



National Alliance on Mental Illness

# NAMI Syracuse



# Newsletter

NOVEMBER/DECEMBER 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

November 14, 2018	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
November 20, 2018	NAMI Syracuse Family Support 7:00pm - AccessCNY
November 21, 2018	Peer Support Group 5:30pm - NAMI Syracuse office
December 4, 2018	NAMI Syracuse Holiday Party <i>(see page 3 for details)</i>
December 12, 2018	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
December 18, 2018	NAMI Syracuse Family Support 7:00pm - AccessCNY
December 19, 2018	Peer Support Group 5:30pm - NAMI Syracuse office
January 10, 2019	Grand Rounds with Dr. Stephen Glatt <i>(see page 7 for details)</i>

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**MESSAGE FROM THE PRESIDENT**

Dear NAMI members and friends,

My mother passed away September 28th. She lived a long life and was well loved. Please see the poem my husband wrote for my brother, sister and me (page 5).

Thank you to all the NAMI family who sent cards and condolences.

We have had a busy fall!

September 23rd we held our annual fundraiser at All Saints church raising \$9,000.

We sold 150 tickets this year, more than any other year. We had media coverage. We reached more people in the community that were not familiar with our mission.

October 10th our annual conference "Stand Against Stigma" was a success at the zoo. We had 140 attend. We honored our long time friend Dr. Mantosh Dewan with the Joe Gentile Advocacy award. We raised \$619 from the silent auction and \$7292 from the conference.

October 19th the CIT (Crisis Intervention Training) provided to local police agencies included a segment where consumers with mental illness told their stories of interaction with police and I spoke about my experience as a family member.

October 26-28 was the NAMI NYS conference. Several of us attended and Ann Canastra received the Signature Program award for her efforts to train members of NAMI Syracuse to provide "signature" programs at our affiliate. Ann is also a NAMI NYS board member and consultant to our board.

November 1st, Dr. Sederer presented a talk about mental illness and drug addiction at Upstate grand rounds open to the public and many of us attended.

November 16th, Upstate Foundation will hold a Gala to benefit the adolescent psychiatric beds at Upstate hospital. I have the honor of co-chairing with Dr. Wanda Fremont.

Mid-December "Cycle of Health" on our local PBS station will present a program featuring several NAMI members involved in "Ending the Silence". This program focuses on fighting stigma.

This year has been busy with us reaching out to more organizations in the community, more media coverage, and more speaking engagements. If you are interested in getting more involved, let us know. We will sign you up for training in the signature programs.

Grateful for all of you who support NAMI's missions,

Marla Byrnes

**NAMI Syracuse Officers**

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

**Board of Directors**

- Mary Bartowski
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- Lacey Roy
- Karen Winters Schwartz
- Susan Zdanowicz

**Consultant to Board**

- Dr. Sunny Aslam
- Steven Comer
- Dr. Mantosh Dewan
- Dr. Stephen Glatt
- Dr. Raslaan Nizar
- Ann Canastra MS, LMHC

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



[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!

Dear Frank and Esther Mazzotti,

Thank you for your many years of service to PROMISE Residential Project and NAMI Syracuse. Frank, you have provided 22 years of service on the board as our trusted treasurer. You have always shared your common sense, humor and humility with the many board members you have served with over the years.

You have been true blue volunteers helping at any event, bringing food to potlucks, putting together the newsletter and hauling it off to the post office, cooking at "Men Who Cook" with your buddy Spence, flipping burgers at all the picnics, and sharing your musical talents at our "Touched with Fire" concerts.

You are a couple devoted to their son and improving his life by advocating for better services. In your journey you have fought for all families and their loved ones.

Thank you for your dedication, support and service.

On behalf of all the past presidents, thank you.

Sincerely,

Marla Byrnes

*Please join us!*

# NAMI Syracuse Holiday Party

*Tuesday, December 4, 2018*

*Francesca's Cucina*

*545 North Salina Street, Syracuse  
5:30-6:30 Social Hour/6:30 Dinner*



~~Menu~~

**Italian Antipasto/Bread  
Rigatoni Pasta with Vodka Sauce  
Herb Roasted Potatoes  
Chicken Francese  
Broiled Haddock  
with shrimp & lobster cream sauce  
Dessert  
Coffee/Tea**

~~cash bar~~

~~\$35.00 per person~~

Please RSVP by **Wednesday, November 28th** by calling or e-mailing the NAMI Syracuse office.  
315-487-2085/namisyracuse@namisyracuse.org  
and sending payment to NAMI Syracuse, 917 Avery Avenue, Syracuse, NY 13204 ~~or~~  
visit our website, [www.namisyracuse.org](http://www.namisyracuse.org), click "Donate" and indicate "Holiday Party" via PayPal

*We are pleased again this year to be offering 10 "scholarships" to NAMI Syracuse members who may not be able to afford it, but, would like to join us at the holiday party,  
You must be a NAMI member in good standing (current dues paid). This will be on a first come, first serve basis.  
If interested, please call the NAMI Syracuse office, 315-487-2085.*

## ***Happy Holidays!***

*Sending warm wishes to you and your family  
during this Holiday Season.  
May your home be blessed with love,  
happiness and peace!*



## HE GOT SCHIZOPHRENIA. HE GOT CANCER. AND THEN HE GOT CURED.

by *Moises Velasquez-Manoff, The New York Times, September 29, 2018*

***A bone-marrow transplant treated a patient's leukemia - and his delusions, too. Some doctors think they know why.***

The man was 23 when the delusions came on. He became convinced that his thoughts were leaking out of his head and that other people could hear them. When he watched television, he thought the actors were signaling him, trying to communicate. He became irritable and anxious and couldn't sleep.

Dr. Tsuyoshi Miyaoka, a psychiatrist treating him at the Shimane University School of Medicine in Japan, eventually diagnosed paranoid schizophrenia. He then prescribed a series of antipsychotic drugs. None helped. The man's symptoms were, in medical parlance, "treatment resistant."

A year later, the man's condition worsened. He developed fatigue, fever and shortness of breath, and it turned out he had a cancer of the blood called acute myeloid leukemia. He'd need a bone-marrow transplant to survive. After the procedure came the miracle. The man's delusions and paranoia almost completely disappeared. His schizophrenia seemingly vanished.

Years later, "he is completely off all medication and shows no psychiatric symptoms," Dr. Miyaoka told me in an email. Somehow the transplant cured the man's schizophrenia.

A bone-marrow transplant essentially reboots the immune system. Chemotherapy kills off your old white blood cells, and new ones sprout from the donor's transplanted blood stem cells. It's unwise to extrapolate too much from a single case study, and it's possible it was the drugs the man took as part of the transplant procedure that helped him. But his recovery suggests that his immune system was somehow driving his psychiatric symptoms.

At first glance, the idea seems bizarre - what does the immune system have to do with the brain? - but it jibes with a

growing body of literature suggesting that the immune system is involved in psychiatric disorders from depression to bipolar disorder.

The theory has a long, if somewhat overlooked, history. In the late 19th century, physicians noticed that when infections tore through psychiatric wards, the resulting fevers seemed to cause an improvement in some mentally ill and even catatonic patients.

Inspired by these observations, the Austrian physician Julius Wagner-Jauregg developed a method of deliberate infection of psychiatric patients with malaria to induce fever. Some of his patients died from the treatment, but many others recovered. He won a Nobel Prize in 1927.

One much more recent case study relates how a woman's psychotic symptoms - she had schizoaffective disorder, which combines symptoms of schizophrenia and a mood disorder such as depression - were gone after a severe infection with high fever.

Modern doctors have also observed that people who suffer from certain autoimmune diseases, like lupus, can develop what looks like psychiatric illness. These symptoms probably result from the immune system attacking the central nervous system or from a more generalized inflammation that affects how the brain works.

Indeed, in the past 15 years or so, a new field has emerged called autoimmune neurology. Some two dozen autoimmune diseases of the brain and nervous system have been described. The best known is probably anti-NMDA-receptor encephalitis, made famous by Susannah Cahalan's memoir "Brain on Fire." These disorders can resemble bipolar disorder, epilepsy, even dementia - and that's often how they're diagnosed initially. But when promptly treated with powerful immune-suppressing therapies, what looks like dementia often reverses. Psychosis evaporates. Epilepsy stops. Patients who just a decade ago might have been institutionalized, or even died, get better and go home.

Admittedly, these diseases are exceedingly rare, but their existence suggests there could be other immune disorders of the brain and nervous system we don't know about yet.

Dr. Robert Yolken, a professor of developmental neurovirology at Johns Hopkins, estimates that about a third of schizophrenia patients show some evidence of immune disturbance. "The role of immune activation in serious psychiatric disorders is probably the most interesting new thing to know about these disorders," he told me.

Studies on the role of genes in schizophrenia also suggest immune involvement, a finding that, for Dr. Yolken, helps to resolve an old puzzle. People with schizophrenia tend not to have many children. So how have the genes that increase the risk of schizophrenia, assuming they exist, persisted in populations over time? One possibility is that we retain genes that might increase the risk of schizophrenia because those genes helped humans fight off pathogens in the past. Some psychiatric illness may be an inadvertent consequence, in part, of having an aggressive immune system.

Which brings us back to Dr. Miyaoka's patient. There are other possible explanations for his recovery. Dr. Andrew McKeon, a neurologist at the Mayo Clinic in Rochester, Minn., a center of autoimmune neurology, points out that he could have suffered from a condition called paraneoplastic syndrome. That's when a cancer patient's immune system attacks a tumor - in this case, the leukemia - but because some molecule in the central nervous system happens to resemble one on the tumor, the immune system also attacks the brain, causing psychiatric or neurological problems. This condition was important historically because it pushed researchers to consider the immune system as a cause of neurological and psychiatric symptoms. Eventually they discovered that the immune system alone, unprompted by malignancy, could cause psychiatric symptoms.

Another case study from the Netherlands highlights this still-mysterious relationship. In this study, on which Dr. Yolken is a co-author, a man with leukemia received a bone-marrow transplant from a schizophrenic brother. He beat the cancer but developed schizophrenia. Once he had the same immune system, he developed similar psychiatric symptoms.

The bigger question is this: If so many syndromes can produce schizophrenia-like

symptoms, should we examine more closely the entity we call schizophrenia?

Some psychiatrists long ago posited that many “schizophrenias” existed - different paths that led to what looked like one disorder. Perhaps one of those paths is autoinflammatory or autoimmune.

If this idea pans out, what can we do about it? Bone marrow transplant is an extreme and risky intervention, and even if the theoretical basis were completely sound - which it's not yet - it's unlikely to become a widespread treatment for psychiatric disorders. Dr. Yolken says that for now, doctors treating leukemia patients who also have psychiatric illnesses should monitor their psychiatric progress after transplantation, so that we can learn more.

And there may be other, softer interventions. A decade ago, Dr. Miyaoka accidentally discovered one. He treated two schizophrenia patients who were both institutionalized, and practically catatonic, with minocycline, an old antibiotic usually used for acne. Both completely normalized on the antibiotic. When Dr. Miyaoka stopped it, their psychosis returned. So he prescribed the patients a low dose on a continuing basis and discharged them.

Minocycline has since been studied by others. Larger trials suggest that it's an effective add-on treatment for schizophrenia. Some have argued that it works because it tamps down inflammation in the brain. But it's also possible that it affects the microbiome - the community of microbes in the human body - and thus changes how the immune system works.

Dr. Yolken and colleagues recently explored this idea with a different tool: probiotics, microbes thought to improve immune function. He focused on patients with mania, which has a relatively clear immunological signal. During manic episodes, many patients have elevated levels of cytokines, molecules secreted by immune cells. He had 33 mania patients who'd previously been hospitalized take a probiotic prophylactically. Over 24 weeks, patients who took the probiotic (along with their usual medications) were 75 percent less likely to be admitted to the hospital for manic attacks compared with patients who didn't.

The study is preliminary, but it suggests that targeting immune function may improve mental health outcomes and that tinkering with the microbiome might be a practical, cost-effective way to do this.

Watershed moments occasionally come along in medical history when previously intractable or even deadly conditions suddenly become treatable or preventable. They are sometimes accompanied by a shift in how scientists understand the disorders in question.

We now seem to have reached such a threshold with certain rare autoimmune diseases of the brain. Not long ago, they could be a death sentence or warrant institutionalization. Now, with aggressive treatment directed at the immune system, patients can recover. Does this group encompass a larger chunk of psychiatric disorders? No one knows the answer yet, but it's an exciting time to watch the question play out.

*Mr. Velasquez-Manoff is a science writer.*

## OVERWHELMED BY MENTAL CHAOS? SIMPLIFY

Life can be overwhelming. Throw in mental illness, other mental health struggles, relationship issues, or high stress levels, and life inside your head plus life around you can seem like chaos. Trying to deal with racing thoughts, roiling emotions, or rowdy daily life tasks can make people feel like they're spinning out of control.

You can stop this vicious cycle, calm the chaos, and find peace. A key approach to quieting the chaos in your mind as well as the chaos around you is to simplify. Clean out anything that isn't serving you or is causing stress and agitation. Both in your mind and in the space around you, determine what you can let go of. Ask yourself some reflection questions such as:

How am I talking to myself, and how can I replace negative self-talk?

What clutter can I clear out of my favorite space?

What mental clutter can I clean out?

Can I create a daily ritual for sitting in quiet meditation? How would I like that to be?

Quieting chaos is a process. Inner peace and calm won't develop instantly, but you will cultivate them as you make little changes to your inner and outer worlds every day. As you simplify, you will reduce the sense of being overwhelmed.

~~from HealthyPlace.com

## The Sun also Rises:

As the Sun rises in the East and sets in the West,

Such is The Earthly Cycle Of Life And Death.

Life rises from the womb and sets in the grave,

While the body is lost, the Spirit is Saved.

Just as We see the Sun, with the coming of day,

No Loving Soul ever passes away.

It simply sets for a time, then rises again;

Its warmth and its radiance has no end.

So, though my heart joins You in Your pain and sorrow,

The end of suffering shall bring forth a brighter tomorrow.

Blessed for many years with the unconditional love of a Mother,

God shared with You A Precious Gift - Unlike Any Other!!

As “The Universe” continues its unwinding ways,

I pray You find comfort in the coming days.

You know, of a certainty, how much You are loved;

That love is now eternal - A gift from God above.

In the presence of God Almighty, Life is never done;

There is no pain or suffering - There is no setting Sun.

Embrace the grief You feel - The night has no surprises,

Morning will come, Your joy will return - The Sun also rises!!!

May peace accompany Your Mom's ascension into eternity.

Love,

Ernest

## **A HORRIFIC CRIME ON THE SUBWAY LED TO KENDRA'S LAW. YEARS LATER, HAS IT HELPED?**

*by Ali Watkins, September 11, 2018*

Nearly two decades ago, in a Manhattan subway station, a mentally ill man shoved Kendra Webdale, a promising young writer, to her death in front of an oncoming N train.

It was a horrific crime that shocked the city and the nation, highlighting deep flaws in the care of seriously mentally ill people and spurring a wave of state laws that use court orders to move them into outpatient treatment.

Recently, the man who killed Ms. Webdale, Andrew Goldstein, now 49, who has had schizophrenia since his youth, walked out of prison and into a mental health system that has been heavily influenced by his crime.

But whether those reforms have fundamentally improved that system - or just patched it over - remains an issue of intense debate among lawmakers, doctors and other mental health specialists. The so-called Kendra's Law program in New York, for example, is considered to be successful when it is used. But advocates and critics alike say it is underutilized and underfunded.

"There's still so much further to go," said State Senator Catharine Young, an upstate New York Republican who has been one of the law's chief supporters in recent years.

Now, 46 states have some version of the program popularized by Kendra's Law, known in the mental health lexicon as "Assisted Outpatient Treatment," or A.O.T.

The effectiveness of consistent treatment on the most seriously mentally ill, with or without a court order, is widely acknowledged. The treatment required by Kendra's Law in New York is proven to reduce a patient's risk of hospitalization, suicide and violence.

Championed by Ms. Webdale's family, Kendra's Law sought to plug cracks that Mr. Goldstein had fallen through. Records showed that he had been hospitalized more than a dozen times before

killing Ms. Webdale, including one stay in the hospital just six weeks prior.

He was repeatedly released to live on his own, where he often shirked treatment, he later acknowledged.

Under longstanding law, people who are a danger to themselves or others can be committed to a psychiatric ward. But then there are those who are not deemed an immediate danger and thus do not meet that standard.

That was the case for Mr. Goldstein before he pushed Ms. Webdale to her death.

Under Kendra's Law, individuals like Mr. Goldstein can be brought to court and ordered to undergo outpatient treatment, including taking medication. There is no criminal penalty if they don't comply, but research has shown the program is effective.

Assisted Outpatient Treatment programs also require state health systems to prioritize patients with court orders, moving them to the front of waiting lists for treatment.

Advocates of this approach say it provides incentives for seriously mentally ill people to stay in treatment. Critics respond that the programs drag some of the most vulnerable patients through legal proceedings, only after the mental health system has failed them elsewhere. They also point to racial disparities in how the law is applied.

As of September, there were 3,158 patients under active Kendra's Law court orders in New York, according to state statistics.

There are more patients who could qualify for the program based on their mental health and criminal histories. "We guess that there should be around 8,000," said D. J. Jaffe, an advocate of Kendra's Law who is the executive director of Mental Illness Policy Org.

Kendra's Law restricts who can petition the courts to get patients into treatment. Doctors and parole officers can initiate the process, but the burden often falls on family members.

"One of the problems we have with the current Kendra's Law is family members aren't aware that it's available as a resource," Senator Young said. "The research clearly demonstrates that Kendra's

Law has been effective in helping the seriously mentally ill get the help they need and increasing public safety. However, it is greatly underutilized."

Mr. Goldstein was sentenced to 23 years in prison, but was released after 19 years because of good behavior.

Despite years of treatment behind bars, Mr. Goldstein remains far from well. On the afternoon of his last day at Sing Sing prison, he frequently rambled during an interview.

He said that he hoped to be admitted to Creedmoor psychiatric hospital in Queens, where he spent time before his imprisonment. He said he knew he could not be trusted to maintain treatment on his own, and he would feel safer if someone was there to make sure he took his medication.

Mr. Goldstein said he knew that he killed Ms. Webdale, and while staring at his dirtied Converse sneakers, he described that day in 1999.

But he added: "I still don't know how responsible I am for that death."

It is unclear if Mr. Goldstein himself qualifies for care under Kendra's Law, which requires that a patient has been hospitalized or jailed, or has committed an act of violence, within the previous 48 months - and that the patient has not been compliant with treatment.

Mr. Goldstein's history before his imprisonment would have qualified him. However, Kendra's law did not go into effect until November 1999. Asked what that discrepancy meant for Mr. Goldstein's future, experts were split.

Mr. Goldstein was released to "another state agency," the Department of Corrections said. The court order was sealed and no more details were available.

Families of mentally ill people in Kendra's Law programs said the threat of a court order was often enough to prompt a loved one into treatment.

"That was the magic trick," said Susan Marasciulo, who said her mentally ill son had his life transformed by Kendra's Law. "That was the turning point." She and her husband referred him into the program after a series of hospital stays and an episode involving the police.

Gov. George Pataki signed Kendra's Law in 1999. Her son left the program a decade ago, she said, and has complied

with treatment since, including after the family moved to South Carolina.

Assisted Outpatient Treatment is two-fold. It requires the mentally ill to get treatment, and obligates state health systems to provide it.

"There's very, very wide variability in A.O.T. programs across the country," said Dr. Marvin Swartz, a psychiatry professor at Duke University, where he has helped lead several studies on the effectiveness of these programs. "New York is unique because with the legislation, it added the infrastructure."

New York State budgeted \$24.7 million for Kendra's Law last year, Senator Young said, adding that the program could use more financial support. She introduced legislation to strengthen the law that passed the Republican-controlled State Senate, but it hasn't passed the Democratic-controlled State Assembly.

Critics of Assisted Outpatient Treatment said the programs did not address broader problems in the mental health system.

"A number of the people that wind up on these programs are all too often people who are being failed by the system," said Harvey Rosenthal, executive director of the New York Association of Psychiatric Rehabilitation Services.

"Once you open that option, it lets the system off the hook," he said. "You don't want to write the system off; you want to push the system to respond."

After the interview at Sing Sing, Mr. Goldstein said he was about to meet with his lawyer.

He said he was working with a legal team as he transitioned out of prison and, he hoped, into a Kendra's Law program.

"It is a silver lining," Mr. Goldstein said, during a moment of clarity. "If that's what you'd call it."

Reached later that week, a representative for the law firm Mr. Goldstein mentioned was troubled: Its lawyers had not worked with him in years.

*Ali Watkins is a reporter for the The New York Times.*

## **Thank you to all the businesses and people who contributed to the Harvest Hopela and Silent Auction!**

ALL SAINTS PARISH - FATHER FRED, MONICA and MEG!

Behind the Iron Gate

C & A Accounting

CNY CENTRAL

CNY Healing Arts

Dibello's - Fred and Trudy Viricillo

Dunkin' Donuts

FOXFIRE - Jim Noble

Frightmare Farms

Golden Hanger

Hairanoia

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Lock 1 Distillery

Metro Home Style

Mohegan Manor

Painting with a Twist

Phoebe's

Price Chopper

Ra-lins

Springside Farm

Sterling Optical

Tom Mann Golf

Wegmans

Whole Mental Wellness

Vinomania

Zebb's

Carol and Dan Brady

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Ann and Dan Canastra

August Cornell

Judy Flint

Mary Gandino

Sandi and Jeffery Geiger

Laura Hand

Barb Hamlin

Mary Lawless

Deb Mahaney

Marie Mahar

Patricia and Steve Moore

Cecelia Nardslico

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Spence and Marie Plavocos

Sherie Ramsgard

Duane and Wendy Schumacher

Paul and Jenn Schumacher

Eric Stensland

Joe and Judy Bliss Ridgway

Dr. Paul Schwartz

Dr. Karen Winters

Sheri and Paul Vangeet

Christine Wallace

Dr. Paula Zebrowski and Pam Fortino

Susan Zdanowicz

Congratulations to the winners of the Hopela Ticket Raffle Drawings:

Marisa de la Garza \$100.00

Bill Dworsky \$500.00

### ***Save the Date!***

Mark your calendar for a Grand Rounds  
**January 10, 2019 12:30-2:00pm**  
**Grand Rounds area, 2nd floor,**  
**713 Harrison Street**

**Resilience Genes Protect  
Unaffected Individuals at High  
Genetic Risk for Schizophrenia**

**Stephen J. Glatt, Ph.D**

We now know of thousands of genetic variants, which, in aggregate, account for 20% or more of the total risk for schizophrenia. Some individuals without schizophrenia have a relatively high load of these genetic risk factors, so we searched the genome for additional genetic variation that might offset those susceptibility genes. In this presentation, I will describe the process by which we identified these "resilience genes" for schizophrenia, and discuss the generalizability of this method to Alzheimer's disease, as well as other complex neuropsychiatric disorders.

Sponsored by Dept. of Psychiatry & Behavioral Sciences SUNY Upstate.

**THIS TALK IS OPEN TO EVERYONE**

## FROM CONGRESSMAN JOHN KATKO

Since coming to Congress, one of my top priorities has been to improve mental healthcare in our country. I've worked in Washington and here in our community to reduce stigma, raise awareness, and ensure every American in need has access to quality, affordable mental healthcare. I'm pleased to let you know about the steps forward Congress has taken over the past two years to address the gaps in our mental health system.

Most recently, Congress passed and the President signed into law the Opioid Crisis Response Act of 2018. This comprehensive bipartisan bill contains countless provisions aimed to increase access to mental health services as a part of substance abuse prevention and treatment. Included is a provision allowing addiction treatment professionals to participate in the National Health Service Corps, making these individuals eligible for federal student loan forgiveness, and a provision establishing a grant program through SAMHSA to allow organizations to develop opioid recovery centers in a community.

As co-chair of the Congressional Mental Health Caucus, I have focused my efforts on addressing our nation's suicide epidemic and working to address the shortage of mental health professionals.

I am pleased that earlier this year, with my support, Congress passed the National Suicide Hotline Improvement Act, which requires a study on the feasibility of providing the Suicide Prevention Lifeline with a three-digit number and a report on the overall needs of the Lifeline. In addition, I have advocated for increased funding for the Suicide Prevention Lifeline and am pleased that the most recent spending bill included \$4.8 million in additional funding for the Lifeline.

Legislatively, I have worked to increase the number of mental health providers in our country on several fronts. I have introduced H.R. 3032, the Mental Health Access Improvement Act, which would allow for licensed mental

health counselors and marriage and family therapists to be covered by Medicare. I have also introduced H.R. 6597, the Mental Health Professionals Workforce Shortage Loan Repayment Act, which would authorize a loan repayment program for mental health professionals who work for a period of time in an area of the country experiencing a shortage of care. To ensure every Central New Yorker has access to quality, affordable mental healthcare we need to incentivize individuals to get into the field, particularly in underserved areas, and we need to ensure that health care programs cover mental health treatment and the necessary providers.

Over the past two years, Congress has appropriated billions of dollars in new funding to mental health programs to support researchers and mental health providers in communities like ours. I recognize the tremendous work being done in our community by mental health professionals and will continue to fight in Congress for the resources and policies that support their work and ensure every individual has access to the care they deserve.

## MY RECOVERY JOURNEY AS A VETERAN

*by Moe Armstrong, Psychiatric Rehabilitation Journal 2010, Volume 33, No.4, 260-261*

From 1962 until 1966, I served in the Navy as a Medical Corpsman. During this time period, I was attached to both First and Third Reconnaissance Battalion in Vietnam and was decorated with a Navy Commendation Medal with a combat V. I was always brave and strong and conducted myself well.

During my time in combat, I experienced a complete and total breakdown trying to save the life of a wounded North Vietnamese soldier. I understood his humanity and that he was just like me. I was going to live, but he was going to die. My experience with this trauma affected my life and I began to fall apart and drifted into psychosis and exhaustion.

Back at our base camp, I was evacuated from Vietnam as a psychiatric casualty and eventually was sent to the U.S. Navy hospital in Oakland, California.

I continued to experience exhaustion and psychosis and felt alone and isolated. People, including me, were up all night in the hospital wandering around and unable to sleep. Although hospital staff thought that I was well and discharged me to my family in Illinois, I was not doing well at all. My family did not know what to do or how to help me.

Over time, I wandered about homeless and was vulnerable to people who wanted to get me drunk and high.

Eventually, I went to live in New Mexico and became involved with the VA to get a place to live. By 1976, ten years after the war, I realized that I wanted to stop getting high and focus on my life to be clean and sober. My VA benefits kept me from drifting into homelessness and I was able to do some janitor work and pass out advertising pamphlets to help supplement my income. I showed up to work, learned how to be consistent doing these two jobs and did not break down.

In 1984, I took advantage of the VA's vocational benefits to attend college and complete two bachelors degrees followed by two masters degrees. As an undergraduate, I graduated first in my class and received a community service award for my work on keeping veterans in school. I wrote my Master's thesis on the topic of supported employment.

By 1990, I was working in mental health with Donald Naranjo in Albuquerque, New Mexico. Donald is the Executive Director of Pathways, Inc. in Albuquerque and helped me to become knowledgeable about psychiatric rehabilitation while Gilberto Romero, a consumer activist, showed me what I could do as a member and activist with both state and national consumer expatient movements. I traveled with Gilberto to training sites and conferences and began to get a sense of myself as a person in recovery and realized that with my experience with mental illness that I could make a contribution back to the mental health system.

With the help of VA benefits and vocational rehabilitation, I never returned to poverty. I am a product of the VA mental health system and am not ashamed that I came through and continue today to receive VA services for my psychiatric condition. I continue to be tormented by

depression, sadness, and my mental pain. Sometimes, I feel crushed with anguish, but I continue on. I have tried to be more aware of my psychiatric condition so that I might help other people. In truth, the VA has become the family that I never had and provides me with a continual safe haven from my personal upheavals.

I have never denounced the mental health system and my care to prove that I am independent. My present job is to share my knowledge and what I have learned in the VA mental health system. What have I learned? I have found the Recovery Workbook (Spaniol, Koehler, & Hutchinson, 1994) a most useful tool for reducing stress and living with mental illness. As there are not enough staff people to reduce my anxiety, peer support is even more critical for my sanity, stability, safety, and sobriety. Thus, I teach or attend VA peer support using this workbook at least once a week.

I attend ongoing educational support meetings, called Vet-to-Vet, almost every day. I also have set up Vet-to-Vet meetings across the United States in almost 40 sites. "Gladly Teach/Gladly Learn" is the motto that I try to live by. VA (Vet-to-Vet) peer support is learning and teaching and sharing knowledge every day.

"Extend my hand of friendship" is my belief. My purpose in life is to try to be helpful to other people. I am committed to working with people who want to work with me. In Spanish, "Trabajamos con los que tenemos" or "work with who we have" is my belief. Someday, I hope to portray those of us living with psychiatric conditions in art, theater, video, motion pictures, and music. The most beautiful people that I have met are people in both the VA and public mental health system.

My life as a recipient of VA services and provider of services has been rewarding. I grew up thinking that I would play football and maybe sell insurance in a small town. I wanted to be a member of a church and the Lions Club. I thought perhaps that I could be a minister.

In the end, although I lost my mind, job, military life, and mother and father, I gained so much more. I gained love and

trust from people who have been hurt like me. I gained confidence from people who were lost and regained their lives. I regained another life. Not the life I once wanted. I have a good life and there are people who love me, and I love and appreciate many people. My time and friends are mostly in the mental health system where I have met more people and had more great conversations than I ever thought possible.

Life is short and people are precious. I believe that someday when I die that I will return to live more within God.

When I leave this life, I want to be remembered not by the money made or the beauty of my house. I want to be remembered by what I did and who I helped. From the VA mental health services and some individuals, I got a lot of help along the way.

My hope is to live and work with the VA West Haven, Connecticut. Laurie Harkness and Bob Rosenheck have given me purpose as I work to organize Vet-to-Vet educational support meetings all across the United States.

Strange, how 42 years later, my whole life seems to have come back to both working in the VA mental health system and continuing to get care.

This article is dedicated to Mr. Filberto Ruiz and Jack Valencia who found me homeless in the mountains and got me first connected to VA Services through the New Mexico Veterans Service Commission.

*NAMI Syracuse gratefully thanks those members whose term on the Board of Directors is up this year and also those who have resigned from the Board this year for various reasons.*

**Dr. Sunny Aslam -**

*(will become Consultant to Board)*

**Sandra Carter**

**Steven Comer -**

*(will become Consultant to Board)*

**August Cornell**

**Deborah Mahaney**

**Frank Mazzotti**

*(resigning as Treasurer after 22 years)*

**Sherie Ramsgard**

**George Van Laethem**

**FROM OUR PERSPECTIVE:  
ATTENDING THE NAMI NYS  
EDUCATIONAL CONFERENCE**  
*by Dr. Maggie Bristol & Ms. Krysten  
Ridgway*

This past weekend, we had the wonderful opportunity to attend the 2018 NAMI NYS Educational Conference in Albany, NY. This year's theme was "Moving Forward," and reaffirming every voice must be heard to end the stigma surrounding mental illness. On Friday, we appreciated and enjoyed the sessions on both veterans and young adults. As consumers in the community with personal interests in both areas, we looked forward to using our previous and newly acquired knowledge to carry on the fight against stigma barriers for these specific groups. Saturday and Sunday's informational sessions were full of educational material, as well as the latest research on several important topics regarding all areas pertaining to mental illness.

The conference was also a fantastic opportunity to be in a recovery oriented atmosphere, where individuals from all mental health backgrounds and experiences could come together to support the common cause of learning together, educating each other, sharing experiences, and strengthening awareness and opportunities for ending stigma surrounding the mental health community. We highly recommend this event to all NAMI members, and encourage everyone to attend next year!

**In Memoriam**

We offer our condolences and sympathy to Estelle Hahn and family on the passing of her son, Christopher Fondy.

We thank the family for designating donations made in memory of Christopher be sent to NAMI Syracuse.

Thank you to everyone who made a donation to NAMI Syracuse in memory of Christopher.

## 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)

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**