



National Alliance on Mental Illness

NAMI Syracuse



Newsletter

MARCH/APRIL 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

March 13, 2019	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
March 19, 2019	NAMI Syracuse Family Support 7:00pm - AccessCNY
March 20, 2019	Peer Support Group - This Mind of Mine 5:30pm - NAMI Syracuse office
April 10, 2019	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
April 16, 2019	NAMI Syracuse Family Support 7:00pm - AccessCNY
April 17, 2019	Peer Support Group - This Mind of Mine 5:30pm - NAMI Syracuse office
May 10, 2019	Off the Mask Fundraiser Hearst Media Center, Albany, NY <i>(see page 3)</i>
October 2, 2019	NAMI Syracuse Conference Responding to Crisis Rosamond Gifford Zoo <i>(details to follow)</i>

Contents

Message from the President	2
Off the Mask Event	3
Liberty Resources Mobile Crisis	3
FDA Permits Psilocybin to be Tested for Refractory Depression	4
The Hearing Voices Group	5
Family Support:	
We're All In This Together	6
Mental Illness Not To Blame for Gun Violence, Study Finds	6
Book Review: The Collected Schizophrenias: essays	7
Not Mentally Ill Enough	8
Dysthymia: The Overlooked Depression	8
Bring It Home Campaign	8
When Mental Illness Symptoms Return: What To Do	9
What is ASMR, and Can it Help Your Mental Health?	9

MESSAGE FROM THE PRESIDENT

Dear NAMI Syracuse family and friends,

PBS aired a documentary in January called "God Knows Where I Am". We have a copy in the NAMI office for people to borrow. The documentary is true about a seriously mentally ill woman released from a hospital because she "wasn't participating in treatment". She was released to the streets and her family wasn't informed. It ends in her death. The story is moving and powerful. It might be worthwhile to share with friends who can't comprehend how broken the mental health system is at times and how it fails our loved ones and us.

On a brighter note we have been getting some good coverage for NAMI the last few months.

Upstate Health Radio program interviewed me January 30th about NAMI for an episode on WRVO. The segment is available on the internet:

<http://blogs.upstate.edu/healthlinkonair/2019/01/31/nonprofit-group-offers-varied-efforts-to-support-those-affected-by-mental-illness/>

I did a presentation at the First Presbyterian Church of Cazenovia February 20 for their ladies lunch group. It was a welcoming group receptive to learning about mental illness and NAMI.

The interview and presentation were a direct result of the January coverage in Syracuse Woman magazine.

Our new board members are spreading the word and speaking to new groups of people who now are hearing about us and our programs for the first time. We've included a flyer in this newsletter about our new educational programs to keep you all up to date. Keep spreading the word about our support groups and educational offerings.

We are starting our conference planning for October and our fall fundraiser. We'll keep you posted since we may change how we do our fall fundraiser. We also are considering moving our annual conference in 2020 to May.

We are looking at our budget for 2019 and how we can afford to update our website and put more resources towards spreading our programs.

May is Mental Health Month will be promoted at Onondaga Public Library on Onondaga Hill with our "nothing to hide" display and at least one presentation on "Ending the Silence."

We are attempting to move our newsletter to email delivery to cut costs of postage and envelopes. We will be asking people for email addresses and if you are willing to receive your newsletter by email. People will still be able to receive a paper copy, if they prefer. However, if we go below 200 for mailings then we lose bulk mail prices and have to use regular postage. It's tricky trying to find ways to save money!

Challenges, changes, demands, requests, balancing budgets, moving forward, taking a step back, considering new ideas, supporting our current programs and expanding membership.

It's been busy...

Let us know what we can do for you. We thank you for your continued support and membership!

Warmest regards during this long winter,

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.

continues to look for new Board members.

The Board will met quarterly to make decisions about repairs and upkeep of our 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 are interested, please call or e-mail the NAMI Syracuse office for more information.

315-487-2085

namisyracuse@namisyracuse.org

Dear NAMI Supporter,

We at NAMI Syracuse are thrilled to announce that Madeline Canastra, an 8-year old from Cicero, is walking the catwalk at the upcoming event, **“Off the Mask”** to raise awareness about mental health education throughout New York state. We are seeking sponsors for Madeline, as the money raised will directly return to the National Alliance for Mental Illness - half to NAMI Syracuse, and half to NAMI New York.

NAMI Syracuse uses donations to fund support and education programs in the greater Syracuse area. Our newest program, “Ending the Silence,” is designed to help teach mental health education within our middle and high schools. It is a free program for the schools, as NAMI sponsors the educator and speaker. We are hoping to get this program into at least 20 local school districts in 2019!

You can donate directly to Madeline's NAMI link at:

<https://www.offthefmask.org/madeline-canastra/>

You can learn more about the **Off the Mask** event at: <https://www.offthefmask.org/>

We hope you will consider making a monetary donation/sponsorship toward **Off the Mask** and Madeline, as our NAMI Syracuse model for this special event. Our goal is to raise at least \$2,500.00. If you'd like additional information, please reach out to NAMI Syracuse at namisyracuse@namisyracuse.org or 315-487-2085. You can also reach Madeline's Mom, Ann Canastra, NAMI Syracuse Member and NAMI NY State Board Member at ann123@hotmail.com or 315-657-3700. If you'd like some assistance with creative ideas that you could do within your office setting such as having a raffle basket, a “wear jeans on Friday for \$5 donation day,” or other creative fundraising options, we'd be happy to help!

Donations can be sent via check to: NAMI Syracuse, ATTN: OFF THE MASK - Madeline Canastra, 6276 Alabama Path, Cicero, NY 13039. PayPal and credit card can also be accepted, please call or email for details.

We appreciate your ongoing support!

Sincerely,

Marla Byrnes

NAMI Syracuse President

Liberty Resources Mobile Crisis

Mobile Crisis Support for Behavioral & Mental Health Crisis

The Liberty Resources Mobile Crisis Team responds to individuals in crisis, over the phone or in person, in order to reduce emergency room visits and ensure everyone receives the proper care. Our team of professionals are highly trained in mental health crisis management and suicide prevention.

Serving Cayuga, Cortland, Onondaga, Oswego, and Madison County with after-hours crisis services. [Monday-Friday 5:00p.m.-midnight / Weekends & Holiday 6a.m.-midnight]

Mobile crisis teams can provide mental health engagement, intervention and follow-up support to help overcome resistance to treatment. Depending on what a person is willing to accept, the teams may offer a range of services, including:

- *Assessment
- *Crisis intervention
- *Supportive counseling
- *Information and referrals, including to community-based mental health services

Request a Team

When called by law enforcement for after-hours assistance (Monday-Friday 5:00p.m.-midnight / Weekends & Holiday 6a.m.-midnight), the mobile crisis team will go anywhere in the community to provide triage, assessments, and referrals. You can request help from a mobile crisis team if you are concerned about a family member, friend, or acquaintance who is experiencing (or at risk of) a psychological crisis. You can also request a team for yourself.

Find out more:

Cayuga:

Cayuga Co. Community Mental Health Clinic:

Contact Community Services Crisis Line:(315) 253-0341

(315) 251-0800

Cortland:

Cortland Regional Medical Center Crisis Line:(607) 756-3771

Onondaga:

Contact Community Services Crisis Line:

Youth Services: ACCESS Crisis Line:(315) 251-0800

(315) 463-1100

Oswego:

Contact Community Services Crisis Line:(315) 251-0800

Madison:

After Hours, 5PM - 8AM:

Madison County Mental Health Crisis Line:

Contact Community Services Crisis Line:(315) 366-2327

(800) 721-2215

(315) 251-0800

FDA PERMITS PSILOCYBIN TO BE TESTED FOR REFRACTORY DEPRESSION

Medscape, October 30, 2018

The US Food and Drug Administration (FDA) has granted Breakthrough Therapy designation to psilocybin-assisted therapy from Compass Pathways for patients with treatment-resistant depression (TRD), the manufacturer reports.

This lays the groundwork for an upcoming multicountry study that will assess the safety and efficacy of psilocybin, the psychoactive ingredient in psychedelic or “magic” mushrooms.

Robin Carhart-Harris, PhD, head of the psychedelic research group, Imperial College London, United Kingdom, noted in a press release that he and a group of investigators “found promising signals of efficacy and safety as treatment” for refractory depression in their 2015 study.

The new Breakthrough Therapy designation “is a strong endorsement for the potential of psilocybin therapy. We look forward to learning more as further clinical trials are carried out, by our team at Imperial College as well as in Compass’ multi-center trial,” Carhart-Harris said.

Beneficial for Other Psychiatric Disorders

Previous research has shown benefit from psilocybin in treating end-of-life anxiety and depression, alcohol and tobacco addiction, and even obsessive-compulsive disorder.

As reported by Medscape Medical News, investigators from Imperial College assessed pre- and posttreatment fMRI data for 19 patients with TRD who received psilocybin in a study published October 2017 in Scientific Reports.

The patients experienced significant improvements in depressive symptoms 1 day posttreatment - and almost half met criteria for a full response at 5 weeks. In addition, whole-brain analyses showed decreases in cerebral blood flow in the temporal cortex and increased resting-state functional connectivity after treatment.

“During exposure to psilocybin, the brain is in a different, more fluid state,

where it is not possible to continue having their traditional negative thinking patterns, and in the majority, the brain resets into a nondepressive mode,” lead author David Nutt, MD, PhD, professor of neuropsychopharmacology at Imperial College, said at the time.

Also commenting on the study at the time for Medscape Medical News, Frederick Barrett, PhD, Behavioral Pharmacology Research Unit, Johns Hopkins School of Medicine, Baltimore, Maryland, called the findings “groundbreaking.”

He added that the study “begins to put some dimensions to the potential neurobiological basis of the therapeutic effects of psychedelics.” However, he cautioned that more research was needed before clinicians should move forward in treating TRD with the drug.

Major Milestone

The FDA designates a drug as a Breakthrough Therapy “if preliminary clinical evidence shows that it may demonstrate substantial improvement over available therapy,” Compass noted in its release. It also highlights “the importance of supporting early research that can be translated to clinically meaningful outcomes.”

Overall, the designation “is a significant milestone for psilocybin therapy and a testament to work done over many years by research teams in the US, the UK, and Switzerland,” the company added.

It reported that it is now running the first large-scale clinical trial for treating TRD with the drug. The study will be conducted in Europe and North America and will run for approximately 1 year.

David E. Nichols, PhD, chairman of the board and cofounder of Heffter Research Institute, Santa Fe, New Mexico, noted that his center “has been helping to design, review, and fund the early phase clinical studies on psilocybin at research institutions in the US and Europe” since 1993.

“We are delighted that psilocybin is being recognized as a Breakthrough Therapy and look forward to continuing our work with researchers and partners around the world so that we can alleviate the suffering caused by mental illness,” Nichols said.

“This is great news for patients,” George Goldsmith, executive chairman at Compass Pathways, added in the same release.

“The FDA will be working closely with us to expedite the development process and increase the chances of getting this treatment to people suffering with depression as quickly as possible,” Goldsmith reported.

Congratulations to Dr. Mantosh Dewan recently appointed to the position of interim president of Upstate Medical University in December, selected because of his experience, patience, professionalism, personality, integrity and leadership. He replaced pediatrician Danielle Laraque-Arena who resigned December 22nd.

Dr. Dewan has been a long-standing NAMI Syracuse member, supporter and advisor to our Board of Directors

We recently learned of the death of **Edward Knight Ph.D., CPRP** on April 4, 2018. Dr. Knight spoke at our fall Educational Conference in 1995 and again in 2003.

He is perhaps best known for his early mental health consumer advocacy work, having fought his own way back from being homeless.

Dr. Knight had been involved in offering technical assistance to improve the effectiveness of mental health services, including drop-in centers, peer counseling, housing, case management and mutual support.

RECEIVE THE NAMI SYRACUSE NEWSLETTER VIA EMAIL!

If you would like to receive this newsletter and other NAMI Syracuse correspondence through your email, please contact us at:

namisyracuse@namisyracuse.org

If we don't already have your e-mail address, please provide us with it.

Many of you have asked for this option for your convenience and to save NAMI Syracuse resources.

Please, take the time, and let us know.

NAMI Syracuse Programs

Support Groups:

Family Support Group - Second Wednesday of the month at 917 Avery Ave., Syracuse, NY - 10am - 11:30 am

Family Support Group - Third Tuesday evening of the month - meets at AccessCNY, 420 East Genesee St., Syracuse, NY - 7pm (parking and entrance in rear of building)

Peer Support Group, This Mind of Mine - Third Wednesday of the month at 917 Avery Ave., Syracuse, NY - 5:30pm - 7pm

Educational Programs:

Family to Family in the spring and fall. Call Sheila Le Gacy at AccessCNY, 315-218-1614 to register. Register early since the classes fill up quickly.

HOMEFRONT for families of veterans call Ann Canastra 315-412-3029 to register.

Peer to Peer is a 6-week educational series for persons in recovery. Call our office for more information.

Ending the Silence is a program for middle and high school students or their families or school staff. Call our office for more information.

Yearly conference on mental illness. Watch our website for more information.

Speakers:

We want to reach more people in the community and are willing to do short presentations about NAMI and mental illness at churches, schools, libraries, or any other organization. Our goal is to decrease stigma, inform people about services and supports, and offer hope.

Contact NAMI Syracuse at 315-487-2085 or e-mail:
namisyracuse@namisyracuse.org

THE HEARING VOICES GROUP

The Hearing Voices group, modeled after the Hearing Voices Network, meets at Unique Peerspectives, 572 South Salina Street, the last Thursday of each month from 2:00-3:00pm. Peers share their experiences and struggles dealing with hearing voices or visions with the group in the hope that the information will be helpful. The group is open to the public and you do not have to be a member of Unique Peerspectives. If you have any questions, please contact Diane O'Brien at 315-802-7018.

Pathways to Recovery Meeting Please Join Us! Open to the Public

Thursdays, 1:30-2:30pm
Unique Peerspectives, 572 South Salina Street (across from bus hub)

Dual Diagnosis Group

If you have been diagnosed with a mental illness and you have a substance use disorder.

Group Peer Support

This group is for people struggling to find a place to talk of their substance use while battling mental health symptoms. A place that people experiencing difficulty finding support for the dually diagnosed community.

Call 315-802-7018, option #4, if you have questions.

May happiness often enter your gate and stay very late.

*May pleasure walk with you;
May luck smile upon you; and
May joy be at home
in your heart.*

Happy Saint Patrick's Day!

Irish Proverb

FAMILY SUPPORT: WE'RE ALL IN THIS TOGETHER

by Michael G. Pipich, MS, LMFT from *bp magazine*, Winter 2019

For years, many in the mental health field believed that treating bipolar disorder came only in the form of medications, and that therapy, family support, and education about the condition were far less important. The truth is, while mood-stabilizing drugs are still the centerpiece for treatment, education and therapy that includes family support are essential for lifelong success.

How can we help a loved one who is starting treatment?

The main challenges in the early phase of treatment are fear, denial, and stigma. People with bipolar are often reluctant to give up the "great high," increased energy, and inflated self-esteem they feel when in a manic mood zone. But they also may fear the stigma against having a mental health condition and receiving treatment for it. Facing fears, denial, and stigma alongside your loved one builds a spirit of confronting the *bipolar condition*, instead of confronting *the person*. For example, fear of losing control is common. So rather than saying, "You're in denial about bipolar," it's better to say something like, "I know this diagnosis is difficult for you. What are you afraid of losing if you go to treatment?" Having an open dialogue, especially with the help of a professional, can support positive feelings that no one is alone in the treatment process.

Having bipolar is nobody's fault; no one caused it or even needs to feel ashamed of it. Bipolar disorder is a genetically based condition that affects the brain's ability to control emotions. Working to accept the diagnosis - what I call "owning bipolar" - is critical in establishing proper care. Moving forward with treatment is best accomplished with a collaborative approach, and caregivers and family members can be helpful partners in the treatment plan.

What can we do to be supportive during stabilization?

As a therapist, I appreciate when loved ones want to participate. It's

always good to remind each other that the goal in participating in the education and treatment of bipolar is not to gain control over the treatment plan, but to create a team approach for long-term success.

The stabilization phase of bipolar therapy can be a rough time for all involved. In my practice, I know it's not unusual for people to get frustrated through trials of bipolar medications, and at times feel like giving up. This is natural. Know that you can ask all your questions about meds and stay informed. This improves support and guidance for the person taking the medication, and also puts you in a better position to observe how the meds are working and thus become an important source of information for the treatment team. I have seen much better results in mood stabilization and an increased sense of empowerment when fighting bipolar is a group effort.

In post stabilization therapy, all can benefit from what I call the "Grand Bargain": this means everyone agrees to keep each other apprised of how they feel treatment is going - without thinking that *everything about the person is about bipolar*. When a person with bipolar is having an emotional reaction to stress, it's easy to too quickly ask, "Are you off your meds?" People with bipolar need the freedom to share emotions, challenges, and life issues honestly without worrying about feeling judged that everything about them is because of their condition. Through the Grand Bargain, I encourage loved ones to instead say something like, "You seem to be having a lot of stress lately. Is there something going on that I can help you with?"

When family members support open dialogue about bipolar - *along with everything else that makes the person who they truly are* - fear and shame are replaced with a new sense of trust and hope for the future. ~Michael G. Pipich, MS, LMFT, is a psychotherapist and author of *Owing Bipolar: How Patients and Families Can Take Control of Bipolar Disorder*.



MENTAL ILLNESS NOT TO BLAME FOR GUN VIOLENCE, STUDY FINDS

University of Texas Medical Branch at Galveston

Counter to a lot of public opinion, having a mental illness does not necessarily make a person more likely to commit gun violence. According to a new study, a better indicator of gun violence was access to firearms.

A study by researchers at The University of Texas Medical Branch at Galveston looked into the association between gun violence and mental health in a group of 663 young adults in Texas. Their results were published in the journal **Preventive Medicine**.

"Counter to public beliefs, the majority of mental health symptoms examined were not related to gun violence," said Dr. Yu Lu, a postdoctoral research fellow at UTMB and the lead author of the study.

What researchers found instead was that individuals who had gun access were approximately 18 times more likely to have threatened someone with a gun. Individuals with high hostility were about 3.5 times more likely to threaten someone.

"These findings have important implications for gun control policy efforts," Lu said.

Each year, an estimated 75,000 to 100,000 Americans are injured by firearms and 30,000 to 40,000 die from firearms, according to the Centers for Disease Control.

"Much of the limited research on gun violence and mental illness has focused on violence among individuals with severe mental illnesses or rates of mental illness among individuals arrested for violent crimes," Lu said. "What we found is that the link between mental illness and gun violence is not there."

Lu and Dr. Jeff Temple, another author of the study and a professor at UTMB, surveyed participants in a long-term study about their firearm possession and use as well as about anxiety, depression, stress, posttraumatic stress disorder, hostility, impulsivity, borderline personality disorder, mental health treatment and other demographic details.

The researchers found that individuals who had access to guns, compared to those with no such access, were over 18 times more likely to have threatened someone with a gun, even after controlling for a number of demographic and mental health variables. Meanwhile, most mental health symptoms were unrelated to gun violence.

"Taking all this information together, limiting access to guns, regardless of any other mental health status, demographics or prior mental health treatments, is the key to reducing gun violence," Temple said.

This research was supported by awards from the Eunice Kennedy Shriver National Institute of Child Health and Human Development and from the National Institute of Justice. The content is solely the responsibility of the authors and does not necessarily represent the official views of NICHD or NIJ.

In January Sheila Le Gacy and Carol Notar finished their 12 week family education class. The Spring Session of the family class is scheduled to begin in April 2019.

Although there is already a substantial waiting list, please contact Sheila at AccessCNY, if you are interested in participating. Her direct line is 315-218-1614.

NAMI Ending the Silence Training

The NAMI Ending the Silence training session has been rescheduled to Thursday, March 21st, 4:00pm at the NAMI Syracuse office.

If you are a young adult or family member and would like to become a NAMI Ending the Silence presenter, please call or e-mail the NAMI Syracuse office for a registration form or more information.

If your school is interested in scheduling a presentation, please let us know.

BOOK REVIEW: THE COLLECTED SCHIZOPHRENIAS: ESSAYS
by Esme Weijun Wang

Minneapolis, Minnesota, Graywolf Press, [2019] 202 pages

"Schizophrenia is not a single unifying diagnosis, and Esme Weijun Wang writes not just to her fellow members of the 'collected schizophrenias' but to those who wish to understand it as well. Opening with the journey toward her diagnosis of schizoaffective disorder, Wang discusses the medical community's own disagreement about labels and procedures for diagnosing those with mental illness, and then follows an arc that examines the manifestations of schizophrenia in her life. In essays that range from using fashion to present as high-functioning to the depths of a rare form of psychosis, and from the failures of the higher education system and the dangers of institutionalization to the complexity of compounding factors such as PTSD and Lyme disease, Wang's analytical eye, honed as a former lab researcher at Stanford, allows her to balance research with personal narrative."

In Memoriam

We offer our prayers and sympathy to Frank Mazzotti and family on the passing of his wife, Esther on December 23rd. We thank the family for designating donations made in memory of Esther be sent to NAMI Syracuse.

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

We also offer our prayers and sympathy to the family of Joan Romanow passing on December 25th. Joan and Joseph (died in 2013) have been members of NAMI Syracuse since 1992.

Condolences to the family of Jeanette Whitmore, president of PROMISE, 1988-1989, who passed on November 18th.

John G. Gunderson M.D. Pioneer in the Diagnosis, Treatment, and Research of Borderline Personality Disorder Professor of psychiatry at Harvard Medical School and McLean Hospital, died on January 11, 2019.

In the 1970s, Dr. Gunderson began work to have borderline personality disorder (BPD) formally recognized in the Diagnostic and Statistical Manual of Mental Disorders-the handbook used by health care professionals as the authoritative guide to the diagnosis of psychiatric disorders. His seminal studies on BPD helped transform the diagnosis from a psychoanalytic construct into a scientifically established and internationally recognized disorder and earned him recognition as the "father of BPD." "Dr. Gunderson truly pioneered the field of BPD, from setting the standards of diagnosis to developing methods for assessment and through his groundbreaking research, advanced evidence-based treatment," said Scott L. Rauch, MD, president and psychiatrist in chief for McLean Hospital. "Dr. Gunderson's positive impact on the field of psychiatry and the millions of patients and families his work affected is profound and beyond measure." Dr. Gunderson authored 250 papers, 100 reviews, and 12 books, and has been internationally recognized for his work, earning more than 30 national and international awards, including Who's Who in America; International Who's Who in Medicine; America's Best Doctors: The Two Thousand Best Doctors; and Boston Magazine's Best Two Hundred Doctors.

Save the Date!
Wednesday, October 2, 2019

NAMI Syracuse Conference

"Responding to Crisis"

Rosamond Gifford Zoo, Syracuse

NOT MENTALLY ILL ENOUGH

rtor.org Weekly Update, posted on February 26, 2019 by Guest Author

"It's not that bad."

"Others have it worse."

"I'm just being a child." "I'm not really depressed." "I'm being ridiculous." "I'm just a weak person." "I should be able to handle this myself." "Why am I being such a baby?" "Stop being stupid." "Get over it."

Do you hear yourself thinking these things over and over and over again?

I did, too. Right before I tried to kill myself.

I told myself constantly that I wasn't really sick, even when I had suicidal ideation and was crying myself to sleep every night. I saw the stories of others in worse circumstances than me and thought that if those people weren't depressed then I shouldn't be either. I read online posts scolding others for pretending to have mental illnesses to gain sympathy and thought if I talked to someone I would be fishing for attention. I heard the voices of those already diagnosed with depression and thought my story didn't fit with theirs at all.

But I would find myself reading the symptoms of depression. I would take quizzes online to see if I was depressed. I knew deep down I had depression, but I couldn't bring myself to get help. I knew I had a problem, but I did nothing about it.

But why?

It's simple; I felt unworthy of it. In my mind, my situation wasn't deserving of sympathy, my life was worthless, and no one would care if I was gone.

That was three years ago.

I may not be one-hundred percent better yet, but I'm still here. And I want to tell you that if you feel like you need help, then -

You
Need
Help.

Do not feel like you do not deserve it. Everyone deserves to be healthy.

Don't give in to any excuses your mind tries to tell you.

"It's not that bad." If you feel it's that bad, it is.

"I should be able to handle this myself." But you don't have to. Don't worry about "bothering" others. People in your life, even just acquaintances, would rather help you than see something terrible happen to you.

"Others have it worse." Maybe. But that doesn't mean you don't deserve help.

When you're depressed, nothing feels like it can get better. But if you reach out and get help, it will get better. Not completely. Not right away, anyway. But it will.

Just hang on.

If you or someone you know experiences mental health issues, it is important to seek help from a qualified professional. ~~Author Bio: Sarah Schlenker is an undergraduate student at Adelphi University pursuing a Bachelors of Arts in Psychology. In addition to her studies, her own experiences with mental health issues, depression and anxiety in particular, have expanded her knowledge of the human mind and shaped her views on the field and recovery methods. She hopes through her work as a writer she can connect with others experiencing mental health concerns and help them through their recovery journeys.

DYSTHYMIA: THE OVERLOOKED DEPRESSION

*from **esperanza**, Winter 2019*

Persistent Depressive Disorder, often referred to simply as dysthymia, is essentially chronic depression that has lasted two or more years in adults (at least one year in youth, in whom it presents more as irritability or anger).

The formal definition in the DSM-5 (the current edition of the Diagnostic and Statistical Manual of Mental Disorders, the mental health profession's standard reference) includes having at least two depressive symptoms - such as sleep, appetite, or self-esteem issues - for most of the day for most days. Acute or major depression typically would involve a greater number of symptoms.

Although dysthymia is a chronic low-grade depression compared to acute or

major depression, "the symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning."

According to the U.S. National Institute of Mental Health, at any given time about 1.5 percent of the adult population will be experiencing dysthymic disorder. Harvard Medical School reports that more than half of people with dysthymia eventually have an episode of major depression, and about half of patients treated for major depression are suffering from this double depression.

BRING IT HOME CAMPAIGN

Better funding for better care
bringithomenys.org

The **Bring It Home Campaign** requests your attendance at weekly rallies demanding that New York State

INCREASE MENTAL HEALTH HOUSING PROGRAM FUNDING

- 40%-70% of funding in New York State mental health housing, depending on program type, has been lost to inflation.
- 40,000 mental health community based housing units in New York State are in jeopardy due to years of inadequate funding.

Join together to let legislators know that they **MUST** include an increase to Community-Based Mental Health Housing Rates in the 2019-2020 New York State Budget!

First round of rallies
Every Thursday
11:00am
State Office Building
333 East Washington Street
Syracuse, NY

To attend, please register at:

<https://www.surveymonkey.com/r/BringItHomeRallies>

**WHEN MENTAL ILLNESS
SYMPTOMS RETURN: WHAT TO
DO**

Have you ever experienced a time when your mental illness symptoms were mild (or even gone), and you enjoyed feeling well and participating in your life on your terms-until your symptoms returned out of the blue and with a vengeance? This is a common experience when you live with a mental illness or a personality disorder, and it can be incredibly discouraging.

It's natural to feel disheartened when this happens, but the return of mental illness symptoms might simply mean that it's time to troubleshoot your mental health. Think of it as your brain communicating with you that it needs a tune-up. Like an engineer or a mechanic, inspect yourself and your mental health to fine tune anything that isn't running optimally. For example:

Inspect your power sources. Are you eating healthy and drinking plenty of water? Are you getting enough quality sleep?

Are you operating smoothly or sluggishly? Is it time to increase daily exercise times?

Is your system overloaded with stress? Are you relaxing and practicing healthy self-care to keep your brain from being agitated and overstimulated?

Have you been bathing your brain in oxygen by regularly taking slow, deep breaths and, weather permitting, stepping outside for fresh air?

By troubleshooting what you're experiencing and how you're feeling, you can repair neglected areas and regain mental health and wellness.

~from *HealthyPlace.com*

*Recovery is not one and done.
It is a lifelong journey
that takes place one day,
one step at a time.*

**CRISIS CONNECT
315-251-0800
IN A CRISIS?
CONNECT WITH HOPE**

24 hours a day, seven days a week, **Crisis Connect** is a live, support line staffed by trained counselors who truly understand the struggles of mental health.

As needed, **Crisis Connect** can also help arrange for a team of peers and counselors to visit you at your home or help you locate a safe place to stay.

**WHAT IS ASMR, AND CAN IT HELP
YOUR MENTAL HEALTH?**

from HealthyPlace.com

ASMR is a practice that supposedly offers mental health benefits or simple pleasure. Some people find it relaxing and helpful to their wellbeing. Others find it disturbing and tension-inducing. So what is this trendy practice called ASMR?

ASMR stands for Autonomous Sensory Meridian Response. It's not as official as it sounds. When the activity began around 2010, it needed a name. To be credible, it needed a name that sounded scientific, and ASMR was created.

The practice is a relaxation technique that uses subtle sounds to stimulate a tingling sensation on the head or neck. Some call it a "brain massage." People listen to specific sounds, often on YouTube, that are designed to elicit that pleasurable, tingling sensation. Sounds are called triggers, which differ from person to person.

ASMR is said to benefit mental health by reducing: Stress, Anxiety, Depression, Insomnia and Chronic pain.

Whether ASMR truly increases and improves mental health has yet to be determined. It's piqued the interests of scientists who want to know if ASMR affects the brain, what the effects are, and how they occur. Currently, researchers are skeptical, but studies are underway to determine if ASMR is a legitimate mental health practice. For now, it's a practice that can be done if you enjoy it, but it shouldn't replace other mental health treatments.

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

John Barnett
Mary Bartowski
Judy Bliss-Ridgway
Margaret Bristol
Helen Buehl
Heather Caron
Paula Civiok
Shaniece Clark
Abby Colburn
Bob Dacey
Mantosh Dewan
Denise Donato
Family Tapestry
Wanda Fremont
Mary Greene
Ray Hart
Mary Lou Hess
James & Colleen Kilcoyne
John & Michelle Koen
Thomas Little
Fred & Marilyn Lyman
Sue Lyons
Frank Mazzotti
James Megna
Georgian Mustata
Ahmed Nizar
Mary Jane O'Connor
Patricia Olenych
Spence & Marie Plavocos
Joe Ridgway
Gerald Simmons
Jud Staller
Martha Starkey
Joan Wilson

Preludes & Epilogues is the new blog on the mental health scene!

With her first post, Lacey Roy-Ciciriello is proving that seeing another reality is possible. With the desire to share her reality, Lacey poses thoughtful insight into the unique thought processes surrounding her diagnosis that are usually ineffable. Read for yourself at:

preludesandepilogues.com

BECOME A MEMBER OF NAMI SYRACUSE TODAY!

_____ Household Membership \$60.00

_____ Individual Membership \$40.00

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

Donation \$ _____ In Memory/Honor of \$ _____ Name: _____

Name: _____

Address: _____

Tel. # _____ E-Mail: _____

Mail to: NAMI Syracuse Inc., 917 Avery Avenue, Syracuse, NY 13204

What are the benefits of NAMI membership?

- Membership at all three levels of the organization: NAMI National, NAMI-NYS & NAMI Syracuse
- Eligibility to vote in all NAMI elections
- A subscription to The Advocate, NAMI National's quarterly magazine, as well as access to optional subscriptions to speciality newsletters and information at the national, state and local levels
- Discounts on publications, promotional items, and registration at NAMI's annual convention, state and local conferences
- Access to exclusive members-only material on NAMI National's website

NAMI Syracuse
Family Support Group

2nd Wednesday of each month

NAMI Syracuse office
917 Avery Avenue, Syracuse

10-11:30am

Facilitated by:
Ann Canastra
Marla Byrnes

NAMI Syracuse
Family Support Group

3rd Tuesday of each month

AccessCNY
420 E. Genesee St., Syracuse
(parking & entrance in rear of building)

7:00pm

Facilitated by:
Sheila Le Gacy
Carol Notar