National Alliance on Mental Illness

NAMI Syracuse Newsletter

NAMI SYRACUSE
A Better Understanding

NOVEMBER/DECEMBER 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

Events Calendar

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
December 10, 2019	NAMI Syracuse Holiday Party *(see page 3 for details)*
December 11, 2019	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
December 17, 2019	NAMI Syracuse Family Support 7:00pm - AccessCNY
December 18, 2019	Peer Support Group - This Mind of Mine 5:30pm - NAMI Syracuse office
January 8, 2020	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office

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***

Contents

NAMI Syracuse, Inc., 917 Avery Avenue, Syracuse, New York 13204
phone (315) 487-2085, FAX (315) 487-2154, email namisyracuse@namisyracuse.org, web site www.namisyracuse.org
NAMI Syracuse is the local affiliate of NAMI - New York State, 1-800-950-FACT, web site www.naminys.org and
National Alliance for the Mentally Ill (NAMI), 1-800-950-NAMI, web site www.nami.org

MESSAGE FROM THE PRESIDENT

Dear NAMI Syracuse family and friends,

We had a busy fall with a successful fundraiser and conference. We raised over $9,000 at the Hopela and $10,000 at our conference that 170 people attended. Critical to our fundraising efforts are sponsorships. We are grateful to the families, agencies and businesses who sponsored these two events.

Next year we will try something new and do the fundraiser in the spring because doing two big projects a few weeks apart is a big lift for the office and our volunteers.

November is a time of reflection on all we are thankful for in our lives. NAMI Syracuse relies on volunteers to keep it going. People who give their time, talents, passion, humor, and love to help others. We are blessed with committed volunteers:

Ann Canastra signature program coordinator and NAMI NYS board member.

Karen Winters-Schwartz who served as president for 4 years and now is moving to Arizona.

Kryssy Ridgway, Tanisha Wiggins, Lacey Roy-Ciciriello who have spoken as consumers, work to keep our social media presence alive, and serve as board members.

Scotty MacQueen who worked at many health fairs and spoke as a consumer and board member who moved to Texas.

Spence Plavocos who has served as vice president for over 20 years!

Board members who serve on committees, work at health fairs, speak to the public about NAMI, participate in Family to Family or Ending the Silence.

We are grateful for a new crew of board members replacing our members who have moved away or finished their terms: Jim Levi, Tom Hayden, Susan Lyons, Joule Mtanos, Mary Beth Oyer, Hank Wilcox, and August Cornell.

My thanks to all of you who offer to help at events and who faithfully renew your membership each year.

Several of us had the pleasure of attending the NAMI NYS conference. It was jam packed with information. We will try to share some of that information in articles for the newsletter. We hope to try to bring some of the presentations to our community.

Grateful to all of you,

Marla Byrnes

NAMI Syracuse President

Help needed on Promise Residential Board of Directors

Do you like to plan home repairs and upkeep?
Do you have experience in residential services?
Do you like to take action and not sit in meetings?

If you answered yes to any of these questions, Promise Residential board may be the place for you. They seldom meet, they confer by email, and it's usually about updates or repairs to the two houses they own.

If you have an interest, please call 315-487-2085 and Mary Gandino can fill you in. We'd appreciate your help!

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

Like

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.

Come, join us at the NAMI Syracuse Holiday Party!

NAMI Syracuse Holiday Party

Tuesday, December 10, 2019
Francesca's Cucina, 545 North Salina Street
5:30-6:30pm Social Hour
6:30pm Dinner
~~menu~~

~cash bar~~

Antipasto/Bread
Chicken Francaise
Herbed Roasted Potatoes
Rigatoni Pasta with Vodka Sauce
Meatballs
Dessert
Coffee/Tea

~$40.00 per person~

Please RSVP by **Thursday, December 5th** by calling or e-mailing the NAMI Syracuse office.
315-487-2085/namisyracuse@namisyracuse.org
and sending payment to NAMI Syracuse, 917 Avery Avenue, Syracuse, NY 13204 ~~or~~
visit our website, www.namisyracuse.org, click "Donate" and indicate "Holiday Party" via PayPal

This year we will be honoring Assemblyman William Magnarelli and NAMI Member Sherie Ramsgard as the recipients of the 2019 Friends of NAMI Award.

We are offering 8 scholarships to NAMI Syracuse members who may not be able to afford it, but, would like to join us at the holiday party,

You must be a NAMI member in good standing (current dues paid). This will be on a first come, first serve basis.

If interested, please call the NAMI Syracuse office, 315-487-2085.

Let Every Day Be Christmas
by Norman W. Brooks

Christmas is forever,
not for just one day,
for loving, sharing, giving,
are not to put away
like bells and lights and tinsel,
in some box upon a shelf.

The good you do for others
is good you do yourself.
Peace on Earth, good will to all,
kind thoughts and words of cheer,
are things we should use often
and not just once a year....

WHAT I WISH OTHERS HADN'T SAID AFTER MY HOSPITALIZATION

by Christine Parsons, October 23, 2019

During and after each of my three hospital stays, people said things to me I wished they hadn't. I know they meant well, and they cared, but it didn't help me at all in my recovery. Some statements seemed to bring me down again or bring up my anxiety even more.

Here's what they said, and why it's harmful. My hope is to help people better approach their loved ones.

Nothing

I don't know how many people didn't know what to say to me, so they just didn't say anything at all. This was scary because I felt like I couldn't ask for their help and support. It would have taken so much energy for me to reach out to them. It's so hard to get the motivation to go to my contact list on my phone, find the person and dial the number. It may seem easy, but it isn't when you're struggling like I was. I would rather have my friends and family reach out to me and make that effort for me. It shows that they will listen and they care. It shows that I am not a burden to them.

"I'm glad you are better now"

When I left the hospital each time, people would say to me, "I'm glad you are out and feeling better now." This sucked to hear because I was still not okay. I had just been released from the hospital and back in the world. It did not feel normal. It did not feel familiar anymore. My bed was too soft. My place felt like a stranger's home. My friends felt even more distant because they weren't really aware of what I was going through. I couldn't seem to relax. I was waking up periodically through the night with my eyes feeling heavy every morning. I was having constant anxiety knowing the people I love had seen me at rock bottom. It made me feel exposed and vulnerable. I kept experiencing reminders of the pain I went through.

Many assumed I was cured because I had been released from the hospital. But in reality, the hospitalization was just the beginning of my healing. I had a lot more work to do including: frequent doctor visits, psychiatric appointments, therapy and finding new ways of regaining my mental health. Instead they could have said: "How can I help you?" or "Can I make a meal for you?" Or something along the lines of, "I want to be there for you, more than just a phone call, can I come over today and chat? I want you to know that you are not a burden to me, and I love you."

"This wouldn't have happened had you just-"

I know that my loved ones care deeply about me, and I understand that my hospitalization scared them. I understand that their fear led them to question why I was hospitalized. But while I was going through this, it just felt wrong. I was going through fear, anger, sadness, frustrations, loneliness and despair, too.

Too often in our society, we blame victims for their own suffering. We believe their suffering could have been prevented if they had just made other choices. But by the time this questioning and blame begins, it's already too late. What happened, happened. It's done. So don't make a person feel like they deserved to go through this traumatic experience.

It is important to know that there are many factors that can steer someone's mental health in one direction or another - not just the individual choices we make - and sometimes we just have to accept rather than question.

"What was it like?"

Please don't ask this question or similar questions like, "What got you hospitalized in the first place?" or "Did you hurt yourself?" or "Did you try to commit suicide?" For me, it was a traumatic experience. And I was not ready to talk about it. We all have our own timeframe of when, how and where we feel comfortable sharing our personal stories. Sometimes, I don't want to share my experience because I don't want to relive the moment again. I need to process this on my own time, and I want those around me to understand that.

"When are you going back to doing the things you did before?"

Truthfully, it takes time to recover from a psychiatric hospitalization just like any other health problem. When I'm ready, I will let you know. It's my decision. I was still struggling with finding my way back into life again. I needed those in my life to show patience and understanding rather than push me into doing something I wasn't ready for. If a person feels pressured or stressed, it can increase the chances of going back to the hospital. It happened to me! I was hospitalized three times, and they were close together. It's better to support them in getting better and validate their feelings first.

"Don't think so much about what happened in the past"

How can someone just move on and ignore what happened and hope it will disappear? I've thought about it constantly. Trying to move on is not that simple. The experience of my hospitalizations caused stress that I never had before. If I had post-traumatic stress disorder before the first hospitalization, then it would have been even worse after it.

The stress and tension my body went through was not just emotional. It was physical, too. Everything was taken away from me. I was being told where to go and what to do, being handed pills to take. I couldn't sleep. I struggled to eat. It was painful. How can I explain all of this just for someone to tell me, "I understand, you need to move forward, that is the only way." It just reinforces the idea that I have to carry this burden alone.

I still get flashbacks: when I see sirens, when I hear a story about someone going through suicide in the news, when I retell my story, among other times. I am still recovering, and I don't know how long it will take me. Rather than these harmful comments, I want people to ask me how I'm doing, validate my feelings and my struggle, ask if I need help and tell me they're here if I want to talk about anything. I need the same patience, support and compassion a person with physical illness would receive.

~~Christine Parsons lives in Highlands Ranch, Colorado with her husband of 10 years and two small children. Christine has severe depression disorder, anxiety disorder and post-traumatic stress disorder and has been hospitalized seven times since July 2018.

NAMI NYS CONFERENCE SUMMARY

by Marla Byrnes

NAMI NYS does an incredible job of bringing many different speakers to the table. The title of this year's conference was **Building a Movement by Learning Together, Sharing Our Stories, and Strengthening Our Voices.**

These are my brief summaries of the presentations I attended:

Cry Havoc, a powerful portrayal of veteran Stephan Wolfert's struggle with PTSD. Mr. Wolfert will be coming to SU next year so we hope to collaborate with him for an encore of his performance here.

Energy: medicine/healing was an interesting therapy to align our energy fields for healing. You can find more info at **www.eftuniverse.com.**

Dr. Balderson discussed research on magnetic therapy to provide better responses for treatment of depression and anxiety. It was very detailed descriptions of the meticulous work that goes into researching brain treatments.

Resilience was a documentary about childhood abuse and treatment. The office for Prevent Child Abuse offers this training free. They want to expand it into all schools. You can contact Tim Hathaway executive director of Prevent Child Abuse NYS if you want to try to bring it to your school district. You may view the movie at **www.resiliencemovie.com.**

Uncaged the story of Frank Shamrock "the Legend" hand to hand combat fighter and his story of perseverance and recovery. He donated the proceeds of his book to NAMI NYS.

His mission is to reach out to all who suffer to give them hope and especially reach "tough guys" who think it's weak to ask for help.

Criminal Justice partnering through the stepping up program to develop action plans to achieve positive impact on persons with mental illness who enter the criminal justice system. **Don Kamin** the director of Institute for Police spoke about this initiative which takes communities even further than Crisis Intervention Training.

There were many more presentations, testimonies, performances, awards, and networking opportunities throughout the weekend. I highly recommend people try to attend next year.

AMERICANS INCREASINGLY VIEW PEOPLE WITH MENTAL ILLNESS AS A THREAT

by Megan Brooks, October 10, 2019

Despite an absence of supporting evidence, Americans increasingly view people with mental illness as a threat, and many support involuntary hospitalization for such individuals, new research shows.

The increasing stigma toward people with mental illness is "concerning, as it can lead to increasing discrimination," lead author Bernice Pescosolido, PhD, distinguished professor of sociology at Indiana University in Bloomington, told Medscape Medical News.

"People with mental health problems have to face the challenges of having a major illness. The increasing stigma that we document translates into these people and their families also having to fight the rejection, isolation, and denial of civil rights that may come with an increasing negative climate of fear," said Pescosolido.

The study was published online October 7th in **Health Affairs**.

Happy Thanksgiving!

An Irish Blessing:

Count your blessings instead of your crosses;
Count your gains instead of your losses.
Count your joys instead of your woes;
Count your friends instead of your foes.
Count your smiles instead of your tears;
Count your courage instead of your fears,
Count your full years instead of your lean;
Count your kind deeds instead of your mean.
Count your health instead of your wealth;
Love your neighbor as much as yourself.

BORDERLINE PERSONALITY DISORDER MYTHS AND FACTS

by Nikki Mattocks, October 11, 2019

One of the conditions I have lived with is borderline personality disorder (BPD). I was diagnosed with emerging BPD when I was 14 years old, which was changed to BPD when I was 18. To be diagnosed, you need to have a combination of five out of nine of the following symptoms:

Intense fear of abandonment

A pattern of unstable interpersonal relationships

Unstable self-image or sense of self

Impulsive behaviors, such as promiscuous sex, eating disorders, binge eating, substance abuse or reckless driving, that are potentially self-damaging

Suicidal or self-harming behavior

Instability and mood swings

Chronic feelings of emptiness

Inappropriate anger or difficulty controlling anger

Paranoid idealization, delusions or severe dissociation.

These symptoms (or a combination of them) are absolute hell to live with, and when I was experiencing these, I felt like I was always in the wrong. I was always wrong for how I felt, and I felt I was wrong for existing because I was such a burden. What made it harder are the many misconceptions and stigma around this illness.

Now that I'm doing better and feeling better, I'd like to clear up some of the myths that negatively impacted my experience with BPD.

Myth: You cannot treat BPD.

Thanks to a mixture of dialectical behavioral therapy (DBT), trauma-focused cognitive behavioral therapy, inner child therapy, counseling, my own strength, the support of family and friends, and medication, I now only experience one or two of the BPD symptoms, but I no longer fit five of them. Therefore, I now no longer fit the DSM-5 criteria for BPD. It isn't easy, but BPD can be treated, and I'm an example of that.

Myth: People with BPD cannot lead their own independent, fulfilling lives.

With the right treatment, some with BPD will not need to be in the mental health system forever. Just like if someone

with a broken leg doesn't receive the treatment they need, they would keep turning up at the emergency department asking for help — and so will anyone with BPD because they need treatment.

Once a person has received effective treatment, they often are able to be independent and live the lives they want to. Although there were bumps in the road, once I received the right treatment, I was able to work full time, study full time at university and spend spare time volunteering, hanging out with friends, forming healthy relationships and enjoying hobbies.

Myth: BPD behavior is just attention seeking and should be ignored.

My behavior (self-harm, suicide attempts, impulsivity) was typically due to my distress. I did not wake up thinking, "I want attention." I woke up feeling agonizing emotional pain and thought, "I need help from my care professionals, family and friends." While I won't say that I never acted for attention, I only did so because I needed that attention. Giving attention to people in distress can save lives.

If someone with chest pain doesn't seek attention, they could end up having a heart attack/cardiac arrest. Similarly, if people in emotional distress don't seek help, they also suffer. Why should we let someone suffer and ignore their distress just because of their diagnosis? Sometimes all it takes is taking 10-15 minutes to listen and tell them that while you may not understand, you care, and how they feel is valid.

Myth: Those with BPD do not complete suicide.

This diagnosis is so misunderstood that many with BPD will often go without the right treatment. And when that happens, it can lead to suicide or self-harm. Borderline personality disorder is associated with higher rates of suicide and self-harming behaviors.When someone makes a suicide attempt, they are in distress, just like I used to be. Instead of viewing that as purely attention-seeking, show empathy and look at ways to help that person.

Myth: Having BPD is a choice.

People with BPD would never choose to feel like they do. Without lived experience, it is impossible to know how intense the negative feelings can become. But I can tell you, no one would choose to live that way. BPD often stems from childhood trauma. I work in mental health and I have never met someone with BPD that hasn't also been through trauma. So can someone please explain how they chose that?

Myth: People who have BPD do not help themselves.

When I was unwell, it wasn't because I didn't want to help myself. I was unwell because I didn't know the tools to support my wellbeing. I never learned as a child how to manage my emotions because I was neglected. When I went through DBT, I learned how to cope with my distress, and I learned how to help myself. For a long time, I was not helping myself, but with time and support, I got there. And so will others. People with BPD deserve time, treatment and empathy.

~~Nikki Mattocks is an award-winning mental health and human rights campaigner in the UK. She has spoken at Parliament and in the media, and, shared her story at events. She also runs a peer support group that she started at age 17. Find her on twitter @ducksdietcoke or Instagram @nicolanikkijane

MARIJUANA AND SCHIZOPHRENIA ARE DEFINITELY LINKED
from HealthyPlace.com

Marijuana use can lead to psychosis and psychotic disorders like schizophrenia in some people. Research has shown connections between marijuana, the brain, and schizophrenia:

Cannabis interferes with executive functioning, which includes such skills as memory, emotional regulation, planning, problem-solving, inhibition, organization, starting tasks, and processing information.

It interacts with the dopamine system in the brain, impacting the experiencing of psychosis.

Daily use can increase schizophrenia's negative symptoms like decreased motivation, flat emotions, and an inability to feel pleasure.

Smoking marijuana daily has been shown to increase a vulnerable user's risk of developing schizophrenia by almost five times, and it can cause people to develop schizophrenia six years earlier than others who don't use the substance.

Using cannabis can worsen schizophrenia in those who already have the illness.

While a definitive link between schizophrenia and cannabis has been found, it seems to primarily apply to those with a genetic disposition for schizophrenia or who are adolescents (because of the still-developing brain).

If you use or plan to use marijuana, knowing your family history and respecting your age can help keep your brain safe and healthy.

Sources:

Basa, E. (2018). Health Canada warns cannabis use linked to schizophrenia. Narcity. Retrieved October 2019 from https://www.narcity.com/news/health-canada-warns-cannabis-use-linked-to-schizophrenia

National Institute on Drug Abuse. (2019). Is there a link between marijuana use and psychiatric disorders? National Institutes on Health: National Institute on Drug Abuse. Retrieved October 2019 form https://www.drugabuse.gov/publications/research-reports/marijuana/there-link-between-marijuana-use-psychiatric-disorders

NAMI in the News on CBS

Recently, **CBS This Morning** ran a special live event, **"Stop the Stigma: A Conversation About Mental Health."** NAMI worked behind the scenes to make this special a success, including providing resources, talking points and pitching NAMI Medical Director Dr. Ken Duckworth for two segments. Acting CEO Angela Kimbell also conducted an interview with CBS in conjunction with the special, which aired on affiliates nationwide. Additionally, NAMI ran the Cure Stigma PSA during the mental health special in 14 markets.

BEHAVIORAL PSYCHOLOGY, COGNITIVE PSYCHOLOGY, AND MENTAL HEALTH

by Dennis Welsey

This article focuses on two distinct psychological approaches to human behavior: behavioral psychology and cognitive psychology. Although the disciplines are widely considered irreconcilable, there is much to be learned if we can understand the everyday implications of the differences between these disciplinary perspectives. In other words, this article focuses on how we can understand ourselves better by drawing from the best of these approaches.

Why do the two approaches seem irreconcilable? Because cognitive psychology directs us inward, whereas behavioral psychology asks us to look exclusively at external stimuli. More on this later. Essentially, this article aims to show how we can better examine and understand mental health by synthesizing the insights generated by these disciplines.

What follows is in no way an exhaustive account of these disciplines. This is a brief account of the benefits we can draw from them, and this necessarily requires an understanding of their limitations, too.

What We Can Learn from Behavioral Psychology

Behavioral psychology, also referred to as behaviorism in some quarters, attempts to establish links between human behavior and the external world. It is based on the assumption that all human behavior is a direct consequence of external stimuli. In other words, the discipline holds that there can be no behavior without external stimuli. Indeed, advocates of this approach prefer “behavior” to the more purposeful “action.” Understandably, this view has come under some criticism, mainly because it seems to suggest that human behavior is mere reaction.

Behaviorism, moreover, is rigidly scientific and mainly aims to predict human behavior, given a situation. The approach is also widely employed to study, document, and predict the behavior of nonhuman animals as well. Advocates argue that the best way to predict human behavior is by modifying and conditioning it. Therefore, it is not surprising that behaviorist principles have been widely applied in the corporate sector to boost productivity or reduce workplace stress: disciplines such as Management and Industrial Psychology draw heavily from behaviorism. Notably, behaviorism has also been widely applied in classrooms to condition student behavior.

The limitations of behaviorist principles, however, become evident when seen in the context of managing employees' behavior and productivity. Since the discipline holds that there can be no reaction without external stimuli, it tends to proffer generalized solutions. This is problematic because a generalized solution may not elicit the same reaction or behavior from all people. That is, a hack or stimulus that allows some employees to be more productive might hamper others' productivity; in fact, it may even turn out to be counterproductive and cause undue stress.

To be sure, meticulous behaviorists do seek to understand why a certain stimulus fails to elicit the desired behavior from some subjects. In fact, this is precisely where they rely on conditioning. That is, they try to modify behavior by introducing new aspects or by eliminating certain aspects from a given environment or stimulus. This can be an arduous process.

Nonetheless, we, the general public, can draw the following benefits from the behaviorist approach:

1) If we find ourselves agitated or experiencing stress, it would be deeply beneficial to identify the external triggers. Knowing what causes anxiety or stress is the first step toward understanding why certain events or stimuli act as triggers. At the very least, this knowledge may allow us to avoid situations that tend to make us vulnerable.

2) Conversely, we can also identify and surround ourselves with feel-good stimuli.

3) Perhaps the biggest takeaway is that we can, whenever possible, make changes to our surroundings to ensure sound mental health. This may even allow us to thrive in what might otherwise be a debilitating environment.

What We Can Learn from Cognitive Psychology

Cognitive psychology, as mentioned above, focuses on the internal-that is, it studies cognitive aspects such as memory, language use, perception, attention span, and creativity. Surprisingly, as Bruce Goldstein shows in his work on cognition and everyday human action, the discipline is deeply relevant when it comes to making sense of daily experience. Here's why.

Among other things, this approach focuses on how memories are formed, accessed, and experienced. This aspect of cognitive psychology is especially salient when it comes to understanding and dealing effectively with mental trauma, which is often accompanied by a great deal of stress and anxiety. Most of us who experience stress or suffer from anxiety disorders become adept at spotting their physical symptoms. This in turn allows us to exert reasonable control over the situation.

Cognitive psychology urges us to go a step further: it asks us to evaluate these symptoms in relation to the mental states that accompany them. This involves trying to observe the thoughts and thought patterns that might accompany these symptoms. Admittedly, this is a call for higher-order thinking, which is an essential aspect of critical thinking. At this juncture, it is also worth noting that critical thinking may be a very potent tool for battling depression.

In fact, this is not an outlandish claim. Cognitive therapists mainly aim to enable clients to become proficient critical thinkers when it comes to assessing their own mental health. In this context, being a critical thinker also involves monitoring our use of language, which is especially important when it comes to depression. This is because sadness and despair are among the primary symptoms of depression, and both are discernible from one's use of language.

How can we benefit by monitoring our mental states and use of language?

1) This strategy is especially useful when we cannot control external stimuli. It is essential to have or develop coping strategies to address such situations. The simplest way is to take deep breaths and try to observe our thought process. Taking deep breaths reduces the severity of physical

symptoms and also improves our capacity to observe our thoughts.

2) It also shows that we are not necessarily controlled and limited by our environment and other external factors. We can, to a reasonable extent, control how we feel and think. In fact, much of cognitive therapy involves:

(a) learning how to observe thoughts and feelings and;

(b) learning how to control them and develop positive thinking.

Admittedly, neither discipline presents a total, unerring picture of what it is to be a human being. Nonetheless we can learn invaluable things about ourselves from the insights they've generated.

Author Bio: Dennis Welsey is an independent researcher and blogger. His interests include STEM, the Humanities, and mental health, especially interdisciplinary practices and methods.

AN INTEGRATED VIEW INTO TREATMENT RESISTANT SCHIZOPHRENIA

from Treatment Advocacy Center

A number of people with schizophrenia do not respond to any antipsychotic medication, a condition known as treatment resistance. The exact percentage is unknown since definitions of treatment resistant schizophrenia (TRS) vary widely and people respond differently to antipsychotic medications. It is estimated that approximately 30% of patients with schizophrenia do not respond to dopamine-blocking antipsychotics and of those, only half find symptom relief by the only alternative medication, clozapine. As a result, those with TRS typically experience poorer clinical outcomes. However, recent research is beginning to unravel the biological basis for non-response and may assist in the development of effective medications for this population.

The International Treatment Response and Resistance in Psychosis (TRRIP) working group was convened to provide an operational definition of treatment resistance that could be used across research and clinical settings. According to a consensus of the group, the following must occur in order for an individual to be identified as treatment resistant:

1. Adequate trial of antipsychotic medication in terms of dosage
2. Trial of two antipsychotics for a duration of 6 weeks or longer at a therapeutic dose
3. Adherence to medication $\geq$ 80% confirmed by plasma levels of medication
4. Structured clinical assessments to measure symptom presence and severity.

There are differing opinions as to whether the clinical course of TRS is a stable, specific type of schizophrenia or the result of a neurodegenerative process of the illness. However, a recent longitudinal (10 years) study of first episode psychosis found that the vast majority (80%) of treatment resistant patients were resistant from the early presentation of their illness. Predictors of TRS include a younger age of onset, longer duration of untreated psychosis, and prominent negative symptoms such as blunted affect or social isolation.

Evidence from TRS imaging and genetic studies point to dysregulation of several neurotransmitters including dopamine and glutamate. In addition, brain imaging demonstrates increased cortical atrophy in treatment non-responders compared with responders.

While clozapine is the only antipsychotic to show symptom reduction in patients with TRS and earlier initiation of clozapine is shown to improve outcomes in this population it is significantly underutilized by clinicians. For the approximately 50% of treatment resistant patients who do not respond to clozapine (ultra-treatment resistant), unfortunately there are limited efficacious treatment strategies. More research is needed to understand treatment resistance in schizophrenia and develop new strategies to improve symptoms for this population.

Amy J. Lukes

Project Manager

Treatment Advocacy Center

A WEIGHTY TOPIC

*from **bp magazine**, Fall 2019*

The issue of food cravings and weight gain from certain medications looms large (so to speak) in the bipolar community. It's definitely worth bringing up with your practitioner if this troubles you.

The two of you will need to balance the med's potential contribution to your stability against the physical and psychological impact of getting heavier. The same type of discussion with your therapist could be helpful in coming to terms with body image issues. There are also a number of online support groups and forums specific to weight gain from bipolar treatment, as well as the Healthy at Every Size (HAES) community.

A 2017 analysis by Sri Lankan researchers, published in **Neuropsychiatric Disease and Treatment**, concludes that individuals taking psychiatric medications associated with weight gain "should be routinely provided with nutritional counseling and advice about a healthy lifestyle."

Look into coaching about weight management, working with a dietitian or nutritionist, and checkups to track your risk for various weight-related medical conditions. You could also review alternate medications to consider. Some of the second-generation antipsychotics don't have the same association with weight gain as the older formulations.

Hello, Autumn!

Described as a magical time of year, as trees transition from green to vibrant fall foliage, the autumn light turns a golden hue, trees rustle in the breeze. The seasonal changes and upcoming holidays are the perfect time to focus on wellness:

1. Harness the weather. Walking, hiking, and cycling in the crisp air feels incredible.

2. Turn fall chores into a workout. Yard work, such as raking leaves, winterizing your garden, or chopping wood, can burn anywhere from 240 to 450 calories per hour.

3. Avoid holiday treats. Be prepared with alternatives to desserts at Thanksgiving, Christmas and Hanukkah.

SUNY CHANCELLOR KRISTINA M. JOHNSON ANNOUNCES LAUNCH OF SYSTEM-WIDE STUDENT MENTAL HEALTH TASK FORCE
from SUNY News

State University of New York Chancellor Kristina M. Johnson announced the formation of the SUNY Student Mental Health and Wellness Task Force. The group will make recommendations on how the system can make a measurable difference in addressing the mental health needs of students and mitigating the negative effects of behavioral health risks, including suicide.

"We are witnessing an unprecedented surge in mental health issues among young adults in particular including anxiety, depression, and suicide," said SUNY Chancellor Johnson. "Not only will we expand our resources and safety nets across SUNY, we will also strengthen our early interventions to better ensure we reach our students in need and get them to sources of help. We affirm our broad view of what it means to provide student support services for a safe and secure learning environment."

The task force will focus on early interventions and explore existing practices and public health approaches across the nation to address the mental health needs of SUNY students. The task force will also investigate, develop, and recommend strategies for scaling evidence-based and innovative models for student support across all 64 SUNY campuses.

Thank you to the following for their help in sponsoring our annual educational conference, **Responding to Mental Health Crisis:**

Alkermes
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Hutchings Psychiatric Center
MHA Cortland County

DOES THERAPY FOCUS ON PROBLEMS OR SOLUTIONS?
from HealthyPlace.com

If you are experiencing mental health difficulties that are disrupting your life, you might consider working with a therapist to help you sort things out and strengthen your mental health and mental wellbeing. The nature of therapy differs among therapists, so learning about different therapists (and the different types of therapy) before selecting one can help you work effectively toward healing.

Each therapist has their own research-based approach to helping people. There are many approaches to healing because everyone is unique; what might work well for one person won't help another at all. An important difference among therapists is whether they focus on problems or solutions.

Of course, all therapists and clients do work on both problems and solutions. Some, though, believe that it's important to talk about problems and where they came from in order to come to terms with them. Others believe that therapy should involve developing solutions and goals for the future.

Think of your own objectives for therapy. Look for a therapist that matches your needs. Consider asking questions like these to learn a therapist's focus:

How much will we explore my problems?

Will I have a chance to vent?

Will I be developing solutions for the future or talking through what happened to me in the past?

Remembering our Veterans

During this month when we honor our Veterans, let us remember their service, and let us renew our national promise to fulfill our sacred obligations to our veterans and their families who have sacrificed so much so that we can live free.

The National Alliance on Mental Illness (NAMI) has established an online Veterans Resource Center:
www.nami.org/veterans

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

Virginia Boatman
Martha Bush
Richard Bush
Aida Caputo
Carol Chorley
Toni Dalakos
Spencer Gervasoni
Eileen Hathaway-Krell
Grayson & Rhona Jones
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Elizabeth Meany
Patricia Murray
Jessie Prince
Brett Reynolds
Katherine Robb
Melissa Sacco
Carolyn Smalls
Kimberly Staab
Susan Zdanowicz

International Survivors of Suicide Loss Day

Each year, The American Foundation for Suicide Prevention supports hundreds of large and small Survivor Day events around the world, in which suicide loss survivors come together to find connection, understanding and hope through their shared experience. While each event is unique and offers various programming, all feature an AFSP-produced documentary that offers a message of growth, resilience and connection.

November 23, 2019
10:00am - 12:00 noon
North Syracuse Jr. High School
Cafeteria
5353 West Taft Road
North Syracuse, NY 13212
Contact: Missy Stolfi
mstolfi@afsp.org or 585-202-2783
Breakfast Served
Event is free
sponsored by
AFSP Central New York

BECOME A MEMBER OF NAMI SYRACUSE TODAY!

_____ Household Membership $60.00

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

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

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