are emotionally disturbed-anger is a normal and an important emotion, but their ability to manage their angry impulses is severely compromised. And yet, people who are violently angry are not mentally ill by our current standards. Instead of treating them, we call them a**holes and we avoid them. Can we do better than that? I think that we not only can, but that we must.

These people have spent their lives emotionally out of control. When we acknowledge that this is a pattern, we can begin to address the underlying issues feeding violence in this country. And it extends beyond mass shootings. This is also the problem of the police officer who becomes predator rather than protector of the peace, prison guards who torture prisoners, and the people at political rallies that promote or act out violence against perceived political enemies. We are a culture with serious anger issues. We can begin to address the issue by understanding what anger is, how it can be healthy, and how it can get out of control.

Recent advances in neuroscience provide us with a picture of anger at the physiological level, and an understanding of how it can go awry. Our brains have a sophisticated system that allows us to quickly assess our environment, determine whether there is danger, and respond-the fight-or-flight mechanism. When we perceive a threat in our environment, we rapidly shift into a state of hyperalertness. Blood shifts to our extremities, we breathe faster, and the heart pumps faster. The physiological changes get us ready to fight or flee. If we recognize the situation to not be a threat after all, our bodies return to their resting state. Long ago, evolution determined that this system helps keep us alive in the wild.

But how we judge things to be safe or threatening is a nuanced, individual process. Neuroscientists like to say that

brain cells that fire together, wire together. Brain cells establish "habits." In other words, experience has a profound effect on how readily we move in and out of fight or flight. The individual who exhibits dangerous anger dysfunction and is violence-prone is stuck biologically in a never-ending cycle in which the fight-or-flight response takes charge and everything is perceived as a threat. This is a brain that has never effectively learned to calm itself. It is not functioning optimally, and its owner suffers significantly from near constant emotional distress. This is why violence predicts future violence. When this happens, the self-protective survival mechanism has become a malfunctioning system.

When we acknowledge that this is a pattern, we can begin to address the underlying issues feeding violence in this country.

Research in the field of neuroscience over the past decade has also demonstrated the remarkable plasticity of the brain: its ability to grow and strengthen new connections throughout the lifespan. That means it can change emotional habits. The brain can be taught to change its anger response by quieting the brain circuits that support fight or flight. The process involves tools such as mindfulness, tai chi, and yoga, all of which use repeated practice to strengthen the brain's ability to focus and cope with emotions. New developments in trauma treatment have shown us that the body is also a powerful part of our system of learned responses. Becoming aware of emotions as they are felt in the body can sometimes be easier than recognizing them in our minds. Excellent resources on this include Bessel van der Kolk's **The Body Keeps Score** and Peter Levine's **Healing Trauma**. There are very effective treatments available for those trapped in fight or flight.

The tools are there to help dangerously angry men before they act on their rage with AR-15s. What we lack is an effective system for getting individuals who are angry, isolated, and dangerous to those who could help them.

One of the most challenging reasons that we lack such a system is the nature of the problem. The individual who has anger dysfunction and is violence-prone, unlike almost any other physical or emotional dysfunction, is uniquely, powerfully unappealing. This emotional disorder evokes no empathy in the rest of us. We think "He's an a**hole!" "Expel him from school!" "Lock him up!" "Let him live on the street!" "Teach him a lesson!" Or, simply, "It's not my problem." Anger in others is a threat that triggers our own fight or flight response. It often triggers a counter-attack in others. Mass killers are frequently, perhaps universally, the victims of chronic, sometimes tortuous bullying. Many, if not all, grew up in homes where there was domestic violence, emotional and physical abuse. They are emotionally fragile. They're threatened by hostility from others, and they also engender it. The dislike and hostility they raise in others leaves them isolated, and the bullying feeds a vicious cycle where kids with minimal emotional self-control are baited into greater and greater levels of hostile defensiveness.

Violent angry people also do not go looking for help on their own. Because they live in a state of perpetually feeling under threat, they trust no one and do not seek out support.

So, the first problem in treating them is to find them. Schools are on the front line for identifying these individuals as kids. In the school environment, isolation and hostility can pretty readily be observed, often by teachers and administrators, and certainly by fellow students. And in fact, some schools seem to be on the cutting edge of dealing with the crisis, far ahead of the field of mental health. Peace of Mind in D.C. and Mindful Schools in California, which each offer a curriculum for mindfulness; PassageWorks, a Colorado program for teachers and staff to integrate mindfulness into their work; Mindful Teachers, a website of resources for teachers; and Peace In Schools, which provides programs for teens and training for teachers, are burgeoning all around the country. JusTme is a rapper who writes music about mindfulness and visits elementary schools to work with kids. These programs provide much needed skills for emotional coping and stress reduction for all kids, and also serve to identify kids who struggle the most with these skills.

Schools need criteria to identify these kids and get appropriate intervention. They also are at the front lines for providing protection from bullying and a supportive environment for all students, including those with anger dysfunction. Schools should be supported for the work they are already doing to teach staff and students the skill of being able to center, calm, and focus themselves.

The next step is for the field of mental health to provide treatment for those students whose needs exceed the school's available resources. This treatment should integrate the evidence-based, cutting edge findings of neuroscience research to directly address the underlying issues in rage-filled, violent individuals. Too often, hostile kids identified as "a problem" get a mental health referral, but are quickly dumped because they fit no diagnosis and are difficult to work with. Mental health professionals need to take a good look at this problem. These kids have some of the most emotionally devastating problems and most deficient coping skills, and are some of the most dangerous people in the world.

It is also important that this constellation of symptoms becomes recognized by the police and the court system. Many mass killers have had multiple earlier interactions with the law, but the pattern and potential for violence went unrecognized. Repeated violence, threats against someone's life, webpages devoted to hatred, and reports of violence from family and school are all indications of someone in imminent need of intervention. We need to reassess our standards for imminent risk to self or others and probable cause for search, taking into account the profile of the violence-prone, anger-dysfunctional individual.

This must be done cautiously and deliberately. Criminalizing emotional distress is not the goal. We should be seeking to heal the individual while protecting the public. This requires a response of compassion to those who frighten or anger us, and that is no small thing. There will always be kids who are exposed to devastating circumstances and who move toward defensive hostility and revenge, but it is a rare situation that there is not an adult who could identify such a child, and see that they get help. The responsibility is on all of us not

to turn our backs on the lonely, ostracized and angry, even when we find them off-putting and offensive. The fact that they raise such negative emotions in others should be recognized as evidence of the degree to which they need help. This does not mean that we must take them in, or put our lives at risk, and absolutely does not require that we give them a pass for socially unacceptable behavior. It does not even require that we like them-only that we get professional help for them, and that we do not allow our defensive reaction to them to feed into a vicious cycle of escalating anger.

Well-meaning people have suggested kids "walk up" and be nice to troubled loners. We need to be careful about putting too much responsibility on the peers of deeply troubled kids. Yes, kindness and compassion for everyone is important, but the idea that "walking up" will solve the problem is overly simplistic. These are deeply troubled and potentially dangerous individuals. We don't want to suggest to children that, by offering friendship to a viciously angry person, any single person can fix them. This is an error often made by abused women. These individuals need help that is structured, intensive, and comprehensive. If this is the standard offered by society, kids will be learning how to cope effectively with anger, their own as well as that of others.

And here is one more important truth: We need to calm our minds as well. Anger feeds anger. The rage of mass killers is fed by the hostility around them. They are not alone in their inability to manage anger. You may be able to easily think of someone in your life-maybe yourself-who can't have a political discussion without exploding, or a child who bullies others, or someone who emotionally abuses a spouse, or someone who flips out when they get cut off in traffic. Anger self-awareness and modulation is on a spectrum, and our genetic inheritance and our life experiences combine to dictate where we fall on the continuum. But we are all on it, and we could all benefit from increased focus on how we harness and react to our feelings of anger. We cannot expect those with the most tenuous hold on their emotions to heal until those around them stop feeding their fear and rage.

America's problem of violence needs to be addressed on many levels. We can begin by recognizing anger-dysfunctional, violence-prone individuals as suffering from a debilitating and potentially dangerous condition. The mental health field needs to take a lead role in educating the public about dysregulated anger and its treatment as well as working closely with schools and law enforcement to build a system of early identification and treatment for what is, without exception, the most dangerous emotional dysfunction one can have. The NRA could also play a valuable role in this. Rather than perpetuating false narratives about mental illness and violence, the organization could acknowledge how dangerous it is for violently angry people to have guns, and could be a powerful voice in moving us toward an effective system to restrict their access.

Perhaps this all comes down to this truly American dilemma: Are we going to focus exclusively on our personal rights, or do we recognize the need to also turn our attention to the needs of the community as a whole and the importance of each individual within it? It turns out that this should not be an either-or question. At the end of the day, our personal peace and well-being depends upon the peace and wellbeing of every individual, too.

~~Laura L. Hayes, Ph.D., a psychologist in Bethesda, Maryland, works with adults, couples, and teens integrating mindfulness with traditional therapies.

Annual See Me Art Show
Discontinued

NAMI Syracuse will no longer hold an annual art show. We held it for 4 years and the participation declined the last 2 years. Locally other organizations started their own art shows at Syracuse Behavioral Health, Hutchings, and Arise.

Syracuse Behavioral Health holds a large art show annually for a fundraiser. This event is open to all consumers to submit art work. We will advertise their event later in the year.

Our newsletter does publish poetry pending approval of the editorial board. If you have poetry to submit, email it to our office namisyracuse@namisyracuse.org.

Thank you to all the artists and poets who supported the event the past 4 years. Thank you to the NAMI members who turned out at the receptions and donated food and drink. Thank you to our talented musicians who provided music for the receptions.

Thank you to Community Folk Art Center for their kindness in providing a professional space to show our works of art.

Keep creating!

NAMI Syracuse Open House

Join us Saturday May 19, 2018, NAMI office, 917 Avery Avenue Syracuse

10 am - 12 noon free coffee and donuts

*learn about our new support group for peers
*we want to actively involve our peer members
*offer feedback about what you need from NAMI
*meet NAMI board members
*explore how you can be more involved
*find out what new trainings are available

MAY IS MENTAL HEALTH MONTH

May is Mental Health Month. Throughout the month of May the Syracuse Chapter of the National Alliance on Mental Illness (NAMI), is sponsoring a photo exhibit at the Liverpool Library "Nothing to Hide: Mental Illness in the Family". This photo-text display was created by Family Diversity Projects of Amherst, Massachusetts. Besides striking photographs, it includes text from interviews from families in which one or more individuals have been diagnosed with a psychiatric illness.

This May, NAMI Syracuse along with Mental Health America, are focused on how a healthy lifestyle may help prevent the onset or worsening of mental health conditions, as well as heart disease, diabetes, obesity and other chronic health problems. It can also help people recover from these conditions.

NAMI Syracuse is hosting two presentations at Liverpool Library focused on eating healthy foods, managing stress, exercising, and getting enough sleep. "It is important to really look at your overall health, both physically and mentally, to achieve wellness," said Sherie Ramsgard, Psychiatric Nurse Practitioner & NAMI Syracuse board member. "Getting the appropriate amount of exercise, eating healthy foods that can impact your gut health, getting enough sleep and reducing stress - it's all about finding the right balance to benefit both the mind and body".

"We know that living a healthy lifestyle is not always easy, but it can be achieved by gradually making small changes and building on those successes," concluded Ms. Ramsgard. "By looking at your overall health every day - both physically and mentally - you can go a long way in ensuring that you focus on your Fitness" #4Mind4BodyChallenge

Presentations are:

Thursday 5/17, 6:00 p.m. - 8:00 p.m.: The Role of Nutrition and Exercise in Mental Health. Presenters: Sherie Ramsgard and Jonathan Crandall.

Sunday 5/20, 2:00 p.m. - 4:00 p.m.: Mental Health Wellness -Tools to Manage Stress. Presenters: Sherie Ramsgard and Lacey Roy.

Sherie Ramsgard, Psychiatric Nurse Practitioner, Syracuse NAMI board member and owner of Whole Mental Wellness here in Syracuse will speak on nutrition and the gut-brain connection offering easy, every day things we can all do to improve our overall Whole Mental & Physical wellness.

Jonathan Crandall, Family Support Navigator, Certified Clinical Trauma Professional, and Sierra Club Outing Leader, from Prevention Network, will speak on exercise and its ever important role on our physical and mental health. He will offer suggestions we can all incorporate daily, to improve our overall level of fitness.

Lacey Roy, NAMI Syracuse board member, diagnosed with Bipolar, will speak on both negative and positive roles stress plays in our lives based on her own extensive research and hard lessons learned. Lacey will offer stress management techniques and ideas that will help us thrive with stress.

The Liverpool Library is located at 310 Tulip Street, Liverpool 13088.

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

Sharon Austin
John Brown
Marie Foisia
Deana/Gerald Gugger
Kathy Kennedy
James/Colleen Kilcoyne
Lynn Leckie
Sheila Le Gacy/Bill Cross
Meredith Leonard
Lynne Matott
Mark Morris
Carol Notar
Mary Jane O'Connor
Spencer/Marie Plavocos
Lucia, Glen & Chris Roberts
Garrett Smith
Jenna Lou Weitzel

Thank you to those who have made donations to NAMI Syracuse

- *Estelle Hahn*
- *Susan Chaffee Welch in memory of Benjamin Edwards*
- *Jenna Lou Weitzel*
- *Spencer and Marie Plavocos donation to PROMISE Residential Project Inc.*
- *Lynne Matott*
- *Sharon Austin*

ADJUNCTIVE LIGHT THERAPY HELPS BIPOLAR DEPRESSION

Bright light therapy at mid-day appears very beneficial for treating bipolar depression, a new study suggests.

American researchers, noting people with bipolar disorder have recurrent major depression, residual mood symptoms and limited treatment options, conducted a six-week study using the bright light therapy for people with bipolar I or II who were receiving stable doses of anti-manic medication and who weren't experiencing mania, hypomania, mixed or rapid recycling symptoms.

Compared to those who received a false light, those receiving the bright light therapy had a much higher remission rate (68 percent versus 22 percent), and significantly lower depression scores.

The study, which appeared in the *American Journal of Psychiatry*, was entitled "Adjunctive bright light therapy for bipolar depression: A randomized double-blind placebo-controlled trial."

*~~from **bp magazine**, Spring 2018*

Bipolar can make you unstable,
but you are still able.
Never give up,
never give in,
you will find your peace again.

~~G. E. Laine

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

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