



National Alliance on Mental Illness

NAMI Syracuse



Newsletter

SEPTEMBER/OCTOBER 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

September 12, 2018	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
September 18, 2018	NAMI Syracuse Family Support 7:00pm - AccessCNY
September 19, 2018	Peer Support Group 5:30pm - NAMI Syracuse office
September 23, 2018	Harvest Hopela Fundraiser All Saints Parish Center
October 10, 2018	NAMI Syracuse Educational Conference Stand Against Stigma: Changing Minds about Mental Illness
October 10, 2018	NAMI Syracuse Family Support CANCELLED
October 16, 2018	NAMI Syracuse Family Support 7:00pm - AccessCNY
October 17, 2018	Peer Support Group 5:30pm - NAMI Syracuse office
November 1, 2018	The Addiction Solution Dr. Lloyd Sederer (<i>see page 9</i>)

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MESSAGE FROM THE PRESIDENT

Dear NAMI members and friends,

Suicide is in the news due to Kate Spade and Anthony Bourdain dying by suicide. The CDC released data on national rates - suicide has increased 25.4% from 1999 to 2016.

CBS **This Morning** show on July 7th featured the Broadway show “Dear Evan Hansen” as a story dealing with the topic of suicide and instilling hope for help with depression.

We are grateful for main stream media educating the public about depression and resources available to people. However these are “sound bites”. Our mission is to continue that dialogue and offer ongoing education about all major mental illness.

You are each ambassadors for mental illness information. Please refer family and friends to our website, facebook page, and office. Remind people of our peer and family support groups and educational series provided free to families. We will have peers and family members trained by September who will be available to work with schools on “**Ending the Silence**”. Help spread the word that we are here to help.

Summer has gone too quickly while preparing for September 23rd **Hopela** and our fall conference “**Stand Against Stigma**” October 10th at the Rosamond Gifford Zoo conference room.

We need you to promote both events.

We need donations for our silent auction, ticket sales, and volunteers to help September 23rd. Our mission cannot be accomplished without the funds raised each year from these events.

I need to remind myself to take time to enjoy the sun, warmth, flowers, greenery, friends and family. See you in September!

Marla Byrnes

NAMI Syracuse Officers

- Marla Byrnes.....President
- Spencer Plavocos.....Vice-President
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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](https://www.smile.amazon.com)

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

Tickets still available!

Harvest Hopela

a fall fundraiser presented by NAMI Syracuse

Sunday, September 23, 2018

3:00pm-6:00pm

All Saints Parish Center

1342 Lancaster Avenue, Syracuse

Food & Drink/Silent Auction

Entertainment by Grassanova

\$50.00 per person

Ticket purchase automatically enters holder for a chance to win \$500! There will be a \$500 drawing the day of the event! Need not be present to win!

Call to purchase your ticket today! 315-487-2085 or go to our website www.namisyracuse.org

This Mind of Mine

Peer Support Group

3rd Wednesday of each month

5:30 pm

NAMI Syracuse office

917 Avery Ave., Syracuse 13204

All diagnoses welcome!

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

Stand Against Stigma: Changing Minds About Mental Illness

Wednesday, October 10, 2018, 8:45am-3:30pm
Rosamond Gifford Zoo, Syracuse, NY

Presenters:

Dr. Malika Carter
CEO's Against Stigma Campaign:
A NAMI Syracuse/SUNY ESF Partnership

Sherie Ramsgard
DNA/Pharmacogenetic Testing

Dr. Julio Licinio
New genetic findings that show common genes for many disorders.
What does this mean?

Dr. Christopher Brown
How to Integrate Mental Health Education & Awareness into School
Districts

Steven W. DiMarzo, Jennifer A. Crider
LGBTQ+ Concepts in Cultural Diversity

CEU's available

Liberty Resources Short-term Crisis Respite

Madison, Onondaga & Oswego

The Short Term Crisis Respite is an 8 bed, community-based residential program that provides a therapeutic environment for adults experiencing an emotional crisis. We follow a Peer Support model and provide guests with peer support services. Our services are delivered by Peer Specialists, individuals with a history of mental illness and willingness to share their story to help others. Within our program, Peer Specialist and Crisis Respite Counselors collaborate to provide health and wellness coaching, relapse prevention planning, wellness activities, family support, and conflict resolution. Through the use of short-term care and intervention strategies, guests are provided stabilization, support, and linkages to community resources. Guests are able to return home with the tools needed to maintain personal wellness thereby, reducing unnecessary hospitalizations and Emergency Department visits.

Visit:

**[www.Liberty-Resources.org/
Crisis-Bed](http://www.Liberty-Resources.org/Crisis-Bed)**

Stand Against Stigma: changing minds about mental illness

Wednesday, October 10, 2018 * 8:45am-3:30pm* Rosamond Gifford Zoo, One Conservation Place, Syracuse
Please register by Wednesday, October 3, 2018

- [] Professional/Provider/Non-NAMI Member - \$65.00
 - [] NAMI Member- \$50.00
 - [] Student/Recipient of MH Services - \$30.00
 - [] Become a member of NAMI Syracuse & attend the conference - \$85.00
 - [] Sorry, not able to attend; but please accept my tax-deductible donation \$ _____
- ~~some scholarships available, please call 315-487-2085~~

NAME: _____
FROM: (Agency, NAMI, School, etc.) _____
ADDRESS: _____
E-MAIL: _____ PHONE: _____

~~Registration includes lunch~~

Display Table requested []

Mail registration form along with payment to NAMI Syracuse Inc., 917 Avery Avenue, Syracuse, NY 13204 ~or~
visit our website, www.namisyracuse.org, click "Donate" and indicate "conference registration fee" via PayPal
Tel. 315-487-2085 FAX 315-487-2154 E-mail namisyracuse@namisyracuse.org

UPDATED LIST OF BOOK RECOMMENDATIONS

by Sheila Le Gacy

We are listing some basic books which families have found helpful. Some of these books are available at the NAMI Syracuse office, your local library, or from Barnes and Noble and/or Amazon. In addition to the books on our list, see below for access to specific bibliographies.

There are extensive bibliographies available at no cost from the Family Support and Education Center at Access-CNY. Books targeted for specific interests such as: Borderline Personality Disorder, Depressive Disorders, Siblings and Adult Children, Asperger's and Autistic Spectrum Disorders, Obsessive Compulsive Disorders, Coping Skills for Families (Stress Reduction, Meditation and Self Care), Memoirs and Fiction, books for and/or about Children, Adolescents and Young Adults, as well as a General Bibliography of over 55 books which is distributed to all family education classes.

If you are interested in any or all of these bibliographies, please contact Sheila Le Gacy, Director of the Family Support & Education Center at Access-CNY. slegacy@accesscny.org. or Spencer Gervasoni, assistant director, sgervasoni@accesscny.org. 420 East Genesee St. Syracuse, NY 13202 or call them at 315-218-1614.

Book Recommendations:

- Amador, Xavier, Ph.D. **I Am Not Sick. I Don't Need Help! Helping the Seriously Mentally Ill Accept Treatment.** Vida Press; 2nd edition, May 2007
- Torrey, E. Fuller, MD. **Surviving Schizophrenia, A Family Manual.** Harper Perennial, 6th edition, December 2013
- Jamison, Kay Redfield. **An Unquiet Mind.** Alfred A. Knopf, 1995
- Safer, Jeanne, Ph.D. **The Normal One: Life with a Difficult or Damaged Sibling.** Delta, September 2003
- Post, Robert, MD. **Treatment of Bipolar Illness: A Casebook for Clinicians & Patients.** Norton 2013
- Sheffield, Anne. **How You Can Survive When They're Depressed: Living and Coping with Depression Fallout.** Harmony 1998
- Kreisman, Jerold, MD and Straus, Hal. **I Hate You, Don't Leave Me -- Understanding the Borderline Personality.** Penguin, 2012
- Mason, Paul MS and Kreger, Randi. **Stop Walking on Eggshells: Taking Your Life Back When Someone You Care About Has Borderline Personality Disorder.** New Harbinger, 1998
- Porr, Valerie. **Overcoming Borderline Personality Disorder: A Family Guide for Healing and Change.** Oxford University Press, 2010
- Mueser, Kim T. and Gingerich, Susan. **The Complete Family Guide to Schizophrenia.** Guilford Press, 2006
- Styron, William. **Darkness Visible.** Vintage Books, 1990
- Papolos, Demetri, MD and Janice Papolos. **The Bipolar Child.** Broadway Books, 1999
- Torrey, E. Fuller, MD and Knable, Michael B., OD. **Surviving Manic Depression: A Manual on Bipolar Disorder for Patients, Families and Providers.** Basic Books, 2002
- Fast, Julie A. and Preston, John D., Psy.D. **Loving Someone with Bipolar Disorder.** New Harbinger Publications, 2004
- Roth, Elisa. **Insane: America's Criminal Treatment of Mental Illness.** Basic Books, 2018



NEWS & NOTES FROM SHEILA LE GACY

SEVERE BLEEDING TIED TO SYNTHETIC CANNABINOIDS

The Centers for Disease Control and Prevention (CDC) warned about serious bleeding linked to synthetic cannabinoids, sold under a variety of names, including K2 and Spice. Adverse effects vary and can include neurologic, psychiatric, and other physical symptoms.

Patients from a multi-state outbreak have presented with a variety of symptoms, including bruising, nosebleeds, excessively heavy menstrual bleeding, flank pain, abdominal pain and bleeding from the gums or mouth.

More than 95 samples from affected patients tested positive for brodifacoum, a highly lethal vitamin K antagonist anticoagulant used in commercial products for killing rodents and other pests.

(edited by Sheila Le Gacy, from [Medscape.com/view article/897268](https://www.medscape.com/viewarticle/897268): May 25, 2018)

REVISITING THE SUBJECT OF 'HIGH EXPRESSED EMOTION' (HIGH EE)

One of the most important concepts discussed in the classes that I teach is the subject of what is called "high expressed emotion." High EE consists of two major factors: critical comments and emotional over-involvement. The main dimension of EE is verbal criticism. Verbal criticism is defined as critical comments that through tone of voice or content of speech clearly convey dislike, resentment or disapproval. Young people with psychiatric disorders appear to be especially sensitive to verbal criticism.

Research indicates that how well people with psychiatric disorders do at home is directly related to the level of expressed emotion in the household. Low EE relatives tend to be cool, controlled and concerned but not overly anxious in their response to their relative's illness. They demonstrate an ability to cope with crisis effectively and can exert a calming influence on the patient and other family mem-

bers when distressed. High EE relatives, on the other hand, respond to their relative's symptoms with anger, acute distress or both. Predictably these reactions tend to upset the patient further.

Finding the perfect balance isn't easy. You can be warm without burdening your relative with your over-involvement. Over involvement is directly related to the return of symptoms. Sometimes withdrawal is a good thing. Both patients and families need time to themselves. This is a reminder of the importance of a private room, a job, a recreation program, a day treatment program - somewhere to go.

Remember to try not to be reactive and try not to criticize. That old suggestion of "counting to ten" can be really helpful.

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

UP TO DATE NEWS ABOUT LITHIUM

*(from the **Bipolar Network News**, vol.21, Issue 5, 2017 by Robert M. Post, MD, Editor-in-Chief of the BNN from his article in the journal *Neuropsychopharmacology* "The New News About Lithium: An Underutilized Treatment in the United States" edited by Sheila Le Gacy)*

Benefits of Lithium: Lithium prevents both depressions and manias in bipolar disorder, and also prevents depressions in unipolar disorder and can augment antidepressant effects acutely. In addition to these mood benefits, lithium has anti-suicide effects. Lithium also enhances the efficacy of atypical antipsychotics and other mood stabilizers when used in combination with them.

Lithium is good for the brain. It has been shown to reduce the incidence of dementia. Lithium increases the volume of the hippocampus and cortex, and can increase the production of new neurons and glia. It also protects neurons.

Side effects are often benign and treatable. Even low levels of lithium may be therapeutically sufficient.

Many of lithium's side effects can be avoided in the first place through judicious dose titration. The idea is to avoid

lithium side effects even if blood levels remain below clinically therapeutic levels.

VAGUS NERVE STIMULATION IMPROVES DEPRESSION WHEN OTHER TREATMENTS FAIL

Vagus nerve stimulation (VNS) has been approved by the US Food and Drug Administration as an adjunctive therapy for treatment-resistant unipolar and bipolar depression since 2005. The treatment consists of a pacemaker-like device implanted under the skin in the chest that delivers regular, mild electrical pulses to the brain via the left vagus nerve.

Editors's Note: VNS was FDA approved for treatment-resistant seizures in patients 12 and older in 1997 and for cluster headaches in 2017. Insurance coverage is available for these neurological conditions, but not for the treatment of depression. This is an unfortunate example of the stigmatization of psychiatric illness-when a FDA-approved device can be kept from people in need of treatment.

DIET DRINKS MAY WORSEN GLUCOSE CONTROL MAKING TYPE 2 DIABETES MORE LIKELY

Many people substitute diet drinks containing artificial sweeteners for sugary drinks in the hopes of reducing their diabetes risk. New research suggests that artificial sweeteners alter the gut's response to glucose in a way that could actually worsen diabetes risk.

Artificial sweeteners may reduce the body's ability to control blood sugar levels, leading to high glucose, and possibly predisposing those who consume artificial sweeteners to type 2 diabetes.

*(from **Bipolar Network News**, Vol 21, Issue 6, 2017)*

UNTREATED EPISODES OF BIPOLAR DISORDER WORSEN OVER TIME, BUT PREVENTION IS POSSIBLE

The greater a patient's number of previous episodes of bipolar disorder, the more likely that patient is to have a more difficult course of illness and poorer outcomes. The number of episodes was associated with more rapid recurrences, duration and severity of episodes, more automatic epi-

sodes (i.e., not triggered by stress), risk of dementia, treatment resistance, lack of recovery between episodes, and brain volume losses.

Patients with severe illness and multiple previous episodes may need a complex medication regimen that includes multiple types of medications that target different systems of neurotransmitter.

*(from **Bipolar Network News**, Vol 21, Issue 4, 2017)*

SUCCESSFUL TRIAL OF N-ACETYLCYSTEINE (NAC) OVER THE COUNTER ANTIOXIDANT FOR PTSD AND SUBSTANCE ABUSE

The antioxidant N-acetylcysteine (NAC) can improve a number of habit-related conditions, such as substance use disorders, decreasing cravings for alcohol, tobacco, cocaine, and marijuana as well as gambling, and compulsive hair-pulling. It also aids in the treatment of depression and obsessive-compulsive disorder. Dosage can begin at 500/600mg twice daily and be increased to 1000/1200 mg twice daily.

Let's Talk! Mental Health & Caregiving

Many caregivers show great skill in being able to provide for the health and wellbeing of another, but what happens when you don't know how to prioritize your own care? Mental Health concerns like depression and anxiety are prevalent among caregivers and can easily go untreated or ignored, leading to breakdowns in relationships, isolation, and burn-out. We will discuss how to identify the warning signs for when your mental health may be requiring some extra attention or treatment, share ideas for coping with stress and conflict, and go over resources that can be effective for maintaining optimal mental health.

Monday, September 17

5:30 - 7:00 pm

Presenter - Alex Halstead

Location - Brookdale Bellevue,
4330 Onondaga Blvd., Syracuse 13219

Registration is required by calling Cynthia at 315-435-2362 Ext. 4993 or email: cstevenson@ongov.net or register on-line at: <http://www.ongov.net/aging/icare.html>.

NAMI MOURNS FRED FRESE, MENTAL HEALTH CHAMPION 7/17/18

It is with a heavy heart and deep sadness that NAMI learned Fred Frese of Hudson, Ohio passed away on July 16th. In recent months, Fred had been in failing health—a devastating demonstration of the toll medical co-morbidities can have on those with mental illness.

Fred's legacy within NAMI is enormous. He served two separate six-year terms on the NAMI Board of Directors and was a major force in bringing the voice of lived experience into NAMI's leadership.

Fred was very open about his struggles with schizophrenia while living a life of tremendous accomplishment—first in the Marines and later as a clinical psychologist. In addition to his leadership at NAMI, Fred was also a member of the American Psychological Association Task Force for the Seriously Mentally Ill and was the founding President of the American Psychological Association's Community and State Hospital Section. Fred also served as President of the National Mental Health Consumers' Association.

Over the years, no one has inspired more NAMI gatherings than Fred. He was the first of a generation of people living with schizophrenia who showed tremendous courage in self-identifying and speaking publicly about his illness.

It should be noted that Fred could not have accomplished what he did—or served NAMI for so many years—without his wife Penny. She was an enormous source of strength and was always at Fred's side at NAMI gatherings across the country.

The NAMI Family mourns his passing. Our thoughts and prayers are with Penny and their four children.

NOTE: Many NAMI Syracuse members may remember Fred Frese. Fred was the keynote speaker at our very first Fall Educational Conference in 1994 and again spoke in 2006.

EFFECTIVE LIMIT-SETTING FOR FAMILIES OF INDIVIDUALS WITH MENTAL ILLNESS

Adapted from Coping Strategies for Relatives of the Mentally Ill by Joel Kanter, M.S.W., L.C.S.W.

Goals. Regain authority over the household. Create an environment that's comfortable and manageable for you and other family members. Do not attempt to control your ill relative's life outside of home.

Attitudes. Effective limit-setting requires a spirit of determined toughness, not kindly persuasion or angry criticism. Nagging is especially unproductive.

Tactics. Focus your efforts on one or two aspects of behavior that especially trouble you. Ignore other matters until you have these issues under control. Focus on behavior you can consistently monitor and influence. Determine consequences for non-compliance that will inconvenience your ill relative yet will not be too onerous to administer. Obtain help from friends or relatives if necessary.

Communication. Clearly state expectations for appropriate behavior and consequences for non-compliance. Expect that these limits will be tested and you will have to administer consequences.

Unilaterally inform him or her that you will do A if they do B. Do not engage in lengthy discussions of the appropriateness of your expectations. In your home the family member who is ill needs to learn to live with your idiosyncrasies.

By-products of Effective Limit-Setting. Besides establishing a more livable family environment, effective limit-setting greatly enhances the credibility of family members and can lead to more productive discussions of other issues. It can also motivate your ill relative to work toward independence in order to escape from rules they do not prefer to live under. Learning that one must conform to the expectations of others in order to enjoy satisfying social relations, people with mental illness often behave more appropriately outside of the home.

MONEY DOES NOT EQUAL RECOVERY: BOURDAIN, SPADE, COBAIN, AND THE CULTURE OF CELEBRITY SUICIDE

by Conor Bezane

Common people do not have a monopoly on feeling hopeless and suicidal. It can happen to anyone, including celebrities.

When a depressed Sinéad O'Connor sequestered herself in a New Jersey motel room in 2015, crying out for help in a 12-minute YouTube video, it was out of desperation. But the reactions from people on the internet were extreme.

One comment on Facebook read:

“Suck it up, Lady!!! Don't bring “US” into your sad little world. Go back home and spend your money in the PUB!!! and you know what, buy them a round for God's sake.”

Just because someone may be rich and famous doesn't mean they are at fault for not spending money on treatment to feel better. O'Connor was diagnosed bipolar and revealed her status to Oprah in 2007. However, she found out later, her true diagnosis was PTSD and depression.

Hopelessness is a heavyweight predicament for anyone, and it is difficult for anyone to ask for help - that includes celebrities.

Were Anthony Bourdain and Kate Spade not entitled to feel powerless merely because they were celebrities? It's a cliché, but celebrities are people, too. And Bourdain and Spade, while not bipolar, struggled just as much as we who are bipolar struggle.

Bourdain had it all: a successful docu-series on CNN, bestselling books, a couple of revered restaurants. But depression knows no boundaries. And Bourdain took his life despite his successes.

In fact, we never know what's under the covers when it comes to anyone, let alone celebrities who keep their private lives under wraps.

Kate Spade's death by suicide came as a shocker. Who knew the iconic handbag designer with more than 175 stores internationally was in so much agony?

Yet, some cried foul about these two celebrities, whose deaths occurred within a span of one week.

If they were at the top of their game creatively, financially, and sensibly, posited some insensitive yet vocal internet trolls, how dare they take their own lives? They had the money to seek treatment. They had many people in their lives to confide in. They had the wherewithal to check themselves into a psychiatric hospital or rehab and not have to worry about the cost of it.

But they didn't. They died by suicide. And many people thought it was shameful and selfish.

Even Mariah Carey was not immune from personal attack when she came out as bipolar. "Mariah is full of s--- and drugs," one Facebook comment read. "I cannot stand that woman, now I know why," read another.

Celebrities deal with the pressure of having to be ON all the time. Especially comedians like Robin Williams, who was also bipolar and died of suicide. We only see them in the public eye and don't know what's going on behind the scenes.

In the case of Mariah, she suffers from bipolar II and continues to be a one-woman hit factory, singing her way to the top of the charts ever since her self-titled debut in 1990.

Mariah came out gracefully in an interview with People magazine. She made the rounds in the press, busting stigma and obliterating misconceptions.

One commenter on Facebook believed that Carey could never be bipolar because her career is thriving.

"Bipolar people aren't like Mariah Carey, I can assure you that," read that comment.

This comment assumes that bipolar people cannot function like the "normies." On the contrary, there are many stripes on the spectrum of bipolar and many people can - and do - work full-time jobs and operate "normally." And "normal" is also subjective.

Kanye West released an album this summer called "I Hate Being Bi-polar [sic]. It's Awesome!," making light of the seriousness of mental illness and declaring bipolar to be his superpower. He was the anti-Mariah.

Kurt Cobain is not a good role model, given his addiction to heroin and subsequent suicide. But when I found out he

was bipolar, it solidified Nirvana's status as my favorite band. I knew there was a reason I could understand Cobain's sometimes nonsensical lyrics. In a way, he was a role model for me because, like me, he was bipolar I and obviously obsessed with music. His story is a cautionary tale.

While some of us can't work because of rapid-cycling bipolar or extreme anxiety or panic disorder and do need disability benefits, there are some who have the capacity to seize the day almost every day and work successfully.

Some of us, especially those with bipolar II, deal with smaller bouts of depression and don't have the hallucinations and psychosis that come with the mania of being bipolar I. Those with bipolar II have hypomania, a lesser degree of mania that is like a euphoria without the odd behavior that can come with full-blown mania.

As we all know, every person is different. I'm bipolar I, but I continue to write every day, minus some days when I don't feel up to it because of a bad mental health day or a depressive episode.

But celebrities are just as entitled to bad mental health days as I am, and if they have suicidal tendencies, they are not selfish, they are merely human.

*~~Conor Bezane is a music-meister who has written for MTV News, AOL, and VICE. A champion of the dually diagnosed, Conor has developed a flourishing support community on TheBipolarAddict.com and Facebook and has chronicled his own mental-health battles in his book **The Bipolar Addict: Drinks, Drugs, Delirium, and Why Sober is the New Cool.***

VA Family to Family Classes

VA Family to Family classes will begin on Wednesday, September 18th through December 12th from 6pm-8pm at the Syracuse VA Medical Center Auditorium, 800 Irving Avenue, Syracuse 13210.

To register or find out more information, contact Ann Canastra at:

Ann.Canastra@va.gov or call
315-425-4400x52717

"ZERO SUICIDE" PROGRAM IN ONONDAGA COUNTY

by James T. Mulder,
jmulder@syracuse.com

The state plans to launch a "zero suicide" program in Onondaga County in September to get patients screened for suicide risk in all health care settings, from emergency rooms to primary care doctors' offices.

As part of the program Hutchings Psychiatric Center will test out a new treatment, never before offered in the US, that is dramatically reducing suicide attempts in Switzerland.

The zero suicide program will be funded by a five-year, \$3.5 million federal grant obtained by the state Office of Mental Health. While the state is using the money to step up suicide prevention statewide, Onondaga County will be the target of its most intensive efforts. That's because it is a medium-sized community with a relatively small number of hospitals and an above-average suicide rate, said Dr. Jay Carruthers, suicide prevention director for the state Office of Metal Health.

The goal is to reduce suicide attempts and deaths here.

While there are treatments for depression and schizophrenia, health care services are not traditionally specifically designed to prevent suicide, Carruthers said. "We are hoping to alter the trajectory of these individuals," he said.

The state is getting ready to roll out the program at a time when the high profile suicides of celebrities Anthony Boudain and Kate Spade have captured public attention. A recent report by the federal Centers for Disease Control and Prevention shows U.S. suicide rates have increased more than 25 percent since 1999. The suicide death rate in Onondaga County is 10.2 per 100,000 people, higher than the state rate of 8, according to the CDC.

The new treatment at Hutchings is designed to prevent suicide among high risk individuals who have already attempted to take their lives. The treatment, developed in Switzerland, is called **Attempted Suicide Short Intervention Program, ASSIP** for short.

(continued on next page)

ASSIP includes three sessions. During the first one, patients are video-recorded telling their story of how they came to attempt suicide. In the second session, the patient and therapist view the video together. During the third session they develop strategies to avoid future suicidal behavior. A study showed **ASSIP** reduced repeat suicide attempts by 80 percent.

It's not clear why **ASSIP** works so well. "It's thought there is something therapeutic about patients sharing and re-exposing themselves to these painful emotions with someone else and not being so isolated," Carruthers said.

There is no standard treatment for people who have attempted suicide, he said. Some meet briefly with a therapist to develop a safety plan, while others get costly psychotherapy that can last for years.

ASSIP falls between those two extremes and does not require clinicians to get as much training as they would for psychotherapy. A psychiatrist, a psychologist and a social worker at Hutchings have been trained in **ASSIP**. They are expected to start accepting outpatient referrals for **ASSIP** later this year or early next year.

The screening for suicide risk will begin in emergency rooms, inpatient psychiatric units and substance abuse-mental health treatment facilities which tend to see people at highest risk of suicide, Carruthers said.

Then the screening will be rolled out in primary care settings to identify individuals at moderate risk of suicide. Some of the training will be provided in webinars.

About 50 percent of people who die of suicide had visited a primary care provider within the last 30 days, Carruthers said.

"We know there are people who die who are at moderate risk," he said. "This offers an opportunity to select people who are thinking about suicide after going through difficult life events like a job loss or divorce."

EDITOR'S NOTE: For any questions or to make a referral please contact Dr. Ramanathan at 315-426-7680.

BETTER MENTAL HEALTH EDUCATION IS COMING TO SCHOOLS

HealthyPlace.com

Kids and teens throughout the K-12 school system sometimes face mental health problems or crises. Depression, anxiety, eating disorders, self-harm behaviors, ADHD, OCD, and other challenges plague students at all educational levels. Tragically, the suicide rate in adolescents is climbing. As a society, we need to do something positive about student mental health.

State education systems are beginning to act. **New York** and **Virginia** have just become the first two states in the U.S. to enact legislation that requires mental health education in schools. Both states passed legislation about two years ago, and the legislation in both states went into effect on July 1, 2018.

In N.Y., K-12 students will have an updated health curriculum that includes mental health information. In VA., 9th and 10th grade students will receive mental health education as part of the health and physical education curriculum.

The laws are designed to help students learn:

How to deal with mental health struggles

How to recognize problems (their own and others')

How to get mental health treatment

To openly acknowledge and discuss mental health

Recognize mental health as a vital part of overall health

To identify thoughts, attitudes and behaviors that promote mental health and wellbeing

Mandatory mental health education in two states is a great start. Now there's 48 to go!

Attention school administrators, teachers, parents:

NAMI Syracuse has trained people to offer **NAMI Ending the Silence**.

NAMI Ending the Silence (ETS) for students is a 50-minute presentation for middle and high school students that helps raise awareness and change perceptions around mental health conditions.

The presentations include:

- Warning signs
- Facts and statistics
- How to get help for themselves or a friend.

The goal of **NAMI ETS** is to create a generation of students who are well-positioned to end the silence and stigma surrounding mental illness.

Please call or e-mail the NAMI Syracuse office for more information or to schedule a presentation at your school.

ARTICLES FROM BIPOLAR NETWORK NEWS, VOLUME 22, ISSUE 3, 2018

submitted by Sheila Le Gacy

Large Finnish Study Finds Lithium is Best at Preventing Re-hospitalizations in Bipolar Disorder

18,018 Finnish patients in study. Medications associated with the smallest risk of re-hospitalization were long-acting injections of risperidone, gabapentin, long-acting injections of perphenazine, and lithium carbonate. Lithium was associated with the least risk of re-hospitalization, while benzodiazepines had the greatest risk.

Long acting injectable medications were associated with less risk compared to the identical medications delivered orally.

Researchers concluded that "*Lithium...should remain as the first line of treatment for bipolar disorder, after decades of underprescription.*"

Editors note: In addition to lithium's ability to prevent depressions and manias, it also increases the volume of the hippocampus and protects against a diagnosis of dementia in old age. Lithium decreases the risk for suicide and also increases the length of telomeres, bits on the ends of DNA strands that protect them as they replicate, which are important to the maintenance of both physical and psychiatric health. When lithium is used cautiously to maintain doses below a given patient's side effects threshold, it is very well tolerated by most individuals.

Vraylar Studies - Effective in Bipolar Depression as well as Mania

The atypical antipsychotic drug cariprazine (Vraylar) is FDA approved for schizophrenia and manic episodes of bipolar disorder. The pharmaceutical companies that produce this drug are applying for a change in labeling to reflect the drug's apparent ability to treat bipolar depression as well.

While many drugs can prevent or treat mania, treating bipolar depression has been more of a challenge. The most recent trial of Vraylar showed that a dose of 1.mg/day was effective at reducing depression ratings.

Longer Periods of Untreated Depression Linked to More Brain Inflammation

Since inflammation is a predictor of poorer response to antidepressants, new data add a neurochemical rationale to the already strong clinical rationale for earlier and more sustained antidepressant treatment and prevention. Virtually all treatment guidelines suggest that after two or three prior unipolar depressions, patients should receive long-term (life-long) antidepressant treatment. There is a large body of data that too many episodes can hurt the brain. Avoiding preventive treatment for too long may actually foster the development of more episodes and more treatment resistance. A good mantra is "prevent episodes, protect the brain."

NAMI Family to Family Classes

Free NAMI Family to Family 12 week course to begin Wednesday, October 3, 2018. Classes are from 6:00pm to 8:00pm at AccessCNY, 420 East Genesee Street, Syracuse.

For more information or to register, call Sheila Le Gacy at 315-218-1614 or Spencer Gervasoni at 315-218-0816.

Thank you to those who have recently joined or renewed membership to NAMI Syracuse

Carol Bryant
Lorenzo Bryant
Marla Bynes/Ernest Jones
Susan Crossett
William/Jennifer Dee
Diane Doby
Francis Glod
Beckie Hidy
Danae Hidy
Benjamin Jones
Nancy Marie Jones
Heidi Kadick/Fred Schlereth
Tim/Peg Kelley
Mary A. King
Mark Lawler
Deborah Mahaney
Sherie Ramsgard
Maggie Simone
Susan Splinder
Diane Van Patten
Karen Vogtle/DBSA Support Group

Thank you to those who have made donations to NAMI Syracuse

Susan Crossett
Syracuse Glass Co., Inc.
Donations made in memory of Walter Glod:
Molly Schneider
Francis Glod
Mildred Yeagler-Glod

Thank you to Christina Hunt and the students in the Sandy Creek Central School District for their donation to NAMI Syracuse.

Thank you to Amelia Mullin (daughter of NAMI Syracuse Board Member Lacey Roy) from Donlin Drive Elementary of Liverpool who initiated a fundraiser for NAMI Syracuse at her school.

HEALTHY MOMS HEALTHY BABIES

New at Hutchings Psychiatric Center is Madison Street Perinatal Mental Health Clinic serving pregnant and postpartum women in Central New York. The Healthy Moms, Healthy Babies, perinatal mental health clinic provides mental health services to women who are currently pregnant and post-partum mothers who are experiencing anxiety, depression, or other mental health symptoms.

While it is normal for some women to experience mood changes post birth, if these changes are severe or last longer than two weeks, this could indicate a perinatal mood disorder.

Services offered:

- Assessment
- Medication Management
- Individual therapy using CBT and DBT models
- Group Therapy
- Education
- Nutritionist
- Collaboration/referrals to other community agencies/supports.

For information or referral, call **Mary Carlisle, LCSW, at 315-426-7783.**

Save the date!

Thursday, November 1, 2018 - 4pm

Grand Rounds area, 2nd floor
713 Harrison St., Syracuse

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

presented by Lloyd Sederer, MD
Medical Director, NYS Office of
Mental Health

This talk is open to everyone!

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: _____

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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