National Alliance on Mental Illness

NAMI Syracuse Newsletter

NAMI SYRACUSE
A Better Understanding

JANUARY/FEBRUARY 2020

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

January 8, 2020	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
January 15, 2020	Peer Support Group - This Mind of Mine 5:30pm - NAMI Syracuse office
January 21, 2020	NAMI Syracuse Family Support 7:00pm - AccessCNY
February 12, 2020	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
February 18, 2020	NAMI Syracuse Family Support 7:00pm - AccessCNY
February 19, 2020	Peer Support Group - This Mind of Mine 5:30pm - NAMI Syracuse office
March 11, 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
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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 made it through the holidays!

Updates for those of you who may have started your long winter's nap:

We have painted the office with the volunteer services of Ernest Jones (my husband).

We have weeded out many old files and reorganized our books and videos.

We have purchased a wall unit to display brochures of resources in our community.

We have installed our new board members and vice president.

We reached over 950 middle and high school students this year with **Ending the Silence.**

We had a turnout of 57 for our holiday party/annual meeting.

Events to look forward to this year:

Hopela - late April or early May, **Off the Mask** fundraiser for NAMI NYS - Ann Canastra's children will all be modeling this year in May in Albany, September, **End 22 a Day at Willow Bay**, and in October, our annual educational conference. We will be trying to do at least one small fundraiser this year with a night at Tully's. We may also be able to collaborate with Syracuse University to promote a performance of "Cry Havoc" at Syracuse Stage in the fall. We are always looking for new ideas to reach the public and raise funds.

We are looking for folks to help. Let us know what your talents and interests are so we can put you to work. You will see a survey (page 9) about skills you may have that could help NAMI. Please review it and send it to the office if you are interested in lending your talents to strengthen our organization.

Good News! We were given an anonymous $6,000 donation to upgrade our website to make it more user friendly for all of us. We are fortunate to have Mary Beth Oyer as a new board member who has experience managing websites. She is willing to take on this project and get bids for web designers and web managers. We will keep you posted as this project starts out spring 2020. In addition, we also received a very generous donation of $7500 from another member of NAMI Syracuse.

These are big donations; but, never think your donation is insignificant. We survive on small thoughtful donations and our membership dues. Our fundraisers help us expand our services in the community. We continue to thrive since our inception in 1981 when a small group of family members joined together to support one another. Every support group brings new families who are in crisis and hurting. Our mission to make the journey easier for new families and persons in recovery is important. Thank you for continuing to support our outreach, support and education efforts.

Wishing you all a healthier 2020,

Marla Byrnes, NAMI Syracuse President

Thank You Spence Plavocos for 28 years serving as NAMI Syracuse Vice President

After serving as Vice President for 28 years, Spence Plavocos is stepping down. We are forever grateful for all you've done for NAMI over these many years. We know you will continue to be part of the NAMI Syracuse family. Thank you and Marie for your dedication, support and service.

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.

PHYSICAL EVIDENCE IN THE BRAIN FOR TYPES OF SCHIZOPHRENIA

6/24/2019

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.

Besides Frederick Nucifora, authors of the study are first author Leslie Nucifora, Brian Lee, Matthew Peters, Alexis Norris, Kun Yang, Russell Margolis, Jonathan Pevsner, Christopher Ross and Akira Sawa of Johns Hopkins; Matthew MacDonald and Robert Sweet of the University of Pittsburgh; Benjamin Orsburn of the Frederick National Laboratory for Cancer Research; and Kelly Gleason and Carol Tamminga of the University of Texas Southwestern Medical Center.

This research was supported by the Brain and Behavior Research Foundation.

A CONSTRUCTION COMPANY EMBRACES FRANK TALK ABOUT MENTAL HEALTH TO REDUCE SUICIDE

Morning Edition, December 12, 2019

It has been five years, but the memory still haunts construction superintendent Michelle Brown.

A co-worker ended his workday by giving away his personal cache of hand tools to his colleagues. It was a generous but odd gesture; no one intending to return to work would do such a thing.

The man went home and killed himself. He was found shortly afterward by co-workers who belatedly realized the significance of his gifts.

"It's a huge sign, but we didn't know that then," Brown says. "We know it now."

The suicide of that construction worker for RK in 2014 became a pivotal event for the company, shaking its 1,500 employees, including co-owner Jon Kinning.

The death brought home some painful facts. Construction and mining (including oil drilling) have the highest suicide rates of all occupations, according to data from the Centers for Disease Control and Prevention. And the suicide rate for working-age adults has been rising in the U.S., increasing by 34% to 17.3 suicides per 100,000 in 2015 from 12.9 in 2012.

Kinning spent the months after the incident meeting with industry leaders and suicide experts.

The result: RK, which was founded 56 years ago by Kinning's father, eventually put together what is now regarded as a model for suicide prevention in the construction industry. It involves 24-hour access to counseling services, lenient leave policies and crisis training for managers, among other things.

Most critically, says Kinning, the company embraced lots and lots of open talk about mental health.

If you or someone you know may be considering suicide, contact the National Suicide Prevention Lifeline at 1-800-273-8255 (En Espanol: 1-888-628-9454; Deaf and Hard of Hearing: 1-800-799-4889) or the Crisis Text Line by texting HOME to 741741.

"It's a crisis in our country. It's a crisis in our business," Kinning says. And it required rethinking the entire business.

"If somebody didn't show up in the past, we'd be like, 'You've got a job to do - get in here,' " he says. "We've just changed our tone and our culture. I talk about mental health nearly every time I have a group of employees."

That outreach has prompted workers to take advantage of therapy and other benefits. "We've averted probably 15 suicides since 2014," says Kinning. "That's a pretty good success rate."

Other companies - in construction and in other industries that also face high suicide rates - are now copying RK's approach.

But the struggle is ongoing. Risk factors for suicide in the industry are still numerous, and even RK is not immune to them.

Most construction workers are young and middle-aged men - the same population that is likely to die by suicide. Unhealthy substance use runs high, especially where opioids are prescribed for workplace injuries. Lots of military vets work in construction, and many struggle with past trauma.

That has been a factor for Brown, the RK superintendent, who spent four years in the Air Force. She currently works on a new airport project in Salt Lake City.

Her hard hat bears the name "Momma," a testament to the caring relationships that Brown, affable and cherub-cheeked, cultivates at work.

Three years ago, she noticed an emotional decline in one of her workers, a fellow vet she was close to. He would alternate between being unresponsive and being extremely agitated.

One morning, he didn't show up for work and he hadn't called in sick. That put Brown on high alert. Given her past experiences, she immediately suspected that he was suicidal.

Her suspicions were confirmed when she reached him by phone. "Don't hang up," Brown implored, as she drove to his house.

When she got there, she found him drunk, with a firearm in hand.

"It took me back to a time in my life where, if somebody hadn't reached out to me, then there's a possibility I wouldn't be here," she says through tears. "I had no desire to be on this earth anymore. I didn't think it was worth it. Why bother? And somebody took the time to notice my behavior and reach out to me."

Brown soothed him with the words that had helped her: "You're loved. You're needed." She called a therapist, then eased him into medical leave, as RK had trained her to do.

"I wasn't going to lose him if I could help," Brown says.

In that instance, the man survived, and they remain close, even though he has since left RK.

But over the course of 31 years working in construction, Brown says, she has endured three co-workers' suicides. Each case rocked everyone around them. But in those days, she says, the topic was never up for discussion.

Fast-forward to today; it's the polar opposite. RK highlights mental health two to three times a week during what it calls toolbox talks, when workers gather for staff announcements and to stretch.

As much as RK spotlights mental health, it remains a difficult subject.

Kinning and other managers at RK say raising it feels awkward and uncomfortable. Some workers object to the constant focus, saying it raises unwelcome memories for them. But Kinning perseveres, telling them, "I think it's more important for the greater good to talk about mental health issues."

One recent morning at the Salt Lake City work site, about 60 RK workers dressed in neon safety vests gather around supervisor Nate Lewis.

"How many of you guys here have heard this talk before about mental health and awareness on the site?" Lewis asks the crowd. Nearly everyone raises a hand.

With his hands and legs visibly quivering, Lewis recounts his own depressive and suicidal episodes two years ago. Back then, overwork turned to panic and anxiety attacks. After years of objecting, Lewis finally sought therapy and turned a corner.

Lewis then opens the floor for anyone else to come forward. One man, citing his own experience, offers support to anyone struggling with addiction.

Then, from behind Lewis, a normally soft-spoken man approaches the circle. Cal, as he is known, introduces himself. His expression looks to be one of sadness mixed with terror. He apologizes for being nervous, then forges on.

"I have a suicidal past myself," Cal says. "I dealt with maybe six years of attempting to take my life. The last time that happened was last year in July."

From his bed at the hospital, he says, he wondered what kept him coming back to a death wish. "I ended up figuring out while talking to the therapist that I'm not being open about my feelings and my struggles," he says, including about being openly gay and, at times, unwelcome in the construction industry. He also didn't want to be judged for feeling depressed.

Being candid and sharing his experiences, he says, lightened his burdens.

"The last year of my life has been one of the happiest years I've ever experienced as an adult," he tells them. As he regains his composure, Cal is met with the applause and bear hugs of his fellow construction workers.

DEPRESSION RATES AMONG TEENAGERS ARE INCREASING RAPIDLY, WHY IS THIS HAPPENING

*from **rtor.org**, December 4, 2019*

Depression is a brain dysfunction that affects mood and emotions. It is a mood disorder characterized by strong and persistent negative emotions. These emotions can have a negative impact on people's lives, causing social, educational, personal and family discord.

Depression is different from sadness or feeling "down." Clinical depression is a medical condition that affects the way the brain regulates emotions. People with depression cannot simply "get over it." Depression can affect a person's thinking, feelings, and behavior. It becomes a negative filter through which the world is experienced.

Sometimes, negative events such as the loss of a loved one or severe stress that persists for a prolonged period can trigger a depressive episode, but it often occurs spontaneously. Depression is not caused by the ordinary stress that is common in life. When depression occurs, it usually lasts for months and then improves. This is considered a "depressive episode." Most people with depression experience many episodes during their lifetime. Clinical depression is often referred to as major depressive disorder (MDD). It is often accompanied by anxiety and causes significant problems in family, friends, work or school.

There are multiple causes of severe depression in adolescents and young adults, including the loss of loved ones, social isolation, major changes in life, and trauma caused by abuse or interpersonal relationships.

Today's teenagers also face problems that past generations did not know. Social networking is a major source of anxiety and stress for adolescents. When teenagers compare their lives with the lives of followers on Facebook, Twitter, and Instagram, they can feel frustrated and inadequate. Scientists have discovered a correlation between the use of smartphones and depression in adolescents. Excessive use of technology can damage relationships, education, and extracurricular activities.

Many teenagers experience academic pressure in school. Also, uncertain economic conditions and fierce competition from universities and graduate degrees exacerbate this pressure.

Teenagers often experience their first love relationship in high school or college. Although this is an important part of adolescent development, these relationships can also be an emotional challenge.

Today's young people may have less adaptability. Parents try to protect them from failure and disappointment which hinders them from learning how to effectively face life's challenges. Consequently, today's adolescents often have little opportunity to develop their adaptive capacity and resiliency when faced with adversity.

The brain is still growing during adolescence; the prefrontal cortex of adolescents is immature and this part of the brain controls self-regulation. Therefore, their ability to control impulses is limited. This leads to dangerous behaviors during adolescence, such as drug abuse and unsafe sexual choices.

According to a survey of 10,000 students in 13 institutions in Washington in the last two to four years, nearly 33% of students reported depression last year, with 26% reporting anxiety and more than 10% reporting suicidal ideation. Nearly 4 out of 5 college students report that emotional distress can harm their academic performance.

These statistics reflect national data on student depression. In the United States, suicide is the second leading cause of death among people aged 15 to 34. Among young people between the ages of 18 and 25, 8.3% have serious suicidal thoughts.

The data for the year are similar throughout the country. Concluding that, 24% report anxiety; 31% report depression; 11% of university students report suicidal thoughts.

There is strong empirical evidence for the successful treatment of adolescent mental illnesses, including depression. In many cases, psychotherapy for depression is as effective as medication, and it is a recommended first-line intervention for mild to moderate depression in young adults. The **Psychiatric Times** reports that effective psychotherapy for depression include: cognitive behavioral therapy (CBT), interpersonal psychotherapy (IPT) or dialectical behavioral therapy (DBT).

Sources:

Am J Psychiatry. 2018 Jan 1;175(1):28-36. doi: 10.1176/appi.ajp.2017.16111223. Epub 2017 Oct 3.

Depression, anxiety affect more than one-fourth of state's college students. (2018, January 30). Retrieved from https://www.washington.edu/news/2018/01/30/depression-anxiety-affect-more-than-one-fourth-of-states-college-students/.

Zack, Sanno E., et al. "Treating Adolescent Depression With Psychotherapy: The Three Ts." Psychiatric Times, 7 Nov. 2012, www.psychiatrictimes.com/adhd/treating-adolescent-depression-psychotherapy-three-ts.

About the Author: Mitchell Olson is psychotherapist in Minneapolis, Minnesota and president of MindfullyHealing.com. Mindfully Healing is a community that advocates and provides free resources for modern approaches to mental health.

HOW TMS WORKED FOR ME, EVEN WHEN IT DIDN'T
from rtor.org, November 4, 2019

Nothing was working. Nothing could seem to break depression's hold on me. Its fingers gripped my neck, choking me at every turn - invisible hands pulling me even deeper down into despair.

Eleven years. That's how long I had already suffered at the hands of depression. By this point, I had already tried seven medications, with results varying from non-stop nausea to reasonable stability. But I still didn't feel right. Doctors had also assigned vitamins and drugs designed to enhance the effect of my anti-depressants. Those didn't do much either.

So when my psychiatrist suggested TMS, I was intrigued.

TMS, or transcranial magnetic stimulation, stimulates the nervous system by way of powerful magnetic fields in hopes of re-igniting areas of the brain tied to depression.

Side effects are rare, and it's not invasive in the slightest. The main barrier to success with TMS is commitment: the procedure requires you to come in for treatment at least five days a week for about a month and a half. I was on break from my studies at the time, so a rigorous treatment schedule was no problem for me. I was eager to sacrifice my time if it meant I'd feel better.

Treatment-resistant depression wears on you. After trying so many different things, after so many hollow failures, it's impossible to avoid a deep sense of hopelessness. There's something spiritually draining about seeing all your treatment options come and go with no results.

Every time I began a new treatment, I'd feel hope balloon in my chest - Maybe this is what does it! But with every failed treatment, the balloon would become smaller and smaller, until it was finally just a wrinkled and floppy piece of latex.

When I first heard of TMS, I was skeptical. How could simple magnets alter your brain chemistry? But the research-backed it up, and the results are statistically significant - Between 50% and 60% of patients with treatment-resistant depression who undergo a TMS regimen experience a significant improvement in their symptoms.

According to my psychiatrist, the chances of a new medication working are actually less than the previous one. But that didn't apply to TMS. Sixty percent. The number stared me in the eye, challenging my pessimism. The odds were, for once, in my favor.

I decided to pursue TMS.

The room itself was cozy, with a painting of a forest on the opposite wall. But the chair was intimidating. It reminded me of a dentist's chair - except instead of an overhead lamp, there was a magnet attached to an arm.

I wasn't 100% sure what to expect from the procedure itself. The pamphlet said it would not be painful, though I could end up with a headache afterward. The attendant, a young lady, was kind and courteous as she took a written inventory of my depression symptoms. I answered the same symptom questionnaires every day for six weeks to keep track of my progress. I'd be lying if I said it didn't get tiring, being asked the same questions over and over again.

Despite its ominous look, the chair was well-padded, almost comfortable. And with an affirming smile, the attendant pressed the magnet against my head.

The noise startled me - an impossibly loud clacking, somewhere between a toy machine gun and an over-enthusiastic keyboard typist. And then there came the unnerving pressure. I felt as though someone was gripping my head, pressing their palms into my skull - not hard enough to hurt, but enough to be uncomfortable.

That would be one hour out of every weekday for the next six weeks.

Turns out that exposing your brain to magnetic waves does some funny things.

At the beginning of my treatment, the attendant warned me that things might get worse before they got better. It happened just as she said. Some days, I felt as usual, as though nothing had changed. Then the next day, I'd suddenly feel worse: intense suicidal thoughts, unbearable exhaustion. It seemed like TMS was just making everything worse.

Still, I trusted my doctor and kept going. I soon learned that the severe depressive episodes only lasted a couple of days each. Other days, I experienced the opposite: for once in my life, I felt okay! Not great, not thrilled. But "okay" still counted as "better" by my standards.

Unfortunately, just like the depressive episodes, these spats of relief only lasted a couple of days at most.

And then there was what I call That One Day.

There was one morning, halfway through my treatment, when I woke up feeling fantastic. My energy was suddenly unlimited. I could do day-to-day tasks without being filled with dread! I had broken free from hopelessness. And I was - happy?

I'm not saying I had never felt happiness before. But there was something incredible about sitting on the lawn beside the University of Houston fountains that afternoon. I held my boyfriend's hand, and we sat side by side, admiring the watery lights as the sun went down.

And in that instant, things were perfect.

I never reached that point of perfection again.

Upon finishing my TMS treatments, I was told to wait a couple of months. That sometimes it takes a bit for the full effect of TMS to be felt.

It's been four years, and I still haven't seen any lasting effects. Every so often, I think back to That One Day. I imagine that's what being neurotypical feels like. And I still long for it. I had it in my grasp, I tasted it on my tongue, and then it was gone.

At first, that experience of normalcy made my depression all the harder to bear. But over the years I've come to see it in a different light. TMS is a beacon of hope for many who suffer from depression. And I'm still young. Science may come up with an equally innovative treatment before I die.

I tasted happiness. And although it was taken from me, I maintain hope that one day I will experience it again. I know first-hand what I have to look forward to.

Author Bio: A passionate advocate for mental health, Steph Matthiesen tries to make the world a better place with her writing. Steph is a freelance writer for hire at wordgrower.net, where she also shares her first-hand struggles with depression and anxiety in hopes of inspiring others.

ALARMING FACTS ABOUT SUICIDE IN THE UNITED STATES
*from **rtor.org**, November 29, 2019*

Suicides in the United States are on the rise. The number of people who die by their own hand every year is roughly equivalent to the number of people who overdose on prescription pain killers. Yet there is virtually no press coverage or public debate about the matter.

On average, 129 people die by suicide every day. Another 1.4 million per year attempt suicide. By way of comparison, that's more than the total number of people living in the state of Maine.

Make no mistake - suicide is an epidemic that kills tens of thousands of men, women, and children every year. Here are some alarming facts about suicide that everyone should know:

In 2017, more than 47,000 people died by suicide. In fact, there were more suicides in America than homicides or deaths from methamphetamine, cocaine, and heroin.

Men are 3.5 times more likely to kill themselves than women. More than 90% of those who completed suicide had a diagnosable mental illness at the time of their death. Veterans are also 1.5 times more likely to commit suicide than non-veterans. It is the 10th leading cause of death in the United States and you never hear about it on the nightly news unless it's a celebrity.

Amongst minority groups in America, suicide rates are especially alarming. Consider the following:

Lesbian, gay, and bisexual kids are 3x more likely than straight kids to attempt suicide at some point in their lives.

Medically serious attempts at suicide are 4x more likely among LGBTQ youth than other young people.

African American, Latino, Native American, and Asian American people who are lesbian, gay, or bisexual attempt suicide at especially high rates.

41% of trans adults said they had attempted suicide, in one study. The same study found that 61% of trans people who were victims of physical assault had attempted suicide. Lesbian, gay, and bisexual young people who come from families that reject or do not accept them are over 8x more likely to attempt suicide than those whose families accept them.

Each time an LGBTQ person is a victim of physical or verbal harassment or abuse, they become 2.5x more likely to hurt themselves.

Suicide affects men, women, and children. It is most likely to affect white males, Native Americans, and Alaskans, but children as young as 10 die by suicide in the United States.

Suicide is a national epidemic.

Every year, suicide costs American citizens upwards of 69 billion dollars in medical expenses, lost productivity, and public services involvement (e.g., law enforcement and local fire departments).

Collectively, estimates are that some 950,000 years of life are lost annually to this scourge.

This is to say nothing of the social, psychological, and emotional toll that suicide takes from family, friends, and loved ones.

Losing a loved one is traumatic enough when it is from disease, old age, or accidental death. Grief and bereavement are painful and complex processes, but it's worse for those who have lost a loved one to suicide. People get confused and angry. They become accusatory and defensive. They feel betrayed and abandoned.

As a result, suicide tends to rip apart families. It ransacks marriages and friendships as well, largely due to the myriad ways that people react to the death of a loved one in this manner.

More than half of all suicides in the United States involve a firearm. Adults can buy handguns, shotguns, and rifles with relative ease. For the suicidal, access to firearms is a grave threat. While sellers are required to perform background checks, a person's history of mental illness can easily be missed.

In 2017, 39,773 people died as a result of firearms. That number includes homicides, accidental deaths, and suicide, which accounts for about 24,000 of those deaths.

As a result of mass shootings and especially violence in schools, there has been much debate about gun rights and who should have access to weapons. It's astounding, though, that so few people talk about suicide. You are far more likely to die by your own hand than in a mass shooting, or a terrorist attack, or even homicide in the United States of America.

Men, of course, are more likely to use a firearm to complete suicide. Suffocation (such as hanging) is also quite common, accounting for more than a quarter of all suicides each year. People poison themselves as well, though it is not as common as firearm deaths or hanging. It accounts for almost 14% of all suicides in the United States. About 8% of suicides are accomplished by other means, such as cutting and falls.

People decide to commit suicide for myriad reasons. For many, it's due to a pervasive mental disorder or terminal illnesses. Traumatic experiences are also a big reason why people choose to complete suicide. Others commit suicide due to relationships ending, work loss, or financial devastation. Amongst children, bullying in its many forms is a factor.

We will never know the exact reason why people decide to end their lives. Many never explain their rationale. However, there are people who fall into high-risk categories. They are as follows:

Prior suicide attempts

Major depression and other mental health disorders

Substance abuse disorders and addiction

A family history of a mental health or substance abuse disorder

A family history of suicide

Family violence, including domestic violence and physical or sexual abuse

Access to firearms in the home

Being in prison or jail

Exposure to others' suicidal behavior, such as a family member, peer, or media figure

Medical illness

Being between the ages of 15 and 24 years or over age 60.

While there are several organizations and non-profits that promote suicide awareness and suicide prevention, we need much more to combat this public health nightmare. We need more prevention programs and education in schools. We need easier access to social services. We need national campaigns to reduce mental health stigma. And we need more funding to hire and retain counselors to treat people who suffer from suicidal ideation and overt suicidality.

For people who struggle with thoughts of suicide, the single best thing you can do

is talk to someone who cares. Many find that support from professional counselors and therapists is a crucial tool. Others lean on family and friends for comfort and care.

Regardless of who is part of your support system, the worst thing you can do is keep those thoughts to yourself. Suicidal thoughts are analogous to a malfunctioning computer. You can't trust them, no matter how compelling they seem to be.

People can and do get better. Suicidal thoughts can and do go away. People can and do overcome mental illness and substance use disorders. People can and do remove themselves from toxic relationships, homes, and situations. Reach out to your supports. Let them help you. Don't be a statistic. Life is precious, and so are you. Don't ever forget that.

References:

By the numbers: An alarming rise in suicide

Suicide Facts & Figures: United States 2019

Suicide Statistics

What the data says about gun deaths in the U.S.

Suicide Prevention Resource

Suicide in America: Frequently Asked Questions

List of states and territories of the United States by population

Resources:

National Suicide Prevention Lifeline

American Foundation for Suicide Prevention

Veterans Crisis Line

The TREVOR Project (Support for LGBTQ Community)

About the Author: Randy Withers is a Board-Certified Licensed Professional Counselor and Clinical Addictions Specialist in North Carolina who specializes in the trauma-informed treatment of co-occurring disorders. He is also the Managing Editor of Blunt Therapy, a blog about mental health. You can follow him on Facebook, Twitter, and Medium.

Happy New Year!

"And now let us welcome the new year, full of things that never were."

~~Rainer Maria Rilke

4 STEPS TO CALM STRONG NEGATIVE EMOTIONS OF MENTAL ILLNESS

from ***HealthyPlace.com***

Everyone has emotions. Feelings are part of being human. However, mental illness can intensify ordinary human emotions so much that they can become overwhelming. They can be positive, but it's more common for emotions to be negative in mental illness. They tend to stick, too, lingering longer in the minds and hearts of people with mental illness. Use these steps to center yourself and stop your intense emotions from controlling you.

- Recognize. Notice when you are beginning to feel upset. Awareness lets you turn things around.
- Pause. Stop for a moment, stepping away from a situation briefly. Breathe deeply for several breaths. This calms the brain and lets you reset.
- Acknowledge and accept. Name what you're feeling, and recognize it as valid. Remind yourself that emotions are fleeting when you neither cling to them nor fight against them.
- Be present. If you stepped away, return more centered. It's okay if you still feel angry, sad, or any other emotion. Focus on where you are, what you're doing, and who you're with rather than on emotions.

When you follow these steps, your emotions won't instantly disappear. However, you will become calmer, and your emotions will just tag along for awhile rather than pulling you forcefully in their direction.

In Memoriam

We offer our prayers and condolences to Cathryn McVearry and family on the recent passing of their son, Andrew.

We thank them for naming NAMI as a recipient of donations in Andrew's memory.

May he rest in peace!

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

John Lewis Barnett
Marjie Beebe
Carol Sheldon Brady
Sondra Bufis
Beth Carmosino
Joseph Carmosino
Edward Dumas
Family Tapestry Inc.
Greg & Susan Flick
Ben Gruel
Francesca Haller
Laura Hand
Raymond Hart
Deborah Karalunas
Kathy Kennedy
Eric Kingson
Meredith Leonard
Mark Lynch
Kristina McClellan
Bala Murthy
PhRMA Grant
Ruth Anne Reagan
Joe & Judy Bliss Ridgway
Susan Spindler
Pamela Stewart
Catherine Sturtevant
Cynthia Todd Jaeger
William Townsend
John Wanamaker
Susan Zdanowicz

Donations from:

Ruth Arena in memory of Andrew McVearry

Carol Sheldon Brady in honor of Marla Byrnes

Cynthia Cappuccilli on behalf of Anthony Hall

John Wanamaker in honor of Spencer Gervasoni

Survey for NAMI members: skills/talents/gifts/strengths

Name: _____ Telephone # and/or email: _____

_____ willing to tell my story and promote NAMI's message
_____ party planning is something I love to do
_____ willing to ask for donations for NAMI at stores/businesses
_____ comfortable encouraging friends/family/co-workers/therapist/doctor to join NAMI
_____ talented writing grant proposals
_____ want more training in signature programs: Ending the Silence____ Family to Family____
Peer to Peer____ Family Support_____ Peer Support (Connections) ____In My Own Voice____
Advocacy (political)_____Basics_____ Family and Friends_____ Homefront_____
(for descriptions of these programs check NAMI NYS website)
_____ musical - can perform at a fundraiser or know musicians willing to donate time
_____ creative in decorating
_____ like to do office work - organizing files, putting together the newsletter, seeking articles for the newsletter
_____ comfortable making calls or answering calls at the office with some guidance
_____ technical skills - spread sheets, filing data to the NAMI 360 platform
_____ web site design
_____ web maintenance
_____ social media savvy
_____ willing to go to health fairs with NAMI information
_____ conference planning experience
_____ handy at fixing things or willing to do chores at residences (rake leaves, paint, haul trash)
_____ organizational skills
_____ would like to reach out to churches/temples/community organizations/schools to inquire if they would like us to come share our mission or ETS program
_____ good cook _____ good baker_____ grill master (in case we cater our own event)

Other talents/skills willing to share with NAMI:

Amount of time per month you could give to NAMI committees or projects:

Please e-mail or return to NAMI Syracuse, namisyracuse@namisyracuse.org. or 917 Avery Ave., Syracuse, NY 13204

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