



National Alliance on Mental Illness

# NAMI Syracuse



# Newsletter

MARCH/APRIL 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**

NAMI Syracuse is a not-for-profit, self-help organization of active and concerned families and friends of people who suffer from serious and persistent psychiatric illnesses, most commonly schizophrenia, bipolar disorder (manic depression), and severe depression.

**CARING**

**SHARING**

**EDUCATION**

**ADVOCACY**

### Events Calendar

March 11, 2020	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
March 17, 2020	NAMI Syracuse Family Support 7:00pm - AccessCNY
March 18, 2020	Peer Support Group - This Mind of Mine 5:30pm - NAMI Syracuse office
April 8, 2020	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office
April 15, 2020	Peer Support Group - This Mind of Mine 5:30pm - NAMI Syracuse office
April 21, 2020	NAMI Syracuse Family Support 7:00pm - AccessCNY
April 23, 2020	<b>NAMI Syracuse Hopela Fundraiser</b> 5-8pm - Tuscarora Golf Course Restaurant <i>(see page 5 for details)</i>
May 13, 2020	NAMI Syracuse Family Support 10:00am - NAMI Syracuse office

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**MESSAGE FROM THE PRESIDENT**

Dear NAMI Syracuse family and friends,

Winter in New York! Time to start planning this year's activities while the snow falls. It will be a very busy year as we expand our programs and outreach.

Fundraiser at Tully's in Fairmount March 30; see printed coupons to participate.

Our annual Hopela Fundraiser is Thursday, April 23rd, 5pm-8pm at the Tuscarora Golf Course Restaurant with food, music and silent auction. (see page 5)

May is Mental Health Month and we plan to have our display of "Nothing to Hide" at The North Syracuse Library. We will be at the first CIRCARE Wellness Fair at the NYS Fairgrounds Science and Industry Building Friday May 8th from 2pm-8pm. On May 11th at 6pm the North Syracuse Public library will host NAMI Syracuse's "Ending the Silence" with Beckie and Danae Hidy. Thursday, May 14th at 6:30pm we will present "Ending the Silence" at West Genesee High School cafeteria (see page 8) and serving pizza to encourage people to come. We have contacted the Syracuse Mayor's office for a Proclamation for May is Mental Health Month. May 15th NAMI NYS fundraiser Off the Mask will be represented by all three of Ann and Dan Canastra's children modeling to raise awareness and money.

July is Minority Mental Health Month. We hope to plan an activity at a local church.

September the veterans committee will be supporting "End 22 a Day at Willow Bay".

The annual conference will be the first week in October, most likely at the zoo.

The annual meeting and holiday gathering will be a bigger event this year in early December.

Our schedule is filling up with "Ending the Silence" presentations. We hope to teach hundreds again this year. See article "Tally" for stats on how many folks we reached last year.

The veterans committee is active and planning participation in health fairs and walks to reach more veterans and their families.

We will do our first daytime Family to Family educational series this spring using the new 8 week format.

Sheila Le Gacy will be doing 3 Family to Family trainings this year and Ann Canastra will present Homefront this spring with Clearpath.

NAMI members met with Congressman Katko in February- see article. (page 3).

Mary Beth Oyer is working diligently with our tech committee to improve our website and increase our social media presence to reach broader audiences.

Our membership numbers are 206 this year. Our numbers are important for grant writing, political advocacy, and the power of our voice in the community. Please continue to encourage family, friends, and professionals to join NAMI Syracuse. Or give the gift of a membership to a friend or family member. It's easily done on our website or call the office or use the back of the newsletter to hand out to others.

My thanks and appreciation to all the volunteers who are spending a great deal of time and energy to speak up about mental illness and recovery. We are actively recruiting members to share their talents to expand our services. Call the office to fill out a volunteer form or skills form. We had a decent response to our survey in January and have 6 people who have offered to help in the office. I'm sorry if we haven't reached out to everyone yet. We'll keep trying. If you have any comments or concerns, please call our office. We want to hear from you.

Sincerely,

Marla Byrnes, President  
NAMI Syracuse

**NAMI Syracuse Officers**

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



[facebook.com/NAMISyracuse](https://www.facebook.com/NAMISyracuse)

Register your current Amazon account with NAMI Syracuse Inc. today by going to:

**[smile.amazon.com](https://www.smile.amazon.com)**

and Amazon will donate 0.5% of the price of your eligible AmazonSmile purchases to NAMI Syracuse!

**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](mailto: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.

## HELIO HEALTH OPENS \$14 MILLION RESIDENTIAL TREATMENT FACILITY IN CLAY

by Eric Reinhardt, 2/12/20

Syracuse-based Helio Health has formally opened a \$14 million, 75 bed residential-treatment facility at 4567 Crossroads Park Drive in the town of Clay. The program is called **Elements of Central New York**.

The residential program is a multi-level of care approach to treatment for substance-use disorders, offering three levels of care. They include stabilization, rehabilitation, and reintegration, Helio Health said in a news release.

Jeremy Klemanski, president and CEO of Helio Health, called the new Helio Health program a "community asset."

"[It's] a facility that is going to be a place that provides an opportunity for an awful lot of people - people who have dedicated their lives to working with folks with substance-use disorders, but also to the folks that may be experiencing that," Klemanski said in his remarks to open the event.

The 44,000-square-foot residential program includes 55 stabilization and rehabilitation beds and 20 reintegration apartments. It will be staffed by 28 people.

The New York State Office of Addiction Services and Supports contributed \$14 million for the renovation of the building and is providing more than \$1.1 million in annual operational funding for the new facility, the office of Gov. Andrew Cuomo said in a separate news release.

Lt. Gov. Kathy Hochul was among the speakers at the formal-opening event.

Helio Health provides health services and support for individuals in detox, inpatient rehabilitation, integrated outpatient treatment and a Certified Community Behavioral Health Clinic, residential services, and housing.

## ACCESS CNY FORUM WITH CONGRESSMAN KATKO

On February 4th, AccessCNY organized a meeting with Congressman Katko to discuss families' concerns about mental health issues. Eight families including 4 NAMI Syracuse board members shared our concerns about protecting medicaid, medicare and social security disability, increasing Section 8 housing and supportive housing, more training for first responders and our community's effort to fight the epidemic of death by suicide. Congressman Katko was responsive and encouraging. He wants to continue to collaborate with NAMI and AccessCNY. Please see the following bills he has supported.

### **Introduced H.R. 1109 - Mental Health Services for Students Act**

- Provides \$200 million for 100 school-based mental health programs nationwide.
- Early diagnosis and treatment of mental health in our youth drastically improves outcomes.

### **Increasing and Strengthening the Mental Health Workforce**

#### **Introduced H.R. 2431 - the Mental Health Professionals Workforce Shortage Loan Payment Act**

- Provides loan reimbursement to mental health professionals who commit to working in underserved areas, like Central New York.

### **Addressing the Suicide Epidemic**

#### **Introduced H.R. 4564 - the Suicide Prevention Lifeline Improvement Act**

- Call volume and call wait times for local crisis centers are already at unmanageable levels; the growing demand will only further constrain the network and reduce access to life-saving services.
- The bill appropriates \$50 million for the Lifeline per year and includes a number of important reforms to ensure the Lifeline can meet its call demand and provide meaningful and effective resources.

#### **Successfully advocated for a \$7 million increase in the Zero Suicide Program**

- Housed within the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Supports suicide research and dissemination of resources.

## OUTREACH OF NAMI SYRACUSE

by Marla Byrnes

Tally of contacts at our office for 2019:  
Phone contacts 364  
Presentations in the community 35  
Referrals to mental health services 39  
Current membership - 206

Our daytime support group has grown from 2-4 people each session to 15-17 per meeting.

Evening support group ranges from 6-8 and remains steady.

Our peer support group ranges from 2 to 10 per month.

Last year we conducted spring and fall 12 week Family to Family classes serving over 20 people per session.

Homefront educated families twice last year with several families served. They were a huge success in the fall by combining Homefront with Peer to Peer training and childcare. They worked with Clearpath and The YMCA to provide supper and childcare so the whole family could participate in the trainings. They hope to receive another grant this year.

The Ending the Silence Program reached over 950 students last year.

This does not include the one to one contacts we have as NAMI Members who talk with our families, our neighbors, our doctors and support networks about mental illness, resources in the community or when we lend an ear to listen. I know I talk to people at the phone store, Staples, Home Depot or anywhere I seek donations. It's always amazing how many people have been touched by the experience of mental illness, either for themselves or a loved one.

**We are ambassadors of NAMI.** We can let others know through our conversations that we are not embarrassed to talk about mental illness, we are not afraid to reach out to others or address stigma in our community. **YOU** are all important to our mission of "marketing" recovery and hope. Talk about it, share NAMI Syracuse Facebook page, refer people to our office or website. **We are here, we aren't going anywhere, and we live recovery.**

**Master Class Series at St. James' Presents:  
Children and Youth - Breaking the Barriers to Access for Mental Healthcare  
Skaneateles, NY**

**April 29, 2020 at 7:30 PM at St. James' Episcopal Church's Hazel Smith Parish Hall,  
96 East Genesee Street, Skaneateles, NY.**

This program is another in the series of moderated panel discussions presented by St. James' on relevant issues our local communities face today. This event addresses the special needs of children and their parents needing support services for mental health conditions. The American Academy of Pediatrics recognizes several barriers to care for children with mental health problems. Prompt access to treatment and more complete training for professionals could help remove some of these barriers. In children younger than five, mental health problems impair their emotional, behavioral, or social functioning and these issues are often persistent, putting children at risk of later mental and physical disorders. However, less than 50% of young children with emotional, behavioral, or relationship disturbances receive any treatment. This event has the support of the Syracuse chapter of The National Alliance on Mental Illness (NAMI) and Helio Health who are partners in this program. The panel will include experts dealing with the challenge of providing the necessary mental healthcare to the youth and families affected. The panel will include a representative from a major insurer, a school-based professional, an advocate for patients and practicing medical professionals. One of the panelists will be Jennifer Van Dyke, Nurse Manager and Director at St. Joseph's CPEP (Comprehensive Psychiatric Evaluation Program). She and other panelists will provide their perspective on the topic and will be engaged in answering questions from the moderator and the audience in attendance. This program will be offered free of charge to all attendees because of a generous gift from an anonymous donor. There will be displays and information from service organizations as well as time after the presentation to enjoy refreshments and discussions with members of the panel.

To register to attend the event, connect via FaceBook® at <https://www.facebook.com/events/1403357369854321> or email John Gilly at [jagilly@outlook.com](mailto:jagilly@outlook.com).

Organizations interested in sponsoring this event should contact Dr. Gilly by email.

Follow Master Class on Twitter® @mcsstjames for all news about this event.

**Contacts:**

Master Class Series at St. James':

John Gilly, PhD – [jagilly@outlook.com](mailto:jagilly@outlook.com)

NAMI Syracuse:

Mary Gandino - [namisyracuse@namisyracuse.org](mailto:namisyracuse@namisyracuse.org)

Helio Health

Lauren Klemanski - [lklemanski@helio.health](mailto:lklemanski@helio.health)

**2020 NAMI-NYS  
TRAINING SCHEDULE**

Please contact NAMI Syracuse for more information and how to enroll.

**NAMI In Our Own Voice** April 18th 2020

**NAMI Peer-to-Peer** May 30th-May31st 2020

**NAMI Family-to-Family** June 13th-14th 2020

**NAMI Family Support Group/NAMI Connections** July 25-26th 2020

**NAMI Homefront** September 26-27th 2020

Regional trainings and Support Group trainings will be announced soon.

**MORE PEOPLE USING TELEMEDICINE FOR  
MENTAL HEALTH TREATMENT**

*by James T. Mulder, The Post Standard, 2/9/20*

A growing number of Upstate New Yorkers are getting treated over the phone for anxiety, depression and other mental health problems, Excellus BlueCross Shield said.

The health insurer reported mental health services accounted for nearly one-third of its members' telemedicine visits in 2019. Those services accounted for less than a quarter of telemedicine visits in 2018. Telemedicine is the treatment of patients over the phone or via two-way video connections.

Anxiety, depression and post-traumatic stress disorder were among the top mental health conditions for which members sought telemedicine treatment. Excellus said people also use telemedicine for drug and alcohol abuse problems. Excellus attributed the increase to patient convenience and the shortage of mental health providers in many parts of the region.

# **ANNUAL HOPELA FUNDRAISER**

**Support NAMI Syracuse!**

**TICKETS \$50**

**THURSDAY, APRIL 23rd, 5:00 - 8:00 PM**

**TUSCARORA GOLF COURSE RESTAURANT**

**2901 HOWLETT HILL ROAD, MARCELLUS, NY**

**SILENT AUCTION**

**DINNER BUFFET**

**meatballs, bam-bam shrimp, Utica greens, roast beef,  
eggplant parmesan, chicken riggies, tuscan salad,  
assorted desserts**

**MUSIC, RAFFLES**

**CASH BAR**

**PURCHASE OF TICKET ENTERS YOU IN DRAWING FOR  
\$500 (NEED NOT BE PRESENT TO WIN)**

**LOOKING FOR FAMILY OR BUSINESS SPONSORS  
DONATION OF \$500 TO HELP SPONSOR THE EVENT**

**TO PURCHASE TICKETS GO TO: [NAMISYRACUSE.ORG](http://NAMISYRACUSE.ORG)  
OR CALL OUR OFFICE 315-487-2085 or ask any board member**

## OLD OGDENSBURG SCHOOL TO HOUSE HOMELESS

New York State will spend \$4.5 million to renovate a former Ogdensburg school to help combat homelessness. The money is going to Step-By-Step, Inc. and will put 20 apartments in the former Lincoln Elementary School building on Knox Street. This will include 18 studio apartments for homeless individuals and two apartments for homeless couples. Support services will include care management, self-help groups, health and wellness classes, and benefit advisement. Step-By-Step, a consumer-run, non-profit organization that provides services, support and care to persons discovering and recovering from mental illness in St. Lawrence County, has used the building since 2017.

## IS KETAMINE A DEPRESSION MIRACLE CURE?

*from HealthyPlace.com*

While depression currently lacks a definitive cure, especially a miracle cure, ketamine (esketamine, Spravato) seems to come close—at least so far in its short history of depression treatment. After years of clinical studies, the FDA approved a ketamine nasal spray for severe depression in 2019.

Ketamine was first used in the 1960s as an anesthetic. Later, it proved useful for pain relief. Unfortunately, ketamine also has a dark side: it is used illegally as a club drug and has been used as a date rape drug. Now, in a nasal spray format and used in conjunction with oral antidepressants, it's offering promising results for depression.

A small number of approved doctors have begun prescribing ketamine for treatment-resistant depression with positive results. People with severe depression have seen improvements in their symptoms quickly—within mere hours. Traditional antidepressants can take weeks to months to have full effect. Ketamine has also helped people who have had suicidal ideation and behavior.

Doctors remain hopeful but cautious. Ketamine for depression is too new to know the long-term effects. Further, it

carries risk of serious side-effects as Ketamine has potential for abuse, tolerance, and addiction. When used as prescribed and under close medical supervision, though, these effects have thus far been minimal. While not a miracle cure, ketamine could be extremely beneficial in depression treatment.

## YOU COUNT IN 2000 CENSUS

Census data is used to estimate funds for localities. Approximately \$2,600 per person is distributed in Medicaid, SNAP, Section 8, and grants to our community. If you are NOT counted, our area loses funding for critical programs.

This year the census data will start with an "invitation" coming to your residence with a code to use to go online to enter your information. You have the option to respond online, by phone or by mail. Your information is secure and confidential. Many languages are available for non-English speaking residents.

If you do not respond, a census taker will come to your home. They will have identification to show before you answer any questions. They will not ask for your complete social security number. (They may ask for the last four digits.) If you have any questions, go to [2020census.gov](http://2020census.gov)

Local librarians have also received additional training to help people with the census.

Many residential providers for persons with mental illness will be helping residents complete the census. If you are concerned about whether or not your loved one is "counted", check with their residential provider. Timeline:

March 12-20, an invitation should come to your home. Some households will also receive paper questionnaire.

March 16-24, a reminder letter.

If you haven't responded yet:

March 26-April 3, another reminder postcard.

April 8-16, a reminder letter and paper questionnaire.

April 20-27, a final reminder postcard before a census taker comes to your home.

Please complete your census. It is crucial to maintain many of the programs we and our loved ones utilize in our health and wellness recovery.

## WHAT DO THE BRAINS OF CHILDREN TELL US ABOUT THEIR MENTAL HEALTH AS TEENS?

*by Roberto Molar Candanosa, 1/2/2020*

Our brains consist of different regions that support the cognitive functions we need to survive. But none of these regions work alone. They receive and send input at all times, firing cells in other parts within the brain, and creating the patterns of synchronized activity behind our thoughts, feelings, and actions.

Researchers are imaging these patterns to predict how symptoms of psychiatric disorders develop in teenagers. Their new prediction model offers an important tool to address anxiety and depression in the U.S.

In a recent study, which was a collaboration among Northeastern, the University of California at Berkeley, and Vanderbilt University, the researchers identified specific patterns of activity in the brains of children, and predicted how symptoms of depression, anxiety, and attention deficit hyperactivity progress.

"This is a whole new way of looking at the brain just by looking at temporal correlations," says Susan Whitfield-Gabrieli, a professor of psychology at Northeastern and lead author of the study. "These networks of brain activity are extremely helpful in terms of neuro prediction."

In the U.S., teens put anxiety and depression among their biggest concerns, according to a recent survey by the Pew Research Center. Data from the National Institute of Mental Health show that suicide is the second leading cause of deaths among teenagers. And a recent study published in *JAMA Pediatrics* found that children and teenagers visits to U.S. emergency rooms for attempted suicide doubled from 2007 to 2015.

Susan Whitfield-Gabrieli, professor of psychology and director of the Biomedical Imaging Center, and Fred Bidmead, lead MRI research technologist, use MRI scans to study how blood flows in synchrony through different regions of the brain at rest. Whitfield-Gabrieli, who also directs the Biomedical Imaging Center at Northeastern, says these numbers tell the story of

a crisis and epidemic in teenage anxiety and depression.

“When you look at the stats, this is clearly a huge problem that we’re facing right now,” she says. “Emotional health has hit a low, and unfortunately, this then translates into things like suicide.”

For Whitfield-Gabrieli, the biggest problem lies in acting too late to address symptoms of mental illness from an early age. These symptoms, she says, generally go undetected until it’s difficult to address them, when somebody is in crisis, or when a person is already having suicidal thoughts.

Her team analyzed how blood flows in synchrony through different regions of the brain at rest. That resting state activity creates patterns, or networks, that Whitfield-Gabrieli and other researchers had previously linked to depression and bipolar disorder.

Used as biomarkers, these patterns of brain activity show that they can predict the progress of anxiety, depression, and attentional symptoms more accurately than other tools used to diagnose mental conditions, including questionnaires that psychiatrists use to assess mental health.

“That may actually be predictive of the future,” Whitfield-Gabrieli says. “But time and time again we’ve been finding that the brain metrics actually outperform these questionnaires in predicting the progression of symptoms.”

Conventional research on brain activity and psychiatric disorders has mostly focused on children who are at risk of depression, Whitfield-Gabrieli says. But to take it one step further, the study focused on a diverse sample of children who were not preselected based on genetic or clinical risk for psychiatric conditions.

“They weren’t selected for being at high risk for anxiety or depression, and yet, we can still find biomarkers that predict progression of these disorders,” she says.

The study focused on 54 seven-year-old children, analyzing patterns of activity in the medial prefrontal cortex and the subgenual anterior cingulate cortex, two regions of the brain associated with attention and mood. The researchers coupled that data with activity in the dorsolateral prefrontal cortex, which is

important for focusing, controlling impulses, and other highly complex cognitive functions.

The team found that stronger associations of the dorsolateral prefrontal cortex and the medial prefrontal cortex at age seven predicted attention problems at age 11. Also, weaker associations of the dorsolateral prefrontal cortex and subgenual anterior cingulate predicted anxiety and depression problems by age 11. The predictions were also successfully replicated on separate groups of children with and without a family history of depression.

Whitfield-Gabrieli says that now, the goal is to find even earlier indications of mental illness in brain images of infants, in addition to conducting wide-scale behavioral interventions that could involve techniques such as exercise and mindfulness meditation.

“There are a lot of behavioral interventions that we can do that have no harm and that might prevent the progression of a disorder,” says Whitfield-Gabrieli, adding that her work using mindfulness meditation with children in Boston schools has been shown to reduce stress.

That’s an approach that could start shifting the course of teenage anxiety and depression. And it could be the missing piece that connects thousands of brain-imaging studies on psychiatric disorders that have yet to fundamentally enhance treatment of mental illnesses.

“We’re finding cures for all of these other diseases, but we still need a huge help with psychiatry, because we don’t understand the pathophysiology of the disorders and what treatment to give them,” Whitfield-Gabrieli says. “That needs to change.”

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## COMING OUT WITH BIPOLAR DISORDER

*by Elizabeth Homer, 2/12/20*

I am a psychiatric nurse. I work with patients every day who are in the hospital with schizophrenia, bipolar disorder, depression, borderline personality disorder, among other conditions. I do my best to help them put the pieces back together, so they can go home to their families and attempt to function in their lives again. I can relate as I’ve been there myself.

I have been managing my own bipolar disorder for years now, which is what allows me to successfully hold my job, have a family and go after what I want in life. However, that management has not been without setbacks, hardship, sacrifice and determination. I have certain limitations I’ve come to accept and there have been times the veil between me and my patients has been thin.

I don’t disclose my mental health information to my patients. I’ve been tempted over the years, but ultimately it would not be therapeutic for them. The separation between nurse and patient must remain intact in order to provide the best care possible. Disclosing personal information would blur those very important boundaries.

However, I have “come out” to everyone else in my life about my bipolar. Making that decision was like a smoldering ember that just kept burning until the heat became distracting. It started at work, when I grew more confident and comfortable around my coworkers, and I felt like I was living a lie.

On the surface, I was calm, quiet and pulled together, but that was only a sliver of the truth. I began to feel the daily burden of keeping quiet about my life as a heavy weight on my chest. This is when I knew I had to reveal who I really was. I wrote about my experiences and published it online, for all the world to see.

If you’re going to disclose something deeply personal about your life, you need to be sure you’re at a point of unconditional self-acceptance. This was a long journey for me. I denied my bipolar disorder for well over a decade and only recently came to accept its existence. I was finally able to look back at all my struggles with a clarity and wisdom that had been lacking in me for a long time.

When I saw the hardship, isolation and grief I went through, I wanted to give to others what I never had: another person to say, “I see you. You’re not alone.” That’s what drives me forward. It’s the fuel for everything I do.

Self-disclosure cannot be undone. There’s no saying, “You know what - never mind.” Even after deciding to move forward with it, I panicked thinking I had made a terrible mistake. I published my post at night with the idea that I could

always delete it in the morning if I changed my mind. But when I awoke in the middle of the night in a cold sweat and decided I had changed my mind, I was already flooded with messages of love and support. I felt like people were really finally seeing me - the real me.

That ended the uncertainty for me. I knew I had lit a spark that might, just might, reach the person who needed to hear what I was saying and feel seen as well.

~~Elizabeth Horner is a psychiatric nurse, writer and bipolar champion. Her greatest hope is to cut through stigma and normalize mental health awareness through her writing. She lives in Texas with her husband and four sons.

*When you do nothing you feel overwhelmed and powerless. But when you get involved you feel the sense of hope and accomplishment that comes from knowing you are working to make things better.*

~~Maya Angelou

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

John Barnett  
 Mary Bartowski  
 Margaret Bristol  
 Sara Brooks  
 James & Emily Buchanan  
 Sondra Bufis  
 Heather Caron  
 Abby Colburn  
 Bob Dacey  
 Michael Eiffe  
 Jaime Hawley  
 Mary Lou Hess  
 Patricia Hetrick  
 Joan & Al Keilen  
 Mary Grace McGuire Kelley  
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*Donations made in memory of Kathy Hinton*

M/M David Kenyon  
 M/M Robert Mandel  
 Lewis Radin

*Donations made in memory of Andrew McVeary*

Donald & Shirley Mills  
 Moses Dewitt Elementary School

*Donation made in memory of Robert Hetrick Jr.*

Patricia Hetrick

### Ending the Silence:

#### A Mental Health Awareness Program for Youth

When: Thursday, May 14th, 6:30pm-7:30pm

Where: West Genesee High School Cafeteria

Event Description:

Teens and parents are invited to learn about the warning signs of mental health conditions as well as what steps they should take to find support for themselves or their friends.

One in five teens (ages 13-18) experience a mental health condition in a given year and 80% of them are not currently receiving treatment. Get the facts and then hear from a young adult living with mental illness who will share his/her road to recovery. The audience will have the opportunity to ask questions and gain an understanding of an often misunderstood topic. Through dialogue, we can help grow the movement to end the stigma around mental illness.

For teens and adult caregivers

Pizza and refreshments will be provided

Presented by National Alliance on Mental Illness (NAMI) Syracuse. NAMI is the nation's largest grassroots mental health organization. NAMI provides advocacy, education, support and public awareness so that all individuals and families affected by mental illness can build better lives. For more information, visit: [www.namisyracuse.org](http://www.namisyracuse.org).

Co-Sponsors: Onondaga Free Library, West Genesee Central School District

### Family Tapestry

#### Mental Health Awareness Walk and Fun Run Onondaga Lake Park

Saturday, May 16th

9:00-9:45am Registration

10:00am Start Time

Willow Bay Shelter

There will be a Basket Raffle!

to register call 315-317-5587 or go to

[www.familytapestryinc.org](http://www.familytapestryinc.org)

### Prevention Network's Open House

Everyone is Welcome!

Tuesday, March 31st, 4:00 - 7:00pm

Learn more about services offered  
 at Prevention Network!

906 Spencer Street, Syracuse, NY 13204

across from Gem Diner

315-471-1359

~~Family Support, Hidden Mischief, Narcan Training,  
 Parenting Classes, Prevention Education,  
 Teen Institute, YSAP, YOUth Decide, and more!

## SUICIDE IS EVERYONE'S PROBLEM

by Arthur C. Brooks, *Washington Post*

Among the many issues of life and death out there - some very divisive - there is one we should pay attention to this year that might help unite people across the political spectrum: the epidemic of suicide.

According to the Centers for Disease Control and Prevention, 47,173 Americans killed themselves in 2017, higher in both number and percentage of the population than at any time since the CDC's earliest published statistics in 1950. Today, there are two suicides for every homicide death, and 17% more suicide deaths per year than deaths from motor vehicle incidents.

Despite the work of few government agencies and nonprofit groups, we are largely silent on this as a nation. It isn't something we discuss. It is shrouded in shame and fear. Meanwhile, the suicide rate quietly climbs, year after year.

Suicide affects all ages and demographic groups, but three particularly stand out. The first are women and girls between the ages of 15 and 24, who have seen the largest percentage increase - nearly double - in suicide deaths since 2000. What is the cause of this spike? A leading scholar trying to answer the question is Jean Twenge, a social psychologist at San Diego State University. She does not mince words: "All signs point to the screen." As she wrote in the *Washington Post* in 2017, teens who spend five or more hours per day online were 71% more likely than those spending just one hour per day to have at least one suicide factor.

The second group couldn't be more demographically different: men between the ages of 45 and 64, who make up the biggest number of suicides - 13,371 in 2017. The group represents about 6% of the population, but accounts for more than a quarter of the suicides: the rate is up 45% since 1999. Most of the suicides in this middle-aged group involved guns.

The third group is made up of older men, 75 and over. The raw number of suicides is much lower than middle-aged men (3,447 in 2017), but given that

they are a small percentage of the population, they have the highest likelihood of suicide at 39.7 per 100,000 people (vs. 14.0 for the population as a whole).

We don't know what is driving the suicide increases among middle-aged and older men. However, there is growing awareness of the despair induced by economic trends rendering many men economically superfluous, the loneliness in a generation marked by divorce and non-marriage, and the declines in religiosity among baby boomers and Gen X.

Kay Redfield Jamison, in her seminal book, "Night Falls Fast: Understanding Suicide," writes about the unquietly deadly combination of rampart untreated depression and drug use. And not just illicit drugs; this includes prescription sleep aids, which research shows dramatically increase the likelihood of intentional self-harm.

Julie Phillips, a sociologist at Rutgers University who has written about middle-age suicide, identifies another factor, a growing social acceptance of suicide (especially, as the author shows, among those who are male, white, highly educated, non-religious and politically liberal).

To turn the tide for better identification and treatment of suicidality, we urgently need to raise public awareness and shift the direction of public opinion on suicide in the United States. This is far from impossible; we've done it before in the past few decades in the other cases, such as traffic fatalities.

Through public service campaigns, it became public knowledge that people were avoidably dying in huge numbers on the roads. Seat belts and other safety features became normalized and then required. Drunken driving went from something people chuckled at to something deplorable. Traffic deaths have fallen by about one-third since the early 1970s, despite a massive increase in the number of drivers. These lessons must be studied and adapted for a similarly concerted campaign against suicide.

It is important to remember that suicide is not someone else's problem. The epidemic is remarkably democratic. Your family is not safe. There is no gated community or police force to protect us; wealth and education are not defense. The threat is already inside our homes.

We are all in this together. Will we act before more lives are needlessly lost?

*The Post Standard*, 2/2/20

## DEPRESSION & THE DOMINO EFFECT

from *esperanza*, Fall 2019

When your loved one's symptoms cause a chain reaction with your own mental health, it's time to regroup and practice self-care.

Calming the Chain Reaction:

Schedule a Consultation.

"Everybody closely connected to a person with depression should consider at least one visit to a good therapist," says Michigan psychologist Lawrence Dugan, PhD. Most insurances cover visits to some extent, and when people hide or dismiss their own symptoms, the cycle only continues.

Treat Yourself.

Do something every day that will lift your spirits. "It can be something as simple as listening to a song or calling someone on the phone," suggests Caryn DiLandro, Ph.D. a clinical psychologist in Western New York. "It doesn't have to be anything extravagant."

Practice Self-Compassion.

"This may involve gently putting your hand on your heart to physically comfort yourself, and/or saying kind, supportive words to yourself, such as 'This is so difficult right now...I'm sorry it's so hard.' or whatever feels natural," recommends pioneering self-compassion researcher Kristin Neff, Ph.D. from the University of Texas at Austin. "Just think of the types of kind and supportive things you'd say to a close friend in your situation."

Know that some things take time.

"It can take 100 people to get somebody into treatment, and the third person is just as important as the 99th, so don't put all the pressure on yourself to be the one who has to be miraculously responsible," says Indiana's Adam B. Hill, referring to someone trying to help a person with depression. "You can be an important part of the story by showing up and being patient and caring."

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**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**