the challenger

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

vol. 6 - Number 4
Fall 2014

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.

October

***NAMI Board Meeting**, Thursday, October 2nd, 7 p.m.*
***NAMI Monthly Educational Meeting,** Thursday, October 9th. Library and Coffee Hour: 7 p.m. Program: 7:30 p.m. Speaker: Dr. Carolyn Young, ACT team (Assertive Community Treatment) Lake Shore Behavioral Health Services. Topic: Everything You Wanted To Know About the ACT Team*
***NAMI Family Support Meetings**, Wednesday, October 15th, 7 p.m.*

November

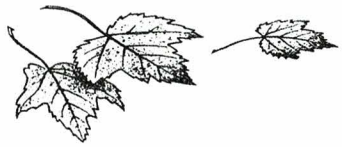
***NAMI Board Meeting**, Thursday, November 6th, 7 p.m.*
***NAMI Monthly Educational Meeting**, Thursday, November 13th Library and Coffee Hour: 7 p.m. Program: 7:30 p.m. Guest: Elizabeth Ladd, MS, Director of Outpatient Behavioral Health at BryLin and Courtney Lauder, MS, LMHC. Topic: Cognitive Behavioral Therapy (CBT)*
***NAMI Family Support Meetings**, Wednesday, November 19th, 7 p.m.*

December

***NAMI Board Meeting**, Thursday, December 4th, 7 p.m.*
***NAMI Monthly Educational Meeting**, no meeting in December*
***NAMI Family Support Meetings**, Wednesday, December 17th, 7 p.m.*

January 2015

***NAMI Board Meeting**, Thursday, 7 p.m.*
***NAMI Monthly Educational Meeting**, Thursday, January 8th Library and Coffee Hour: 7 p.m. Program: 7:30 p.m. Guest: Elizabeth Ladd , MS, Director of Outpatient Behavioral Health at BryLin. Topic: TBA*
***NAMI Family Support Meetings**, Wednesday, January 21st, 7 p.m.*



President's Corner:
Autumn and a New Legislative Season

Our September 4th NAMI Education Meeting was attended by Assemblywoman Jane Corwin and Assemblyman Raymond Walter, who discussed with us mental health concerns and legislative possibilities. It was a lively exchange! Topics included making Kendra's Law permanent when it sunsets in 2016, shortage of supported and independent housing for disabled persons, closings of hospital beds, WNY Children's Psychiatric Center proposed closing, conditions in prisons and the holding center for those who are mentally ill, suicide prevention, and need for expansion of Crisis Intervention Training (CIT) for police officers and first responders. Centers of Excellence and "consolidating of services" was another discussion.

Jane Corwin is on the Mental Health committee; Ray Walter is on the Health committee; both are on the Ways and Means committee (budget) and advised us that there is plenty of money in the state budget to meet our needs for improved care. It is all a matter of priorities which **need to be communicated to legislators**. We asked the legislators what form of communication meant the most to them. Phone calls, letters, or emails are important, but both agreed that it is the personal stories that touch them the most. If you write, even a couple paragraphs or sentences, tell why a specific subject is important to you, and ask for a specific action.

Assemblyman Walter explained that a section called "Sponsor's Memo" in legislative data online tells how and why a legislator writes a proposed bill. They suggested reaching out to the governor and chair of the mental health committee (Aileen Gunther), and to Speaker Sheldon Silver who has significant influence on allowing a bill to be introduced. To contact members of the mental health committee, go to

"President's Corner" cont.'s pg. 2

"President's Corner" cont'd. from pg. 1

NYS Assembly online (http://assembly.state.ny.us/) and click on the "Committees" section at right of the subject bar at top of the page. (If you do not use the internet and would like a print list of legislative contacts for our area, you may request one through our office at 716-226-6264.)

We considered the possibility of having a January legislative summit, with our representatives in attendance, to hear our suggestions as they begin another legislative session and the state budget process begins. *Thank you, Assemblywoman Jane Corwin and Assemblyman Raymond Walter, for an interesting and informative evening.*

Finally, we need to be active right now on the federal bill, "Helping Families in Mental Health Crisis Act" (H.R. 3717), sponsored by Representative Tim Murphy (Pennsylvania), requiring the federal government to focus on the most seriously mentally ill. The bill was discussed in more detail in our last edition of *The Challenger.*

We need to ask our federal legislators to sign on to sponsor and support this bill. As the above states, **it is through writing our legislators and telling them WHY we care about an issue or piece of legislation that we can influence change.**

Marcy Rose,
President

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Changes for SSI Effective October 1st

An important change will take place starting October 1, 2014 that may affect some of the people who receive Supplemental Security Income (SSI) in New York State.

SSI is a program based on need administered by the Social Security Administration (SSA). SSI pays a monthly cash benefit to people age 65 and older or people who are blind or disabled, regardless of age, who meet certain basic program requirements. The SSI payment may be comprised of a federal cash benefit and a state supplement. Until now in New York State, the state supplement was often combined with the federal amount in a single payment.

Beginning October 1, 2014, New York State will issue its own State Supplement Payment (SSP) while SSA will pay the federal cash benefit that is due. This means that people who receive SSI in New York and who currently receive a combined federal and state supplement will receive two, separate payments - one from SSA and another from New York State. Their total payment amount will not change. If the individual only receives a SSP, that will be paid by the State.

While the payments will be separated beginning October 1, 2014, the SSI rules remain unchanged.

If you or those you serve have questions about the New York State Supplement Payment, you may call the New York State SSP Customer Support Center by phone at 1-855-488-0541.

Health Insurance and the Affordable Care Act

As open enrollment for the New York State of Health Insurance Marketplace approaches, an easy way to connect to health insurance, health insurance navigators, community clinics, and health supportive services, 24 hours a day, 7 days a week, is through 2-1-1 WNY. Information is also available on the website: www.211wny.org

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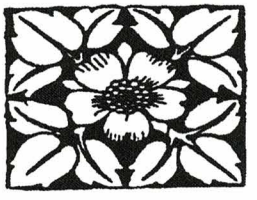
Member Notes

Congratulations to **Liz Carone**, our newly trained Family-to-Family teacher!

Thank you to **Jackie Thompson** for attending and representing us at a Wellness Fair at St. Peter's Lutheran Church in Amherst.

Condolences: We had many losses this Summer. With sadness, we extend our sympathies to the families of **Gerrie Cruz, Donald Cline, Beatrice Noble,** and **Ihor Zankiw;** and the family of **George Koch** whose wife, **Val Koch,** passed away.



A Moving Remembrance

Hello, Marcy, and thank you for sending this sad information [about Gerrie Cruz's passing]. Gerrie was one of our instructors in the first Family-to-Family training in WNY.

I have not been active in NAMI for many years but this is a wake up call as well.

I do feel a debt of gratitude to Gerrie for the help she has given me. I believe that in her honor I will return to NAMI to fight for quality of life and justice for our families.

Thank you,
M.M.

New Clinic Combines Primary and ACT Mental Health Care:

UB Family Medicine at Lake Shore Behavioral Health

Lake Shore Behavioral Health at 430 Niagara Street, in partnership with UB Family Medicine, has opened a new primary care clinic based on an integrated health care model, combining both physical and mental health care on site in one location. As of April 1st, Dr. Kim Griswold and DNP Dianne Loomis, have been providing optimum services to enrolled Assertive Community Treatment (ACT) patients and Homeless Services consumers; there were 77 initial visits. Each patient is immediately scheduled for a follow-up visit, and many now return for subsequent visits. The mission is patient-centered, compassionate care, and providers who have made themselves available to see certain patients weekly. Walk-ins and emergency drop-ins, are encouraged in order to accommodate people who have previously avoided the standard health care system. Both providers perform home visits, especially for some patients who would rather be seen in a more comfortable environment. Focus is on harm reduction, as there are behaviors in some patients that we hope to mitigate.

We have begun to administer immunizations, and have recently made contact with Walgreen's on North and Delaware to work alongside their community outreach immunization and education program. The Mobile Mammography Unit was on location for one day, as we aim to provide preventive services to our patients. We have recognized the consequences of taking psychotropic medicines, such as unmasking of diabetes, and we are working to combat these effects. We plan to have a diabetic educator hold an informative session for patients we have identified to be at risk for diabetes.

With this particular population, there have been some challenges. Scheduling appointments is a delicate dance between the clinic, the ACT team members, and the lifestyle of the patients. Making appointments for outside referrals is difficult, because of long waits and insurance policies, but we absolutely love working and advocating for our patients' health and well-being.

We have been identified as an exemplary model for integrated care because of the constant collaboration between the physical and mental health teams. We hope to spread awareness about integrated care, so education is extremely important to our mission; students from the UB School of Medicine and the UB School of Nursing can elect to come to our site for a training rotation. Experiencing this type of setting is essential in order for students to understand the impact serious mental illness has on physical health.

As providers of Family Medicine, we are focused on including family members in any way we can, obtaining family background, and educating the family about their loved ones' physical health and need for preventive screenings. We realize that the ACT team members care about the patients as much as we do, and with our integrated model, we will continue to involve the teams in important decisions. It is our goal to provide care to every patient enrolled on the ACT teams!

Written by Chloe Hurley, an undergraduate at the University of Michigan who worked as the program liaison between Lake Shore Behavioral Health and UB Family Medicine for the new clinic from May to August.

N.B.: ACT (Assertive Community Treatment) involves comprehensive community outpatient treatment under Kendra's Law.

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NAMI can receive

sefa
State Employees Federated Appeal

donations

NAMI in Buffalo & Erie County is--and has been-an approved SEFA charitable organization for many years.
Due to some internal problems in their Albany headquarters, our name was omitted this year from their list of approved charities.

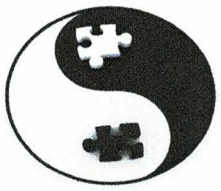
You can still designate us this year--SEFA's 50th!--as your pledge organization by using a paper pledge card and noting code 57 0027.

We thank you for your understanding, and your generosity!

Save the Date!
Saturday, December 13th is the Christmas is for Kids Wrap

Each year NAMI in Buffalo & Erie County provides 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 13th of December to prepare.

We can use your help during the week with those tasks, and/or with wrapping on the 13th. **Please contact Mary Kirkland at 832-4035 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.)



Schizophrenia is a Hybrid of 8 Disorders

Schizophrenia is actually eight different genetic disorders rolled into one, according to a new study, published in the *American Journal of Psychiatry*, which found that there are different gene clusters that contribute to eight different classes of the usually hereditary disease. The researchers at Washington University in St. Louis analyzed the genes of more than 4,000 people with schizophrenia, and tallied the symptoms of patients against the DNA of people with and without schizophrenia in order to identify the gene clusters.

In patients experiencing hallucinations and delusions, the researchers found that the interaction between genetic variations created a 95% chance of schizophrenia, while disorganized speech and behavior in another set of patients revealed a set of variations associated with a 100% risk. The hereditary risk of schizophrenia is known to be about 80%.

"What we've done here, after a decade of frustration in the field of psychiatric genetics, is identify the way genes interact with each other, how the 'orchestra' is either harmonious and leads to health, or disorganized in ways that lead to distinct classes of schizophrenia," Dr. C. Robert Cloninger, one of the senior researchers in the study said.

Another researcher, Igor Zwir, said that identifying groups of genetic variations and matching them to symptoms may lead to enhanced treatment by targeting specific genetic pathways.

Excerpted from TIME , Sept. 16, 2014

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Effectiveness of Combined ECT and Antipsychotic Therapy in Treatment-Resistant Schizophrenia

A study of 29 patients aged 21-55 years diagnosed with treatment-resistant schizophrenia with dominance of negative symptoms suggests that a combination of electroconvulsive therapy (ECT) and antipsychotic therapy can provide a useful treatment option. A response to treatment was achieved by 60% of patients.

There was sufficient evidence that combined treatment is superior for major depression, panic disorder, and obsessive-compulsive disorder (OCD) in a total of 52 studies with 3,623 patients. The results also suggest that the effects of medication and psychotherapy are largely independent from each other, with both contributing equally to the effects of combined treatment.

Psychiatry Research, August 26, 2014

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Correction:

The summer edition of *The Challenger* contained an update on Crisis Intervention Team (CIT) trainings. It said that the Town of Tonawanda Police Department would partner with NAMI's CIT program to train officers. Actually, the CIT program is sponsored through collaboration with Crisis Services Emergency Outreach Program, which received a three-year grant from the Patrick P. Lee foundation to fund CIT. With this funding, 2-3 police departments per year (through 2016), will receive CIT training and necessary consultation to develop their own CIT models within their departments, in partnership with Crisis Services. In addition to training costs, this grant will cover project marketing, website development, and police department membership fees for CIT International.

Two trainings for CIT were conducted at the Town of Tonawanda Police Department in September. NAMI Buffalo & Erie County is a part of the trainings, speaking to support the views and experiences of families and our loved ones, and to supply NAMI information business cards for police to give to families when a crisis occurs. We are grateful to Crisis Services for their efforts with this valuable project

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N-acetylcysteine May Improve Prodromal Schizophrenia

At the 2014 meeting of the International College of Neuropsychopharmacology, researcher N. Miyake described the effects of the nutritional supplement n-acetylcysteine (NAC) on clinical symptoms in subjects with beginning symptoms of psychosis.

N-acetylcysteine has protective effects on neurons. In this case series, four patients with beginning psychosis were given 2000 mg/day of NAC for 12 weeks. The patients' symptoms improved to the point that three of the four were no longer considered at risk for psychosis.

Editor's Note: These promising anecdotal observations deserve careful follow up using a control group. Omega-3 fatty acids have been show to slow conversion to full psychosis and performed better than placebo in a controlled study. Both n-acetylcysteine and omega-3 fatty acids should definitely be studied for those with emerging symptoms of bipolar disorder.

Bipolar Network News Sept. 2014

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Resilience Important for Mental Health

A symposium at the 2014 meeting of the American Psychiatric Association suggested that resilience may hold the key to healthy aging, and overcoming trauma and stress.

Resilience in Aging

Former APA president Dilip Jeste began the symposium with a discussion of successful aging. He noted the importance of optimism, social engagement, and wisdom (or healthy social attitudes) in aging. In a group of 83-year-olds, those with an optimistic attitude had fewer cardiovascular illnesses, less cancer, fewer pain syndromes, and lived longer. Those with high degrees of social engagement had a 50% increase in survival rate. Wisdom comprises skills such as seeing aging in a positive light, and having a memory that is biased toward the positive (the opposite of what happens in depression, where negatives are selectively recalled and remembered). Jeste encouraged psychiatrists to focus not just on the treatment of mental illness, but on behavioral change and the enhancement of wellbeing.

Resilience in the Military

Researcher Dennis Charney gave a talk on resilience based on his work with people in the military, some of whom experienced post-traumatic stress disorder (PTSD). He cited a series of important principles that could enhance resilience. The first principle was to reframe adversity—assimilating, accepting and recovering from it. The second principle was that failure is essential to growth. The third principle was that altruism helps, as does a mission for the survivor of trauma. Charney suggested that a personal moral compass is also critical, whether this is based on religion or general moral principles. Other factors that are important for resilience include having a role model, facing one's fears, developing coping skills, having a support network, increasing physical well-being, and training regularly and rigorously in multiple areas.

Charney and colleagues studied Navy SEALS who went through SERE (Survival, Evasion, Resistance, Escape) training. Those SEALS who had the highest resilience during this severe training exercise had the highest levels of the neurotransmitter norepinephrine and NPY (an antianxiety neuropeptide). NPY levels are low in people with PTSD. Charney and colleagues reasoned that giving a peptide that acted on the NPY-1 receptors intranasally (so that it could cross the blood brain barrier) might be therapeutic. In a rodent model of PTSD, the peptide prevented and reversed PTSD-like behaviors. Further clinical development of the peptide is now planned.

The Effects of Stress

Researcher Owen Wolkowitz described how stress accelerates the mental and physical aspects of aging. Telomeres are strands of DNA at the end of each chromosome that protect the DNA during each cell replication. Telomere length decreases with stress and aging.

Bipolar Network News, July 2014

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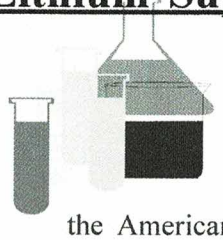
Lithium Superior to Valproate at Preventing Manias and Depressions



In a special symposium on bipolar disorder at the 2014 meeting of the American Psychiatric Association, researcher Mike Bauer reviewed a new analysis that showed lithium not only has significant effects in preventing manias, but also depressions. Researcher Geddes et al. had, in a previous study called BALANCE, found that lithium was superior to valproate (Depakote). Together these findings led Bauer to the conclusion that **lithium is under-used in the treatment of bipolar disorder, especially in the US, where lithium is prescribed less often than valproate.**

An article by researcher Kessing in the *British Journal of Psychiatry* in 2012 relied on naturalistic follow up data and also showed that lithium was superior to valproate in preventing hospitalizations.

A study by researcher Willem Nolen indicated that using only lithium, levels of lithium in the blood needed to be 0.6 meq/L or higher in order for lithium to work better than placebo. Lithium augmentation that produced lower blood levels of 0.3 meq/L was not significant on its main outcome measure of preventing new episodes. However, compared to treatment as usual, those treated with lithium used lower doses of atypical antipsychotics, and other data indicated that these patients had fewer suicide attempts and increased hippocampal volume.

Bauer noted that lithium-related goiter and low thyroid are easily treated, and that kidney damage while taking lithium can be prevented by avoiding episodes of lithium intoxication. It is easy to conclude that lithium should be used more often, especially given its positive effects against suicide and brain gray matter and hippocampal volume loss.

Excerpted from Bipolar Network News, Vol. 18, Issue 4, 2014

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With sincerest appreciation to our members and donors - you are the heart of NAMI's success!

New and Renewing Members

Anonymous – C.B
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"Appreciation" cont.'s on pg. 11

"Appreciation," *cont.'d. from pg. 10*

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Mailto:

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☐ Membership $35

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Please send a copy of the newsletter to:

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Giving of any kind...taking an action
...begins the process of change,
and moves us to remember that we
are part of a much greater universe.
~Mbali Creazzo

Save the Date!

The annual

Christmas is for Kids Wrap
will be on Saturday, December 13th -
More details inside.