



National Alliance on Mental Illness

NAMI Syracuse



Newsletter

JANUARY/FEBRUARY 2019

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

January 9, 2019	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
January 15, 2019	NAMI Syracuse Family Support 7:00pm - AccessCNY
January 16, 2019	Peer Support Group 5:30pm - NAMI Syracuse office
January 18 - 21, 2019	Lord & Taylor Charity Days to benefit NAMI Syracuse <i>(see page 9)</i>
January 21, 2019	NAMI Ending the Silence Training NAMI Syracuse office <i>(see page 9)</i>
February 13, 2019	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
February 19, 2019	NAMI Syracuse Family Support 7:00pm - AccessCNY
February 20, 2019	Peer Support Group 5:30pm - NAMI Syracuse office

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MESSAGE FROM THE PRESIDENT

Dear NAMI Syracuse family and friends,

Happy New Year! 2019 stretches out in front of us. Where do we want to go and what do we hope to accomplish? Each year holds the promise of a new start.

First, I have to note my gratitude to the people who have supported NAMI 's missions this year by working on committees or the board of directors or renewing their membership or donating to an event or designating NAMI in memory of a loved one. We wouldn't exist without all of you. Volunteer organizations can easily dry up and blow away without the life blood of it's volunteers and membership. **YOU** keep us viable to help others, to educate the community, to advocate for better mental health services, to raise awareness about suicide and to fight stigma.

Second, I am grateful for the long term folks who carry the history of NAMI forward: Frank Mazzotti, Spence and Marie Plavocos, Sheila Le Gacy, Judy and Joe Ridgway, Betty Pringle, and Mary Gandino. There are others who remain behind the scenes but continue to support us.

Third, I am grateful for the support of Dr. Karen Winters-Schwartz who handed over the reins last year. She has given me guidance and filled in my gaps in knowledge about the "business" of NAMI Syracuse.

Finally, I am grateful for all the new board members and for past board members.

Welcome to the new crew:

Maggie Bristol, Beth Carmosino, Scotty Mac Queen, Carol Notar, Brad Webster, and Tanisha Wiggins.

Thank you to the retiring board members:

Sandra Carter, Steve Comer, August Cornell, George Van Laethem, Deb Mahaney, Sherie Ramsgard and Susan Zdanowicz.

The board will be determining where we put our energies for 2019. We hope to launch more programs to educate the public - especially in schools. One sad fact of re-affiliation was the smaller affiliates closed their doors. NAMI Syracuse now covers the Utica and Cortland areas. It offers us an opportunity to reach more schools but we will need more person power.

We will be scheduling more trainings in "Ending the Silence" to increase our availability to schools in central NY.

Every year holds new challenges and with your continued support we will meet those challenges.

Peace and Blessings to you and your loved ones,

Marla Byrnes, NAMI Syracuse President

NAMI Syracuse Officers

- Marla Byrnes.....President
- Spencer Plavocos.....Vice-President
- J. Thomas Bassett.....Treasurer
- Patricia Moore.....Recording Secretary

Board of Directors

- Mary Bartowski
- Margaret Bristol
- Beth Carmosino
- Phuong Kripalani
- Sheila Le Gacy
- Scotty MacQueen
- Carol Notar
- Joseph Ridgway
- Kryssy Ridgway
- Lacey Roy
- Karen Winters Schwartz
- Brad Webster
- Tanisha Wiggins

Consultant to Board

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

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!

PROMISE Residential Project Inc.

Many of our newer members may not know it; but, in addition to NAMI Syracuse, there is another not-for-profit organization, PROMISE Residential Project Inc. which includes a ranch house on the corner of Bellevue Avenue and Velasko Road purchased in 1998, and the building at 917 Avery Avenue which houses the NAMI Syracuse office and two apartments purchased in 2000. These apartments provide safe, affordable housing to people diagnosed with a mental illness who are able to live independently.

We are looking to fill Board vacancies on the Residential Board - 1 or 2 new members. The Board will meet quarterly to make decisions about repairs and upkeep of the two properties. Person should have an idea about upkeep of a residence or residential experience from an agency or just be interested in supporting our residences.

If you or someone you know may be interested, please call or e-mail the NAMI Syracuse office for more information.

**RECAP OF NAMI SYRACUSE
ACCOMPLISHMENTS IN 2018
AND WHAT'S UP FOR 2019!**

by Marla Byrnes

2018 flew by with new and old activities.

January 2018 John McConnell of Oswego surprised us with "Music for Mental Health" which raised \$6,000 for NAMI Syracuse.

The daytime family support group facilitated by Ann Canastra and Marla Byrnes on the second Wednesday of each month started November 2017 and has continued each month with varying attendance. Sheila Le Gacy, Spencer Gervasoni, and Carol Notar have continued the monthly evening support group on the third Tuesday of each month. Lacey Roy and Kryssy Ridgway started a monthly peer support group held on the second Wednesday evening of each month.

Family to Family and Homefront classes have been held several times this year.

Several members of NAMI trained in support groups, Peer to Peer, Ending the Silence and Homefront.

NAMI joined with ESF in a year long anti-stigma campaign.

We celebrated completing the laborious process of re-affiliation with NAMI that started with Dr. Karen Winters Schwartz in 2017 and completed this year. Many thanks to Mary Gandino for her diligence.

During May is Mental Health Month, Mary Bartowski worked with Liverpool library to host our "Nothing to Hide" photo/text display for the month and arranged several talks on mental health with the help of Sherie Ramsgard, Lacey Roy and Jonathan Crandall.

On May 19th we held an open house at our office 917 Avery Ave.

On September 23rd we held our 4th annual Harvest Hopela fundraiser.

Judy Flint manned an information table at Westcott Street Fair September 23rd.

October 10th, Stand Against Stigma was held at the zoo conference hall.

NAMI NYS recognizes Ann Canastra with an award for her efforts to promote signature programs at our affiliate and throughout the state.

November VET EXPO at the fair grounds - Maggie Bristol, Kryssy Ridgway and Scotty MacQueen were able to secure us an information table for the weekend expo.

PBS Cycle of Health filmed Beckie Hidy, Danae Hidy, Tanisha Wiggins and Marla Byrnes talking about fighting stigma. The program aired November 29th as "Breaking Through Depression" and is available on their website.

Upstate Foundation held their annual gala November 16th to raise funds for psychiatric pediatric beds at Upstate. Marla Byrnes and Dr. Wanda Fremont were honorary co-chairs.

In November, NAMI Syracuse participated in training for police department in Crisis Intervention Training.

Holiday party and annual membership meeting held December 4th at Francesca's Cucina to honor Frank and Esther Mazzotti for many years of dedicated service to NAMI and Promise Residential. Friends of NAMI Syracuse recognized were Pam Fortino, Dr. Paula Zebrowski, and Marie Mahar. Judge Ross Andrews was our honored guest announcing the start of a mental health court -Syracuse Recovery Court.

We spoke at over 15 organizations this year and/or participated in health fairs.

Our office is open M-F 9-3 all year with Mary Gandino ready to listen to your concerns, questions and needs.

2018 CNY VETERANS PARADE AND EXPO

by Margaret Bristol

On Saturday, November 10th, Kryssy Ridgway and I had the pleasure of attending the 2018 CNY Veterans Parade and Expo, representing NAMI Syracuse. Located at the Center of Progress Building at the New York State Fairgrounds, the event's purpose is to thank veterans for their military service and to recognize their importance in our communities. This year, the expo featured a special screening of "The Lost Tapes: Tet Offensive," Connected Warriors Yoga, a large exhibit celebrating 100 years of the American Legion,

and numerous vendors. There was even a kids' area featuring activities, games, displays and face painting. The focal point of the day was the one and one-half hour long parade that began at noon, and featured more than 90 veteran and military organizations, and even high school bands from throughout Central New York. This was quite an impressive selection of displays and activities, considering parking and admission are free!

Kryssy and I thoroughly enjoyed speaking to several veterans and family members, who expressed interest in our organization, asked many questions, and inquired about programs and support groups for themselves or loved ones. We were thrilled to meet so many individuals, who noted "I didn't realize NAMI supported veterans too," and "I am a vet/my spouse is a vet, but [our child/cousin/friend] has mental illness and I didn't realize what your organization was!" It sincerely warmed our hearts to pass on pamphlets, our newsletter, contact information, and resources to the many who shared their personal stories, and were genuinely grateful for this opportunity and newfound information. We also connected with a few other CNY organizations, such as Two Brothers' Light, an association that supports those affected by suicide and mental health issues. We hope that the mutual friendships and partnerships we made will benefit those individuals, NAMI Syracuse, and all organizations in spreading the word about resources, raising awareness, and erasing the stigmas surrounding mental illness. We are greatly looking forward to returning to the CNY Veterans Parade and Expo next November, and hope to see some familiar and new faces stop by our booth!

***This Mind of Mine
Peer Support Group***

*3rd Wednesday of each month
5:30pm*

*NAMI Syracuse office
917 Avery Ave., Syracuse 13204*

*All diagnoses welcome!
for more information, contact Lacey Roy,
eroylacey@gmail.com*

CHILDHOOD INFECTIONS MAY TRIGGER MENTAL ILLNESS

Megan Brooks, December 5, 2018

www.medscape.com

A large Danish population-based study provides strong evidence of an association between childhood infection, antibiotic treatment, and subsequent neuropsychiatric disorders.

Investigators found that the risk of developing a mental disorder increased by more than 80% after hospitalization for severe infection. The use of anti-infectives, specifically antibiotics, to treat the infection was associated with about a 40% increased risk for a subsequent mental disorder.

“Our findings linking infections with mental disorders in the developing brain, despite several limitations that make causal links impossible, add more knowledge to this growing field showing that there exists an intimate connection between the body and the brain,” first author Ole Kohler-Forsberg, MD, from the Psychosis Research Unit, Aarhus University Hospital, Denmark, told Medscape Medical News.

The study was published online December 5 in *JAMA Psychiatry*.

Harbinger of Mental Illness?

Some prior research has also linked infections with the development of mental disorders.

“However, no study has had the opportunity to investigate this association between all treated infections (covering hospitalizations and treatment with anti-infective agents) with the development of any treated mental disorder within such a large cohort of 1.1 million children and adolescents who were followed since birth,” Kohler-Forsberg noted.

The cohort included all individuals up to age 18 years born in Denmark from 1995 to 2012. The participants were followed until a mean age of 9.7 years. During follow-up, 42,462 (3.9%) were hospitalized for any mental disorder, and 56,847 (5.2%) filled a prescription for psychotropic medication.

Infections requiring hospitalization were strongly associated with subse-

quent increased risk of being diagnosed with any mental disorder (hazard rate ratio [HRR], 1.84; 95% confidence interval [CI], 1.69 - 1.99) and with filling a prescription for psychotropic medication (HRR, 1.42; 95% CI, 1.37 - 1.46).

Infection treated with an antibiotic was associated with a 41% increased risk for mental disorders (HRR, 1.41; 95% CI, 1.35 - 1.46) and a 22% increased risk for use of psychotropic medication (HRR, 1.22; 95% CI, 1.17 - 1.27).

Schizophrenia spectrum disorders, obsessive-compulsive disorder, personality and behavior disorders, mental retardation, autism spectrum disorder, attention-deficit/hyperactivity disorder, oppositional defiant disorder, conduct disorder, and tic disorders were associated with the highest risks following a severe infection.

The risk for a mental disorder after a severe infection increased with the number of infections and with the temporal proximity of the last infection. The biggest increase in risk was observed 0 to 3 months after infection. Results of the primary analyses were supported by analyses that included different reference groups and siblings.

“It therefore appears that infections and the inflammatory reaction that follows afterwards can affect the brain and be part of the process of developing severe mental disorders. This can, however, also be explained by other causes, such as some people having a genetically higher risk of suffering more infections and mental disorders,” Kohler-Forsberg told Medscape Medical News.

“Future studies need to investigate in more detail whether and how specific infectious agents or the amount of infections can lead to mental disorders. A better understanding of the role of infections and antimicrobial therapy in the pathogenesis of mental disorders might lead to new methods for the prevention and treatment of these devastating disorders,” said Kohler-Forsberg.

Compelling Results, Pressing Questions

Authors of an accompanying editorial note that the study provides “compelling epidemiologic evidence that severe infections, as well as exposure to anti-infective agents, are linked to the onset of neuropsychiatric illnesses in children.”

Viviane Labrie, PhD, and Lena Brundin, MD, PhD, from the Center for Neurodegenerative Sciences, Van Andel Research Institute, Grand Rapids, Michigan, also say the results of the study leave a number of “pressing questions.”

“Since the study controlled for important confounders and validated the findings in a sibling cohort, the results may reflect a causative biological mechanism,” they write, but “what could this mechanism be? More importantly, could we reduce the incidence of debilitating childhood neuropsychiatric disorders by targeting infection?”

“These results bring a sense of urgency to detailing the underlying mechanisms of this association, in particular because of the possibility that these severe and occasionally permanent neuropsychiatric conditions might be rapidly recognized and treated by pharmacological compounds already in clinical use,” Labrie and Brundin conclude.

JAMA Psychiatry. Published online December 5, 2018.

www.rtor.org is a free online service that helps families and individuals connect with expert “**resources to recovery**” in their communities. Through the website individuals and families can contact a Resource Specialist for personalized help with a problem, obtain information about best practices, or consult the Directory of Family-Endorsed Providers for recommendations on vetted programs and practitioners. Every day, people from across the United States contact us for free confidential help and mental health resource information.

Do you know a great mental health provider? Help other families connect with excellent mental health treatment. Recommend a provider for rtor.org’s Directory of Family Endorsed Providers.

Go to:

www.rtor.org/nominate-a-provider/

NAMI NYS ANNUAL CONFERENCE

by Marla Byrnes

I had the pleasure of attending the Oct. 26-28th conference in Albany.

Walking into the Marriott, I was greeted with a big hug from Matt Shapiro. It's like coming home whenever you attend a NAMI event. This year it was titled "Moving Forward" with the subtitle "Every Fight needs a Voice".

Mauro Ranallo who is an announcer with world wrestling and Showtime championship boxing shared the documentary showtime completed on Mr. Ranallo's battle with bipolar disorder. The documentary is called "Bipolar Rock N Roller". It was a very powerful movie. Mr. Ranallo was there to greet people at the end and to share encouraging remarks. He received the NAMI NYS 2018 Leader of Mental Health Awareness award. I got a hug from him too and a picture.

Dick Beardsley the marathon runner and author of a memoir "Staying on Course: A Runner's Toughest Race" spoke as the keynote speaker. His story is remarkable and moving.

Dr. Edward Hallowell was a featured author of the book "Because I Come From a Crazy Family: The Making of a Psychiatrist".

Dr. Xavier Amador, who has spoken at our conference in the past, spoke about his program LEAP. It stands for Listen, Empathize, Agree, and Partner. He has updated his book "I'm not Sick I do not Need Help".

Dr. Bruce Luber from NIMH spoke about the research that is being done with transcranial magnetic stimulation (TMS) to find the best focal points of the brain to stimulate to relieve depression, and OCD. They are working on initiating seizure to treat depression and eliminate the side effects of short term memory loss that occurs with ECT.

The greatest challenge at the conference is deciding what workshops to attend since there are many happening at once. These presentations are all recovery focused and engaging.

This conference offers many scholarships so no one who wants to attend is shut out of this experience. Please keep this in mind for 2019!

WHEN WILL WE SOLVE MENTAL ILLNESS?

by Benedict Carey, *New York Times*, November 19, 2018

Biology was supposed to cure what ails psychiatry. Decades later, millions of people with mental disorders are still waiting.

Nothing humbles history's great thinkers more quickly than reading their declarations on the causes of madness. Over the centuries, mental illness has been attributed to everything from a "badness of spirit" (Aristotle) and a "humoral imbalance" (Galen) to autoerotic fixation (Freud) and the weakness of the hierarchical state of the ego (Jung).

The arrival of biological psychiatry, in the past few decades, was expected to clarify matters, by detailing how abnormalities in the brain gave rise to all variety of mental distress. But that goal hasn't been achieved - nor is it likely to be, in this lifetime.

Still, the futility of the effort promises to inspire a change in the culture of behavioral science in the coming decades. The way forward will require a closer collaboration between scientists and the individuals they're trying to understand, a mutual endeavor based on a shared appreciation of where the science stands, and why it hasn't progressed further.

"There has to be far more give and take between researchers and the people suffering with these disorders," said Dr. Steven Hyman, director of the Stanley Center for Psychiatric Research at the Broad Institute of M.I.T. and Harvard. "The research cannot happen without them, and they need to be convinced it's promising."

The course of Science Times coincides almost exactly with the tear-down and rebuilding of psychiatry. Over the past 40 years, the field remade itself from the inside out, radically altering how researchers and the public talked about the root causes of persistent mental distress.

The blueprint for reassembly was the revision in 1980 of psychiatry's field

guide, the Diagnostic and Statistical Manual of Mental Disorders, which effectively excluded psychological explanations.

Gone was the rich Freudian language about hidden conflicts, along with the empty theories about incorrect or insufficient "mothering." Depression became a cluster of symptoms and behaviors; so did obsessive-compulsive disorder, bipolar disorder, schizophrenia, autism and the rest.

This modernized edifice struck many therapists as a behavioral McMansion: an eyesore, crude and grandiose. But there was no denying that the plumbing worked, the lighting was better, and the occupants had a clear, agreed-upon language.

Researchers now had tidier labels to work with; more sophisticated tools, including M.R.I.s, animal models, and genetic analysis, to guide their investigations of the brain; and a better understanding of why the available drugs and forms of psychotherapy relieved symptoms for many patients.

Science journalists, and their readers, also had an easier time understanding the new vocabulary. In time, mental problems became mental disorders, then brain disorders, perhaps caused by faulty wiring, a "chemical imbalance" or genes.

But the actual science didn't back up those interpretations. Despite billions of dollars in research funding, and thousands of journal articles, biological psychiatry has given doctors and patients little of practical value, never mind a cause or a cure.

Nonetheless, that failure offers two valuable guideposts for the next 40 years of research.

One is that psychiatry's now-standard diagnostic system - the well-lighted structure, with all its labels - does not map well onto any shared biology.

Depression is not one ailment but many, expressing different faces in different people. Likewise for persistent anxiety, post-traumatic stress, and personality issues such as borderline personality disorder.

As a result, the best place for biological scientists to find traction is with individuals who have highly heritable, narrowly defined problems. This research area has run into many blind alleys, but there are promising leads.

In 2016, researchers at the Broad Institute found strong evidence that the development of schizophrenia is tied to genes that regulate synaptic pruning, a natural process of brain reorganization that ramps up during adolescence and young adulthood.

“We are now following up hard on that finding,” said Dr. Hyman. “We owe it to those who are suffering with this diagnosis.”

Scientists also foresee a breakthrough in understanding the genetics of autism. Dr. Matthew State, chief of psychiatry at the University of California, San Francisco, said that in a subset of people on the autism spectrum, “the top 10 associated genes have huge effects, so a clinical trial using gene therapies is in plausible reach.”

The second guidepost concerns the impact of biology.

Although there are several important exceptions, measurable differences in brain biology appear to contribute only a fraction of added risk for developing persistent mental problems. Genetic inheritance surely plays a role, but it falls well short of a stand-alone “cause” in most people who receive a diagnosis.

The remainder of the risk is supplied by experience: the messy combination of trauma, substance use, loss and identity crises that make up an individual’s intimate, personal history. Biology has nothing to say about those factors, but people do. Millions of individuals who develop a disabling mental illness either recover entirely or learn to manage their distress in ways that give them back a full life. Together, they constitute a deep reservoir of scientific data that until recently has not been tapped.

Gail Hornstein, a professor of psychology at Mount Holyoke College, is now running a study of people who attend meetings of the Hearing Voices Network, a grass-roots, Alcoholics Anonymous-like group where people can talk with one another about their mental health struggles.

Many participants are veterans of the psychiatric system, people who have received multiple diagnoses and decided to leave medical care behind. The study will analyze their experiences, their per-

sonal techniques to manage distress, and the distinctive characteristics of the Hearing Voices groups that account for their effectiveness.

“When people have an opportunity to engage in ongoing, in-depth conversation with others with similar experiences, their lives are transformed,” said Dr. Hornstein, who has chronicled the network and its growth in the United States. “We start with a person’s own framework of understanding and move from there.”

She added: “We have underestimated the power of social interactions. We see people who’ve been in the system for years, on every med there is. How is it possible that such people have recovered, through the process of talking with others? How has that occurred? That is the question we need to answer.”

To push beyond the futility of the last 40 years, scientists will need to work not only from the bottom up, with genetics, but also from the top down, guided by individuals who have struggled with mental illness and come out the other side.

Their expertise is fraught with the pain of having been misunderstood and, often, mistreated. But it’s also the kind of expertise that researchers will need if they hope to build a science that even remotely describes, much less predicts, the fullness of human mental suffering.

DRUG OVERDOSE, SUICIDE DEATHS CUT US LIFE EXPECTANCY

by Megan Brooks, November 29, 2018

Driven largely by deaths from drug overdoses and suicide, life expectancy in the United States dropped during the period from 2016 to 2017, according to the latest data from the National Center for Health Statistics (NCHS), the Centers for Disease Control and Prevention (CDC).

The trend is “troubling,” CDC Director Robert R Redfield, MD, said in a statement.

“Life expectancy gives us a snapshot of the nation’s overall health, and these sobering statistics are a wake-up call that we are losing too many Americans, too early and too often, to conditions that are preventable,” said Redfield.

“CDC is committed to putting science into action to protect US health, but we must all work together to reverse this trend and help ensure that all Americans live longer and healthier lives,” he added.

Drug overdoses claimed the lives of 70,237 people in United States in 2017, according to the official tally released by the CDC. Most of these deaths were unintentional.

Rates of drug overdose continued to increase. In 2017, the age-adjusted rate of drug overdose deaths was 9.6% higher than the rate in 2016 (21.7 vs 19.8 per 100,000), although the percentage increase was lower than that seen from 2015 to 2016, when the rate rose by 21% (from 16.3 to 19.8 per 100,000).

The rate of drug overdose deaths in 2017 was 3.6 times higher than the rate in 1999. Rates increased for both men (from 8.2 in 1999 to 29.1 in 2017) and women (from 3.9 in 1999 to 14.4 in 2017).

In 2017, the highest rates of drug overdose deaths occurred among adults aged 25 to 54 years. From 1999 to 2017, the greatest increase in drug overdose death rates occurred among adults aged 55 to 64, from 4.2 to 28.0 per 100,000, a more than sixfold increase.

In 2017, West Virginia (57.8 per 100,000), Ohio (46.3), Pennsylvania (44.3), and the District of Columbia (44.0) had the highest drug overdose death rates. Texas (10.5), North Dakota (9.2), South Dakota (8.5), and Nebraska (8.1) had the lowest drug overdose death rates in 2017.

The pattern of drugs involved in overdose deaths has changed in recent years. The rate of deaths involving synthetic opioids other than methadone (such as fentanyl, fentanyl analogues, and tramadol) jumped 45%, from 6.2 per 100,000 in 2016 to 9.0 in 2017.

The rates of drug overdose deaths involving heroin (4.9 per 100,000), natural and semisynthetic opioids (4.4), and methadone (1.0) were the same in 2016 and 2017. However, in 2017, the rate of deaths caused by heroin overdose was seven times higher than in 1999.

Suicide Rates Up

The data on suicide are no less troubling. From 2016 to 2017, the suicide rate increased 3.7%, the CDC reports. During the past 18 years, the suicide rate jumped

33%, from 10.5 suicides per 100,000 in 1999 to 14.0 in 2017.

The average annual percentage increase in suicide rates accelerated from roughly 1% per year during the period 1999-2006 to 2% per year in 2006-2017.

Since 1999, suicide rates have increased for both males (from 17.8 to 22.4 per 100,000) and females (from 4.0 to 6.1). The rates in the most rural US counties were nearly twofold higher than the rates in the most urban counties (20.0 vs 11.1 per 100,000), the report notes.

In 1999, the age-adjusted suicide rate for the most rural counties (13.1 per 100,000) was 1.4 times the rate for the most urban counties (9.6), whereas in 2017, the age-adjusted suicide rate for the most rural counties (20.0) was 1.8 times the rate for the most urban counties (11.1).

The age-adjusted suicide rate for the most urban counties in 2017 was 16% higher than the rate in 1999. The rate for the most rural counties in 2017 was 53% higher than the rate in 1999.

An increase in deaths from drug overdoses and suicides contributed to a decline in overall life expectancy in the United States, the CDC says. The estimate of how long a person born in 2017 can expect to live in the United States is now 78.6 years, a decrease of 0.1 year from 2016.

The age-adjusted death rate for the entire US population increased by 0.4%, from 728.8 deaths per 100,000 population in 2016 to 731.9 in 2017.

The 10 leading causes of death in 2017 (heart disease, cancer, unintentional injuries, chronic lower respiratory diseases, stroke, Alzheimer's disease, diabetes, influenza and pneumonia, kidney disease, and suicide) remained the same as in 2016.

CDC. NCHS Data Brief. Published online November 29, 2018. No. 328, Full text; No. 329, Full text; No. 330.

HOW TO BE SUPPORTIVE OF YOUR PARTNER WITH MENTAL ILLNESS

by Colleen O'Day, November 20, 2018

Being in a relationship with someone you love can be beautiful. It can also be difficult, as you face the hurdles of everyday life. But if your partner struggles with mental illness, those issues can become much more intense for both of you. Understanding the needs of someone with mental illness is challenging. And you may not know how to support your partner living with mental illness while caring for your own needs, too. Here are a few ways you can achieve that balance.

Understand the Diagnosis

Because of the nature of mental illness, many people can't recognize how much someone may be suffering because their symptoms aren't outwardly apparent. This is why living with mental illness can present unique challenges to daily life, including physical health and relationships. Since symptoms of mental illnesses can range from difficulty concentrating to more serious conditions such as crippling depression, severe anxiety and hallucinations, it's important to understand your partner's diagnosis and their personal experiences.

Research Support Tactics

Understanding your partner's diagnosis can make it easier to identify how to be there for them when things get tough. For example, if your partner lives with generalized anxiety disorder, experts recommend not glossing over their worries by blindly reassuring them things will turn out okay. Instead, support their development of problem-solving and resilience skills. If your partner expresses anxiety, ask about their specific concerns and listen as they create a plan that addresses them.

Be a Good Listener

One of the best things partners can do is listen to loved ones in an effort to understand their experiences. It can be easy to assume you know what someone else is going through; however, this is usually not the case. Mental illness affects individuals differently, and it's essential to listen to those experiencing it to better understand

their perspectives and provide effective support.

Honor Your Relationship Outside of Mental Illness

Mental illness and the symptoms that go along with it can be all-consuming. However, it's important to work on your relationship the way you would if mental illness were not an issue. Continue to spend quality time together, and express your love and admiration for one another. Open, loving communication can deter couples from blaming all problems in a relationship on mental illness and help them address other potential concerns. Many couples benefit from seeing a family therapist, so they can discuss matters with the guidance of a trusted professional.

Practice Self-Care

As the partner of someone with mental illness, your own self-care routines can slip as you potentially take on greater responsibility with household management or child-rearing. But to effectively support your partner, you must take care of yourself. It's important to eat well, exercise and maintain your own interests and passions. Self-care may include seeing a mental health professional or joining a support group for those who also have loved ones diagnosed with mental illness.

As a partner of someone with mental illness, you can be a great source of support. By staying on top of your own health, you can remain engaged, provide empathetic support and guide your loved one toward appropriate professional care. Though you may experience some challenges, remember you're not alone.

Colleen O'Day is a digital PR manager and supports community outreach for 2U Inc.'s social work, mental health and speech pathology programs. Find her on Twitter @ColleenMODay.

Happy New Year!

*Well, we have
a whole new year ahead of us,
and wouldn't it be wonderful
if we could all be a little more gentle
with each other, and a little more loving,
have a little more empathy,
and maybe next year at this time
we'd like each other a little more...*

~~Judy Garland

SMALL STEPS: MY STORY OF DEPRESSION RECOVERY

posted on November 29, 2018 by Guest Author

I wake up with the feeling that my head is full of cotton wool. At least, that's how I describe it. It's hard to put the feeling into words. Thoughts seem sluggish and disoriented.

"You need to get out of bed," a quiet voice whispers.

I glance at the clock. It's 11 am and well past the point of social acceptability. I don't want to get out of bed. It's warm and I'm so, so tired. My brain is half-remembering the dream I've just woken up from and it's taking longer to distinguish reality from the nightmares. Minutes pass before I remember that I'm supposed to be recovering. I'm past the point of lying in bed all day. I get up.

The next step is to have a shower. I think I forgot to have one yesterday, so I really should today. "Why bother?" my brain asks. "We're not seeing anyone or going anywhere." I really don't have the energy to shower or dress myself, but I'm supposed to be recovering. I drag myself into the shower and then get dressed.

I think I'm hungry. When was the last time I ate? I should have breakfast, but by now it's well past noon. Lunch, then. I don't have the energy to cook anything, and I don't feel hungry. Do I even need to eat? I could drag myself to the nearest fast food joint and eat something greasy and unhealthy like always. But I'm supposed to be recovering, so I make myself some toast.

I nearly forgot my meds! The daily medicine is a part of my recovery. They cause me to have nightmares and I don't sleep well. They mess with my system and have loads of side effects. When I first took them, I was constantly nauseous for a month. But they made me feel numb and they quieted that little voice. The doctor says I should come off them soon, as I am supposed to be recovering.

What now? I could curl up and watch a film. I could go grocery shopping or go for a run. There's a constant, nagging feeling that I'm supposed to be accomplishing something. Most people are at

work now, contributing to the world and achieving their dreams. What did the therapist say? Small steps. Last Christmas my parents gifted me an exercise bike, the sort you set up in the living room then ignore forever. I sit on it for five minutes, half-heartedly turning the pedals. I'm supposed to be recovering, and it's better than nothing.

My flat is a mess. I haven't done the washing up, and the clothes have been drying for a week. I should put them away and run the Hoover around. It's all exhausting though, and I'm tired again. I could take a nap. I want so badly to get back in bed. But I'm supposed to be recovering, so I'll wash the dishes. There. I've achieved something today.

There's the sound of keys in the door. My partner's home. He asks about my day and I tell him. He tells me about his. He's proud that I've achieved something today. I want so badly for him to shout, so I have an excuse to cry and go back to bed. But he's sincere. He's proud. "Small steps," he keeps saying. Small steps.

He cooks dinner and leaves the washing up. I'll do it tomorrow, I promise myself. We watch a movie and chat. We waste the evening and it's bedtime. He falls asleep, and I stay awake. Midnight comes and goes. By early morning I finally drift off. I don't even stir when he rises for work.

I wake up with the feeling that my head is full of cotton wool.

Small steps. I'm slowly recovering.

MORE THAN 4,000 PRISONERS WITH SERIOUS MENTAL ILLNESS ARE HELD IN SOLITARY CONFINEMENT, STUDY FINDS

by Erin Corbett, October 10, 2018

A new survey conducted by Yale law researchers and the Association of State Correctional Administrators (ASCA) found that more than 4,000 prisoners suffering from serious mental illness in the U.S. are being held in solitary confinement. Prisoners are held in isolation for 22 hours each day, for 15 days or more, despite the fact that long-term isolation can both trigger mental health issues, and exacerbate existing mental illness, the Guardian reported.

"They are basically being subjected to torture," Amy Fetting, the Deputy Director of the ACLU National Prison Project told Fortune. Fetting explained that "serious mental illness" refers to the most vulnerable people, including those who are psychotic, or have schizophrenia or bipolar disorder.

Thirty-three states responded to the survey, with one third of them reporting that at least 10% of male prisoners with mental health issues were held in solitary confinement. In New Mexico specifically, institutions reported that 64% of mentally ill prisoners were being held in isolation.

Decades of research on solitary confinement has established the negative impacts of the practice on human beings generally. A 2014 study found that prisoners in New York City who were placed in solitary confinement were seven times more likely to harm or kill themselves. People suffering from serious mental illness are often catatonic, cut themselves and have suicide rates that are higher than any other part of the prison, according to Fetting.

The Yale and ASCA survey also found that nearly 2,000 prisoners have been held in isolation for more than six years, which the Guardian described as a "crisis point." According to Fetting, the risks associated with long-term solitary confinement of prisoners with serious mental illness is "so well known and so well established that it's a violation of the 8th amendment," protects people from cruel and unusual punishment. She added that the number reported to the survey (4,000) is likely low, because mental health care and diagnosis in prison and jails is "notoriously bad."

And while the total number of prisoners in isolation has gone down in recent years from 100,000 in 2014 to about 61,000 last year, the number has increased in 11 states, according to the Guardian.

"Part of the issue here is we have turned jails and prisons into mental health hospitals, and they aren't mental health hospitals," Fetting explained.

Instead of treating people with mental illness, prisons place them in solitary to get rid of them. "They're burying them alive in the prison system."

NAMI ENDING THE SILENCE PROGRAM

NAMI Ending the Silence is an interactive presentation that helps teens to learn about the warning signs of mental health conditions as well as what steps they should take to find support for themselves or their friends.

It is a 50 minute presentation designed for middle and high school age youth. It is free of cost to schools, youth and communities and presented by a young adult who experienced a mental health condition during their school years as well as a family member of an individual who experienced mental health challenges in school.

If your school is interested in scheduling a presentation, please call or e-mail the NAMI Syracuse office.

If you are a young adult or family member and would like to become a NAMI Ending the Silence presenter, a training is scheduled for Monday, January 21, 2019 at the NAMI Syracuse office. Please call or e-mail for a registration form and/or more information.

Thank you for donations made to NAMI Syracuse from:

Marla Byrnes in celebration of her friendships with Carol Brady, Cindy Brady, Margaret Dobbins, Pam Fortino, Mary Lawless, Deb Mahaney and Paula Zebrowski

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Thank you to those who have recently joined or renewed membership and/or made a donation to NAMI Syracuse!

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Lord & Taylor Charity Days

Friday, January 18, 2019 through Monday, January 21, 2019

Shoppers will be able to support mental health at Lord & Taylor (L&T) stores nationwide and online. With a donation of \$5.00 online or in store, customers will receive 30% off most items, plus 15% off almost all beauty products. Lord & Taylor at Destiny USA will be participating and the \$5.00 donation will come to NAMI Syracuse.

NAMI Syracuse will have informational tables at Lord & Taylor, Destiny USA to encourage donations and to educate the public.

PLEASE support this effort!

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
Carol Notar