Mark Your Calendar

Family education meetings are held at St. Paul’s Evangelical Lutheran Church, 4007 Main St., Amherst 14226 (near Eggert Rd.) on the 2nd floor (main entrance at the back of the church), on the second Thursday of the month. There are two family support meetings on the 3rd Wednesday of the month: one at St. Paul’s, on the 1st floor (church entrance at ground level at left rear of the building); and the other, at Lake Shore Behavioral Health, 3176 Abbott Rd., Orchard Park 14075. Board meetings are at 636 Sturin Ave., (1st floor), Buffalo, 14216, members welcome.

January
NAMI Board Meeting, Thursday, January 2nd, 7 p.m.
NAMI Education Meeting, Thursday, January 9th. Library & Coffee Hour: 7 p.m. Program, 7:30 p.m. Guest: Eileen Triguboff, RN, Ph.D., Buffalo Psychiatric Center: “Managing the Stress of Your Family Member’s Major Mental Illness”
NAMI Family Support Meetings, Wednesday, January 15th, 7 p.m.

February
NAMI Board Meeting, Thursday, February 6th, 7 p.m.
NAMI Education Meeting, Thursday, February 13th. Library & Coffee Hour: 7 p.m. Program: 7:30 p.m. Guest: Dr. Yogesh Bakhai, Clinical Director of Psychiatric Services at Erie County Medical Center (ECMC) for “An Update on the Center for Excellence in Behavioral Health at ECMC”
NAMI Family Support Meetings, Wednesday, February 19th, 7 p.m.

March
NAMI Board Meeting, Thursday, March 6th, 7 p.m.
NAMI Education Meeting, Thursday, March 13th, 7 p.m. Library & Coffee Hour: Program, 7:30 p.m. Guest: Maura Kelly, Director, Mental Health Peer Connection/WNY Independent Living Ctr.: “The Importance of Alternative Community Supports”
NAMI Family Support Meetings, Wednesday, March 19th, 7 p.m.

April
NAMI Board Meeting, Thursday, April 3rd, 7 p.m.
NAMI Education Meeting, Thursday, April 10th. Library & Coffee Hour: 7 p.m. Program, 7:30 p.m. Guest: Bruce Goldstein, Esq.: “Legal issues in Mental Health Care: Pooled Trusts, Guardianships, Power of Attorney, and Wills”
NAMI Family Support Meetings, Wednesday, April 16th, 7 p.m.

Save the Date!
NAMI’s annual dinner
Thursday, May 8th
We have a very special keynote speaker—see details inside.

“We delight in the beauty of the butterfly, but rarely admit the changes it has gone through to achieve that beauty.”
– Maya Angelou
Sample Letter to Legislators

January __, 2014

The Honorable (Full Name)
Legislative Office Bldg. (Room #)
New York State Senate (New York State Assembly)
Albany, NY 12247 (Albany, NY 14228)

Dear Senator - or - Assemblyman (Last Name):

I am a member of NAMI (National Alliance on Mental Illness) in Buffalo & Erie County, and find that the upcoming Bill S5631 will be up for a vote this year. It is a bill adapted by Senator Tkaczyk which calls for strengthening and providing adequate funding of the Community Mental Health Reinvestment Act. All savings from downsizing or closures of mental healthcare systems (including beds, wards, and facilities) are to be considered for reinvesting into our community based services. More than $25 million should have been reinvested into community services for mental health but only $5 million has been allocated. Families and those who are ill need more services but we do not have the resources and the state keeps asking that service providers do more with not less funding...but NO funding.

Out of date figures from 20 years ago, suggest costs are $70k per bed per year but it is estimated it is closer to $375k per bed a year now. Those savings could be reinvested in the community for services with less cost to taxpayers and more effective for recipients than institutional care and local prisons. Prisons are not equipped to work with the mentally ill. More mentally ill people reside in jails and prison cells than in psychiatric hospitals. In the Buffalo News on Sunday, December 8, 2013 the lead article covered 4 pages on this issue. It listed the impact on the local communities and costing taxpayers more money to have a mentally ill person in prison than to have an effective community care helping those same people through treatment and counseling.

A TIMES article dated November 19, 2013 by Charlotte Alter stated, “The number of state psychiatric beds decreased nationwide by 14% between 2005-2010.” A mentally ill person is 3 times likely to be in a state prison than psychiatric hospital. We are not only hearing stories about prisons not being equipped to treat the mentally ill, but other news such as Sandy Hook School in New Town, CT; Virginia’s State Senator Creigh Deeds son’s issues with mental illness and - the lack of beds available. These are the consequences when our government does not allocate money that is available to provide treatment and counseling.

The bill states that 50% is allocated to state offices for mental health for structural and staffing needs for regional centers of excellence and 50% is to be directed to local government units for contracting with not for profit and other licensed approved providers of community based mental health services.

One in four people have mental health issues. Our government has no choice but to start TAKING ACTION on this major EPIDEMIC. What is your stand on this bill? PLEASE APPROVE SS631-2013 to strengthen and update this bill.

Sincerely yours,

(Signature)

First and Last Name

Future Fund

President’s Circle ($1,000-2,499)

Bob & Valerie Funk H Bryan
(Request from the estate of) Doreen Heggs

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Anonymous, C.B.
Audy & Thomas Lunt
Anne & Herman Szymanski, in honor of Lynne and Mary

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Eric Pleskow
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Friends (up to $59)

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Anonymous - W.W.
Jan Ailes-Register, in honor of Matthew Wasserman
Andrea & Sherwood Antman
Shari Augustyn, in honor of Tracy

Friends (up to $59)

(cont’d.)

Mary Ann Blackowicz & Family, in honor of Bernard Blackowicz
Peg Brennan-Pettit
Sherry Byrnes
Vince & Livia Cammarano
Elaine Chamberlain
Marge & Walt Davis, in memory of Brad Dabot
Mickey Delaney
Betty Dunwoody & Richard Tindell
Maryanna Fezer, in honor of my brother, Andrew
Jeanne Fellman
Susan Friedhaber-Hard
Janice Gagliardi
Diane & Mark Graziano
Ken & Carol Heavern
Bill & Bonnie Hendrix
Shamim Iyoob
Seyed Jaffri
Diane Kasprzyk
Brenda Lehrman
James & Rita McGoldrick
Sophia Paivanos, in honor of Dr. Theodore Drapanas, Dr. Alexander Drapanas & Georgia Drapanas
Karen & Carl Puehn
Dora Reed
Barbara Rex, in memory of Chris Rex
John Rex
Elfriede Schroeder, in memory of Allin Hudson
Carl Shallowhorn
Molly Sibley
Frances Smith
Sheila Summers, in memory of Robert Summers
Renee Szarcowicz, in memory of Louise, the best friend ever!
John & Diane Torna, in honor of Stephen Torna
Susan Lord Werthebee, in honor of all children
Arlene & Paul Wazlawki, in memory of Mary Spinks, MD
Advocates ($26-49)

Friends (Sup to $25)

Anonymous, in memory of Joseph R. Penrose
Anonymous – M. & K. P.
Anonymous – V.B.
Anonymous – V.B.
Ann Brucia
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Paul & Wanda Haak
Patricia & James Howell,
in honor of Donna Murphy
Harold & Arlyne Levy
Gordon Schroeder, in honor of Thomas Schroeder
Francis Stephan
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Sheila Summers, in memory of Bob Summers
Kathleen Thill
Jane Urbanski
Suzanne Volante, in honor of Francis Bruce Volante
Kathleen Whelahan

Donors & Supporters

(cont’d. from Pg. 14)

Mickey Delaney
Betty Dunwoody & Richard Tindell
Maryanna Fezer, in honor of my brother, Andrew
Jeanne Fellman
Susan Friedhaber-Hard
Janice Gagliardi
Diane & Mark Graziano
Ken & Carol Heavern
Bill & Bonnie Hendrix
Shamim Iyoob
Seyed Jaffri
Diane Kasprzyk
Brenda Lehrman
James & Rita McGoldrick
Sophia Paivanos, in honor of Dr. Theodore Drapanas, Dr. Alexander Drapanas & Georgia Drapanas
Karen & Carl Puehn
Dora Reed
Barbara Rex, in memory of Chris Rex
John Rex
Elfriede Schroeder, in memory of Allin Hudson
Carl Shallowhorn
Molly Sibley
Frances Smith
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John & Diane Torna, in honor of Stephen Torna
Susan Lord Werthebee, in honor of all children
Arlene & Paul Wazlawki, in memory of Mary Spinks, MD
Advocates ($26-49)
NAMI offers resources for members and families

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President’s Circle ($1,000-2,499)
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Elizabeth Andersen
Jon & Diane Baker
Dr. Yogesh Bakhai
Patricia Brennan
Dr. Richard Demmin & Debra Glassman,
in memory of Joseph Penvose
Katherine Evans
Michelle Giblin
Tim & Gerilyn Oldenburg, in memory of
Joe Penvose

Check out some of our new titles available for member lending:
American Psychosis, E. Fuller Torrey, M.D.
The Trauma of Everyday Life, Mark Epstein, M.D.
The Skipping Stone: The Ripple Effects of Mental Illness in the Family, Mona Wafow
Falling into the Fire: A Psychiatrist’s Encounter with the Mind in Crisis, Christine Montross, M.D.
Have you read an especially good book or article recently?
Have you seen a good program or found a particular CD inspiring, useful or helpful? Consider sending us a short review for the next newsletter!

A Member’s Letter with a Call to Action for All NAMI Members!

Dear NAMI Members:

I would like to wish you and your families a Happy New Year. I would personally like to start out the New Year by helping our families who are dealing with mental health issues by making our community a better place for them. It is important as family members to speak up to our local officials and make them aware of the growing need to have community based services available for the mentally ill, which are far less costly to tax-payers, and much more effective than providing services in an institutional setting, emergency room or jail cells which are not equipped or educated on helping the mentally ill.

It is becoming more apparent that mental illness is a major issue when it is in the daily news and is making me and others more aware of the epidemic we are facing. I was hesitant on taking up these issues.

I thought I didn’t know enough. Imagine to my surprise how much I did know when I recently took the step in meeting with my local assemblyman and senator. They were encouraging and willing to listen to problems we are facing in the community. Being a family member does educate you on how poor our system is.

Enclosed (see page 2, opposite) is a sample letter discussing Bill S5631 which will be presented to our local leaders this year in Albany for a vote.

Also attached is a list of legislators in your area. You may copy and put in the name of your local representative, or embellish it to your liking on other related issues. Don’t forget to sign it and add your address.

Thank you and I wish you all good luck on making a positive change for our community.

Debbie Lasrey
What Is Cognitive Remediation in Psychiatric Practice and Why Do We Need It?

We now have treatments, really more like training programs, to improve the cognitive deficits associated with serious mental illnesses. Cognitive remediation (CR) is an example of such an innovative treatment in psychiatry, and if you are ill or have a loved one with a mental illness you want to know about it, and see if it can help. The principal goal of CR is to reduce cognitive difficulties, which are different from the symptoms of psychosis or severe mood swings. Other treatments, including medication and certain forms of psychotherapy, only partially reduce symptoms, often not touching difficulties in concentrating or distractibility. CR is focused on reducing the disability caused by impaired attention, memory, and planning abilities.

We define CR as a training intervention that targets cognitive deficits using scientific principles of learning. Its goal is to improve the functioning of those people with deficits. Its primary methods are drill and practice, strategy coaching, and developing ways to compensate or work around limitations. CR can be done using different—and now available—programs. These programs consist of repetitive practice sessions, some of which can actually be fun (like computer games). People who engage in CR actually like doing it. In addition to the programmed mental exercises, CR can help people develop better strategies for solving the complex, or multi-step, problems we encounter everyday in going from one place to another, when shopping, or attending school or at our jobs. In addition, CR programs often give patients greater confidence—in themselves as well as in their cognitive capabilities.

It is important that the cognitive improvements achieved in a program’s sessions be transferred into the tasks of everyday life. Indeed, the gains of CR can enable individuals to better use psychological rehabilitation programs specifically aimed to help them stay in school, return to school, get jobs or retain the jobs they have.

We also know that CR programs work better when they are integrated into rehabilitation goals and programs. CR programs generally last three to six months, and are best done when the program has a coach or facilitator, which requires investment. That investment is worth the cost when CR provides a stepping stone to improved functioning. Ideally, thus, each CR program should be connected to a rehabilitation program that offers skills training to help someone return to work, school or to live independently.

An important benefit of CR is how it can improve a person’s capacities to interact in social situations, including participating in a conversation and appreciating the intentions and emotions of other people; sometimes this is called “emotional intelligence,” which is associated with success for all people, not just those with serious mental conditions. Moreover, CR can help individuals with mental illness who underestimate the degree of their disability to better appreciate their problems—and their consequences for their personal and work lives.

While CR is now especially focused on people with schizophrenia and related psychotic illnesses, there are programs for bipolar patients who suffer with cognitive disabilities. The benefits of CR can also be seen in clinical and neurological ways. Clinically, depressive symptoms can be reduced, possibly through a gain in self-esteem or self-confidence. Even when cognitive improvements per se are modest, the improvement in depressive symptoms can be robust and have been replicated in a number of studies.

CR is relatively new to psychiatry and mental health. But its scientific roots are not: it derives from the explosion of new knowledge from cognitive neuroscience. It is time for psychiatric programs to include CR as a standard part of the array of services needed for the comprehensive and quality treatment of persons with serious mental illness.
Judges and Psychiatrists Meet to Develop Strategies for Individuals with Behavioral Health Needs in the Criminal Justice System

On October 13, 2013, fifty leading judges and psychiatrists from across the country met in Philadelphia to begin developing strategies to improve outcomes for individuals with behavioral health needs in the criminal justice system. As part of an ongoing collaboration, the Judicial-Psychiatric Leadership Forum was convened by the Judges’ Leadership Initiative for Criminal Justice and Behavioral Health (JLI) and the Psychiatric Leadership Group for Criminal Justice (PLG) and coordinated by the American Psychiatric Foundation (APF) and the Council of State Governments Justice Center.

“The progress made at this forum is an important step forward in addressing the needs of people with mental illnesses who become entangled in the criminal justice system. The cost of incarcerating rather than treating people with mental illnesses both in financial and human terms is exorbitant and unnecessary,” said Judge Steve Leifman, Co-Chair of the JLI.

“It is critical that psychiatrists engage judges in a dialogue to identify effective strategies that result in improved public health and safety outcomes. It is a shared set of concerns that require a shared vision and collaboration to have the largest impact,” said Judge Steve Leifman, Co-Chair of the JLI.

Many of these individuals with behavioral health issues who are involved in the criminal justice system have complex needs that cannot be adequately resolved by one system alone.

The JLI, originally established in 2004, works to stimulate, support, and enhance efforts by judges to take leadership roles to improve judicial responses to justice-involved people with behavioral health needs. The PLG was formed to provide an opportunity for psychiatric leaders to come together and collaborate with judges to effectively respond to the behavioral health issues that they may confront in the courtroom.

Since 2010, APF has worked with the CSG Justice Center to support the work of these two groups. The groups have worked together to develop a training module for judges on mental disorders in the courtroom and have created a two-page bench card to help judges recognize the signs of possible mental disorders among individuals in the courtroom and to respond sensitively and productively.

(excerpted from Huffington Post—8-13-13)
Considering inflammation has helped neuroscientists cast a broader net when searching for causes of and possible treatments for mental illness, mood disorders and neurodevelopmental conditions.

Last time you had a bad cold, you likely had less energy than usual. You lay around and didn’t have any enthusiasm for your usual activities. After it dragged on for a day or two, a sense of helplessness probably set in. It was hard to remember what feeling good felt like or how you could ever bound off the couch again.

In short, for a few days, you probably felt a lot like someone with depression. And increasingly, scientists think it’s no coincidence that a mental illness feels like a physical one.

A growing body of research on conditions from bipolar disorder to schizophrenia to depression is starting to suggest a tighter link than was previously realized between ailments of the mind and body. Activation of the immune system seems to play a crucial role in both.

“We just didn’t understand how much of a role the immune system plays in how we think and feel and act,” says Andrew Miller, a professor of psychiatry at Emory University. “An overactive immune system or when there’s something going on in the immune system, it can have consequences on the brain.”

An immune response, including inflammation, new research suggests, may help explain why:

- Brain conditions such as multiple sclerosis, Parkinson’s and Alzheimer’s disease all affect mood;
- About one in four people hospitalized with schizophrenia had a urinary tract infection when admitted to the hospital;
- Mothers with auto-immune conditions such as lupus are more likely to have a child on the autism spectrum;
- People with higher rates of inflammation are more likely to show signs of depression than those with healthy immune function. A study in mice presented earlier this month at the Society for Neuroscience’s annual convention showed that the immune changes came before the emotional ones.
- “One of the things we need to stop thinking is that mental health is just a disorder of the brain,” says researcher Georgia Hodes, of the Icahn Medical Institute at Mount Sinai Hospital, who conducted the mouse study. “There’s plenty of evidence in a number of different mental illnesses that they have components to them that relate to the entire body.”

Merely adding inflammation to their thinking has helped neuroscientists cast a broader net when searching for causes of and possible treatments for mental illness, mood disorders and neurodevelopmental conditions such as autism, researchers say.

And this mind-immune system connection might help explain why mental health treatments don’t work for some people. Perhaps, researchers now think, those people would be better off with approaches that target their immune systems rather than their brain chemicals.

For those with schizophrenia and urinary tract infections, for instance, acute psychotic symptoms often improve after a few days on antibiotics, according to Brian Miller, an assistant professor of psychiatry at Georgia Regents University in Augusta, who is studying the connection between the conditions. This isn’t to suggest that all people with schizophrenia should be on antibiotics, Miller says, but patients with both might get as much or more relief from antibiotics as antipsychotics.

Other studies show that the level of an inflammatory protein called interleukin 6 may help predict someone’s emotional state. Manipulating the levels of this protein changes behavior on depression and anxiety tests in mice, says Larry Swanson, a neuroscientist at the University of Southern California, and immediate past president of the Society for Neuroscience.

Free “Navigator” help is available for understanding and choosing from New York State’s Health Care options in the Health Exchange System

(Immune - continued on pg. 8)
We invite you to join NAMI Buffalo & Erie County in helping make a difference for people with mental illness and their families.

Mail to:
NAMI in Buffalo & Erie County
P.O. Box 146, Buffalo, NY 14223

Name __________________________
Address _________________________
City __________________ State __ Zip ______
Phone __________________________
E-Mail ___________________________

- Membership $35
- "Open Door" Membership - $3 (for those in financial need, or to add a spouse/partner)
- Donation
  - Donation is for:
  - Future Fund
  - General or Other
  - Specify _________________________
  - Include membership in this donation ☐
  - In Memory of - Orchestra
  - In Honor of: ______________________

Please keep my membership/contribution anonymous.

I'd like to help with the following:
  - Fund/raise Raising
  - Office and Clerical
  - Phone Tree
  - Legislative Advocacy
  - Support Letters
  - Speakers Bureau

Other __________________________________________

I'd like to be put on the phone tree/e-mail list to receive legislative or other alerts.
  - Yes ☐ No ☐

Please send a copy of the newsletter to: ______________________

Memberships, contributions, and donations are tax deductible.

NAMI Buffett & Erie County
New Draft By-Laws
Coming to Members for Review and Vote:
Ballot Return Needed by Match 14, 2014

We have revised our By-Laws and need to have them voted on by our membership.

The revisions have been made for two reasons:

(1) since our existing By-Laws have not been revised for many years, the revised By-Laws now more closely reflect how our organization operates or should operate in the future; and

(2) to fulfill National NAMI affiliation requirements under their "Standards of Excellence" initiative.

Briefly, the By-Laws set out the following:

- the purposes of NAMI in Buffalo & Erie County
- a requirement for an annual meeting where current Members vote on a slate of Board of Directors (who serve three year terms) and can raise questions and make suggestions.

We want your vote! Please feel free to review the proposed By-Laws when you receive them. If you have any questions, please direct them to Dennis Harkawik at dharkawik@jackle.com or 716-843-3848. Otherwise, please fill out the enclosed ballot and return it by March 14, 2014.

We are pleased to have as our speaker Randye Kaye, author of "Ben Behind His Voices: One Family’s Journey from the Chaos of Schizophrenia to Hope.” Randye was well-received at the 2012 NYS Conference when she presented her story as told in her book. She is a national voice talent and actress, also heard as part-time newscaster and classical music host on NPR. Prior to that, while raising her children, she was a full-time morning personality for a top-rated Connecticut radio station in addition to her voice-over, on-camera, and theatre work. During that time, her son Ben was going through confusing and often terrifying changes: what she later learned had been the symptoms of gradual-onset schizophrenia. So at work, her job was to make people laugh—but her “hobby” became mental illness. She finally found education and support through NAMI, and became a teacher and Connecticut State Trainer for its Family-to-Family educational course.

Randye’s experience with Ben's illness and recovery has taught her a lot about diversity, resilience, acceptance, and the importance of communication with - most importantly - family love in the face of devastating challenge and change. Attendees at our annual dinner will be mightily impressed with her candid and heartfelt presentation, told with a touch of humor.

Please save the date and plan to join us at the dinner for this special event.

Our new website is up and running live! We have a new look, new links, and more dynamic functions to reach out to the public and provide timely information for members. Take a look and give us your thoughts. Find us on line at: www.NAMIBuffaloNY.org
Legislative Alert! New Federal Law Proposed to Increase Safety and Improve Access to Treatment for Those with Serious Mental Illnesses in Times of Crisis

In December, U.S. Rep. Tim Murphy (who is also a psychologist) introduced The Helping Families In Mental Health Crisis Act (H.R. 3717). The act comes after a year of Rep. Murphy holding investigations on how the mental health system in America is broken and the bill aims to fix many of the fractures in the system.

NAMI-NYS strongly supports a number of important provisions in the Helping Families in Mental Health Crisis Act legislation, including:

- Reauthorization of the federal Mentally Ill Offender Treatment and Crime Reduction Act (MOT CRA), which provides resources to states, communities and tribal governments for jail diversion, law enforcement and first responder training, and other services to prevent unnecessary criminal justice involvement for youth and adults with serious mental illness;
- Revisions to the federal HIPAA and FERPA laws that will permit families and other caregivers to have access to vital information necessary to provide care and support;
- Inclusion of the bipartisan Excellence in Mental Health Act;
- Reauthorization of the Garrett Lee Smith Suicide Prevention Act, providing resources to communities for suicide education, prevention and postvention;
- Improved access to psychiatric medications in the Medicaid and Medicare programs;
- Enhanced federal coordination of mental health services through creation of a federal Interagency Council on Serious Mental Illness;
- Increased resources for research through the National Institute of Mental Health (NIMH), including research on early identification of serious mental illness in youth;
- Authorization for a campaign to address the stigma associated with mental illness;
- Reauthorization of federal programs focused on mental health services for children and youth;
- Provisions to expand Health Information Technology (HIT) resources for providers of mental health services.

NAMI asks that you contact your Congressional representative in support of this proposed law. If you are unsure of who your representative is, visit http://house.gov/representatives/ and enter your zip code to get their contact information, or call us at 716-226-6264.

NYS Conference - November 15-17, 2013

Highlights

- Kristin Adduci of Crisis Services, and Lieutenant Brian Gould of the Cheektowaga Police Department, who spoke at the NAMI Buffalo family meeting on November 14th, arrived in Albany the next day to participate in a panel educating the audience about the benefits of Crisis Intervention Teams (CIT).

Conference speakers included:

- Dr. Jay Giedd, a child and adolescent psychiatrist who is chief of Brain Imaging at NIMH Child Psychiatry and has published over 200 papers that have greatly influenced public policy and education. He spoke about his research on the teen brain attempting to explain adolescent behavior and decision making.
- Dr. Jeffrey Borenstein, President of Brain and Behavior Research Foundation (previously NARSAD), and host of PBS TV series Healthy Minds, spoke about how research is changing the treatment of mental illness. He reviewed some of the newest treatment modalities including transcranial magnetic stimulation (TMS), deep brain stimulation, ketamine, optogenetics, and voltage sensitive dye imaging.
- Dr. Carlos Zarate, Chief Mood Disorders NIMH, discussed his goal to create more effective therapies for mood disorders. His work with ketamine has been widely publicized because of its rapid action and may offer hope in treating acute suicidality.

Immune - cont’d. from pg. 7

Researchers are still working out the connection between the immune system and autism, says Judy Van de Water, an immunologist at the MIND Institute at the University of California-Davis. There is some indication, she says, that the people with autism who have the most behavioral problems, such as irritability and hyperactivity, also show the highest levels of inflammation. She says she hopes that better understanding the role of inflammation in autism will lead to treatments.

The immune system’s role might also fit into the “second-hit” idea of mental illness, where two or more factors, such as genetics, immune challenges and, say, a hit to the head, combine to cause brain problems. That may explain why traumatic brain injuries often lead to depression, says Jonathan Godbout, a neuroscientist and associate professor at the Institute for Behavioral Medicine Research at The Ohio State University Wexner Medical Center.

A serious infection during pregnancy or early in life might make someone more vulnerable to problems later, says Godbout. “It’s like a priming or sensitization. There are secondary triggers that can reactivate something and make it worse.”

What is clear, says Andrew Miller of Emory, is that the body and mind both influence one another. “It’s a two-way street — what happens psychologically can affect you physiologically and then feed back and affect you psychologically. The brain and immune system — their interactions are quite meaningful for health and illness.”

Tips for keeping down inflammation, which might help promote good mental health:

- Keep stress to manageable levels (inflammation probably causes stress and stress can cause inflammation; both are bad for the body and the brain.)
- Exercise.
- Maintain a healthy weight (excess fat leads to inflammation).
- Get adequate sleep — 7½ to eight hours a night, on average.
- Avoid serious infections while pregnant and in early childhood.
- There is a little evidence that anti-inflammatory drugs, including aspirin, might help improve mood, though that research is very preliminary and these drugs are probably not strong enough to treat full-blown illnesses, say researchers.

USA Today; Karen Weinstraub, 12/3/2013
Legislative Alert! New Federal Law Proposed to Increase Safety and Improve Access to Treatment for Those with Serious Mental Illnesses in Times of Crisis

In December, U.S. Rep. Tim Murphy (who is also a psychologist) introduced the Helping Families In Mental Health Crisis Act (H.R. 3717). The act comes after a year of Rep. Murphy holding investigations on how the mental health system in America is broken and the bill aims to fix many of the fractures in the system.

NAMI-NYS strongly supports a number of important provisions in the Helping Families in Mental Health Crisis Act legislation, including:

- Improvements in community mental health services through support of integrated mental health and primary care treatment in Community Mental Health Centers;
- Progress in ending longstanding discrimination against people with mental illness by permitting federal Medicaid reimbursement of acute, inpatient psychiatric treatment;
- Reauthorization of the federal Mentally Ill Offender Treatment and Crime Reduction Act (MIOTCRA), which provides resources to states, communities and tribal governments for jail diversion, law enforcement and first responder training, and other services to prevent unnecessary criminal justice involvement for youth and adults with serious mental illness;
- Revisions to the federal HIPAA and FERPA laws that will permit families and other caregivers to have access to vital information necessary to provide care and support;
- Inclusion of the bipartisan Excellence in Mental Health Act;
- Reauthorization of the Garrett Lee Smith Suicide Prevention Act, providing resources to communities for suicide education, prevention and postvention;
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- Provisions to expand Health Information Technology (HIT) resources for providers of mental health services.

NAMI asks that you contact your Congressional representative in support of this proposed law. If you are unsure of who your representative is, visit http://house.gov/representatives/ and enter your zip code to get their contact information, or call us at 716-226-6264.

Immune - cont’d. from pg. 7

Researchers are still working out the connection between the immune system and autism, says Judy Van der Water, an immunologist at the MIND Institute at the University of California-Davis. There is some indication, she says, that the people with autism who have the most behavioral problems, such as irritability and hyperactivity, also show the highest levels of inflammation. She says she hopes that better understanding the role of inflammation in autism will lead to treatments.

The immune system’s role might also fit into the “second-hit” idea of mental illness, where two or more factors, such as genetics, immune challenges and, say, a hit to the head, combine to cause brain problems. That may explain why traumatic brain injuries often lead to depression, says Jonathan Godbout, a neuroscientist and associate professor at the Institute for Behavioral Medicine Research at The Ohio State University Wexner Medical Center.

A serious infection during pregnancy or early in life might make someone more vulnerable to problems later, says Godbout. “It’s like a priming or sensitization. There are secondary triggers that can reactivate something and make it worse.”

What is clear, says Andrew Miller of Emory, is that the body and mind both influence one another. “It’s a two-way street — what happens physiologically can affect you psychologically and then feed back and affect you psychologically. The brain and immune system — their interactions are quite meaningful for health and illness.”

Tips for keeping down inflammation, which might help promote good mental health:

- Exercise.
- Maintain a healthy weight (excess fat leads to inflammation).
- Get adequate sleep — 7½ to eight hours a night, on average.
- Avoid serious infections while pregnant and in early childhood.
- There is a little evidence that anti-inflammatory drugs, including aspirin, might help improve mood, though that research is very preliminary and these drugs are probably not strong enough to treat full-blown illnesses, say researchers.

USA Today; Karen Weintraub, 12/1/2013
A big thank you to:
The dozens of volunteers who provided hundreds of hours of help to collect, sort, wrap, and distribute gifts for Christmas for Kids this year. Among these:

Joann Bartlett
Mary Lou Bond
Bry-Lin Hospitals/Jenny Laney
Diane Butch
CPC, our host; and Wendy Brown
Cannon Design
Clarence Presbyterian Church
Dale Outpatient Center/Terri Copeland
Delaware Mansion
Ed & Marilyn Green
David & Sharilyn Hore
Sue Keppel
Mary Kirkland, Co-Chair; and Jim Sue Kirkland
Klein Knitting Group/Orchard Park
Karen Kristich
Lakeshore Behavioral Health
Tom McNulty, Co-Chair
Nativity of Our Lord School
O’Connor Medical Group
Dr. Joseph & Kathy Orie
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Mary Pat Rzeski
Brian Schaefer
Jo Schweitzer
Lucy Selski
Sta Peter & Paul, Church Williamsville
Bryan & Shari Taylor
Jill Taylor
Jackie Thompson
Town Line Lutheran Church, Alden
Jane Urbanski
Ann Venuto
Pat Watkins
...Our generous phone volunteers who help families in crisis.
Ann Venuto, Gerrie Cruz, Marcy Rose, and Mary Kirkland.

... Judy Capodicasa, Secretary, who faithfully prepares the agenda and minutes for our monthly board meetings—especially as she is still mending from a recent car accident. Congratulations again to Debbie Gabriel who was elected to the NAMI NYS board, and to Irene Turski for a very successful NAMI-NYS conference, and in her new role as Treasurer for NAMI-NYS’s board.

We invite you to join NAMI Buffalo & Erie County in helping us make a difference for people with mental illness and their families.

The dozens of volunteers who provided hundreds of hours of help to collect, sort, wrap, and distribute gifts for Christmas is NAMI in Buffalo & Erie County for Kids this year. Among these:
P. O. Box 146, Buffalo, NY 14223
NAMI Buffalo Annual Dinner Set for Thursday, May 8th

NAMI Buffalo has scheduled our annual dinner for Thursday, May 8, 2013 at Sean Patrick’s, 3480 Millersport Highway, Getzville, NY.

We are pleased to have as our speaker Randye Kaye, author of “Ben Behind His Voices: One Family’s Journey from the Chaos of Schizophrenia to Hope.” Randye was well-received at the 2012 NYS Conference when she presented her story as told in her book. She is a national voice talent and actress, also heard as part-time newscaster and classical music host on NPR. Prior to that, while raising her children, she was a full-time morning personality for a top-rated Connecticut radio station in addition to her voice-over, on-camera, and theatre work. During that time, her son Ben was going through confusing and often terrifying changes: what she later learned had been the symptoms of gradual-onset schizophrenia. So at work, her job was to make people laugh—but her “hobby” became mental illness. She finally found education and support through NAMI, and became a teacher and Connecticut State Trainer for its Family-to-Family educational course.

After leaving Morning Radio behind, Randye was asked to write about Ben’s illness and recovery, and how it had affected her family. The result is “Ben Behind His Voices: One Family’s Journey from the Chaos of Schizophrenia to Hope.” Randye speaks frequently to professional providers and families about the process of coping with the challenges - including stigma - when mental illness strikes a loved one. She hosted the talk show “Issues and Answers” on Connecticut TV, and recently appeared on the educational DVD, “Dealing with Stigma in Mental Illness.”

Randye’s experience with Ben’s illness and recovery has taught her a lot about diversity, resilience, acceptance, and the importance of communication with - most importantly - family love in the face of devastating challenge and change. Attendees at our annual dinner will be mightily impressed with her candid and heartfelt presentation, told with a touch of humor.

Please save the date and plan to join us at the dinner for this special event.

NAMI Buffalo & Erie County
New Draft By-Laws
Coming to Members for Review and Vote:
Ballot Return Needed by Match 14, 2014

We have revised our By-Laws and need to have them voted on by our membership.

The revisions have been made for two reasons:
(1) since our existing By-Laws have not been revised for many years, the revised By-Laws now more closely reflect how our organization operates or should operate in the future; and
(2) to fulfill National NAMI affiliation requirements under their “Standards of Excellence” initiative.

Briefly, the By-Laws set out the following:
• the purposes of NAMI in Buffalo & Erie County
• a requirement for an annual meeting where current Members vote on a slate of Board of Directors (who serve three year terms) and can raise questions and make suggestions.

We want your vote! Please feel free to review the proposed By-Laws when you receive them. If you have any questions, please direct them to Dennis Harkawik at dharkawik@jaeckle.com or 716-843-3848. Otherwise, please fill out the enclosed ballot and return it by March 14, 2014.

We are deeply saddened over the Bergman family’s tragic loss of their son, Ryan.

NAMI’s condolences and thoughts are with you.

A big thank you to:

NAMf Buffalo & Erie County
in helping us make a difference for people with mental illness and their families.

Mail to:
NAMI in Buffalo & Erie County
P.O. Box 146, Buffalo, NY 14223

Name_____________________________
Address___________________________
City____________State____Zip________
Phone____________________
E-Mail____________________________

☐ Membership $35
☐ “Open Door” Membership - $3 (for those in financial need, or to add a spouse/partner)

Donation
Donation is for:
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 Specify _________________________
☐ Include membership in this donation
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☐ Phone Tree
☐ Legislative Advocacy
☐ Support Letters
☐ Speakers Bureau
☐ Other __________________________

I’d like to be put on the phone tree/e-mail list to receive legislative or other alerts.
☐ Yes ☐ No

Please send a copy of the newsletter to:

Memberships, contributions, and donations are tax deductible.

Our new website is up and running live!
We have a new look, new links, and more dynamic functions to reach out to the public and provide timely information for members.
Take a look and give us your thoughts.
Find us on line at: www.NAMIfbuffaloNY.org

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NAMI’s condolences and thoughts are with you.
Immune System May Play Crucial Role in Mental Health

Considering inflammation has helped neuroscientists cast a broader net when searching for causes of and possible treatments for mental illness, mood disorders and neurodevelopmental conditions.

Last time you had a bad cold, you likely had less energy than usual. You lay around and didn’t have any enthusiasm for your usual activities. After it dragged on for a day or two, a sense of helplessness probably set in. It was hard to remember what feeling good felt like or how you could ever bound off the couch again.

In short, for a few days, you probably felt a lot like someone with depression. And increasingly, scientists think it’s no coincidence that a mental illness feels like a physical one.

A growing body of research on conditions from bipolar disorder to schizophrenia to depression is starting to suggest a tighter link than was previously realized between ailments of the mind and body. Activation of the immune system seems to play a crucial role in both.

“We just didn’t understand how much of a role the immune system plays in how we think and feel and act,” says Andrew Miller, a professor of psychiatry at Emory University. “An overactive immune system or when there’s something going on in the immune system, it can have consequences on the brain.”

An immune response, including inflammation, new research suggests, may help explain why:

- Brain conditions such as multiple sclerosis, Parkinson’s and Alzheimer’s disease all affect mood;
- About one in four people hospitalized with schizophrenia had a urinary tract infection when admitted to the hospital;
- Mothers with auto-immune conditions such as lupus are more likely to have a child on the autism spectrum;
- People with higher rates of inflammation are more likely to show signs of depression than those with healthy immune function. A study in mice presented earlier this month at the Society for Neuroscience’s annual convention showed that the immune changes came before the emotional ones.

“One of the things we need to stop thinking is that mental health is just a disorder of the brain,” says researcher Georgia Hodes, of the Icahn Medical Institute at Mount Sinai Hospital, who conducted the mouse study. “There’s plenty of evidence in a number of different mental illnesses that they have components to them that relate to the entire body.”

Merely adding inflammation to their thinking has helped neuroscientists cast a broader net when searching for causes of and possible treatments for mental illness, mood disorders and neurodevelopmental conditions such as autism, researchers say.

And this mind-immune system connection might help explain why mental health treatments don’t work for some people. Perhaps, researchers now think, those people would be better off with approaches that target their immune systems rather than their brain chemicals.

For those with schizophrenia and urinary tract infections, for instance, acute psychotic symptoms often improve after a few days on antibiotics, according to Brian Miller, an assistant professor of psychiatry at Georgia Regents University in Augusta, who is studying the connection between the conditions. This isn’t to suggest that all people with schizophrenia should be on antibiotics, Miller says, but patients with both might get as much or more relief from antibiotics as antipsychotics.

Other studies show that the level of an inflammatory protein called interleukin 6 may help predict someone’s emotional state. Manipulating the levels of this protein changes behavior on depression and anxiety tests in mice, says Larry Swanson, a neuroscientist at the University of Southern California, and immediate past president of the Society for Neuroscience.

For more information, contact the Mental Health Association of Erie County. They can be reached at 716-877-8280 or info@mhacademic.org.

(Immune - continued on pg. 8)
On October 13, 2013, fifty leading judges and psychiatrists from across the country met in Philadelphia to begin developing strategies to improve outcomes for individuals with behavioral health needs in the criminal justice system. As part of an ongoing collaboration, the Judicial-Psychiatric Leadership Forum was convened by the Judges’ Leadership Initiative for Criminal Justice and Behavioral Health (JLI) and the Psychiatric Leadership Group for Criminal Justice (PLG) and coordinated by the American Psychiatric Foundation (APF) and the Council of State Governments Justice Center.

“The progress made at this forum is an important step forward in addressing the needs of people with mental illnesses who become entangled in the criminal justice system. The cost of incarcerating rather than treating people with mental illnesses both in financial and human terms is exorbitant and unnecessary,” said Judge Steve Leifman, Co-Chair of the JLI.

“It is critical that psychiatrists engage judges in a dialogue to identify effective strategies that result in improved public health and safety outcomes. It is a shared set of concerns that require a shared vision and collaboration to have the largest impact,” said Judge Steve Leifman, Co-Chair of the JLI.

Many of these individuals with behavioral health issues who are involved in the criminal justice system have complex needs that cannot be adequately resolved by one system alone.

The JLI, originally established in 2004, works to stimulate, support, and enhance efforts by judges to take leadership roles to improve judicial responses to justice-involved people with behavioral health needs. The PLG was formed to provide an opportunity for psychiatric leaders to come together and collaborate with judges to effectively respond to the behavioral health issues that they may confront in the courtroom.

Since 2010, APF has worked with the CSG Justice Center to support the work of these two groups. The groups have worked together to develop a training module for judges on mental disorders in the courtroom and have created a two-page bench card to help judges recognize the signs of possible mental disorders among individuals in the courtroom and to respond sensitively andproductively.
What Is Cognitive Remediation in Psychiatric Practice and Why Do We Need It?

We now have treatments, really more like training programs, to improve the cognitive deficits associated with serious mental illnesses. **Cognitive remediation (CR)** is an example of such an innovative treatment in psychiatry, and if you are ill or have a loved one with a mental illness you want to know about it, and see if it can help. The principal goal of CR is to reduce cognitive difficulties, which are different from the symptoms of psychosis or severe mood swings. Other treatments, including medication and certain forms of psychotherapy, only partially reduce symptoms, often not touching difficulties in concentrating or distractibility. CR is focused on reducing the disability caused by impaired attention, memory, and planning abilities.

An important benefit of CR is how it can improve a person’s capacities to interact in social situations, including participating in a conversation and appreciating the intentions and emotions of other people; sometimes this is called “emotional intelligence,” which is associated with success for all people, not just those with serious mental conditions. Moreover, CR can help individuals with mental illness who underestimate the degree of their disability to better appreciate their problems—and their consequences for their personal and work lives.

A CR program is recommended to a patient, and family, by a mental health team after a thorough evaluation. CR is only recommended after patients have stabilized clinically from an acute episode of illness, and when they agree to participate. Mental health clinicians can increase patient motivation by offering programs that answer to the wishes of the people they treat—like wanting friends, good pay, and a social life.

It is important that the cognitive improvements achieved in a program’s sessions be transferred into the tasks of everyday life. Indeed, the gains of CR can enable individuals to better use psychological rehabilitation programs specifically aimed to help them stay in school, return to school, get jobs or retain the jobs they have.

While CR is now especially focused on people with schizophrenia and related psychotic illnesses, there are programs for bipolar patients who suffer with cognitive disabilities. The benefits of CR can also be seen in clinical and neurological ways. Clinically, depressive symptoms can be reduced, possibly through a gain in self-esteem or self-confidence. Even when cognitive improvements per se are modest, the improvement in depressive symptoms can be robust and have been replicated in a number of studies.

CR is relatively new to psychiatry and mental health. But its scientific roots are not: it derives from the explosion of new knowledge from cognitive neuroscience. It is time for psychiatric programs to include CR as a standard part of the array of services needed for the comprehensive and quality treatment of persons with serious mental illness.

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NAMI offers resources for members and families

Monthly education meetings are open to everyone and feature numerous topics of current interest, like the update we'll receive in February from Dr. Yogesh Bakhai of the Buffalo Psychiatric Center on the new Center for Excellence.

We are also update materials (books, CD's) regularly for our library. Members can borrow these resources for deeper understanding of illness, recovery, and trends in research and treatment.

Check out some of our new titles available for member lending:
American Psychosis, E. Fuller Torrey, M.D.
The Trauma of Everyday Life, Mark Epstein, M.D.
The Skipping Stone: The Ripple Effects of Mental Illness in the Family, Mona Wafow

Have you read an especially good book or article recently? Have you seen a good program or found a particular CD inspiring, useful or helpful? Consider sending us a short review for the next newsletter!

Also attached is a list of legislators in your area. You may copy and put in the name of your local representative, or embellish it to your liking on other related issues. Don’t forget to sign it and add your address.

Thank you and I wish us all good luck on making a positive change for our community.

A Member’s Letter with a Call to Action for All NAMI Members!

Dear NAMI Members:

I would like to wish you and your families a Happy New Year. I would personally like to start out the New Year by helping our families who are dealing with mental health issues by making our community a better place for them. It is important as family members to speak up to our local officials and make them aware of the growing need to have community based services available for the mentally ill, which are far less costly to taxpayers, and much more effective than providing services in an institutional setting, emergency room or jail cells which are not equipped or educated on helping the mentally ill.

It is becoming more apparent that mental illness is a major issue when it is in the daily news and is making me and others more aware of the epidemic we are facing. I was hesitant on taking up this issue.

I thought I didn’t know enough. Imagine to my surprise how much I did know when I recently took the step in meeting with my local assemblyman and senator. They were encouraging and willing to listen to problems we are facing in the community. Being a family member does educate you on how poor our system is.

Enclosed (see page 2, opposite) is a sample letter discussing Bill S5631 which will be presented to our local leaders this year in Albany for a vote.

Also attached is a list of legislators in your area. You may copy and put in the name of your local representative, or embellish it to your liking on other related issues. Don’t forget to sign it and add your address.

Thank you and I wish us all good luck on making a positive change for our community.

Debbie Lasnry
Sample Letter to Legislators

January __, 2014

The Honorable [Full Name]
Legislative Office Bldg. (Room #)
New York State Senate (New York State Assembly)
Albany, NY 12247 (Albany, NY 14228)

Dear Senator - or - Assemblyman (Last Name):

I am a member of NAMI (National Alliance on Mental Illness) in Buffalo & Erie County, and find that the upcoming Bill S5631 will be up for a vote this year. It is a bill adapted by Senator Tkaczyk which calls for strengthening and providing adequate funding of the Community Mental Health Reinvestment Act. All savings from downsizing or closures of mental healthcare systems (including beds, wards, and facilities) are to be considered for reinvesting into our community based services. More than $25 million should have been reinvested into community services for mental health but only $5 million has been allocated. Families and those who are ill need more services but we do not have the resources and the state keeps asking that service providers do more with not less funding… but NO funding.

Out of date figures from 20 years ago, suggest costs are $70k per bed a year but it is estimated it is closer to $375k per bed a year now. Those savings could be reinvested in the community for services with less cost to taxpayers and more effective for recipients than institutional care and local prisons. Prisons are not equipped to work with the mentally ill. More mentally ill people reside in jails and prison cells than in psychiatric hospitals. In the Buffalo News on Sunday, December 8, 2013 the lead article covered 4 pages on this issue. It listed the impact on the local communities and costing taxpayers more money to have a mentally ill person in prison than to have an effective community based care helping those same people through treatment and counseling.

A TIMES article dated November 19, 2013 by Charlotte Alter stated, “The number of state psychiatric beds decreased nationwide by 14% between 2005-2010.” A mentally ill person is 3 times likely to be in a state prison than psychiatric hospital. We are not only hearing stories about prisons not being equipped to treat the mentally ill, but other news such as:

- Sandy Hook School in New Town, CT.
- Virginia’s State Senator Creigh Deeds son’s issues with mental illness and the lack of beds available.

These are the consequences when our government does not allocate money that is available to provide treatment and counseling.

The bill states that 50% is allocated to state offices for mental health for structural and staffing needs for regional centers of excellence and 50% is to be directed to local government units for contracting with not for profit and other licensed approved providers of community based mental health services.

One in four people have mental health issues. Our government has no choice but to start TAKING ACTION on this major EPIDEMIC. What is your stand on this bill? PLEASE APPROVE S5631-2013 to strengthen and update this bill.

Sincerely yours,

(Signature)

First and Last Name
Save the Date!
NAMI’s annual dinner
Thursday, May 8th
We have a very special keynote speaker—see details inside.

“We delight in the beauty of the butterfly, but rarely admit the changes it has gone through to achieve that beauty.”
- Maya Angelou

Mark Your Calendar

Family education meetings are held at St. Paul’s Evangelical Lutheran Church, 4067 Main St., Amherst 14226 (near Eggert Rd.) on the 2nd floor (main entrance at the back of the church), on the second Thursday of the month. There are two family support meetings on the 3rd Wednesday of the month: one at St. Paul’s, on the 1st floor (church entrance at ground level at left rear of the building); and the other, at Lake Shore Behavioral Health, 3176 Abbott Rd., Orchard Park 14075. Board meetings are at 636 Sturim Ave., (1st floor), Buffalo, 14216; members welcome.

January
NAMI Board Meeting, Thursday, January 2nd, 7 p.m.
NAMI Education Meeting, Thursday, January 9th. Library & Coffee Hour: 7 p.m. Program, 7:30 p.m. Guest: Eileen Triguboff, RN, Ph.D., Buffalo Psychiatric Center: “Managing the Stress of Your Family Member’s Major Mental Illness”

NAMI Family Support Meetings, Wednesday, January 15th, 7 p.m.

February
NAMI Board Meeting, Thursday, February 6th, 7 p.m.
NAMI Education Meeting, Thursday, February 13th. Library & Coffee Hour: 7 p.m. Program: 7:30 p.m. Guest: Dr. Yogesh Bakhai, Clinical Director of Psychiatric Services at Erie County Medical Center (ECMC) for “An Update on the Center for Excellence in Behavioral Health at ECMC”

NAMI Family Support Meetings, Wednesday, February 19th, 7 p.m.

March
NAMI Board Meeting, Thursday, March 6th, 7 p.m.
NAMI Education Meeting, Thursday, March 13th, 7 p.m. Library & Coffee Hour: Program, 7:30 p.m. Guest: Maura Kelly, Director, Mental Health Peer Connection/WNY Independent Living Ctr.: “The Importance of Alternative Community Supports”

NAMI Family Support Meetings, Wednesday, March 19th, 7 p.m.

April
NAMI Board Meeting, Thursday, April 3rd, 7 p.m.
NAMI Education Meeting, Thursday, April 10th. Library & Coffee Hour: 7 p.m. Program, 7:30 p.m. Guest: Bruce Goldstein, Esq.: “Legal Issues in Mental Health Care: Pooled Trusts, Guardianships, Power of Attorney, and Wills”

NAMI Family Support Meetings, Wednesday, April 16th, 7 p.m.

President’s Corner:
Best wishes to all of you for a happy, productive New Year!

New York State welcomed a new Office of Mental Health (OMH) Commissioner in mid-November. Dr. Ann Sullivan is a Clinical Professor of Psychiatry at Icahn School of Medicine at Mt. Sinai, and has been Senior Vice President of the Queens Health Network, the home of Elmhurst and Queens Hospital Centers, two public hospitals which serve a community of over 2 million New York City residents. She has been an appointee in several public health advisory positions, including the New York State Public Health and Health Planning Council and its Mental Health Services Committee, the New York State Medicaid Redesign Team, and the National Quality Forum Hospital Measures Group. She is also on the Board of Directors of the New York City Mental Health Association. We are looking forward to working with a psychiatrist as commissioner who appears to have much knowledge and expertise with mental illness.

For timely updates and information from OMH on Regional Centers of Excellence, please sign up for their on-line newsletter through the link given inside. The year 2014 will bring many legislative, program and care changes—quickly. We all need to be aware of what is happening or proposed so we can act.

Please note that on February 13, at 7 pm, Dr. Yogesh Bakhai, ECMC Clinical Director of Psychiatric Services, will be speaking at our family education meeting about the new CPEP construction and improvements at ECMC. We hope to see you there.

Marcy Rosen,
President