



National Alliance on Mental Illness

NAMI Syracuse



Newsletter

SEPTEMBER/OCTOBER 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

- | | |
|-------------------|--|
| October 2, 2019 | NAMI Syracuse Conference
Responding to Mental Health Crisis
Rosamond Gifford Zoo
<i>(see page 3)</i> |
| October 9, 2019 | NAMI Syracuse Family Support
10:00am - NAMI Syracuse Office |
| October 15, 2019 | NAMI Syracuse Family Support
7:00pm - AccessCNY |
| October 16, 2019 | Peer Support Group - This Mind of Mine
5:30pm - NAMI Syracuse Office |
| November 13, 2019 | NAMI Syracuse Family Support
10:00am - NAMI Syracuse Office |
| November 19, 2019 | NAMI Syracuse Family Support
7:00pm - AccessCNY |
| November 20, 2019 | Peer Support Group - This Mind of Mine
5:30pm - NAMI Syracuse Office |

Contents

Message from The President	2
NAMI Syracuse Conference	3
Young or Old - You Can Contribute to NAMI Syracuse	4
Physical Evidence In The Brain for Types of Schizophrenia	4
No, Mr. President. Hate Is Not A Mental Illness	5
NAMI's Statement Regarding President Trump's Comments on Re-institutionalizing People with Mental Illness	5
No, Patients Are NOT Consumers, and MDs Are Not Providers	6
Reasons to Stay Alive by Matt Haig - A Book Review	7
Break The Silence Surrounding Suicide	8
Harvest Hopela	8

MESSAGE FROM THE PRESIDENT

Dear NAMI Syracuse family and friends,

This summer flew by with hot temperatures and busy schedules. We've been focusing on cleaning the NAMI office so we can paint the interior and redecorate. Members of the board are working on grants to pay for the interior work. We were motivated after the beautiful painting of the exterior!

We've been pulling together the details of our two biggest projects of the year:

Our 5th annual fundraiser Harvest Hopela scheduled for September 8 will be at Greenwood Winery in East Syracuse. We are trying it at a local business this year but it will cost us more.

In the past we have held the fundraiser at a friend's home or All Saints parish center and volunteers made and donated the food. Our costs were low but the committee wanted to try something different this year. Bottom line will be how much money we raise. We hope our members, friends, families and professionals will support us in this endeavor. Fortunately, "Falling Forward" will donate their musical talents for our entertainment. Many local businesses and individuals have donated items for our silent auction.

Thank you to the wonderful committee I had working with me: Dr. Karen Winters-Schwartz, Ann Canastra, Carol Brady, Patricia Moore, and Mary Gandino. Hope we see you at the event!

On October 2nd **Responding to Mental Health Crisis** will be held at the Rosamond Gifford Zoo conference room. Sherie Ramsgard sought sponsorship from many companies and Helio Health, Hutchings Psychiatric Center, Access CNY, Arise, Circare and Liberty Resources made donations to support the conference. Our speakers donated their time and expertise. We couldn't do the conference without the efforts of our committee members - Mary Bartowski, Kris Neagle, Patricia Moore, Spence Plavocos and Mary Gandino.

Our volunteers offer their time for our family support and peer support groups. These groups can be a lifeline for people in crisis or who are just perplexed and need a listening ear. We are gearing up to offer HOMEFRONT and Family to Family (see notices in this newsletter). Our requests for Ending the Silence for schools continue to pour in. All these needs and requests are fulfilled by our volunteers. Many of the volunteers are also active board members.

We can use more help. If you have an interest in serving NAMI and your community, contact our office.

Please continue to encourage friends, family and professionals to join NAMI Syracuse. The membership NUMBERS MATTER when we talk to politicians, agencies, or ask for grants.

Thank you to all our faithful membership who keep our organization vibrant and vital to families and loved ones on the challenging journey of recovery.

Grateful to all of you,

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
- Shaniece Clark
- Phuong Kripalani
- Sheila Le Gacy
- Scotty MacQueen
- Carol Notar
- Joseph Ridgway
- Kryssy Ridgway
- Lacey Roy
- Karen Winters Schwartz
- 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

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!

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 Educational Conference

Responding to Mental Health Crisis

Wednesday, October 2, 2019

9:00am - 3:30pm

Rosamond Gifford Zoo, One Conservation Place, Syracuse

Earn 5 CEU's

Tarum Kumar, MD, Clinical Assistant Professor in the Department of Psychiatry at SUNY Upstate University, Syracuse and Clinical Director at Mohawk Valley Psychiatric Center in Utica, NY

Assessing Dangerousness to Self and Others

Sheila Le Gacy, Director of the Family Support and Education Center, AccessCNY

Radical Acceptance and the Art of Working with Families

Jonathan Moe & Ron Wood, Helio Health

Incorporating Crisis Response into Outpatient Service

Peer Panel: Lacey Roy Ciciriello, Rex Mac Queen, Tanisha Wiggins

My Story - What Works and What Doesn't

Crisis Intervention Panel: Spencer Gervasoni, LMSW, Chief Thomas Winn, Staff Sergeant Kristen Afarian, Officer Patricia Arnold, Theresa Humennyj, LCSW and Nancy, parent

Crisis Intervention in Action

NAMI Syracuse Educational Conference

Responding to Mental Health Crisis

Wednesday, October 2, 2019 * 9:00am -3:30pm * Rosamond Gifford Zoo, One Conservation Place, Syracuse

Please register by Wednesday, September 25, 2019 * Earn 5 CEU's

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

~~Some scholarships available, please call 315-487-2085~~

NAME: _____

FROM: (Agency, NAMI, School, etc.) _____

ADDRESS _____

PHONE: _____ E-MAIL: _____

Mail registration form along with payment to NAMI Syracuse Inc., 917 Avery Ave., Syracuse, NY 13204 ~or~ visit our website, www.namisyracuse.org, click "Donate" and indicate "conference registration fee" via PayPal

YOUNG OR OLD - YOU CAN CONTRIBUTE TO NAMI SYRACUSE

by Marla Byrnes

Maddie Canastra who is a young dynamo like her mom Ann raised \$2,411.60 for NAMI by modeling in the NAMI NYS Off the Mask Fundraiser. It's hard to imagine the kind of courage, confidence and spitfire it takes as an 8 year old to model in front of so many people. Yet Maddie did it because she believes in supporting NAMI's mission of reaching out to educate, advocate and support. We thank all of you who helped raise the funds for this special endeavor. We hope to reach even more people next year.

Amelia Roy the daughter of Lacey Roy-Ciciriello has attended a few board meetings and has always offered thoughtful and creative ideas. She has raised money at her elementary school for NAMI and is planning on talking to her principal at middle school about a fundraiser. Her determination and resolve amazes me in such a young person.

What young person do you know who wants to help raise awareness about mental illness? What grandchild is looking to help in their community by raising funds for a not-for-profit?

Encourage these youngsters that they can make a difference. Maddie and Amelia make a positive impact with their efforts.

Now don't think I've forgotten about those of us with gray hair and a little hitch in our giddy up.

WE can still make a difference by asking friends and family to join NAMI, telling church members about NAMI's support groups, encouraging a despairing neighbor to call for help, renewing our membership, or taking up a collection at our book group for NAMI. Big or small, all efforts count.

Tall or short, young or old, homebound or mobile, it doesn't matter: **WE** make a difference when we talk about mental illness, encourage people to seek support, and ask others to join NAMI.

PHYSICAL EVIDENCE IN THE BRAIN FOR TYPES OF SCHIZOPHRENIA

6/24/19

Findings suggest a form of schizophrenia has more in common with neurodegenerative diseases than previously thought.

In a study using brain tissue from deceased human donors, Johns Hopkins Medicine researchers say they found new evidence that schizophrenia can be marked by the buildup of abnormal proteins similar to those found in the brains of people with such neurodegenerative disorders as Alzheimer's or Huntington's diseases.

Schizophrenia - the specific cause of which remains generally unknown, but is believed to be a combination of genes and environment - is a disabling mental disorder marked by jumbled thinking, feeling and behavior, as well as delusions or hallucinations. Striking an estimated 200,000 people in the United States each year, its symptoms may be eased with anti-psychotic medications, but the drugs don't work for everyone. Rather than rely on categorizing by symptoms, researchers have long sought to better classify types of schizophrenia - such as those in which abnormal proteins appear to accumulate - as a potential way to improve and tailor therapies as precision medicine. The researchers aren't sure how common this variation of the disorder is, although they did find it in about half of the brain samples analyzed.

The new findings were published online May 6 in **The American Journal of Psychiatry**.

"The brain only has so many ways to handle abnormal proteins," says Frederick Nucifora Jr., Ph.D., D.O., M.H.S., the leader of the study and an assistant professor of psychiatry and behavioral sciences at the Johns Hopkins University School of Medicine. "With schizophrenia, the end process is mental and behavioral, and doesn't cause the pronounced physical neural cell death we see with neurodegenerative diseases, but there are clearly some overall biological similarities."

Based on their experience with schizophrenia and neurodegenerative disorders,

Nucifora and his team wanted to determine if the features of schizophrenia brains that are also seen in the brains of patients with Alzheimer's disease or other illnesses. In these neurodegenerative disorders, certain abnormal proteins are churned out but don't assemble into properly functioning molecules, instead ending up misfolded, clumping up and leading to disease.

Using brain tissue samples from the Harvard Brain Tissue Resource Center and brain banks at the University of Pittsburgh and the University of Texas Southwestern, the researchers studied 42 samples from brains of people with schizophrenia and a comparison set of samples from 41 brains from healthy controls. About three-quarters of the brains came from men, and 80% were from white people. The donor tissues were from people with an average age of about 49.

The team broke open the cells from the brain tissue samples and analyzed their contents by looking at how much of the cells contents could be dissolved in a specific detergent. The more dissolved contents, the more "normal" or healthy the cell's contents. Less dissolved cell contents indicate that the cell contains a high volume of abnormal, misfolded proteins, as found in other brain diseases. The researchers found that 20 of the brains from people with schizophrenia had a greater proportion of proteins that couldn't be dissolved in detergent, compared to the amount found in the healthy samples. These same 20 samples also showed elevated levels of a small protein ubiquitin that is a marker for protein aggregation in neurodegenerative disorders. Elevated levels of ubiquitin weren't seen in the healthy brain tissue samples.

The researchers wanted to show that the anti-psychotic medications the patients were taking before they died didn't cause the accumulation of abnormal proteins. To clarify whether the disease or the treatment caused the buildup, the team examined the proteins in the brains of rats treated with the antipsychotic drugs haloperidol or risperidone for 4.5 months compared to control rats treated with plain water. They found that treatment with the anti-psychotic medications didn't cause an accumulation of undissolvable proteins or extra ubiquitin tags, suggesting that the disease

and not the medication caused abnormal proteins to build up in some of the brains with schizophrenia.

Next, the researchers used mass spectroscopy to determine the identity of these undissolvable proteins. They found that many of these abnormal proteins were involved in nervous system development, specifically in generating new neurons and the connections that neurons use to communicate with one another.

Nucifora says this main finding of the abnormal proteins involved in these processes is consistent with theories of schizophrenia that trace its origins to brain development and to problems with neural communication.

“Researchers have been so focused on the genetics of schizophrenia that they’ve not paid as much attention to what is going on at the protein level and especially the possibility of protein aggregation,” says Nucifora. “This may be a whole new way to look at the disorder and develop more effective therapies.”

Nucifora says Johns Hopkins researchers have pioneered a way to use samples of neurons taken from the nose in living patients as stand-ins for brain biopsies in their studies of schizophrenia and other brain disorders. They hope to now use this technique to study changes in these abnormal proteins over time in people with schizophrenia. They also want to see whether the substantial variety in the disorder’s symptoms is linked to particular levels of excess abnormal proteins, and how this leads to the disease. The researchers are investigating if other psychiatric illnesses have similar irregularities too.

September is National Suicide Prevention Month

There are an average of 123 suicides each day in this country! It’s the tenth leading cause of death in America - second leading for ages 25-34, and third leading for ages 15-24.

If you or someone you know is in an emergency call the National Suicide Prevention Lifeline at 800-273-TALK (8255) or call 911.

NAMI’S STATEMENT REGARDING PRESIDENT TRUMP’S COMMENTS ON RE-INSTITUTIONALIZING PEOPLE WITH MENTAL ILLNESS

On August 15th, President Trump revisited his statements about reopening mental “institutions” and perpetuated false stereotypes. Two weeks ago, the president also called people with mental illness “monsters.”

In response, National Alliance on Mental Illness Acting CEO Angela Kimball released the following statement:

“The president should be talking about better care and earlier access to intensive treatment, not revisiting the shameful institutions of our past.”

“Words matter, Mr. President. “These people” are our friends, neighbors, children, spouses. They’re not “monsters,” “the mentally ill” or “crazy people” - they’re us. Talking about re-institutionalization only further marginalizes and isolates the one in five people with mental illness. Instead, we need to be talking about the power of early treatment and effective intervention to change lives.”

Today, too often, people languish in emergency rooms and law enforcement officers are responding to avoidable crises because community-based mental health services aren’t there for people who need them.

Instead of focusing on the past, we urge the administration to focus on improving access to mental health care. There are commonsense approaches that we know are effective and that can be implemented now to improve access to mental health services. We must:

Promote early intervention. Half of all mental illnesses begin by age 14, 75% begin by age 24. Getting help early, such as with Coordinated Specialty Care for first episode psychosis, results in better outcomes and lowered costs.

Invest in better access to quality care. For example, Certified Community Behavioral Health Clinics (CCBHCs) are helping people get care when and where they need it. Congress needs to extend funding for the CCBHC pilot program and expand it nationwide.

Divert people from the criminal justice system. Jails and prisons shouldn’t be today’s mental health institutions. Instead, we need readily-available crisis response and intensive mental health services for people experiencing severe symptoms.

NAMI welcomes the opportunity to meet with President Trump and work with his administration on steps for improving mental health services in America.

NO, MR. PRESIDENT. HATE IS NOT A MENTAL ILLNESS

by Pete Earley, Washington Post Opinion, August 7, 2019

“Mental illness and hatred pull the trigger, not the gun,” President Trump announced when he condemned shootings in El Paso and Dayton, Ohio, which together left at least 31 people dead and dozens wounded.

Mr. President, what you said about hatred rings true. But you are wrong in blaming mental illness.

As the father of an adult son with a mental illness and one of 14 nongovernment experts appointed by your administration to a panel that advises Congress about serious mental illnesses, I’d like to recount some well-established facts.

It’s easy for the public to assume that anyone who commits mass murder is mentally ill. How could he or she not be? And several shooters in recent high-profile mass killings have had a serious mental disorder.

But your implication that the 46 million American adults estimated to have a diagnosable mental illness and the 11.2 million thought to have a serious mental illness, such as schizophrenia and bipolar disorder, are dangerous and potentially mass murderers is as wrongheaded as declaring that the 250 million Americans who are white are capable of committing mass homicide.

After all, being white is one of the most common traits of a mass shooter.

Data from **Mother Jones** shows that between 1982 and 2017, 54 percent of mass shooters were white men. Research also shows that many of them struggle with a sense of entitlement attached to their white, heterosexual identity as well as economic anxiety in the post-industrial economy.

Other research, meanwhile, highlights that a very small portion of all gun-related homicides in the United States involve mass killings by people with serious mental illness. In fact, only 3 percent of violent crime can be attributed to people with serious mental illness.

As Amy Barnhorst noted in **Psychology Today**: “Most of the time, mass shooters aren’t driven by delusions or voices in their head. They are driven by a need to wield their power over another group. They are angry at the perceived injustices that have befallen them at the hands of others - women who wouldn’t sleep with them, fellow students who didn’t appreciate their talents, minorities enjoying rights that were once only the privilege of white men like them. It’s not an altered perception of reality that drives them; it’s entitlement, insecurity, and hatred. Maybe some of them also have depression, ADHD or anxiety, but that is not why they opened fire on a group of strangers.” This dovetails with profiles of such shooters as Dylann Roof, the then-21-year-old white supremacist who killed nine African Americans in a Charleston, S.C. church.

Mr. President, hate is not a mental illness. Nor is white nationalism, as acting White House chief of staff Mick Mulvaney suggested. It is taught. It is promulgated. The FBI describes a hate crime as a “criminal offense against a person or property motivated in whole or in part by an offender’s bias against a race, religion, disability, sexual orientation, ethnicity, gender, or gender identity.”

As forensic psychiatrists James L. Knoll and George D. Annas warn, “Gun restriction laws focusing on people with mental illness perpetuate the myth that mental illness leads to violence, as well as the misperception that gun violence and mental illness are strongly linked.” Hate is fueled by such myths.

They further noted that “laws intended to reduce gun violence that focus on a population representing less than 3 percent of all gun violence will be extremely low yield, ineffective, and wasteful of scarce resources. Perpetrators of mass shootings are unlikely to have a history of involuntary psychiatric

hospitalization. Thus, databases intended to restrict access to guns and established by gun laws that broadly target people with mental illness will not capture this group of people.”

Mr. President, I am not a psychiatrist, nor am I an academic or a sociologist. I am a father, just as you are. I have witnessed how bias has and continues to make my son’s life difficult. I have seen how it encourages fear and prejudice against him and others who have an illness that they did not choose.

Conflating mental illnesses with mass shootings hurts people. It stigmatizes, marginalizes and creates bias. So please, Mr. President, just stop.

~~Pete Earley is the parent designate on the Interdepartmental Serious Mental Illness Coordinating Committee, created by Congress. He is the author of *Crazy: A Father’s Search Through America’s*

NO, PATIENTS ARE NOT CONSUMERS, AND MDS ARE NOT PROVIDERS

by Arthur L. Caplan, Ph.D, April 23, 2019

A recent article by scholars at the Hastings Center, a bioethics think tank in Garrison, New York, made an interesting point: The authors said they didn’t think that patients should be viewed as consumers.

I really agree with that argument. I also would argue that doctors should not be viewed or referred to as providers. In our healthcare system, more and more, the language of business is shaping and changing descriptions of what doctor-patient encounters are all about.

The Hastings scholars said that talking about patients as consumers implies choice and activity that patients and would-be patients don’t engage in. For example, if I’m a consumer, I might be buying beer, or trying to figure out where to go on vacation or what hotel to stay in. I can search websites and find information on products. I can certainly price-shop a little bit, if I choose to, and find the best deal.

A patient or would-be patient often has no choice. They are in a system and told to go to this hospital, clinic, or practice; they don’t have any choice about what to do. If you’re beset by a sudden health problem,

you don’t have time to go shopping to see what orthopedist or diabetologist you want to see. You might quickly receive recommendations from friends or your primary care doctor, but you’re not going to act like a consumer.

Consumer behavior is not characteristic of our healthcare system because, in all honesty, it is not really a market-driven business. Our healthcare system doesn’t have the information, and the patients are not in a position to do the shopping or research that would lead them to act like it was a market.

I think they’re much more vulnerable, more dependent; they’re more frequently in the dark and they often have no choice. The emergency room you wind up in is not something you shopped for online.

I really think we should stop talking about our patients as consumers. Doctors should be referred to as physicians, not as providers or other business descriptions. I know everybody is very excited these days about bringing in practices from industries, such as the hotel industry, where we try to get patient satisfaction by having better meals or nicer sheets.

I’m worried about that trend because I don’t think hospitals should become hotels. They should become places where infections are low, treatment is efficient, and people are comfortable, given what we have to do there. I’m bothered about that kind of marketing push.

Overall, I don’t want to replace medical ethics and medical professionalism with business jargon and business ethics. I don’t think that serves patients well. I think it starts to have implications for how to operate the system, which are not good for physicians because it starts to make them feel more like pawns or agents, without professional standing and without the respect and authority that go with the profession.

I know that medicine has to involve money; I’m not naive about that. But it doesn’t mean that we have to invoke a business framework when we’re trying to make decisions about how best to serve patients.

~~Art Caplan, NYU School of Medicine, Division of Medical Ethics.

REASONS TO STAY ALIVE BY MATT HAIG - A BOOK REVIEW

posted on July 29, 2019 by Guest Author

When I first read **Reasons to Stay Alive** by Matt Haig, it was last year at the end of a long summer. Some sudden life changes had caused a dip in my mental health, and so like a moth to a flame, I was drawn once again to literature that could stand by me in the valley. As I was scouring library selections on mental health, Matt Haig's memoir popped up and I gave it a try. **Reasons to Stay Alive** immediately drew me in and kept me company during the dip down.

Reasons to Stay Alive, published in 2015, was the author's first dive into the realm of non-fiction. It was, more importantly, the first time he had told his story about anxiety, depression, and a breakdown that had happened when he was 24 years old.

From the first chapters of the book, we see why Haig is writing: because he believes sharing stories can be a method of healing for those that struggle with mental illness. He has found that writing and reading have been invaluable friends along his journey and he wants to pass the torch along. "Where talk exists, so does hope," Haig writes, and this has been my experience, too.

The British author begins his tale by recounting his breakdown in Ibiza, Spain years before, and then leads readers through the arduous years of healing that follow.

This book draws you in with its easy-to-read, digestible chapters and the down-to-earth language that Haig uses when weaving sentences about tough subjects. This is neither textbook nor lecture. It is not revolutionary or earth shattering. But it is someone else's story, and it reminds readers that mental health is as "down-to-earth" as it gets. It's day in, day out. There are peaks and troughs, as Haig writes. It's about support systems, sunshine, rainy days, conversations, knowing yourself and your symptoms well.

Referencing the famous Sylvia Plath quote, "Is there no way out of the mind?" Haig responds that the way out for him

included the world of literature. To encourage his audience along this path, Haig includes a long list of fiction and non-fiction pieces of literature that helped him on his journey.

"If there is a way out, a way that isn't death itself, then the exit route is through words," Haig writes. "But rather than leave the mind entirely, words help us leave a mind, and give us the building blocks to build another one, similar but better, nearby to the old one but with firmer foundations, and very often a better view."

Some negative feedback on the book were directed at Haig's uneasy feelings towards anti-depressant and anti-anxiety medications. I found this to be liberating. Haig makes it clear what worked and didn't work for him, and encourages readers to find out what works for their own brain. Sometimes medication is what works, sometimes it's not. For him, it was exercise, reading, travel, family. The point of this book is to remind readers to think through what works for them, what their own reasons to stay alive are.

Reasons to Stay Alive creates an accessibility around mental health that is vital in our culture today. Even if you aren't struggling with anxiety, depression, or any other number of mental health disorders, this book is still one to keep in your library for those in your life who do struggle. Gift it. Recommend it. Reference the chapter titled "How to be there for someone with depression or anxiety"- "Be patient. Understand it isn't going to be easy. Depression ebbs and flows and moves up and down. It doesn't stay still. Do not take one happy/bad moment as proof of recovery/relapse. Play the long game."

Haig ends the book with a chapter titled "Things I have enjoyed since the time I thought I would never enjoy anything again." The list is funny, beautiful, poignant, real - "Laughing. Yes. Laughing so hard it hurts. Laughing as you bend forward and as your abdomen actually starts to hurt from so much pleasure, so much release, and then as you sit back and audibly groan and inhale deeply, staring at the person next to you, mopping up the joy."

Haig's list prompted the beginning of my own last summer, and I'm sure I'm not the only reader to be inspired by this simple step of defiance.

When reading this book in the midst of a valley, it's hard to pin down what was the most helpful aspect for this reader. Simply put, Haig wrapped words around my thoughts that I couldn't. That is always a weight lifted. His lists of things depression can do and say to you, combined with lists of joys depression cannot take away had my head nodding along in agreement. His statements are simple, but they are true - "Keep reiterating, again and again, that depression is not something you 'admit to,' it is not something you have to blush about, it is a human experience" and "Remember that the key thing about life on earth is change. Cars rust. Paper yellows. Technology dates. Caterpillars become butterflies. Nights morph into days. Depression lifts."

But just as important was the reminder about the ever-present stigma swirling around mental illness that does not find itself attached to other physical illnesses. Haig does his best to expose this lie. Depression, he writes, is a disease of thoughts. Its symptoms are often invisible, but not invalid. Since suicide is now a leading cause of death in places including the US and the UK, he concludes that perhaps we should be working harder to fight against one of the most deadly diseases on the planet: depression.

Since it is a disease of thoughts, there often feels like no escape from it - "When you are in it, you are really in it. You can't step outside it without stepping outside of life, because it is life. It is your life. Every single thing you experience is filtered through it. Consequently, it magnifies everything."

This stigma is what keeps many of our stories silenced. Haig's breakdown occurred in 1999, yet he didn't feel comfortable sharing about it until its 2015 publishing.

Because **Reasons to Stay Alive** opened the door to many vital conversations regarding mental health and received such positive feedback along the way (in his native England, it became a Sunday Times bestseller and stayed in the British top ten for nearly a year), Haig followed his memoir up with **Notes on a Nervous Planet** in 2018. I've yet to read it, but it's next on my list! In it, Haig's collection of observations on the culture around us explores options for keeping ourselves sane in a stress-ridden, fast-paced environment.

BREAK THE SILENCE SURROUNDING SUICIDE

*Commentary - Editorial Board Opinion,
The Post Standard, July 14, 2019*

We need to speak openly about mental challenges and crisis services

It's hard to see the void that suicide leaves in our community because we bear it in secret and in silence. Now, the silence is broken. Central New York has no choice but to confront suicide through two very different stories.

First is a recent murder-suicide: A 36 year old Syracuse woman killed herself and her three children by lighting a charcoal grill in the trunk of a rental car, according to police. Why? We know Crystal Savage faced multiple stressors in her life. The contents of her suicide note may tell us more. Whatever drove her to suicide also robbed her children - Ari Ase, 8 & Mya Ase, 7 and John Savage, 3 - of their futures, compounding the tragedy.

Second is staff writer Nate Mink's chronicle of former Syracuse University football star Chris Gedney's descent into depression, addiction and suicide. The face Gedney showed to the world - successful, upbeat, confident - belied the turmoil he felt inside as he coped with the pain of old football injuries, debilitating ulcerative colitis and family issues.

Those are just two lives, two struggles, two sets of survivors left to carry on. They represent many more.

Did you know that between 2013 and 2017, 248 people in Onondaga County ended their own lives?

Year to year, the numbers go up and down, according to data from the county Health Department: they average out to 49 suicides per year.

Unless personally touched by suicide, we don't ever hear about them. Suicide is still a taboo subject. Stigma still attaches to depression and addiction, two factors that often contribute to suicide.

We need to speak openly about suicide so that we might find ways to prevent it.

Public health officials are rightly alarmed by the county's suicide rate of 10.3 per 100,000 population - higher

than the state average of 8.1 per 100,000. Onondaga County recently received a \$100,000 state grant to study the reasons people end their own lives, and to use that information to come up with prevention strategies. It is modeled on a program developed by an Oregon county; it found that being evicted and giving up a pet for adoption were risk factors for suicide. By intervening at these crisis points, the Oregon county was able to reduce its suicide rate by 40 percent.

In Gedney's case, only his closest family members and friends knew the pain he carried. We who listened to him on the radio, or saw him at the Carrier Dome, or in the community did not see his struggle. It is a reminder that outward appearances don't tell the whole story. That the people we encounter every day may be carrying unseen burdens. That a little kindness and forbearance goes a long way.

There is help and support for people who are in crisis or in despair.

In Central New York, Contact Community Services provides suicide, crisis and telephone counseling: call 315-251-0600. The National Suicide Prevention Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones; call 1-800-273-8255 or chat online.

Suicide is a public health problem that can be solved - if we are open to talking about it, learning more, being alert to others in crisis, listening, seeking help for ourselves and others. Let's break the taboo.

HARVEST HOPELA

We had a great turn out and generous bids on silent auction items at our Harvest Hopela. Falling Forward musicians donated their time and talent. It was a perfect day to sit out at the Greenwood Winery and enjoy the fall weather. THANK YOU to all who attended and supported NAMI Syracuse!

We'd like to thank these individuals for their donations to the 2019 HARVEST HOPELA:

Marla Byrnes and Ernest Jones
Joe and Judy Bliss-Ridgway
Maxine Block
Carol and Dan Brady

Cindy and Chuck Brady
Ann and Dan Canastra
Nicole DeVaul-Ginsburg
Pam Fortino and Paula Zebrowski
Mary Gandino
Brenda Geiger
Bud and Melinda Greenman
Diane LaFrance
Doug Mac Donald
John and Barb Masucci
Tom Mann
Patricia Moore
Oyer Family
Oyer-Dunnewald Family
Spence and Marie Plavocos
Sherie Ramsgard
Kryssy Ridgway
Dr. Karen Winters Schwartz & Dr. Paul Schwartz
Eric Stensland
Bob Switalski

Thank you to these businesses who supported our 2019 HARVEST HOPELA:

Accents of Armory Square
Ann's Sunny Day
Antonio's Restaurant
Avicelli's Restaurant
Champion Fitness
Corrigan's Spa
COSTCO
Dunkin' Donuts
EDGE Strength & Conditioning
Frightmare Farms
Gannon's Ice Cream
Get Air
Greenwood Winery
Golden Hanger at Western Lights
Goodman Beck Publishing
Justin's Canine Campus
Kelley's Bar & Restaurant
The Market Diner at Regional Market
Metro Home Style
Museum of Intrigue at Destiny
Painting with a Twist (Dewitt)
Panera's
Pie Guys Pizza
Provisions Bakery
Shadybrook Liquors
Style Soiree Boutique
Tom Mann's Golf
Uncle Chubby's Pizza
Whole Mental Wellness

End 22 a Day At Willow Bay Veterans Suicide Awareness Walk

-Come join us for a walk to help raise awareness on
Sunday September 22nd at Willow Bay in Onondaga Parkway.

-Free and open to the public! Water will be on site!

-Donations will be accepted and go towards the event and the
suicide prevention team at the Syracuse VA.

-Look us up at
<https://www.facebook.com/donate397702590884207/>

-Event opens 10am, walk starts at 11am and ends at 1pm

VA Family Support & Education in collaboration with NAMI Syracuse & Clear Path for Veterans presents NAMI Homefront 2019

NAMI Homefront teaches families how to learn to care for themselves - including managing stress to support your family member with compassion; identify and access federal, state and local services; stay informed on the latest research and information on mental health, including post-traumatic stress disorder, traumatic brain injury, anxiety, depression and substance use; understand current treatments and evidence-based therapies; navigate the challenges and impact of mental health conditions on the entire family; and manage a crisis, solve problems and communicate effectively. Most of all, this six-week class teaches hope in the recovery journey and you'll experience compassion and reinforcement from people who relate to your experience.

- **Location:** Clear Path for Veterans, 1223 Salt Springs Rd., Chittenango, NY
- **September 25 - October 30 (six weeks) 5-8:30pm**
- **Complimentary childcare provided**
- **Veterans welcome, and will attend a separate peer group**
- **A free, light dinner will be provided for all**

Call VA Recovery Coordinator Ann Canastra at (315) 425-4400 ext. 52717 or e-mail Ann.Canastra@va.gov

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

Esther Adam
Janette Albrecht
Sharon Austin
Jeanne Boudreau
Gloria Boyer
Joanne Brown
Tosca & Jim Bruno
Marla Byrnes/Ernest Jones
Ann Canastra
Christine Civello
August Cornell
William Dee Family
David DeStefano
Diane Doby
Ardis Egan
Judy Evans
Pam Fortino/Paula Zebrowski
Estelle Hahn
Mark Hard
Ann Higgins
Dawnelle Jager
Benjamin Jones
Mark Lawler
Ilene Layow
Lynn Leckie
Don & Shirley Mills
Christopher Murray
Carol Notar
Sherie Ramsgard
Lynn Spagnola-Fofi
Susan Spindler
Denise Van Patten
Arthur & Beverly Vinette
Brad Webster
Karen Wilds

*Donations received in honor of
Danae Hidy's Birthday*

Nancy Corl
David & Brie Anne Crowther
Brian & Beckie Hidy

Donation received in honor of
Shondra Jones-Congers
Birthday Celebration

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