NAMI Monthly Meetings/Special Events

Family Education Meeting, 2nd Thursday of each month, 7 p.m. library/social time. 7:30 presentation, various topics/presenters. St. Paul's Lutheran Church, 4007 Main St., Amherst, NY 14226

Feb 13 – “Get to Know Endeavor Health Services” (formerly Mid-Erie Counseling) Presentation by Endeavor's Michael Gordon, Associate Director and Kristin Kight, Project & Business Development Manager.

Topics: Overview of the agency, including history, geography, what they do, 2019 by the numbers, and successful outcomes. They will also review their services, such as adult mental health, alcohol and substance abuse, child mental health, MAT, PROS, and their approach to integrated treatment, including primary care partnerships, and CCBHCs.

Mar 12 – TBA; check website calendar or call.
Apr 9 – TBA; check website calendar or call.

Save the Date!


Family Support Groups – monthly

NEW! 2nd and 4th Wednesday, 7:00-8:30 p.m. Starting in January, Niagara Falls Memorial Medical Center, 621 10th St., Niagara Falls, NY 14301
Jan 22, Feb 12 & 26, Mar 11 & 25, Apr 8 & 22

3rd Wednesday, 7:00-8:30 p.m. St. Paul’s Lutheran Church, Amherst (see above). Feb 19, Mar 18, Apr 15

3rd Thursday 7:00-8:30 p.m. Watermark Wesleyan Church, 4999 McKinley Pkwy., enter off Bayview, Door 3, Rm 124, Hamburg, NY 14075
Feb 20, Mar 19, Apr 16

Board of Directors Meeting

1st Tuesday of each month. Members welcome. Call for time and location.

Executive Director Message:
A year of good news

The past year has been one of growth and new possibilities. Our Board and staff thank you for being a part of our mission to improve the lives of families and their loved ones challenged by mental illness. Whether you are a member, donor, sponsor, volunteer or friend, you make a difference.

Looking back on 2019, I am proud of NAMI Buffalo’s many accomplishments and so grateful for the generosity of our supporters.

We received a significant grant from The Tower Foundation to develop our data collection and evaluation tools to enable us to attract new revenue sources and improve our program growth. The foundation has also provided us access to a valuable resource – Catchafire – which links us with professionals who assist non-profits to achieve success. We have engaged with their volunteer, highly-skilled and experienced professionals for advice and guidance on several projects including website design, data management, and branding/marketing. For a small, largely volunteer-run organization like ourselves, this opportunity has given us access to expertise we would otherwise be unable to afford.

We also received a grant from the Erie County Department of Mental Health to redesign our website. The new website, to be unveiled in early 2020, will provide families, individuals with mental illness, providers and the community with up-to-date resources as well as practical knowledge and advice from the family’s perspective. We appreciate the Department’s recognition of our valuable service to WNY and for its support for our work.

In furthering our advocacy efforts for better care for incarcerated individuals, we are encouraged that Ann Venuto, a current board member and our former president, was appointed to the Erie County Corrections Specialist Advisory Board. She will be a fair yet passionate representative who can clearly and compellingly articulate the problems our families and their loved ones face. She will also provide a positive influence in finding measures to improve conditions in Erie County Correctional facilities. Please continue to let us know what your family may
experience with the jail and/or other areas of the judicial system. Your thoughts are always welcome on ways to improve treatment of those who are ill and in the corrections system.

As 2019 came to a close, we received more great news. The Noble Family Charitable Foundation awarded us once again with a very generous bequest. Ms. Beatrice Noble was a woman who exhibited deep commitment to serving others, particularly those who are vulnerable and often forgotten. We are honored to receive this donation in her memory.

Finally, I am excited to announce we will be collaborating with Niagara Falls Memorial Medical Center as part of a grant awarded them by the Cabrini Foundation. As a part of the grant, we will provide education and support to many more families and caregivers of individuals with mental illness. We are pleased to have been included in the grant and look forward to working with Niagara Falls Memorial Medical Center to expand much-needed services in Niagara County.

As you can see, we have had a year of good news and great possibilities in Niagara County.

Thank You

With much appreciation for their service and dedication: Liz Carone, Cambria Daniels, Patsy Foster, Lynda Regan, Chris and Kristen Syracuse, and Jackie Thompson for getting us out and visible in the community for Suicide Awareness and Prevention week at the “Out of Darkness Walk” and many other events.

Marilyn Green – and congratulations on your retirement! – for sharing our “Mind Matters” resource guide with your former colleagues at Independent Health and your new colleagues at your Parish Nurse Association. May your new volunteer energies and projects (including a new grandbaby) be fulfilling and rewarding.


For his dedication and expertise, our outgoing Board Treasurer Johnathon Miles – and many congratulations on being married this past summer. Welcome to our new Board Member and Treasurer Cristé Staples, CPA.

To retiring Board Members Linda Mallia, G.G. Michaels, and Bryan Taylor for your generous service and positive energy over these past three years! 🧡

Salute & Best Wishes

To Michael Ranney, retiring from his post as Erie County Commissioner of Mental Health. While we wish him a long, happy retirement, we are pleased to hear that Michael’s commitment to improving mental health services and policies, and interest in NAMI, will continue. A new Commissioner has not yet been named. 🧡

Sympathies

Our deep sympathies to:

- Ann Venuto, our former president, in the loss of her beloved husband Rocco.
- The Connolly Family in their loss of Richie, Jr.
- The family and loved ones of Doris Sielski, a long-time member devoted to bringing our help to all in the community.
- The family and friends of Dr. Kevin Gorman, an early supporter of NAMI. Our member Rosemary Donnelly and family, in the loss of her son William.
- Member Molly Anthony and her family in the loss of her grandson Dakota (Cody) Lee. 🧡

Extra Gratitude Corner

Our Holidays for Kids project was a great success this year!

Bravo for Chairperson Mary Lou Bond and helper-friends, including Karen Kristich and Kathy Collins and others who came from as far away as the other side of the border! We appreciate all who donated gifts and coordinated our efforts for this project. Those include:

- NAMI Buffalo friends & members: Joanne Bartlett, Kathy Collins, Kathy & Gary Sandel, Mary Ann & John Taggart
- St.’s Peter and Paul R.C. Church, Williamsville (Diane Booth)
- St. Paul’s R.C. Church, Kenmore (Joyce Ehlers)
- Town Line Lutheran Church’s Town Line Quilters, Alden (Lois Stutzman)
- Unsung heroes category: Kevin and Bill Bond
- Mental Health Advocates of WNY (Leslie Wexler)

- We thank also the many donors who gave generously and will be recognized in a future newsletter.

The children and youth in residential and hospital treatment at Baker Victory Services, BryLin Hospital, ECMC, and WNY Children’s Psychiatric Center were excited and happy to be remembered, and to experience the love and care of our community at holiday time.
Hospital Psychiatric Wards Now Feel Like Prisons, Some Say

December 11, 2019 GMT / AP

By CHRIS EHRMANN

HARTFORD, Conn. (AP) — New safety standards aimed at limiting suicide risks have led to overhauls inside hospitals around the country, with psychiatric facilities and wards removing bathroom doors, stripping artwork from walls and requiring patients to wear paper gowns instead of their own clothes.

The changes have led to costly renovations and caused a backlash, with some critics contending they’ve made hospital rooms feel more like jail cells.

Regulators say the new guidelines leave room to protect patient dignity and privacy, but many hospital officials tasked with updating facilities and their procedures say they’ve gone too far.

“I think we are moving toward a very prison-like system,” said Patricia Rehmer, president of the Behavioral Health Network for Hartford HealthCare, which operates Hartford Hospital. (emphasis added) “We try and make it comfortable, we try and have as many things available as we can, but it’s not easy.”

New suicide prevention guidelines were introduced on July 1 by The Joint Commission, an agency that works with the Centers for Medicaid and Medicare Services and accredits the vast majority of the country’s psychiatric hospitals. The Joint Commission urged hospitals to conduct risk assessments and take action to prevent suicides.

A 2018 report by The Joint Commission Journal on Quality and Patient Safety found an estimated 49 to 65 hospital suicides happen annually. The report was described as the first data-driven estimate of inpatient suicides per year in hospitals.

Hospitals say they have tried to meet the guidelines by removing pictures from walls, replacing bathroom doors with polystyrene foam doors, and securing remotes for televisions behind plastic glass. Ceiling tiles and door handles have been replaced with risk-resistant ones along with special types of beds and sheets.

“We’re buying the same furniture and plumbing fixtures as prisons and jail …”

Dr. Burce Schwartz, President, APA

Mental health advocates have raised concerns that less comfortable environments for patients could be less healthy.

Michaela Fissel, executive director of Advocacy Unlimited, said hospitals could make the settings more homelike and comfortable by adding yoga or music and letting patients wear their own clothes instead of a paper garment.

One patient, Cheyenne Wilson, said she felt as though she were in solitary confinement when she was admitted to Hartford Hospital’s psychiatric unit for half a day when she was experiencing suicidal ideation. She said she had her belongings taken and searched and was told to get dressed in a paper garment.

“They took my clothes away and made me get dressed behind a curtain, not even in another room,” she said.

Her father, Beresford Wilson, co-chairs the Connecticut Behavioral Health Partnership Oversight Council. He raised his daughter’s experience at a September meeting and said it had too much of a punitive feeling.

“I think to make the experience as normal as possible when the person is under that distress, what they are looking for is normalcy as much as possible, not restriction or confinement,” he said. (emphasis added)
After her experience in the emergency unit, he said his daughter was given a therapy referral and has been taking classes to become a certified nurse assistant.

Dr. Charles Herrick, chair of psychiatry for the Western Connecticut Health Network, said the changes can make patients feel more depressed and can demoralize them.

“If you perceive the environment as a prison — and prisons are a place of punishment — then you can’t help but think you are being punished, whether consciously or unconsciously,” he said.

In response to criticism of the new guidelines, Joint Commission officials say they believe hospitals should be able to protect patient dignity and privacy while meeting safety standards.

“Balancing privacy and safety is always an important factor when caring for patients at-risk,” the agency said in a prepared statement. “It is vital for organizations to develop procedures to ensure that individuals are regularly reassessed so the level of security/monitoring implemented is appropriate for the assessed level of risk.”

The cost of renovating spaces and buying new equipment is another reason some hospitals have objected to the new guidelines.

Partly citing such costs, two hospitals in Ohio and Wyoming closed their psychiatric units within the past couple of years. Officials from both hospitals declined to comment.

Thomas Jefferson University Hospital in Philadelphia removed bathroom doors in two-person rooms in its psychiatric ward, according to Dr. Kenneth Certa, a professor of psychiatry at the university’s Sidney Kimmel Medical College. He said that meant removing one person from the room for privacy concerns — and that decreases the number of people who can be helped at a given time.

Certa also said the hospital also purchased safety sensors for about 48 doors, costing $785,600 in total. The Joint Commission said it does not require such sensors.

On average, the length of stay for psychiatric patients at a psychiatric facility is seven to 10 days, according to the American Psychiatric Association.

A movement away from institutionalization over the last half century has led to community-based mental health services replacing long stays in psychiatric hospitals. That same trend has also coincided with larger numbers of mentally ill people becoming homeless or incarcerated, where they receive little treatment — or none at all.

N.B., Understanding regulations like these allows families to be well-informed, effective advocates for humane treatment of those who are ill and hospitalized.

No, Mr. President. Hate is not a mental illness.

President Trump speaks about the mass shootings in El Paso and Dayton, Ohio, from the Diplomatic Reception Room of the White House in Washington on Monday.

August 7, 2019 at 1:49 p.m. EDT/ Evan Vucci/AP
By Pete Earley
https://www.washingtonpost.com/opinions/2019/08/07/no-mr-president-hate-is-not-mental-illness/

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

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

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

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

But your implication that the 46 million American adults estimated to have a diagnosable mental illness and the 11.2 million thought to have a serious mental illness, such as schizophrenia and bipolar disorder, are dangerous and potentially mass murderers is as wrongheaded as declaring that the 250 million Americans who are white are capable of committing mass homicide. After all, being white is one of the most common traits of a mass shooter. Data from Mother Jones shows that between 1982 and 2017, 54 percent of mass shooters were white men. Research also shows that many of them struggle with a sense of entitlement attached to their white, heterosexual identity as well as economic anxiety in the post-industrial economy.

Mr. President cont’d on pg. 6
For those diagnosed with mental health disorders, employment can be an essential part of ongoing recovery. As with all professionals, people with mental health challenges can find purpose, productivity and consistency in a good job.

Moreover, employment offers more tangible advantages: steady work empowers financial independence, while employer-based insurance can ease access to care. For reasons that are both personal and practical, many people with mental health disorders seek to balance self-care with fulfilling careers.

Unfortunately, people with mental health conditions often find themselves sidelined from the workforce, despite their considerable talents and skills. The stigmatization of mental illness limits job prospects for millions of individuals – despite legal protections designed to prevent this kind of discrimination. This is particularly true for individuals with certain disorders. People with schizophrenia, for example, are six to seven times more likely to be unemployed than the general population.

Additionally, people with concerns about their mental or emotional wellness may struggle to find employment that suits their needs. Stressful or unsupportive work environments can exacerbate mental health challenges, especially when employers resist helpful accommodations. Because managers are often poorly informed about common difficulties, such as depression and anxiety, they fail to recognize and respect employees’ needs.

If you’re looking for a new job, how can you prioritize your own mental health in the process? Should you disclose your condition to prospective employers?

Even if you’re happy in your current gig, difficult choices often arise. If you need time off to rest or seek treatment, how should you approach your boss or HR? Simply understanding your options can be intimidating, from the details of the Family Medical Leave Act to the fine print in your insurance policy.

We created this comprehensive guide addressing mental health concerns in the workplace. By covering a range of employment-related subjects, we hope to eliminate some of the barriers that keep people with mental health conditions from finding and getting great jobs.

Whether you’re looking for a new opportunity, or want to discuss your mental health needs with your current employer, we’ll provide clear answers and tips to help you succeed.

The guide goes on to cover:

**Part I**
- Finding a New Job with a Mental Health Condition
- Finding Work That Works for You
- Getting Help on Your Hunt
- Debating Disclosure: What to Tell a Prospective Employer
- You’re Legally Protected Against Discrimination
- You Don’t Have to Disclose During the Application Process
- You Might Want to Open Up Anyway

**Part II: Discussing Your Mental Health Needs at Work**
- Obtaining Reasonable Accommodations
- Taking a Leave of Absence
- Utilizing Insurance

**Part III: Relevant Resources**
- General Support and Information for People with Mental Health Conditions
- Employment Assistance Programs for People with Mental Health Conditions
- Workplace Rights and Protections for People with Mental Health Conditions

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**GALLERY – AFSP “Out of Darkness Walk” September 2019**

Visible and proud! Jackie Thompson, Michele Brooks, and Patsy Foster

NAMI Buffalo & Erie County Board of Directors members Liz Carone, (president), Lynda Regan (also NAMI NYS Board member) and Jackie Thompson (vice president)

NAMI Buffalo & Erie County staff member Sherry Byrnes and WNY mental health advocate Karl Shallowhorn
Other research, meanwhile, highlights that a very small portion of all gun-related homicides in the United States involve mass killings by people with serious mental illness. In fact, only 3 percent of violent crime can be attributed to people with serious mental illness.

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

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

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

They further noted that “laws intended to reduce gun violence that focus on a population representing less than 3 percent of all gun violence will be extremely low yield, ineffective, and wasteful of scarce resources. Perpetrators of mass shootings are unlikely to have a history of involuntary psychiatric hospitalization. Thus, databases intended to restrict access to guns and established by gun laws that broadly target people with mental illness will not capture this group of people.”

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

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

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

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**Online Class for Veteran Families**

Now Registering for January, 2020

**NAMI Homefront** is a free, 6-session program for family, friends and significant others of military Service Members and Veterans. The class helps families understand what the Service Member/Veteran is experiencing related to trauma, combat stress, civilian life transition, PTSD and other mental health conditions.

The program is designed to help family members understand and support their Service Member/Veteran while maintaining their own well-being.

An application is required for this online program to ensure it is a good fit. Space is limited.

Apply at: [https://www.research.net/r/homefrontonline](https://www.research.net/r/homefrontonline)

**Eastern Daytime,**

Wednesdays, 10:00 AM - 12:00 PM ET,
Starting Jan. 29

**Eastern Evening,**

Mondays, 6:30 - 8:30 PM ET,
Starting Jan. 27 (skip 2/17)

**Pacific Evening,**

Tuesdays, 6:30 - 8:30 PM PT,
Starting Jan. 28

**Central Evening,**

Wednesdays, 6:30 - 8:30 PM CT,
Starting Jan. 29

* Please note the TIME ZONE listed for each class time

Need more information?

Call the office at 716-226-6264
Living with mental illness is not easy. It’s a consistent problem without a clear solution. While treatments like medication and psychotherapy are incredibly helpful, sometimes people experiencing mental health conditions need to do more day-in and day-out to feel good or even just okay.

Some common self-help suggestions people receive are to exercise, meditate and be more present, which are helpful and work for many people. However, other proven methods aren’t mentioned as often. Many of them are quick and simple techniques that can easily be added to daily routines.

Finding the right coping mechanism takes time and patience, but it can enormously impact how you feel. If you haven’t had success with techniques you’ve tried, or you’re looking to add a few more to your toolkit, here are several coping mechanisms recommended by mental health professionals worth trying out.

**Radical Acceptance**

Radical acceptance is “completely and totally accepting something from the depths of your soul, with your heart and your mind,” according to Marsha Linehan (creator of dialectal behavior therapy). Included in this definition is the idea that no matter what, you cannot change a situation. For example, imagine a tornado is coming your way. Obviously, you can’t do anything to stop the tornado; that’s not possible. But if you accept the fact that it’s coming, then you can act, prepare and keep yourself safe. If you sit around trying to will the tornado to stop or pretend that there is no tornado, you’re going to be in real trouble when it comes.

The same applies to mental illness. You cannot change the fact that you have a mental illness, so any time you spend trying to “get rid of it” or pretend it doesn’t exist is only draining you of valuable energy. Accept yourself. Accept your condition. Then take the necessary steps to take care of yourself.

Pombos’ suggestions for taking care of yourself include (abbreviated; full technique explanation appear in the source article)

- **Deep Breathing**
- **Opposite-To-Emotion Thinking**
- **The 5 Senses**
- **Mental Reframing**
- **Emotion Awareness**

You can’t control that you have mental illness, but you can control how you respond to your symptoms. This is not simple or easy (like everything else with mental illness), but learning, practicing and perfecting coping techniques can help you feel better emotionally, spiritually and physically. I’ve tried all the above techniques, and they have transformed the way I cope with my mental health struggles.

It takes strength and persistence to recover from mental illness – to keep fighting symptoms in the hopes of feeling better. Even if you feel weak or powerless against the battles you face every day, you are incredibly strong for living through them. Practical and simple methods can help you in your fight. Take these techniques into consideration, and there will be a clear change in the way you feel and live your life.

Emmie Pombo is a student striving to crush mental illness and addiction stigma. She also advocates for the people who haven’t yet spoken honestly about their struggles. Rooted in Florida, Emmie hopes to eventually diminish any lies surrounding the treatable mental disorders that are becoming more and more prevalent throughout the world.

Note: This piece is a reprint from the Fall 2017 NAMI “Advocate”.
Although I am not a health care professional, I’ve seen depression from the inside. My expertise is rooted in the trials and errors of personal experience. Every person is different and therefore not all of these suggestions will work for you, just as they haven’t all worked for me. My hope is that through this list you can gain insight into at least one strategy that helps assuage your depression.

Recognize That Depression Is Not A Sign Of Weakness
It’s not just sadness. Unfortunately, a lot of people still don’t understand that. Stigma still exists that prevents people from getting help, but know that you are not alone. Millions, including everyday people and celebrities, have talked about their struggles with depression, received help and are in recovery.

Prevalence of Major Depressive Episode Among Adults in the U.S. – aged 18 or older
- An estimated 16.2 million adults in the United States had at least one major depressive episode. This number represented 6.7% of all U.S. adults.
- The prevalence of major depressive episode was higher among adult females (8.5%) compared to males (4.8%).
- The prevalence of adults with a major depressive episode was highest among individuals aged 18-25 (10.9%).
- The prevalence of major depressive episode was highest among adults reporting two or more races (10.5%).
Source: National Institutes of Health, 2017; based on SAMHSA data from 2016

Don’t Be Afraid To Get Help From A Professional
Make an appointment, whether it’s with your family physician, a licensed mental health professional or a psychiatrist. It’s important to find someone that you feel comfortable with. If you can’t afford the cost for a private visit, SAMHSA provides a treatment locator or you can call your local county health services department or mental health center for assistance. Healthcare providers draw from their areas of expertise and personal experiences. That means if one doesn’t work for you, there’s another out there who might be a better fit. Here are some more tips for finding a mental health professional.

Be A Part Of Forming Your Treatment Team
Being a team is important. Being included in decisions about what works for you can make sure you help decide what’s important for you in recovery. Members of your treatment team can include your therapist, psychiatrist, or other health care provider, a trusted family member or friend, and a support group.

Don’t Struggle In Silence
Confide in those you trust, whether it’s your spouse or partner, a relative, a close friend, or your healthcare providers. You can also join a support group, either a face-to-face one in your community or online. Warmlines are also an option. They are free, peer-run support lines that provide the opportunity to speak to a peer. At the same time, be selective in how much you disclose about your illness when a casual friend or acquaintance asks how you are.

Be Patient
Although some treatments can bring results within a few days, many take weeks to make a difference. Follow your physician’s directions – don’t exceed what he or she recommends, and look for gradual improvement rather than huge changes overnight.

Keep A List Of Things That Make You Smile And Laugh
In other words, create a rainy day fund for your mental health. Depression can come in cycles so having
Sometimes problems can’t be solved.
There are many life situations that are painful and are not in our control. We can’t avoid that pain, but we can control how much we suffer over the experience. Suffering is the part we can control.

A Place to Begin
Life gives us lots of opportunities to practice acceptance. If you have a problem that you can solve, then that is the first option. If you can’t solve it, but can change your perception of it, then do that. If you can’t solve it or change your perception of an issue, then practice radical acceptance.


things that you can call on quickly that you know will help pull you up can be important. These might include a friend you can call, a compilation of funny cat videos, pictures from a fun vacation, a playlist of your favorite songs or an inspirational quote.

If Traditional Treatments Don’t Work, Explore Other Options
If common services and supports like therapy and prescription medications and supplements don’t seem to work, there are other types of treatment you can try. For example, repetitive transcranial magnetic stimulation (rTMS), which stimulates nerve cells in the brain to improve symptoms of depression, meditation, and complementary health approaches like yoga, acupressure and acupuncture.

Engage All Of Your Senses
Being aware of your surroundings and your body can help ground you and connect you to the moment. This awareness is a practice known as mindfulness. Becoming mindful takes lots of practice (and often training), but there are small things you can do on your own. For example, try to pay attention to the soft rug under your feet or the scented candle in your room. Also, you may find eating flavorful foods like chocolate can help.

Do Things That You Find Relaxing Or Fun
Color, listen to uplifting music, garden, pet a furry friend and spend time doing whatever it is that makes you feel at peace. Take a vacation or staycation if you can. Doing what you love can have lasting effects after you finish.

Get Outside
Spending time outside improves your mood, reduces stress and anxiety, gives you energy and improves focus. Find the time to soak up some rays and get your daily dose of Vitamin D.

Explore Your Thoughts And Feelings In A Private Place
Journaling isn’t a new idea, it’s hard to get started and you may find it tedious – but it can make a difference! Just writing down your thoughts can bring validation and relief. Let any anger or frustrations that you have out on paper instead of bottling them up.

Make Plans To Look Forward To
Fill your agenda every day. Idle time can cause you to dwell on negative thoughts, so instead keep yourself occupied. Take up a new hobby, enroll in an interesting class or volunteer to help others. Try to establish daily routines and stick to them, for they can provide structure and stability, providing mileposts to carry you through the day.

Exercise
It’s been said before, but exercising releases feel-good endorphins into your brain and can lift your mood. Take long walks, jog, play tennis, join a fitness club or find another form of exercise that you enjoy. Make an exercise routine and stick to it. Start small. If you haven’t exercised in a while—or have never really gotten into it—that’s OK! Set a small goal to start out with—just 10-15 minutes a few times a week. Once you get used to the routine, keeping it going will get easier.

Surround Yourself With Positive People
A positive attitude can be infectious, so stick around the people that make you happy and avoid those who don’t. Negativity breeds more negativity and it’s hard to stop the cycle. Try to stop the cycle from starting!

Be Compassionate Towards Yourself
Forgive yourself for your blunders and for angry remarks you may have made. Realize you’re doing the best you can, but don’t become complacent. Resolve to do better in the future. Keeping your inner dialogue positive isn’t easy, but positive thinking can go a long way toward increasing your resilience.
Resilience: Two Sisters and a Story of Mental Illness

By Jessie Close with Pete Earley and Glenn Close

Resilience: the ability to recover readily from illness or adversity. This book title is aptly chosen because of the tale it presents. Jessie Close recounts her life with unflinching candor as someone who has bipolar disorder with severe symptoms since childhood, not diagnosed until she was fifty years old.

Jessie lived her early life in the strict Moral Re-Armament cult, accompanying her family to the Belgian Congo as missionaries when she was seven years old. She and her sister, the actress Glenn Close passed their chaotic childhood in New York, Switzerland, Connecticut, Zaire and Los Angeles, where Jessie’s life quickly became unmanageable when she was fifteen years old. Having parents who were mostly absent, Jessie lived with relatives and friends. Her father was a physician but did not recognize his daughter’s distress.

The book contains passages written by Glenn who was the one constant helpmate in her sister’s life and rescued her from her excesses and self-destructive behavior. Jessie’s parents legally surrendered their parental rights to Jessie’s oldest sister, Tina, who was married and lived near Los Angeles. Tina was unable to cope with a rebellious teenager and Jessie dropped out of school, beginning years of reckless behavior, including alcoholism, drug addiction, five marriages and three children, ending up on the brink of suicide. Her descriptions of wild abandon are difficult to read, making this a definite adult book.

Fortunately, finances were not a concern as Jessie had a trust and relatives who supported her, but she struggled to raise her three children. After her diagnosis, medication combinations made her recovery difficult, and she would self-medicate with alcohol and drugs. She movingly recounts how much Alcoholics Anonymous helped her, and how treatment at McLean Hospital was paramount in her recovery. Glenn would fly cross country in attempts to assist her.

Calen, Jessie’s oldest son, developed mental illness as a teenager. After three years of attempting to get him care, McLean Hospital again became the place to treat him successfully.

The beginning of the book contains graphic descriptions that I found difficult to read but when I reached the end of the book, I realized that it was necessary to learn the complete story of a painful journey many families face without the connections and wealth Jessie had access to.

Her recovery is a celebration of resilience! 🌸

CODE BLUE
WINTER SHELTERS
INFORMATION

CodeBlue provides engagement, outreach, transportation, a warm meal, shelter and case management to Erie County’s homeless population on nights when temperatures/wind chill fall to 32 degrees Fahrenheit or below from November 15 to April 30th. Code Blue is open to anyone living on the streets or needing shelter, and especially targets those who are chronically

Available soon in NAMI Buffalo’s member lending library:
Resilience: Two Sisters and a Story of Mental Illness, Jessie Close with Pete Earley and Glenn Close
Other new titles:
The Bridesmaid’s Daughter, Nyna Giles
The Edge of Every Day: Sketches of Schizophrenia, Marin Sardy

Code Blue cont’d on pg. 11
We invite you to join

in helping us make a difference for people living with mental illness and their families

Mail to:
NAMI Buffalo & Erie County
PO Box 146, Buffalo, NY 14223

Name _______________________________________
Address _______________________________________
City __________________________ State ______ Zip ______
Phone __________________________ Email __________________________

□ $40 Individual Membership
□ $5 Open Door Membership, for those in financial need
□ $60 Household Membership; please include all household member names when joining in order for members’ benefits to apply. (Attach a separate sheet if needed.)

Names: _______________________________________
____________________________________

Membership includes local, state, and national NAMI.

— OR —

□ Donation; amount $ _______________________
  □ Include Membership (check category line above):
  □ in memory – or – □ in honor of
  Name: __________________________

□ NAMI has my permission to publish this gift/membership.

I’d like to help with the following (check your interest/s):
□ Outreach/Event tabling □ Support Letters
□ Office/Clerical □ Legislative Advocacy
□ Fund/Friend Raising
□ Other (explain) __________________________

□ I’d like to be on the email list for legislative or other action alerts.

Please send a copy of the “Challenger” newsletter to:

____________________________________
____________________________________

You can also join us or donate securely online at www.namibuffalony.org

NAMI Buffalo & Erie County is a 501-C-3 not-for-profit. A copy of our latest annual report may be obtained upon request from our office and the Charities Bureau, 28 Liberty St., 15th flr., NY, NY 10005

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Code Blue cont’d from pg. 10

homeless, those living in uninhabitable or dangerous places in extremely low night time temperatures.

This winter’s Code Blue Shelters are at:

• Harbor House
  241 Genesee St., Buffalo – also a daytime warming center

• Holy Cross Church
  412 Niagara St., Buffalo – not accessible for those in a wheelchair

• Rural Outreach Center (ROC), 765 Olean Rd., East Aurora – also a daytime warming center

If you are concerned about a loved one or other person who may be in need of shelter and these services, please share the above information. You can also call 211 to have an outreach team dispatched from 7-11 p.m. during Code Blue periods. Outside of Buffalo or those times, call 911.

NOTE: Code Blue ROC can be called at 716-240-2220 x106. Their outreach van can be dispatched during Code Blue periods for any individual in need in Alden, Angola, Aurora, Boston, Brant, Colden, Collins, Concord, Eden, Elma, Evans, Gowanda, Hamburg, Holland, Marilla, North Collins, Orchard Park, Sardinia, Springville, Wales, West Seneca

*Code Blue 15*

On nights when the temperature/wind chill falls to or below 15 degrees Fahrenheit St. Luke’s Mission of Mercy, 325 Walden Ave., Buffalo will also open (for men only) in addition to the sites listed above.

To find out if Code Blue shelters will be open, call 211 after 10 a.m. (time the decision is made and sent to providers). The public can also get a text alert for Code Blue by texting either CodeBlueBuffalo to 898-211 (in the city) or the ROC at CodeBlueSouthernErie 898-211. ☏
Thank you to everyone who donated to our annual Fall Fundraiser! We wish all our friends and members a happy and healthy New Year in 2020.

“We do not need magic to change the world, we carry all the power we need inside ourselves already: we have the power to imagine better.”
~ J.K. Rowling

Thank you to everyone who donated to our annual Fall Fundraiser! We wish all our friends and members a happy and healthy New Year in 2020.

ENROLLING NOW
FAMILY-TO-FAMILY
8-WEEK CLASSES
Starting in Amherst, Niagara Falls & West Seneca in February and March
Pre-registration required and preference is given to members until 3 weeks before class starts.

More info inside and at:
www.namibuffalony.org