the challenger

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

vol. 7 - Number 2
Fall 2015

Mark Your Calendar

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. 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, 14127. Board meetings are held at 636 Starin Ave., Buffalo, 1st floor; members are welcome.

September

NAMI Board Meeting, Tuesday, 1st, 7 pm

NAMI Monthly Educational Meeting, Thursday, 10th
Library/Coffee Hour: 7 pm; Program, 7:30 pm
Guest: Donna Gatti, RN, Director of Comprehensive Psychiatric Emergency Program (CPEP) at Erie County Medical Center (ECMC). Topic: The New CPEP

NAMI Family Support Meetings, Wednesday, 16th, 7pm

October

NAMI Board Meeting, Tuesday, 6th, 7 pm

NAMI Monthly Educational Meeting, Thursday, 8th. Guests: Dr. Juanita Hunter and Josephine Cross, health committee co-chair of Alpha Kappa Alpha - Gamma Phi Omega chapter, meet and greet for our new collaborative effort to enhance diversity in our NAMI chapter.
Film showing: "Voices", award winning documentary about three individuals living with serious mental illness.

NAMI Family Support Meetings, Wednesday, 21st, 7pm

November

NAMI Board Meeting, Tuesday, 3rd, 7 pm

NAMI Monthly Educational Meeting, Thursday, 12th
Library/Coffee Hour: 7 pm; Program, 7:30 pm
Guest: from BryLin Hospital Topic: Electro-Convulsive Therapy in Today's Psychiatric Treatment

NAMI Family Support Meetings, Wednesday, 18th 7 pm

December

NAMI Board Meeting, Tuesday 1st, 7 pm

No NAMI Monthly Educational Meeting

Christmas is for Kids Gift Wrap, Saturday, 5th

NAMI Family Support Meetings, Wednesday, 16th, 7 pm

President's Corner

It is once again fall, and we turn our attention to the pending legislation which will be discussed in the articles in this issue of *The Challenger*. We will keep you informed with email notifications as information about the legislation comes available and hope you will contact your representatives. So far, we need to write or call about the federal "Helping Families in Mental Health Crisis" bill sponsored by Rep. Tim Murphy (HR 2646). In a recent conference call, I heard Rep. Murphy speak again about the importance of calling our representatives to urge them to support the bill and to let them know that funds need to be applied to serious mental illness and research. His strong statement was: "If past programs worked, we wouldn't be in the mess we're in now!" Remember that your stories are important when you advocate by calling or writing.

The summer issue of *The Challenger* was not written because we have been working on improvements to the website, revising procedures for compiling memberships and donations, and the new Mind Matters. We welcome any assistance from volunteers who can help with these projects. Our small committee has been busy updating the Mind Matters so it can be printed and put online. Our bookkeeper is learning a new Quickbooks program which will be able to document and keep records in a more efficient way.

Our annual fundraiser will be our next challenge. Our NAMI Board has decided to call it a "fundraiser" rather than use the term "Future Fund campaign" as we have in the past. Funds raised for Future Fund have been and will remain invested in federally insured accounts, for future use under certain legal requirements. We would like to have more freedom to use donations for such

President's Corner continues on pg. 2

President's Corner *from pg. 1*

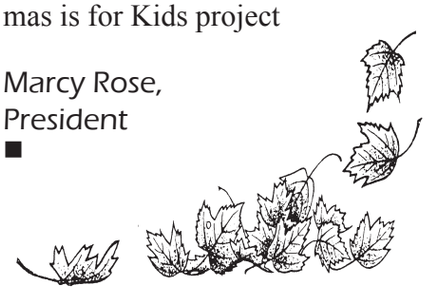
expenses as targeted programs, improvements and repairs to our office, printing costs, books for the library, and salaries for our two contracted workers. Donors may still designate donations to be used for Future Fund by writing "Future Fund" on the check or donation envelope.

It is our hope that we will be able to sponsor more educational community programs like our successful Crisis Intervention Team (CIT) de-escalation program last April with our dinner speaker, Maj. Sam Cochran. ECMC hosted the two presentations and supplied free parking and refreshments for attendees. It was a most successful collaboration.

Commissioner Michael Ranney, our new Erie County Commissioner of Mental Health, has been instrumental in securing a $10,000 grant from Erie County to contribute to printing of the Mind Matters. We thank him for his efforts and know that those who have contacted our office wanting more copies of the book, are grateful also. We are waiting to hear on additional funding requests and hope to have the new edition to press by the end of the year.

As we "gather in" for Fall, we hope you will attend our meetings, serve on our committees, and perhaps plan to be part of our 25th Christmas is for Kids project

Marcy Rose,
President
■



With appreciation ~

Dear Jackie--

Thank you very much for getting back to me concerning my brother who has experienced mental problems. I want you to know that you were extremely kind, professional, and courteous with regard to the information you gave me pertaining to NAMI of Western New York.
Sincerely,
M.B.
■

Condolences

We are so deeply saddened for the family **Lynn and Michael Matthews** on the loss of their young son, Tyler.

Get well wishes to **Roger Watkins.** We're happy to hear that **Mary Kirkland** seems to be back to near-full-speed, too. We also send good wishes to **Donna Gatti, director of the CPEP at ECMC** and our speaker in September.

Look for us at
Amazon Smile to choose
NAMI in Buffalo & Erie County
as your charitable organization
for donations!
Go to:
smile.amazon.com

Member Notes

Congratulations to:

Michael Ranney, CRC-R, LMHC, former director of Intensive Adult Mental Health Services in the Erie County Correctional Center, on his appointment as Erie County Commissioner of Mental Health.

Celia Spacone, Ph.D. former Director of Operations at Buffalo Psychiatric Center, appointed in June as Executive Director of Buffalo Psychiatric Center.

Kathy Willett, newly trained NAMI Family-to-Family teacher.

Hearty thanks to:

Rev. Daryl Bennett who is teaching a new Family-to-Family class with **Kathy Willett** this Fall.

Mary Lou Bond and **Tom McNulty** for co-chairing this year's 25th Christmas is for Kids project. Thanks also to **Mary Kirkland**, co-chair for many years, who is helping again for this Silver Anniversary event!

Linda Mallia, chair of our Legislative Committee

Judy Capodicasa, Pat Seifert, Ann Venuto, and **Liz Carone** for their time and great work representing us at community outreach events.

Susan Carson for helping to keep us well-informed on important hearings and opportunities for input on pending reforms in the regional system of care.

New Program: ONTrack at

LAKE SHORE BEHAVIORAL HEALTH, INC.
Mental Health & Substance Abuse Counseling
Lighting the way to hope & healing

OnTrackLSBH is an innovative treatment program offered by Lake Shore Behavioral Health for adolescents and young adults who recently have had unusual thoughts and behaviors or who have started hearing or seeing things that others don't. This program is for people who are between the ages of 16 and 30 who are willing to work with diverse team of health care professionals who help people achieve goals of school, work, and improved relationships by providing care and support services from a specialized team for up to two years. Medication treatment can be given if decided that it is best by your doctor. To learn more, call 716-566-6188.

No Psych Bed Available for Mentally Ill Inmate Allegedly Murdered by Corrections Officers

"The tragedy in Santa Clara is the latest in a series of incidents across the nation in which a mentally ill inmate was forced to remain incarcerated because no psych beds were available," said the Treatment Advocacy Center.

ARLINGTON, VIRGINIA - Michael James Tyree, 31, an inmate with mental illness at the Santa Clara County Jail, died last week at the hands of three correctional officers in what Santa Clara County Sheriff Laurie Smith called a "brutal murder."

Tyree was waiting to be transferred to a mental-health facility at time of his death, said Public Defender Molly O'Neal.

"Stories about the escalating crisis of mentally ill inmates no longer surprise us," said John Snook, executive director of the Treatment Advocacy Center. "Statistics show that not only are the number of mentally ill in jails and prisons continuing to climb, but the severity of inmates' illnesses is on the rise as well. People with mental illness are not only disproportionately incarcerated, but also disproportionately mistreated in custody."

The emptying of state psychiatric hospitals for the past half-century has reduced the number of public beds for acutely or chronically ill patients by more than 90%, while the U.S. population has nearly doubled. California has only 29% of the beds necessary to meet the needs of its population with severe mental illness, according to a 2012 Treatment Advocacy Center study "No Room at the Inn: Trends and Consequences of Closing Public Psychiatric Hospitals."

The state also has 4 times as many people with mental illness incarcerated than receiving treatment in a hospital. Nationwide, a Treatment Advocacy Center study shows there are more than 10 times as many people with mental illness behind bars than receiving inpatient treatment.

"The wholesale elimination of hospital beds for people with mental illness nationwide is a driving force behind a long list of terrible consequences," Snook continued. "We should be embarrassed that our mental health system has abandoned so many in need."

The tragedy in Santa Clara is the latest in a series of incidents across the nation in which a mentally ill prisoner was forced to remain in jail due to a lack of adequate psychiatric beds.

• In Virginia, Jamycheal Mitchell, arrested for stealing less than $5 of food, died while waiting for a psychiatric hospital bed. Mitchell had been jailed for four months after a judge ordered him moved to a state mental health, as no bed was available.

• In Pittsburgh, Leon Raymond Walls was sent to prison, despite a state law requiring he be provided treatment. Walls had been found guilty but mentally ill after stabbing several people in 2013. Judge Donna Jo McDaniel explained, "It's very difficult for me to find someplace appropriate for you to go."

• In Mississippi, Olivia Brown has been jailed for more than a year awaiting a bed at the state hospital. Another county reports inmates waiting more than two years for a mental evaluation. Mississippi has only 35 beds for pre-trial evaluations and treatment in the entire state.

• In Washington state, a federal judge ordered the state to reduce wait times to seven days for competency evaluation and restoration of mentally ill defendants by January. She had previously held that the state violated pretrial criminal defendants' due process rights by keeping them jailed for weeks or months awaiting mental competency evaluations.

• Elsewhere in California, the ACLU has filed suit against Alameda County officials alleging that more than 350 defendants deemed incompetent were left waiting admission to a state hospital, some having been jailed for more than 5 months.

"We will keep seeing tragedies like this until we provide sufficient inpatient beds to meet the needs of people with mental illness," the executive said. "If there had been a hospital bed available for Michael James Tyree, he may be alive today.

Jamie Mondics
Treatment Advocacy Center
September 4, 2015

N.B. Things in our own WNY area could also be much better, as many families are aware from painful experience. However, we continue to press for needed changes and reform.

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Save the Date!

Saturday, December 5th is the 25th Christmas is for Kids Wrap

It is our Silver Anniversary of providing a festive Christmas with gifts for over 600 children who are in care, across WNY, for serious mental health needs. The "elves and angels" will be gathering and sorting gifts the week before the 5th of December to prepare.

You can help in the coming weeks by collecting new, unwrapped gifts for children of all ages; during the week of the wrap. help pick up and drop off collected gifts for wrapping; and then with wrapping on the 5th.

Please contact Mary Lou Bond at 675-9649 for details and to sign up. (This is a great opportunity for young people who need to meet a community service graduation or merit requirement, too.)

Quality vs. Quantity in Patient Care

Over the last decade, nearly all of the national conversation about mental health care has focused on the small portions. Parity for insurance coverage, increasing psychiatric beds to reduce incarceration, expanding the workforce—all of these essential efforts were about access, increasing the quantity of care. In a nation in which 55 percent of counties have no mental health provider, increasing quantity is important. In a nation where severe mental illness affects 15 to 24 percent of prison inmates, there can be little question we need more beds. When a psychiatrist from Boston tells me that it is easier to get into Harvard Medical School than to find a public bed for a psychotic patient in Massachusetts, I understand the need to focus on quantity.

But we need to be thinking about quality as well. There are effective, evidence-based treatments for nearly every mental illness. For those lucky enough to have access to care, what are the odds of receiving evidence-based treatment? A new Institute of Medicine (IOM) report looks at a part of this question. The report, Psychosocial Interventions for Mental and Substance Use Disorders: A Framework for Establishing Evidence-Based Standards, looks specifically at psychosocial treatments, such as psychotherapies. The research is unambiguous: rigorous clinical trials have demonstrated the value of many effective psychotherapies for specific mental disorders across diverse settings. But the pathway from research to practice is strikingly different for psychotherapies compared to medications. When research shows that a medication is effective, there is a clear regulatory path for approval and consumers can be confident that the pill they receive is identical to the medicine tested in a clinical trial and approved by the Food and Drug Administration (FDA). The pathway for psychotherapies is not so clear. There is no FDA equivalent to set standards, and consumers cannot be certain that the therapy offered is identical or even vaguely similar to what was tested in a clinical trial. As the new report notes, since 1982 there have been calls for a regulatory agency for psychosocial treatments, but there has been little progress in even defining a common language with which to frame guidelines. Says the IOM report, "…the result has been sets of guidelines that often are at odds with one another, and clinicians, consumers, providers, educators, and health care organizations seeking information are given little direction as to which reviews are accurate and which guidelines should be employed."

Of course, rigorous training can ensure that therapists are delivering something close to the treatment developed in careful trials. Nearly 10 years ago, Myrna Weissman and her colleagues studied training in evidence-based psychotherapies for each of the major mental health care disciplines. The two disciplines with the largest number of students—professional clinical psychology and social work—had the largest percentage of programs (67.3 percent and 61.7 percent, respectively) NOT requiring coursework and clinical supervision in ANY evidence-based treatment. The new report makes it clear that little has changed in the past decade. Not only are new therapists not trained in the very treatments that have been shown to work, therapists in practice continue to operate as they were taught decades earlier. And there are few if any "metrics" for measuring the quality of psychosocial treatment. Is there any other area of health care that would tolerate this low level of quality or quality control?

Previous reports of a "quality chasm" in this field have identified the need for specific standards, similar to the standards of care found in other areas of medicine. The new report is helpful in pointing out that those standards should include structural measures (training and credentialing), process measures (e.g. monitoring homework for cognitive behavior therapy or home visits for assertive community treatment), and outcome measures (especially patient-reported outcomes). Programs in the UK, such as Improving Access to Psychological Therapies (IAPT), and in the U.S., such as the Veterans Health Administration psychotherapy project, have demonstrated that high quality psychotherapy can be trained and delivered at scale. And, most important, attention to quality improves outcomes.

While we don't know everything right now needed to completely fix the "quality chasm," we do know enough to start taking immediate action. The time is right to use research-informed interventions and implementation strategies to address the quality chasm for mental health care. We don't need additional research to know that mental health providers should be trained in evidence-based

***Quality*, continues on pg. 5**

Quality, from pg. 4

psychotherapies and that mastery of these treatments can become part of credentialing standards. Likewise, while the assessment of quality is complex, we don't need more research to know that measuring outcomes should be a part of treatment. Of course, we need to make sure we have an efficient strategy for implementing evidence-based therapies and an effective process for improving quality.

A new study from NIMH is a step in that direction. It will support the development and testing of tools and strategies for measuring the quality of psychotherapy delivered in real-world practice settings. But even with what we know today, much can be done to improve the quality of mental health care, just as we have done previously for diabetes and heart disease. To reduce suicide, ensure recovery, and improve real world outcomes, quality will be just as important as quantity. We need to improve both.

Thomas R. Insel, M.D.
July 14, 2015
Dr. Insel is Director of the National Institute of Mental Health (NIMH), the component of the National Institutes of Health charged with generating the knowledge needed to understand, treat, and prevent mental disorders.

■

Scientists May Have Found 'Marker' for Schizophrenia

Brain changes exist before mental illness is diagnosed, researchers say. Researchers found that changes in the brain are already present before schizophrenia, a serious mental illness, is diagnosed.

In previous work, the Yale University researchers found that schizophrenia was linked with significant changes in connections between the thalamus and the frontal cortex. The thalamus is a major relay system in the brain, and the frontal cortex is involved in higher-level thinking.

In this new study, the researchers found that these changes are already present before schizophrenia, a serious mental illness, is diagnosed. The findings offer a potential marker for the disease that affects 1 percent of people worldwide, the researchers said.

"Up until this study, we did not know whether this pattern was a result of the disease or a potential byproduct of medication or some other factor," study lead author Alan Anticevic, assistant professor of psychiatry, said in a Yale news release.

"We show these same abnormalities already exist in people who are at higher risk for developing psychosis," he explained. The study was published online Aug. 12 in the journal JAMA Psychiatry. Schizophrenia usually develops in the late teens or early adult years, but patients often experience early warning signs such as mild suspicion, or hearing a voice calling their name.

In this new study, the researchers analyzed the brains of 243 people with early warning signs of schizophrenia and 154 healthy people, and then followed both groups for two years.

Further research is needed to confirm if the brain changes identified in this study actually cause schizophrenia, the study authors said.

By Robert Preidt,
HealthDay News
Wednesday, August 12, 2015

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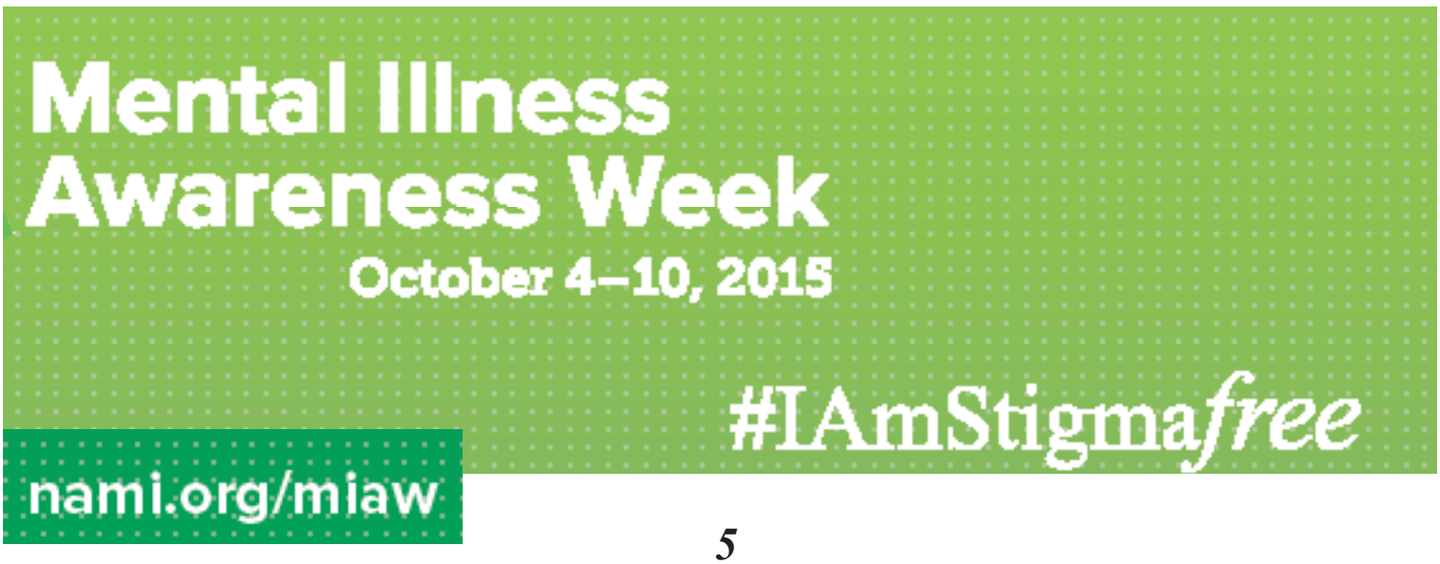


Using Spiritual and Medical Assistance in Treating Depression

Ignoring depression as a serious disease is saturated in everyday life for many individuals. This is particularly true in marginalized populations, where deeply held cultural beliefs and customs prevent many community members from receiving adequate treatment or support. Thus, the rejection of professional advice over spiritual practices is seen when facing mental distress. Since marginalized communities do not see depression as a disease, they automatically rule out biological or environmental factors. Depression is seen as something one can control. Therefore, that individual should be able to "snap out of it" through sheer willpower. If that is the case, depression can be managed solely through prayer and other spiritual practices.

While there is nothing wrong with receiving spiritual counseling, many members of the community try to fight off mental illness without seriously considering the need for additional medical attention. They use affirmations such as "too blessed to be stressed"—giving the impression that no medical attention is necessary outside of the church. However, much like a physical illness, there are many ways in which one should go about treating mental illness.

Spiritual counseling is a great start for those with mild to moderate depression. However, those with severe depression may need professional therapy and medications to manage their disease. Yet, it is very common for individuals to try to pray it away. However, our prayers are not always answered according to our expectations. It's just that we often overlook our many blessings in the form of help and support as we wait for a miracle. I'm a firm believer in miraculous healings. However, I am also a firm believer that God would not have created doctors and an entire field of psychology to tackle mental health if He didn't think we would need it.

Depression is not a character flaw. Having the disease does not mean that God isn't there to help. He is guiding us every step of the way, but we have to be open to His help.

When people state that they are waiting on the Lord to heal depression, it reminds me of the drowning man. A boat came by and the man was asked to climb inside. However, the man hurried them along saying that Jesus was coming to save him. Minutes later, a helicopter appeared. The man was asked to climb the rope to safety. Once again, the man refused because he believed Jesus was coming to rescue him.

Eventually the man drowned.

When the man saw Jesus, he asked, "Why didn't you save me?"

Jesus replied, "Who do you think sent the boat and the helicopter?"

I urge you to consider getting both spiritual and medical help if you or a loved one is suffering in silence. It is well worth the effort.

Nicole M. Robinson, Ph.D.

We welcome Dr. Robinson as a new contributor to "The Challenger". Local to the Buffalo area, she holds a doctorate of philosophy and health communication from George Mason University.. Her dissertation, entitled, "To Tell or Not to Tell: Factors in Self-Disclosing Mental Illness in our Everyday Relationships" concerns particular insight into African Americans' relationship with depression and coping with mental illness.

■

LEGISLATIVE NEWS

Murphy Vows He Will Continue to Fight for Mental Health Reform

Speaking to a packed house in Cleveland, Congressman Tim Murphy discussed how H.R. 2646 provides treatment before tragedy. Congressman Murphy spoke to family members, relatives, mental health advocates and more during a packed mental health forum in Cleveland, Ohio. Hosted by the Alcohol Drug Addiction Mental Health Services (ADAMHS) Board of Cuyahoga County and the National Alliance for Mental Illness Greater Cleveland (NAMIGC).

Attendees were particularly interested to learn how the bill creates an Assistant Secretary for Mental Health and Substance Use Disorders, an experienced psychologist or psychiatrist who will elevate mental health within the

Murphy Bill, continues on pg. 7

Murphy Bill, from pg. 6

Department of Health & Human Services, coordinate programs across different agencies and promote effective evidence-based programs.

"The redundancy is massive," Murphy said to the crowd, as reported by Behavioral Healthcare. "There are 20 programs for homelessness, which means there are 20 administrators and 20 departments sucking up the money."

Audience members were also comforted to hear that the bill empowers parents and caregivers by fixing the broken HIPAA privacy rule, a bureaucratic barrier that has generated over 70,000 complaints since its inception.

Murphy vowed he would continue to fight for passage of the Helping Families in Mental Health Crisis Act, and press leadership to take action on his bill, noting that each day Congress waits, lives are lost. Last week's tragedies in Roanoke, Virginia, and Houston, Texas, in which both perpetrators had a history of mental illness, exemplify the urgency for Congress to advance H.R. 2646.

With 105 co-sponsors, H.R. 2646 has been endorsed by national organizations including the National Alliance on Mental Illness (NAMI), Treatment Advocacy Center, American Academy of Child and Adolescent Psychiatry, American Psychological Association and American Psychiatric Association. Nationwide support for the legislation has come from newspaper editors, physicians, and parents of children with mental illness.

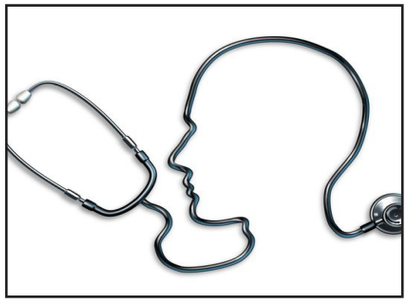
Excerpted from Rep. Tim Murphy's website; http://murphy.house.gov/

■

Correcting Psychiatry's False Assumptions and Implementing Parity

It is a source of shame for our nation that for most Americans in need—especially those with serious mental illness—the mental health system is dysfunctional. Nevertheless, we can fix some of the ways the system is broken.

Mental health care is approved and funded in a managed care model. Managed care is focused on preserving limited resources. But US managed care companies usually are revenue-driven, especially in mental health. A recent study published in JAMA Psychiatry revealed that only 55% of psychiatrists accepted insurance in 2009-2010 compared



with 88.7% of physicians in other medical specialties. The data further revealed significantly lower Medicare and Medicaid acceptance rates among psychiatrists than physicians in other medical specialties. Low rates of reimbursement for mental health services; annual limits on numbers of sessions or dollars available for care; and need for "prior authorization" account for much denial of care.

The Mental Health Parity and Addiction Equity Act (Parity law) offers hope of a remedy, since it forbids mental health care limits more restrictive than those in medical and surgical care. For persons with diabetes mellitus, arbitrary annual limits in the number of office visits or dollar limits for services would be unthinkable, but such limits are often imposed for

people with mental disorders.

Similarly, **the managed care stance that patients with mental disorders should be treated either as inpatients or outpatients, with no access to intermediate levels of care (such as residential treatment), seems inconsistent with parity legislation.** Would a man with a stroke be told that once he was no longer in need of acute inpatient treatment, he had to return to outpatient treatment, with no access to intermediate levels of care to begin to learn to speak, walk, and resume self-care?

Despite parity legislation, many insurance companies continue to deny access to care based on such arbitrary exclusions. Successful legal challenges can establish case law fully implementing mental health parity. The good news is that such lawsuits, some as class actions, are under way and are gaining traction.

In December 2014, the CBS show 60 Minutes devoted part of an episode to a lawsuit (Wit et al v United Behavioral Health) about arbitrary denial of residential treatment to patients with complex comorbid mood, eating, and substance use disorders. The segment made clear the devastating consequences to seriously ill patients of a pattern of denial of care by managed care reviewers. In another class action suit (Craft et al v Health Care Service Corporation) in March 2015, the judge ruled against the insurance company's motion to dismiss, which claimed the lawsuit lacked merit because the

Correcting continues on pg. 8

Correcting, from pg. 7

insurance contract specifically excluded residential care. The ruling suggests the judge sees exclusion of residential treatment as a non-quantitative limit prohibited by parity. Other cases hold managed care organizations accountable for other limit on care. Their outcomes have the potential to force reform of egregious managed care practices that are part of what is broken in our mental health system.

By Eric M. Plakun, MD
Cultural Psychiatry, Career
May 27, 2015
■

NAMI in Buffalo & Erie County

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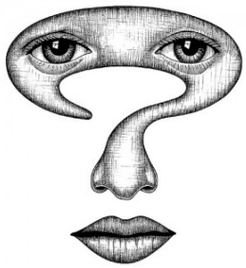
Please consider
naming NAMI in your will.
Your legacy gift will ensure that
our work can continue
in honor of your memory.

Borderline Personality Disorder is a Heritable Brain Disease

Recent research on Borderline Personality Disorder (BPD) has fostered a paradigm shift in how the illness is viewed. Historically BPD has been characterized as a personality disorder, often the result of childhood trauma. Psychotherapy, specifically DBT (Dialectical Behavioral Therapy), is recommended as the primary treatment.

"In DSM-5, symptoms of BPD are listed as: feelings of abandonment; unstable and intense interpersonal relationships; unstable sense of self; impulsivity; suicidal or self-mutilating behavior; affective instability (dysphoria, irritability, anxiety); chronic feelings of emptiness; intense anger episodes; and transient paranoid or dissociative symptoms." (Nasrallah, 2014).



Neuroscientists concur that these symptoms indicate a pervasive brain disorder associated with malfunctioning neural circuitry. Extensive cortical and subcortical defects in brain structure and function have been identified throughout multiple neuroimaging techniques in 42 published studies. In addition, 59 genetic studies have found that BPD is has a strong hereditary association, although childhood environment can play a significant role in the modification of plasticity genes as it does in other serious brain disorders.

Dr. Nasrallah states that "there is no such thing as a purely psychological disorder. Invariably, it is an abnormality of brain circuits that disrupts normal development of emotions, thought, behavior, and social cognition." He concludes by urging the continuation of psychotherapy and encourages the addition of treatments that directly affect the brain when necessary.

Excerpted from:

Henry A. Nasrallah, MD
Current Psychiatry,
April 2014
■

Donors helped make NAMI's 31st Dinner and Awards Celebration a tremendous success: your generosity is one of the best highlights of the event.

Gold Sponsors

Lake Shore Behavioral Health Services
UBMD Psychiatry and ECMC

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Marguerite Mohr
Molly Sibley
Matt Spina
Peter Talty
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Thanks as well to all who purchased tickets to attend and congratulations again to the 2015 honorees!

We invite you to join
NAMI 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)

- 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
☐ Office & Clerical
☐ Phone Tree
☐ Legislative Advocacy
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☐ 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:

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

Gratefully, we recognize our members, donors, and supporters

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Anonymous - V.C.
Anonymous - E.C.
Anonymous - M.C., *in memory of C.M.*
Anonymous - T.F.
Anonymous - E. & M.G.
Anonymous - D.H.
Anonymous - Dr. & Mrs. J.K.
Anonymous - J.L.
Anonymous - P.M., *in memory of my beautiful mother, J.*
Anonymous - V. & N.R.
Anonymous - K. & F.S.
Anonymous - D.W.
Anonymous - W.W.
Anonymous - R.Y., *in honor of G.W.Y.*
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