the challenger

A publication of the National Alliance on Mental Illness in Buffalo & Erie County

vol. 9 - Number 3
Fall 2017

Mark Your Calendar & Find Support Meeting Location Info*

***Family education meetings** are held at St. Paul's Evangelical Lutheran Church, 4007 Main St., Amherst (near Eggert Rd.) on the 2nd floor (main entrance at the back of the church), on the 2nd Thursday of the month.*
*Two **family support meetings** are held on the 3rd Wednesday of the month: *NORTH at St. Paul's, on the 1st floor (church entrance at ground level at left rear of the building); and *SOUTH, at BestSelf (formerly lake Shore) Behavioral Health, 3176 Abbott Rd., Orchard Park, 14127. **Board meetings** are usually held at 636 Starin Ave., Buffalo, 14216, 1st floor; members are welcome. To attend, call ahead to verify meeting location.*

October

***3 Tues Board Meeting,** 7 p.m.*
***12 Thurs Education Meeting,** 7 p.m. Library/coffee hour, 7:30 p.m. Program. Guest: Kiran Khalid, M.M.B.S. and Amber Saunders, M.D. from ECMC. Topic: "Anything Can Set Off His Mood! Is He Bipolar?"*
***18 Wed Family Support Groups*,** NORTH and SOUTH, 7–8:30 p.m.*
***28 Sat Healthy Minds Empowerment Conference** at Medaille College*

November

***7 Tues Board Meeting,** 7 p.m.*
***9 Thurs Education Meeting,** 7 p.m. Library and Coffee Hour; 7:30 p.m. Program. Guest: Vince Wagner, CFP, Financial Advisor from Morgan Stanley. Topic: "Special Needs Planning"*
***15 Wed Family Support Groups*,** NORTH and SOUTH, 7–8:30 p.m.*

December

***5 Tues Board Meeting**, 7 p.m.*
No Education Meeting
***9 Sat Holiday Wrap**! Call 716-226-6264 to volunteer*
***20 Wed Family Support Groups*,** NORTH and SOUTH, 7–8:30 p.m.*

January 2018

***2 Tues Board Meeting**, 7 p.m.*
***11 Thurs Education Meeting,** 7 p.m. Library and Coffee Hour, 7:30 p.m. Program. Guest: Josie Diebold, Intern, UB School of Social Work Topic: "Trauma Informed Care"*
***17 Wed Family Support Groups*,** NORTH and SOUTH, 7–8:30 p.m.*
***17 Wed** NAMI Buffalo at the Buffalo Philharmonic **Orch**estra with Richard Kogan, "Rachmaninoff and His Psychiatrist" (details inside)*

President's Corner

There is nothing more powerful than telling your story to touch hearts and change minds. For that reason we launched our Family Voices column here, where we invite family members to share brief anonymous stories of some aspect of the impact of mental illness on their families. Even more than sharing among ourselves as we do in our support groups, we ask our members to consider selectively sharing with others, especially professionals, clergy, legislators, and policymakers - influential individuals who need more awareness of how pervasive mental illness is in our communities and how much suffering it causes. Facts and figures open minds but cannot come close to touching hearts like stories do.

Suffering grows exponentially with the discrimination against those with mental illness and their families leading to isolation and loneliness. One woman who had been hospitalized a dozen times because of depression was hospitalized for surgery and remarked how strange it was to receive her first ever get well card.

In July, Liz Carone, our vice-president, organized a Family Voices Seminar for students in the counseling program at Medaille College. For 3 hours, in spite of dysfunctional microphones and no air-conditioning, students and faculty listened to the stories of family members – stories of anguish and stories of hope. Many students expressed their appreciation to the

President's Corner cont's. on Pg. 2

President's Corner - from Pg. 1

NAMI members on the panel for providing a human perspective rather than that of a textbook.

I can recall as a young child how when a neighbor became seriously ill, the grown-ups whispered the word "cancer." With the stigma about cancer broken down, look at the strides we have made in not only treating cancer but providing a sense of compassion and caring in our communities for those who have been afflicted with this illness.

Why can't we do the same with mental illness? Let's find that tipping point.

This October 28th we partner with Alpha Kappa Alpha Sorority, Inc. Gamma Phi Omega Chapter to hold a *Healthy Minds Empowerment Conference* for teens and their parents. One of our objectives will be to encourage teens to "Say It Out Loud" what their parents' generation kept as a taboo, to speak up about the unspeakable issue of mental illness. Keith O'Neil, NFL Super Bowl Champion, as keynote speaker will provide a heroic role model not for his victories on the gridiron but for his victory in sharing his story about his recovery from bipolar disorder and now working as an advocate for mental illness research.

Over 40,000 people die by suicide each year in the United States. It is the 10th leading cause of death overall. 90% of those who die by suicide have an underlying mental illness. NIH-funded research reports a post–ER (emergency room) intervention that can reduce future suicide attempts for some people at risk. An abbreviated version of the article is included in this newsletter.

ZERO suicide, a key concept of the 2012 National Strategy for Suicide Prevention, fosters the belief that suicide deaths for individuals under care within health and behavioral health systems are preventable. Because, "Suicidal individuals often fall through multiple cracks in a fragmented and sometimes distracted health care system," ZERO Suicide is committed to a systems-wide approach that offers a tool kit of resources for all stakeholders including families, available at www.zerosuicide.com. The initiative owes some of its inspiration to the Henry Ford Health System (HFHS) in Michigan which achieved an 80% reduction in the suicide rate among its health plan members. Here at NAMI we have heard too many stories of suicides that may have been prevented if families were permitted to play an integral role in treatment.

Our outreach work has been rewarded with unexpected musical benefits. What a pleasure it was to learn that the Buffalo Philharmonic responded with enthusiasm to our request to have a NAMI table at the January 17th concert of Dr. Richard Kogan – "Rachmaninoff and his Psychiatrist", a story featured in our last newsletter. A discounted rate for tickets is offered inside for NAMI members, as well as the rest of the dates in that series. We hope to see you there!

Ann Venuto

President

We appreciate our volunteers!

Judy Capodicasa and **Colleen Frey** who help so consistently with office tasks we couldn't otherwise get done.

Mary Lou Bond, for arranging a lovely meeting room in her apartment complex community room for our board meeting in September.

Liz Carone, Barb Hoekstra, Barb Utter, and **Ann Venuto** who have begun earnest planning for the next annual awards and celebration event. Stay tuned for info after the new year!

...and much appreciation to **Johnathon Miles,** our newest member board member**.**

Get well wishes...

Long-time member and volunteer **Ann Ezzo.**

Condolences to...

Board member **Jackie Thompson and her family** on the loss of her mother.

The family of **Mary Lelek** who kindly named NAMI Buffalo to receive donations in her memory.

We wish both families the comfort of fond remembrances and peace.

Please consider naming
NAMI Buffalo & Erie County
in your will.
Your legacy gift can help ensure that our work continues,
in honor of your memory.

Highlights of the NAMI National Convention June 2017 in Washington, D.C.

Part of the annual convention is a book fair. Numerous authors were present to speak about their books.The 2018 convention will be held June 27-30 in New Orleans. For more info: https://www.nami.org/Convention

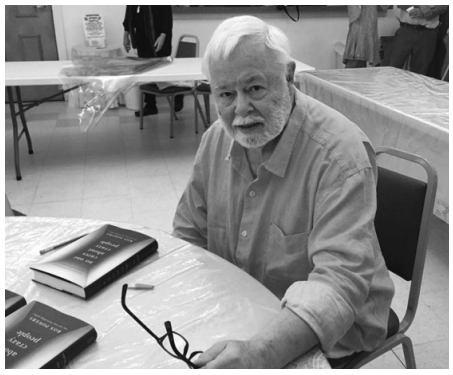
Kay Jamison, Ph.D., Professor of Psychiatry at Johns Hopkins School of Medicine, is the author of "Touched with Fire", an exploration of creativity and mental illness and the now-classic autobiography "An Unquiet Mind". She discussed her latest book, "Robert Lowell, Setting the River on Fire", the story of the Pulitzer Prize winning poet's struggles with bipolar disorder.

Hospitalized 20 times with severe mania, Lowell was one of the first writers to speak openly about the struggles of living a productive life while enduring his illness. He was not one to romanticize the diagnosis. Dr. Jamison shares personal details of her own illness including her belief in signing advanced directives that give her family the moral authority to agree to treatment in the event of a relapse.

David Leite, author of "Notes on a Banana: A memoir of Food, Love and Manic Depression" and creator of the popular website Leite's Culinaria displays a self-deprecating sense of humor as he shares his story of being raised by Portuguese–American parents who gave him the nickname "Banana." Enamored of everything French from a young age, he found relief from his symptoms by watching Julia Child's TV show, and cooking for others. He shares his painful efforts to deny his own homosexuality, years of searching for the right diagnosis and treatment and his eventual recovery.

Andrea Petersen, writes about health and neuroscience for the Wall St. Journal. Her recent book "On Edge: A Journey Through Anxiety" is not only her personal story about living with an agonizing anxiety disorder but also a review of genetics, neuroscience and treatments including psychotropics, psychotherapy and alternative therapies like yoga and meditation.

Ron Powers, a Pulitzer Prize winning critic and author of more than a dozen books, spoke about his latest book "No One Cares About Crazy People". It traces the history of the treatment of mental illness as he shares the heart-breaking story of his two sons, both of whom were diagnosed with schizophrenia. He calls on Americans to support comprehensive mental health reform that includes psychosocial rehabilitation as well as medication and the recognition that kindness and companionship are essential counterforces to psychosis.



Several of these titles are in our members' library.

Be sure to look for them!

Peer Corner

Author Dillon Carone, in the two years since wrting this piece, attended commuity college and has become a professional baker.

There is a comedian who said, "to have loved and lost is better than to have never loved at all is a stupid quote."

While I do not care much for his reasoning I do, quite strongly, agree with what he has said. For is it not thought by people that a person with smooth skin is better or prettier than one covered in scars? Scars represent lost battles, for pain left untended and unnoticed by the world. They are constant reminders to the bearer of what the past has to offer. Of our beliefs in what the future will bring.

If someone truly believed that things were going to get better, why would they cut? Cutting or using is a sign that someone has given up hope. That they have found that the canvas of their body is more effective at displaying the agony they are suffering than the canvas of their mind.

People look away from those who have scars. They ignore them and try to pretend that these things do not exist. If they see them, then they would feel bad. Maybe like they needed to do something. So scars are ignored, pain is left to the bearer, unless they are lucky enough to have someone to share it with. Even then, the person usually feels alone. People get scared of scars--they do not know what to do for the person so they do nothing at all.

Those scarred, if left alone, will usually end up giving up hope, and without hope we can do nothing. We have no will to go on. So if all this can come from a broken heart, from the pain and suffering of loving someone who doesn't love you back, or from being ripped away from the person you love, then why, oh why, would anyone say that a scarred body is better than one left untouched?

Dillon Carone

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Family Voices

When I was 3 years old, a few months after the birth of my sister, I was sent to stay with my father's brother and his wife in their small apartment in Greenwich Village. I kept asking when would I go home but no one had an answer. One day, about a week after I had been there, my aunt asked me to remain in my room and she shut the door. I could hear voices of someone in the hallway and I suspected it was my father. Slowly I tiptoed closer to the kitchen. Peering around the door frame, I saw my Dad in a heavy winter coat and the fedora that men wore in those days sitting at the kitchen table, his sister by his side and across from him the aunt and uncle who had taken me in. His face was cupped in his hands and I heard him sob "Mary is so sick. She's so sick." I had never seen my Dad cry and it affected me deeply. I wanted to run to him and comfort him.

Our family never spoke of that time. Over the years I learned in bits and pieces that my mom had suffered a "nervous breakdown" after my sister's birth and was hospitalized at Bellevue on an emergency basis. I also learned that after 3 days when my Dad visited her, she begged him to take her home and so he did, "AMA" – against medical advice. I also learned that he scraped up all the money he could and she saw a private psychiatrist and had ECT treatments for the following year. He had gone to our church to ask for help but was turned away. Fortunately, my mom eventually recovered and became employed as an executive secretary, a job she kept until her retirement. I often wonder how my father and his sister managed to get through such a difficult period, with so little help available, caring for my mom and two little kids as he worked nights in the Brooklyn Navy yard. And I wonder too, how many families like them are still out there, struggling in silence to care for those they love.

A daughter

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5 Action Steps for Helping Someone in Emotional Pain

1. **Ask:** "Are you thinking about killing yourself?" It's not an easy question but studies show that asking at-risk individuals if they are suicidal does not increase suicides or suicidal thoughts.

2. **Keep them safe:** Reducing a suicidal person's access to highly lethal items or places is an important part of suicide prevention. While this is not always easy, asking if the at-risk person has a plan and removing or disabling the lethal means can make a difference.

3. **Be there:** Listen carefully and learn what the individual is thinking and feeling. Findings suggest acknowledging and talking about suicide may in fact reduce rather than increase suicidal thoughts.

4. **Help them connect:** Save the National Suicide Prevention Lifeline's number in your phone so it's there when you need it: 1-800-273-TALK (8255). You can also help make a connection with a trusted individual like a family member, friend, spiritual advisor, or mental health professional.

5. **Stay Connected:** Staying in touch after a crisis or after being discharged from care can make a difference. Studies have shown the number of suicide deaths goes down when someone follows up with the at-risk person.

We can all help prevent suicide.
The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

More ideas

Instant access: It may be helpful to save several emergency numbers to your cell phone. The ability to get immediate help for yourself or for a friend can make a difference.

- The phone number for a trusted friend or relative, may be listed in contacts as "ICE", In Case of Emergency
- The non-emergency number for the local police department
- The Crisis Text Line: 741741
- The National Suicide Prevention Lifeline: 1-800-273-TALK (8255)

Social Media: Knowing how to get help for a social media friend can save a life. Contact the social media site directly if you are concerned about a friend's updates or dial 911 in an emergency. https://suicidepreventionlifeline.org/help-someone-else/

If You Know Someone in Crisis

Call the toll-free National Suicide Prevention Lifeline (NSPL) at **1-800-273-TALK (8255)**, 24 hours a day, 7 days a week. The service is available to everyone. The deaf and hard of hearing can contact the Lifeline via TTY at 1-800-799-4889. All calls are confidential.

WNY Crisis Services number:
716-831-3131

Sharing this information could help save a life.
We invite you to share it widely.

Suffering in Silence

From Sep 12, 2017 Philadelphia Tribune

Glenn Ellis, MPH, CHCE, is a Health Advocacy Communications Specialist,.

African Americans endure more intense and frequent mental and behavioral health issues than their counterparts, at least in part related to poverty and exposure to racism and discrimination, both of which disproportionately affect minorities.

African Americans share the same mental health issues as the rest of the population, with arguably even greater stressors due to racism, prejudice and economic disparities. Meanwhile, many wonder why African Americans shy away from "getting help" as a potential solution to challenges such as depression, anxiety, post-traumatic stress disorder, marriage problems and parenting issues.

Mental health or mental illness is rarely discussed within the Black community. In the Black community, mental illness is thought of as a "white person's disease," nothing that affects Black people. But mental illness is not dependent upon race or gender. Mental health is extremely important for everyone. No matter their race, anyone may experience or deal with mental health issues. Without mental health, we cannot be healthy. Everyone experiences emotional ups and downs, including Black people.

According to the Health and Human Services Office of Minority Health, African Americans are 20 percent more likely to experience serious mental health problems than the general population.

The stigma surrounding mental illness in the Black community is heavy as Black people feel as though choosing to seek professional help, such as a therapist, is a sign of weakness. The topic of mental health is largely absent from discourse in the Black community. It is not a topic that is talked about among friends or family given the stigma associated with mental illness in the Black community. In fact, some family members may even ridicule or make fun of an individual dealing with mental illness. As a result, individuals in the Black community choose to suffer in silence rather than telling anyone what they may be dealing with.

Psychologists say psycho-social factors, including socioeconomic status, poverty and crime in African-American communities, are one reason that Black people suffer more from mental illness vs. their white counterparts.

Here are a few things to consider as we address mental illness as a collective community:

• African Americans in the United States are less likely to receive accurate diagnoses than their Caucasian counterparts.

• Culture biases against mental health professionals and health care professionals in general prevent many African Americans from accessing care due to prior experiences with historical misdiagnoses, inadequate treatment and a lack of cultural understanding; only 2 percent of psychiatrists, 2 percent of psychologists and 4 percent of social workers in the United States are African American.

• African Americans tend to rely on family, religious and social communities for emotional support rather than turning to health care professionals, even though this may at times be necessary. The health care providers they seek may not be aware of this important aspect.

• Programs in African-American communities sponsored by respected institutions such as churches and local community groups can increase awareness of mental health issues and resources and decrease the related stigma.

For illnesses such as non-chronic depression, let's compare it to someone with an ankle sprain. With the sprain, it's momentarily devastating and sometimes debilitating, but within a period of days or weeks, with proper care, a person is back to feeling whole again and walking in normal stride.

For those with chronic mental illness, be it bipolar disorder, schizophrenia, anxiety disorder or other illnesses, let's look at it like someone with diabetes, another illness greatly affecting African Americans.

Without proper care and management of diabetes, it can kill. But with proper care, a person can live a long, productive and positive life. Of course, it's no great joy to constantly stick one's self and monitor one's blood sugar and diet, but it's a daily necessity to remain healthy. The same can be said for the treatments of the various mental diseases that afflict millions of African Americans — they may not be "fun," but they can help to maintain a relatively healthy life.

But as with a sprained ankle, there's no stigma attached to diabetes. No one says stay away from him or her because that person has diabetes. The same needs to be true about those suffering from mental illness. Encourage people battling mental illness. Support them. Guide them to seek professional assistance. Let's lose the stigma associated with those under psychiatric care. In fact, we should applaud them for getting the care they need. I'm not a doctor. I just sound like one. Take good care of yourself and live the best life possible!

http://www.phillytrib.com/news/health/suffering-mental-illness-in-silence/article_92d8adeb-56ea-5192-919a-62ba351a16f2.html

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Helping a Survivor Heal

Historian Arnold Toynbee once wrote, "There are always two parties to a death; the person who dies and the survivors who are bereaved." Unfortunately, many survivors of suicide suffer alone and in silence. The silence that surrounds them often complicates the healing that comes from being encouraged to mourn.

Because of the social stigma surrounding suicide, survivors feel the pain of the loss, yet may not know how, or where, or if, they should express it. Yet, the only way to heal is to mourn. Just like other bereaved persons grieving the loss of someone loved, suicide survivors need to talk, to cry, sometimes to scream, in order to heal.

As a result of fear and misunderstanding, survivors of suicide deaths are often left with a feeling of abandonment at a time when they desperately need unconditional support and understanding. Without a doubt, suicide survivors suffer in a variety of ways: one, because they need to mourn the loss of someone who has died; two, because they have experienced a sudden, typically unexpected traumatic death; and three, because they are often shunned by a society unwilling to enter into the pain of their grief.

How Can You Help?

A friend or family member has experienced the death of someone loved from suicide. You want to help, but you are not sure how to go about it. This page will guide you in ways to turn your cares and concerns into positive action.

Accept The Intensity Of The Grief

Grief following a suicide is always complex. Survivors don't "get over it." Instead, with support and understanding they can come to reconcile themselves to its reality. Don't be surprised by the intensity of their feelings. Sometimes, when they least suspect it, they may be overwhelmed by feelings of grief. Accept that survivors may be struggling with explosive emotions, guilt, fear and shame, well beyond the limits experienced in other types of deaths. Be patient, compassionate and understanding.

Listen With Your Heart

Assisting suicide survivors means you must break down the terribly costly silence. Helping begins with your ability to be an active listener. Your physical presence and desire to listen without judgment are critical helping tools. Willingness to listen is the best way to offer help to someone who needs to talk.

Thoughts and feelings inside the survivor may be frightening and difficult to acknowledge. Don't worry so much about what you will say. Just concentrate on the words that are being shared with you.

Your friend may relate the same story about the death over and over again. Listen attentively each time. Realize this repetition is part of your friend's healing process. Simply listen and understand. And, remember, you don't have to have the answer.

Avoid Simplistic Explanations and Clichés

Words, particularly clichés, can be extremely painful for a suicide survivor. Clichés are trite comments often intended to diminish the loss by providing simple solutions to difficult realities. Comments like, "You are holding up so well," "Time will heal all wounds," "Think of what you still have to be thankful for" or "You have to be strong for others" are not constructive. Instead, they hurt and make a friend's journey through grief more difficult.

Be certain to avoid passing judgment or providing simplistic explanations of the suicide. Don't make the

Helping Survivors Heal cont's. on Pg. 8

Helping Survivors Heal - from Pg. 7

mistake of saying the person who suicided was "out of his or her mind." Informing a survivor that someone they loved was "crazy or insane" typically only complicates the situation. Suicide survivors need help in coming to their own search for understanding of what has happened. In the end, their personal search for meaning and understanding of the death is what is really important.

Be Compassionate

Give your friend permission to express his or her feelings without fear of criticism. Learn from your friend. Don't instruct or set explanations about how he or she should respond. Never say "I know just how you feel." You don't. Think about your helping role as someone who "walks with," not "behind" or "in front of" the one who is bereaved.

"There are always two parties to a death, the person who dies and the survivors who are bereaved."
~ Arnold Toynbee

Familiarize yourself with the wide spectrum of emotions that many survivors of suicide experience. Allow your friend to experience all the hurt, sorrow and pain that he or she is feeling at the time. And recognize tears are a natural and appropriate expression of the pain associated with the loss.

Respect The Need To Grieve

Often ignored in their grief are the parents, brothers, sisters, grandparents, aunts, uncles, spouses and children of persons who have suicided. Why? Because of the nature of the death, it is sometimes kept a secret. If the death cannot be talked about openly, the wounds of grief will go unhealed.

As a caring friend, you may be the only one willing to be with the survivors. Your physical presence and permissive listening create a foundation for the healing process. Allow the survivors to talk, but don't push them. Sometimes you may get a cue to back off and wait. If you get a signal that this is what is needed, let them know you are ready to listen if, and when, they want to share their thoughts and feelings.

Understand The Uniqueness Of Suicide Grief

Keep in mind that the grief of suicide survivors is unique. No one will respond to the death of someone loved in exactly the same way. While it may be possible to talk about similar phases shared by survivors, everyone is different and shaped by experiences in his or her life.

Because the grief experience is unique, be patient. The process of grief takes a long time, so allow your friend to process the grief at his or her own pace. Don't criticize what is inappropriate behavior. Remember the death of someone to suicide is a shattering experience. As a result of this death, your friend's life is under reconstruction.

Be Aware Of Holidays And Anniversaries

Survivors of suicide may have a difficult time during special occasions like holidays and anniversaries. These events emphasize the absence of the person who has died. Respect the pain as a natural expression of the grief process. Learn from it. And, most importantly, never try to take the hurt away.

Use the name of the person who has died when talking to survivors. Hearing the name can be comforting and it confirms that you have not forgotten this important person who was so much a part of their lives.

Be Knowledgeable Of Support Groups

Support groups are one of the best ways to help survivors of suicide. In a group, survivors can connect with other people who share the commonality of the experience. They are allowed and encouraged to tell their stories as much, and as often, as they like. You may be able to help survivors locate such a group. This practical effort on your part will be appreciated.

Respect Faith And Spirituality

If you allow them, a survivor will "teach you" about their feelings regarding faith and spirituality. If faith is part of their lives, let them express it in ways that seem appropriate. If they are mad at God, encourage them to talk about it. Remember, having anger at God speaks of having a relationship with God. Don't be a judge, be a loving friend.

Survivors may also need to explore how religion may have complicated their grief. They may have been taught that persons who take their own lives are doomed to hell. Your task is not to explain theology, but to listen and learn. Whatever the situation, your presence and desire to listen without judging are critical helping tools.

Work Together As Helpers

Friends and family who experience the death of someone to suicide must no longer suffer alone and in silence. As helpers, you need to join with other caring persons to provide support and acceptance for survivors who need to grieve in healthy ways.

To experience grief is the result of having loved. Suicide survivors must be guaranteed this necessity. While the above guidelines on this page will be helpful, it is important to recognize that helping a suicide survivor heal will not be an easy task. You may have to give more concern, time and love than you ever knew you had. But this effort will be more than worth it.

ABOUT THE AUTHOR: *Dr. Alan D. Wolfelt is a noted author, educator and practicing thanatologist. He serves as Director of the Center for Loss and Life Transition in Fort Collins, Colorado and is on the faculty at the University of Colorado Medical School in the Department of Family Medicine. As a leading authority in the* f *eld of thanatology, Dr. Wolfelt is known internationally for his outstanding work in the areas of adult and childhood grief. Among his publications are the books, Death and Grief; A Guide For Clergy, Helping Children Cope With Grief and Interpersonal Skills Training: A Handbook for Funeral Home Sta*f *s. In addition, he is the editor of the "Children and Grief" department of Bereavement magazine and is a regular contributor to the journal Thanatos.*
http://www.namiut.org/families-caregivers/suicide-survivors/item/96-helping-a-survivor-heal

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Life-Saving Post-ER Suicide Prevention Strategies are Cost Effective

September 15, 2017 • Press Release

Three interventions designed for follow up of patients who are identified with suicide risk in hospital emergency departments save lives and are cost effective relative to usual care. A study led by researchers at the National Institute of Mental Health (NIMH) modelled the use of the approaches in emergency departments and found that all three interventions compare favorably with a standard benchmark of cost-effectiveness used in evaluating healthcare costs.

According to the Centers for Disease Control and

Life-Saving Post-ER cont's. on Pg. 10

Launching New Dimensions of Service AKA SM

NAMI Hope starts with you.

Alpha Kappa Alpha Sorority Chapter
Gamma Phi Omega and
NAMI Buffalo & Erie County

present

Healthy Minds Empowerment Conference

for youth in grades 7-12 with their parents, guardians and leaders.

Sat., Oct. 28, 2017 at Medaille College
8:00 a.m.- 2:30 p.m.

Free!

Workshops exploring emotional and mental wellbeing of youth and empowering them and the adults who care for them

Registration for youth and adults recommended by October 10th at:
http://bit.ly/2huQK9x

Breakfast, lunch, prize giveaways included!

For details, or to volunteer, contact:
NAMI Buffalo at 716-226-6264
or namibuffalony@gmail.com

Conference made possible with support from Erie County, County Legislator Barbara Miller-Williams, and the African-American Cultural Center

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Listen in about the conference on WUFO/Power 96.5 FM! Millennium Health Matters Radio Show will feature Dr. Juanita Hunter from Alpha Kappa Alpha and Ann Venuto, NAMI Buffalo president discussing mental health matters and our event.
Monday, October 23 - 1:30–2:00 p.m.

Life-Saving Post-ER - from Pg. 9

Prevention (CDC), suicide is the 10th leading cause of death in the United States; 44,193 people died by suicide in the United States in 2015 (the most recent year for which statistics are available). One approach to reducing the suicide rate is to direct prevention strategies at high-risk groups or settings. An example is emergency departments, which according to the CDC, treat more than 500,000 people each year for self-harm injuries.

Research has found several emergency department-based interventions to be effective in preventing post-emergency suicide attempts, but none has been widely disseminated or adopted yet. They are:

- Postcards: hospital staff mail follow-up postcards each month for four months to all patients identified as at risk, and then every other month for a total of eight cards.

- Telephone outreach: One to three months after discharge, hospital staff call patients to offer support and encourage engagement in follow-up treatment.

- Cognitive behavioral therapy: Hospital staff connect patients to a suicide-focused cognitive behavioral therapy program.

The authors also point out that even if these prevention approaches were widely used, their impact is limited by the extent to which people at risk are identified for treatment through screening. A recent study reported that screening all those (18 and older) entering an emergency department, regardless of the reason for the visit, nearly doubled the rate of identification of those at risk.

The model suggests that universal screening of patients could substantially increase the public health benefits of implementing the prevention strategies modelled in this study.

Reference: Modeling the cost-effectiveness of interventions to reduce suicide risk among hospital emergency department patients. Denchev, P, et al. Psychiatric Services. Online ahead of print 15 September 2017.

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Christmas is for Kids! is around the corner - you can be part of the joy

Every year, for nearly 30 years now, NAMI Buffalo has brought holiday joy to +600 children and families under psychiatric treatment and care across WNY, including veterans.

Over the past two years, we have also expanded the project to serve adults who are hospitalized and often among the forgotten at holiday time.

If you would like to **collect gifts** at your place of employment, worship, or other comunity group, classroom, etc.; or **volunteer** with advance gift pick-up and wrapping on Saturday, December 9th, contact our office at 716-226-6264 or namibuffalony@gmail.com

"Rachmaninoff and His Psychiatrist"
Special NAMI Buffalo Event with the Buffalo Philharmonic Orchestra at Kleinhan's Music Hall

Wednesday, January 17, 2018

Stefan Sanders,
Conductor
Richard Kogan, Piano

Piano Concerto No. 2

Uniquely qualified psychiatrist and pianist Dr. Richard Kogan recounts a fascinating saga of Sergei Rachmaninoff's deep depression after the disastrous debut of his Symphony No. 1. Rachmaninoff dedicated his beloved Piano Concerto No. 2 to Dr. Nikolai Dahl for helping to cure him.

Use code NAMI35 for your 35% discount on tickets! 716-885-5000 or www.bpo.org

Look for the NAMI Buffalo table!

NAMI Buffalo & Erie County

National Alliance on Mental Illness

Chapter News

Our annual **Fall Fundraiser** mailing will be coming to you soon. Please give as generously as you can to support the work and mission of your NAMI Buffalo & Erie County!

We are in a new transition and considering listing and thanking new and renewing members and donors annually or in every other newsletter issue (e.g., twice a year) rather than with each quarterly edition so that we can include more articles and content in the "off" months. We are grateful for every membership and donation we receive. If you have thoughts about this as a new format, please feel free to email them to us at namibuffalony@gmail.com or call the office at 716-226-6264.

Board of Directors

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Happy Holidays

Thank you to each and every one of our new and renewing members and donors! May you and yours enjoy a happy healthy holiday season!

We invite you to join

NAMl Buffalo & Erie County

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

Mail to:

NAMl Buffalo & Erie County
P.O. Box 146, Buffalo, NY 14223

Name_____

Address_____

City_____State_____Zip_____

Phone_____

E-Mail _____

☐ **Membership $40 Individual**

☐ "Open Door" Membership - $5 option (for those in financial need)

☐ **Membership $60 Household:**

NOTE: must include all household member names when joining in order for benefits to apply. Attach separate sheet if needed.

Names:_____

_____

_____

Membership includes local, state, and national NAMI.

~ **OR** ~

☐ **Donation**; amount $ _____

☐ Include membership in this donation

☐ in memory of **- OR -** ☐ in honor of:

_____

☐ **Please keep my membership/contribution anonymous.**

I'd like to help with the following (check your interest/s):

☐ Fund/Friend Raising ☐ Speakers Bureau
☐ Office & Clerical ☐ Support Letters
☐ Phone Tree ☐ Legislative Advocacy
☐ Other_____

☐ Please put me on the phone tree/e-mail list to receive legislative or other alerts.

Please send a copy of the newsletter to:

_____

_____

_____

You can also join us or donate securely on-line at www.namibuffalony.org

NAMI Buffalo & Erie County is a 501c(3) not-for-profit. You will receive a receipt for your tax purposes.

NAMI Buffalo & Erie County
PO Box 146
Buffalo, NY 14223

Non Profit Org.
U.S. Postage
PAID
Buffalo, NY
Permit No. 2037

Return Service Requested

"It's okay to not be perfect.
It's okay to make mistakes.
It's okay to do something that you
hadn't done, because
if we don't do those things,
we never grow."
~ Dawn Stanyon

Christmas is for Kids! Wrap Day
is Saturday, December 9th!
To volunteer that day or the week before,
or for questions about collecting gifts,
call Mary Lou at 716-226-6264