

# NAMI-Schenectady E-NEWS

January 1, 2013

Nat'l Alliance on Mental Illness  
of Schenectady

## *NAMI holiday dinner scenes*



Our annual holiday dinner held at Turf Tavern, Scotia, December 20 was a delight. Twenty people had dinner together and more of us were there at the bar beforehand. We had a program of jokes (we didn't do so well on the dementia quiz), a trivia quiz, discussion of our future and both recognition awards and prizes for quiz winners. Too many prizes to keep track of.

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## *Reactions to the shootings and what might be done*

As most of us know in the wake of the shootings Dec. 14 in Newtown, Conn., calls have already gone out to reform our gun laws, keep dangerous people from accessing guns, and to take decisive action now to prevent more tragedies like this. President Barak Obama spoke to the nation immediately after the rampage that took 28 lives including 20 schoolchildren, with an urgent message: We can't stand for this anymore, we have to change the laws so these awful events cease.

He has appointed vice president Joe Biden to head a committee to move toward a compromise with Congressional opponents. Leaders of the National Rifle Association, the main opposition, stubbornly refuse to blame guns and want laws that would place armed police officers in the schools to assure the safety of children and their teachers. Meanwhile, the nation, the news media, clamor for Congress to do something.

According to an AP story Dec. 24, the president has asked Congress to reinstate an assault weapons ban that expired in 2004 and pass legislation that would end a provision that allows people to purchase firearms from private parties without a background check. Obama also has indicated that he wants Congress to pursue the possibility of limiting high-capacity magazines. He called on the NRA to join the effort.

But the AP reports that Wayne LaPierre, CEO of the NRA, dismissed efforts to revive the assault weapons ban as a phony piece of legislation. He made it clear that the NRA would not support any new gun regulations. He said another focus in preventing shootings is to lock up violent criminals and get the mentally ill the treatment they need. •The average guy in the country values his freedom, doesn't believe the fact he can own a gun is part of the problem, and doesn't like the media and all these high-profile politicians blaming him, he said.

We wonder what will be done. Can the President and Congress seize the moment? The NRA has blocked any and all bills before and has the clout to punish lawmakers in elections. Its members will use every argument against, claiming as I have heard on the air recently, that citizens have the right to bear arms under the Second Amendment of the Constitution and this includes owning assault weapons which can be used to rein in government.

Too few in Congress have stood firm before them. But there's an unprecedented groundswell today, a great deal of intelligent commentary about what to do. Here are voices from our own community, from church members who plan to address the issue locally. And remarks from a church representative who has penned a letter to President Obama.

**School counselors aren't well equipped:** From an exchange by local church members: •It has been documented that many children, youth and young people have mental problems and need at the very least counseling or more intense therapy. However, many times the symptoms are not recognized or are put down as behavioral. School guidance counselors are not

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## *Meetings and events*

We do not have a NAMI lunch meeting in January. We do have a series of films the chapter will present on three Thursday afternoons, January 17, 24 and February 7, at 3:30 pm in the McChesney Room of the main library downtown. We hope that families and friends of NAMI as well as members of the public will attend. (see separate story on the Brain Series.) The support groups for relatives of someone with serious mental illness continue every week (see below). Our next relatives lunch meeting is Feb. 11, the second Monday in February. Speaker and location will be announced in emails and next newsletter.

For more meetings and events see page 4.

## *Hikes, Trips and Events to start*

We plan some winter hikes, trips and outings with the people in the programs—residents of Mohawk Opportunities and RSS apartments and group homes primarily, and those at PROS and at the two clinics, starting in January. We'll include others as well, as the program gets going. The plan is for at least two parents to be available to drive up to six people each Saturday afternoon to nearby destinations. We'll take walks on the bike paths and forest trails, go skiing, skating and perhaps sleighriding, and travel to visit museums, art galleries, historical spots, and state parks. This is ambitious and needs a hearty response from all for success.

Eventually as weather gets better in the spring, we hope to take bus rides, perhaps to NYC, visit nearby communities and sample fast food restaurants as part of the trips. Our motive is to fill in some of the gaps left by the state's closing of the Ellis Collage social club for the men and women in the program last February.

The broader aim is to provide exercise, give an opportunity for people to socialize with their own group and others on the outside, and to take them to events they would like to go to, like ball games and ice skating, that they can't get to without a car. We want to boost their integration in the community—besides enjoyment, teach social skills and develop independence. And enable them to take similar trips on their own, say to ski centers or the state museum, with a companion in the future. Once they've tried programs like skating at the Empire State Plaza or take a bus to NYC to sightsee—they can decide if they'd like to go back. They might find friends with mutual interests on trips to the Five Rivers Environmental Park or Tomhannock Reservoir, for example, where they can do birding and photography.

So far, we've gained cooperation from counselors at Mohawk Opportunities and RSS who will participate and take consumers in their vans. Some trips will be on weekday afternoons. The downtown YMCA van may be available. One parent is willing to take her son and others to high school ball games, another will go to Union College hockey or basketball games and a third will lead hikes, snowshoeing and winter trips in the local area.

We'll start the trips as soon as we can. Starting points would be from the Ellis mental health clinic lot and Mohawk headquarters on a weekday or the downtown main library on Saturday. We'll take people home at the end. A light meal can be planned. First trip should be to the Washington Park lights display in Albany next week since it closes Jan. 4. Watch for posting of this and future events with phone numbers to call.



## *Our goal--Brain Series to educate about shootings*

The argument seems to boil down to whether we blame untreated mentally ill people or loose guns for the shooting tragedy in Conn. Only four months ago, I wrote to the head of NAMI national last August 13 after similar tragedies had claimed the lives of many in

shootings in Aurora, Colorado and in a temple in Wisconsin. As quoted in this newsletter in August, I said: "There's never been a better time for NAMI to step forward and declare its main purpose today is to work to reduce gun violence that is taking the lives of so many Americans, and too often involves a shooter who is mentally ill.

"Doesn't matter that the gun control lobby has won the day. We have an issue we simply have to fight. It's a challenge to every family who has ever had someone dear with a serious mental illness; and to know that this person, like any of his peers, might suddenly veer off and do something remarkably violent and horrid with the use of a gun or other deadly weapon....There is incontrovertible evidence that firearms cause deaths." (I received only an acknowledgement)

Now, we've assessed the latest killings of school children and their teachers in Connecticut and come up with the idea that we in NAMI can do more to educate each other and the public about serious mental illness. As a result, we're going to show a three-part series of videotapes dealing with the most severe of these illnesses--schizophrenia, bipolar disorder and major depression, as well as children's disorders--in the main public library starting January 17.

These will be shown to the public on three Thursday afternoons at 3:30 pm with a medical or social work professional there to answer questions and lead discussion. We will also hand out literature the next few weeks on the illnesses, to libraries, mental health clinics and doctors' offices. The tapes will later be loaned to workers in the field and to our NAMI family members and consumers.

The DVDs are from the Charlie Rose Brain Series that started two years ago and continues to be shown on PBS television. We believe they are the best and latest information available to lay people as to what we now understand about how the brain works. The one-hour shows bring a panel of experts together with Charlie Rose, drawn from around the country. They deal with gene expression and defects, brain wiring and other findings from current research. In my opinion, they simply surpass anything we have heard at our conferences over the years. We hope you will join us in watching the shows--please watch for publicity coming out soon. (RN)



*Evacuation of children at Sandy Hook elementary.*

## ***Rich Homenick: MHA facing cuts from Congress***

Schenectady MHA director Richard Homenick this month said the budget outlook for his agency is not good next year. He told the Schenectady League of Women Voters at their luncheon Dec 12 at Schenectady County Community College that Congress had cut back the income subsidy he receives from the federal Housing and Urban Development Department (HUD) to 80 percent of normal. Those funds support the public housing agency along with rent subsidies and monthly tenant rents.

Rich painted a picture in which his costs are going to exceed the agency's income next year which is tied to federal rent formulas. His costs, particularly for employee pensions and health care, keep going up, he pointed out. "We may have to close some public housing." He said Congress was expecting him to do the same work as before with less money.

In addition, he's lost a portion of administrative fees which the government pays for, prorated at \$180,000 this year, to run the Section 8 apartment rent voucher program. He blamed regulations for holding the agency back and advocated for a more flexible program in the new Self-Sufficiency Housing Improvement Act.

He urged the League of Women Voters to take up support and advocacy with him to restore budget cuts and the lost administrative fees. He passed out a paper to the audience with charts and figures to show how the agency was being hurt.

Schenectady MHA sponsors 1,018 public housing apartments at seven complexes in the city. There are 708 families or individuals on the waiting list and 16 percent are elderly or disabled, Rich said. Thirty percent are households with children. The waiting list is three years for a two-bedroom apartment and five years for three bedrooms.

He also decried the cutback in Section 8 administrative fees. The agency administers 1,370 vouchers. Rent income and administrative fees are the only sources of income he has for this program, he said. The vouchers are for scattered site apartments in the city and elsewhere since the holder can take the voucher with him. When the wait list is open, which rarely happens, "We get 1,000 people added to the list. There's definitely a need. In vouchers, 50 percent are families with children, 61 percent of households are people with disability and elderly over 62."

Every voucher is filled, Rich explained. About 100 vouchers are out on the street, with people looking for housing. They must return them to the agency if the voucher remains unused beyond 60 days. About \$10 million comes through that program to the city.

He added that voucher programs have been cut back hard. "We've had to lay off staff. My concern is that the numbers might grow. We haven't had to take back any vouchers. The problem is with administrative fees. You can advocate for that. With the regulations we have less people to do the work. We have a lot of apartments to maintain."

## ***Reactions to killings*** from page 1

equipped to handle long-term counseling or therapy. Many young people do not have health insurance nor do they know where to go for help. These issues are not going to go away; in fact, they will probably increase.

Another says: In addition to better gun control, there needs to be as much as possible done to treat mental illness and prevent violent outbursts. I heard a NY state deputy commissioner of something on WAMC today. He said the second weapon was the guns and the first weapon was the shooter's mental status. Said a third person in reply: I agree with your statement. Also on WAMC, the author of a book on the Columbine event said one of the shooters then was described as being depressed and suicidal. Show me an adolescent who isn't depressed, but parents and schools need to be more alert to serious depression in youth. •

**Mental illness must no longer be hidden:** From Bill Mefford, director of Civil & Human Rights, General Board of the United Methodist Church (his letter shortened): Now, my congregation, like many of yours, is not of one mind when it comes to access to guns; we have disagreements. Yet, after this tragedy, we know that regardless of where we stand on access to guns, all of us know there are simple things that Congress can do—must do—to prevent gun violence and more senseless tragedies. My congregation asked me to put together a letter that we will send to President Obama asking that meaningful action be taken.

His letter urges the president to make it a priority to get laws passed that ban assault weapons, require universal background checks on purchasers of guns, and make services that determine and treat mental illness more accessible to all who need them. Mental illness must no longer be hidden, but should be something openly discussed so that those who suffer receive the help they need. •

Meanwhile, NAMI national executive director Michael Fitzpatrick (website Dec. 21) has called for more treatment programs: •When violence occurs, it is usually because something has gone terribly wrong in the mental health care system. We must address the fact that less than a third of Americans who have a diagnosable mental illness are able to get treatment. The NRA's proposal to create a bigger "active" national database will only discourage people reaching out for help. Stigma will be imposed. Stigma will turn into prejudice and discrimination, he wrote.

NAMI Schenectady's response to the shootings is to educate more people about mental illness like schizophrenia and depression. We need to ask why people lose control and behave violently; who among those with serious mental illness are considered dangerous; and what are orderly responses to the  
*(continued on page 8)*

## ***Meetings and events***

(see also page 2)

### ***Relatives support groups***

Two support and education groups continue every week for parents and other close relatives of someone living with a mental illness. These are free counseling sessions with a facilitator. The main support group meets on Wednesday evenings at 6 in classroom B-3 inside the Psychiatry wing of Ellis Hospital. It is led by Kevin Moran, a social worker on the Psych unit, who has close contact with the patients. Call Kevin beforehand on 243-4255 if you are new. Park in the hospital garage, walk the main corridor to center where elevator banks are. Take elevator to third floor, turn left and head west down the hall, take a jog into the Psychiatry wing, and see sign posted on the wall for Kevin's classroom. The second support group is led by Frank Greco and meets in a first floor conference room at the CDPC Clinic at 426 Franklin Street. Parking on street. Sessions are held on Mondays from 5:30 to 7 pm. Call the office at 374-3403 for details. These family groups are available whether you live in Schenectady County or not. You need not have had a relative served by Ellis or the Capital District Psych Center.

### ***DBSA for depression and bipolar***

For consumers of services, the Schenectady Depression Bipolar Support Alliance meets weekly at Grace Lutheran Church, 1930 Hillside Ave., Niskayuna on Thursdays from 7 to 8:30 pm. Kathryn T. is facilitator. She said we always welcome newcomers with diagnosed depression and/or bipolar. They do not need to call beforehand. For more information or questions, please call Kathryn at 346-8817. There are also DBSA groups in Saratoga Springs and Clifton Park. Contact Ms. Chris Jasikoff, 580-1064. Their mission is to provide support, resources and coping skills.

## ***News and notes***

Personal: We regret that Peter Willis, 84, of Morningside Avenue died on Dec. 20. Peter and his wife, Anne, used to come to the relatives support group that NAMI ran in the Unitarian Church house on Wendell Avenue in the 1990s. Anne survives. To leave a message for the family visit [www.jonesfh.net](http://www.jonesfh.net) (Jones Funeral Home).... Two of the young people we call consumers have died recently. Lydia Grumm Barnes, who took part in the AMI-run gardening activity and woodworking class in the 1980s, passed away Dec. 14 (info from Lights Funeral Home). And Rafael Rios, who also took our woodworking class at the high school in the 1980s, died a few weeks before her.... Kathleen E. Kaiser, a social worker in the psychiatry unit at Ellis Hospital died Dec. 17. Kevin Moran praised her as a close coworker. She was employed by Ellis 10 years, had two children and a partner, sister and two brothers.... Two consumers in the local mental health system, Jim Inness and Celeste Trotz, appeared on the Ann Parillo show, Channel 16, on Dec. 5 to discuss living with mental illness... Leaving: Amy Button, planning director for the county Office of Community Services, will leave Jan. 4 to work for NYS Office of Mental Health on their Health Homes team. We'll miss Amy.... Dislocated: NAMI NYS office moved from 99 Washington Ave., where it has been since its start 23 years ago, to 99 Pine St., Suite 3, (downtown) Albany 12207. Director Don Capone said phones (462-2000) and email connections are now fully restored..

## ***News and Views***

### ***Man fails drug court, sent to prison***

(from a Gazette story Dec. 13)

A 37-year-old Schenectady man with a diagnosis of schizophrenia who admitted to being addicted to crack cocaine has been sent to prison because he couldn't beat his addiction. The man (name withheld) got a chance last year when he was caught stealing a TV. Instead of going to jail, he joined the alternative treatment program, in which he had regular meetings with Judge Karen Drago while getting treatment to stop using crack. The program is called Drug Court.

If all had gone well, he would have eventually applied for internships and moved on to a job before graduating from the program. A group of successful residents are graduating this week. But every member of the program knows that if they slip up, they could be sent directly to jail to serve the sentence they would have gotten if not for Drug Court. The six-month jail sentence hanging over this man's head wasn't enough to deter him. On Sept. 8, he tried to pry open a door with a plastic card to rob an apartment, he admitted Wednesday. He was trying to break into another apartment in his own buildings at 1007 Union St. In court, Drago sentenced the man to his original six months behind bars, plus one to three years in prison for the attempted burglary. She said the break-in was a violent crime.

### ***Schools said to label black boys "disturbed"***

(from a Gazette story Dec. 13)

Too many black males are being removed from Schenectady classrooms on an incorrect mental health diagnosis, Superintendent Laurence Spring said. He said boys who have experienced violence or abuse—either by watching it or being hurt themselves—are being wrongly labeled as “emotionally disturbed” when they misbehave. He thinks those students need counseling, or perhaps intervention at home, rather than special education classes. “We’ve got a significant disproportionality that concerns me,” he said.

White children who misbehave in the same ways—by cursing, throwing things or otherwise acting violently—are often diagnosed with attention deficit issues. They're given medication and allowed to stay in the classroom, Spring said. “But if you're black you're much more likely to be classified as emotionally disturbed,” he said. He doesn't think most of the students actually have an emotional disturbance. “Violence and cursing—it's done to them. They learn to do it,” he said, referring to the students' families. “The problem is not that they're ED. The problem is something else.”

### ***NAMIs standoffish on the shootings***

NAMI national has urged Congress and the President to press for stricter gun control laws. NAMI NYS has also cited the lack of treatment facilities. But neither has taken the leadership needed on blocking access to guns or getting tough on the gun lobby. Even NAMI's most spirited education minded chapter, Queens-Nassau, is laying low. President Janet Susin said they don't see it as a time to counter all the negativity of the NRA. She said Queens-Nassau NAMI has a grant to make its “Breaking the Silence” lesson plans available in all 54 school districts of Nassau County, LI, and they have funding for health education programs in the schools and for consumers to go in on them. Janet said “We didn't think of going ahead now with more plans because of the violence.”



## *More reactions to the Newtown tragedy*

Jim Wallis, CEO of

Sojourners, a progressive Christian site on the internet, writing Dec. 17: I have been listening this weekend and learned facts that have even stunned me. In the four counties around the Connecticut school shooting there are more than **400 gun dealers**. There are more **gun dealers now** in America than McDonald's restaurants. On Black Friday alone, the **FBI received more than 150,000 requests** for background checks for firearm purchases; they received more than 2 million in the month of November. And most astoundingly, there are 311 million people in America and now an estimated 280 million guns. There are more and more guns in our society, they are being allowed in more and more public places, and they are more and more legal to be concealed. That is the direction that the gun business and gun lobby has taken us--and the gun business and lobby are now the same thing. Is that the kind of society we want to live in? And is the answer to tragedies like this one to arm the teachers, as some gun advocates have already suggested? Really?

## *A Time to Cry for the Innocents, Then Act*

[Harvey Rosenthal of NYAPRS asks us to sign on in support of this letter from Ron Manderscheid, PhD, urging the President and Congress to address the need for gun control, change our culture of violence and improve the quality and availability of recovery services across our nation. \(shortened version\)](#)

We must come to terms with the fact that 13 years of war in Iraq and Afghanistan have changed us and our society in ways that we do not yet fully understand. One only needs to turn on a television to view multiple murders each night. Or, just play a video game, and one can participate in several thousand kills over the course of an hour. Each day, there are 32 murders in America. Our social integration is ebbing away, and we are rapidly becoming inured to violence and death. In an era of global, instant communication, we are more distant than ever from each other. We must recognize these glaring symptoms and act. What can we do?

Immediately ban assault weapons and pistols, such as the Glock. Immediately set about developing new standards for our entertainment industry. Immediately set about rebuilding our local communities. Immediately double the capacity of city and county behavioral healthcare systems. All who work in the social service fields know that it is virtually impossible to get mental health care for many people who desperately need it. Immediately initiate training to recognize the signs of mental illness and to promote help-seeking when needed.

## *Tough love--we keep trying*

We have these debates in Kevin Moran's Wednesday night relatives support group inside Ellis Hospital about the virtues of "tough love" to discipline our adult child when he or she misbehaves. Sometimes it's the son, sometimes the daughter, who's taking advantage of us. The grown child whose intolerable behavior puts us to the wall. We can't stand it any more and we just want them out or we're going to call police. It's a gut-wrenching decision to turn our back on our loved one. And we know it's the illness—the hurt and insufficiency they feel that is causing their obstinacy, their outrageous behavior that has triggered this showdown once again.

Tough love isn't natural to some of us parents because we recognize the faults in our children and we try to forgive. If we turn them out, they run into worse trouble. We don't want to press charges if it means a jail sentence. And some of our loved ones will not easily survive in the outside community.

Let's say, though, we've already given up pleading, setting boundaries, giving them choices, going the extra mile. They've trashed their room, taken the car without asking, screamed and threatened us with violence. Then they go out and stir up trouble in the community, so sometimes we get a police call. This is a normally nice kid who now is hell bent on running her life into a rut and causing untold difficulties for others.

Tough love is an expression of what we must do, says Kevin, the Ellis counselor for these sessions. How many times he berates us: "Why are you letting them get away with that? You say you're unhappy with them. It's your house, your property to decide who lives there. So why don't you tell them straight out they have to stop or they can't live here anymore. That's what mom can do."

Yes, we agree. We lay down the law to this youngster. She is told to take her things, her sleeping bag, her TV and get out. Try living with a friend or down at Salvation Army or the YWCA. See how she likes that. Maybe she'll straighten out, come to her senses. She won't die, she's over 18. We want to feel right but of course, we don't. There are hard feelings on both sides saying goodbye. That's the religion of tough love—she's abused us, we stand firm.

Amazing how many parents with a young man or woman in the house with serious mental illness have been through this. The kids aren't kids anymore—they're carousing and skidding on two wheels—so quick to fall into bad habits again. Losing their self-respect and ours. Staying over at the jail house. Breaking up with friends. Leaving a trail of debris and heartbreak around them. It's part of the messy business of raising children into adulthood with serious mental illness. They do the opposite of what we'd like, but they're individuals with liberty to act in their own way. We always think they will straighten out in the future.

The trouble with tough love is that it's not a prescription for all. We're told that many people with serious brain illnesses like schizophrenia don't recognize they're ill. So they behave in ways that exasperate us. We're asked to have the patience of Job. And when adult children with a lasting brain disorder are much older and living at home it may be too much to bear for parents to let go. The family has learned to tolerate most of these behaviors. We love our children and want people on the outside to show the same compassion if we're to give them up. That's love, too.

# *Subway pusher--they still fall through the cracks*

*(from a NY Post editorial by Chuck Bennett Dec. 10 on the death of a NYC man who was pushed to his death in front of a subway train Dec. 3)*

These laws are insane. Mentally ill people have been responsible for some of the year's most horrific crimes—including murders and rapes—yet authorities are nearly powerless under current law to sweep them from the streets.

Accused subway pusher Naeem Davis said he was off his meds for bipolar disorder and hearing voices before victim Ki Suk Han was killed by an oncoming train last Monday. Davis, 30, had been living in a homeless shelter.

The state Office of Mental Health says they can't be treated until they show they are a danger to themselves or others," said DJ Jaffe, a mental-illness policy analyst. "Rather than prevent violence, the law requires it."

If Alzheimers patients are found wandering the streets, cops take them to a hospital no matter how loud their protests. But if a delusional schizophrenic sleeping on a subway platform turns down help from a concerned cop or homeless-outreach worker, then little can be done. Until that person lashes out violently, that is.

For instance, OMH declined to commit Jonathan Stewart, a violent sex offender, to psychiatric treatment in 2009 after he spent five years in prison for two sex assaults. He ended up in a homeless shelter, then allegedly raped a 21-year-old woman in Hudson River Park last September.

Another schizophrenic off his meds, Curtis Forteau, wasn't being forced to receive treatment despite years of violent outbursts. After his most recent stint in jail, he spent a year in a residential facility but was out on probation in January. He soon stopped taking his medication and suddenly went berserk on East 86th Street in July, allegedly plunging his knife into innocent passerby Sabatha Tirado. She survived.

Those out on the street when they are the most ill are not going to have any insight that they are ill and need help, and that's why they turn it down," said Mary Lee Gupta, a program director with the National Alliance on Mental Illness of New York City.

Cops say they fear the mentally ill, dubbed EDPs for emotionally disturbed persons, the most. "You have a lot of homeless EDPs, a lot of cases like the guy with the knife in Times Square who was shot down by the cops," said one plainclothes cop in Midtown. "They should put these people in hospitals, mental wards. But you can't force them to go unless they are a danger to themselves or somebody else."

The cop was referring to Darius Kennedy, a 51-year-old Long Island man with a history of arrests and at least one trip to Bellevue's psych ward. He was shot dead by cops he was menacing with a knife in August.

State and federal laws generally allow anyone to refuse medical treatment, including the mentally ill.

But, an unfortunate symptom of schizophrenia as well as a treatment-resistant bipolar disorder is anosognosia--they don't even realize they are sick.

After Andrew Goldstein, a schizophrenic off his meds, pushed Kendra Webdale, 32, to her death at the 23rd Street N-train subway station in 1999, the state started to take notice. The state legislature enacted Kendra's Law, which allows the courts to order a sick person to receive outpatient treatment--and compels providers to treat them. Statewide, there are about 1,850 individuals being treated under Kendra's Law. Yet plenty of sick (and dangerous) people fall through the cracks.



*Police remove Norwood from Gazette building*

## *Norwood sentencing and Bob Corliss' comments* (shorter

version, slightly edited, of story in Daily Gazette Dec. 20 in sentencing of Elvis Norwood, the man shot by police in the Gazette building Oct. 8, 2011)

After waiting for more than 13 months in jail and recovering from police-inflicted gunshot wounds, Elvis Norwood just wanted to get his sentence, but his attorney, the judge and every other person involved in the case still couldn't find a fair punishment Wednesday.

Norwood, 22, is facing a sentence of as much as 5 years in prison for lunging at police with a knife. He was suffering from schizophrenia, had stopped taking his medication and had gone to Ellis Hospital twice seeking treatment for suicidal thoughts in the days leading up to the incident in which he was shot. Police said they believe he wanted officers to kill him.

Norwood could also be punished with as little as time served, or any amount between. He had hoped to hear his sentence Wednesday, his attorney, Sven Paul, said. "He just wants this done."

But the prosecutor, defense and judge met for more than 20 minutes and could not come to a decision on the appropriate punishment for a man who may not have known what he was doing and had no criminal record prior to the incident. So they adjourned his sentencing and told him they would try again Jan. 18.

"There are some times the court is presented with cases that are more involved and it's just more difficult to come to a fair resolution," Schenectady County Court Judge Karen Drago said. Norwood, who did not speak above a whisper during his brief appearance, had pleaded guilty to menacing a police officer, a felony.

The incident happened Oct. 8, 2011, when Norwood walked up to The Daily Gazette office on Maxon Road Extension and asked the security guard to let him in for a drink of water. Once inside, he wandered through the building, unresponsive except to say "yes" when asked if he needed help.

Police were called, and as two officers approached him, he lunged at them with a knife. They shot him three times. He has fully recovered from the injuries, but the case quickly became complicated when medical staff realized he had schizophrenia. After his arrest, he was given medication. NAMI's Robert Corliss, who has stayed close to the case, said Norwood is doing well.

"In an ideal world, there should be a way for him to get mental health treatment now and not face a felony charge," Corliss said after the court hearing. "He has been doing very well in the jail. On good medication, he's done pretty well. "But Norwood needs good counseling to ensure he understands why he must stay on the medication, no matter what," Corliss said. "He can't get that counseling in jail or prison."

He said Norwood preferred a 5-year sentence in prison over an indeterminate sentence in a mental hospital. "This gives him finality, whereas in the hospital system, the uncertainty of it is "How do I get out? What do I have to do? It's very hard to get out of that system. A lot of clients don't want to face that uncertainty," Corliss said.

Norwood's aunt and mother were present for the hearing. Afterward, his aunt, Juanita Norwood, said she felt the entire situation was poorly handled. "It was unfair for him to be shot," she said. "He had a knife, but where was the Taser? Even being lunged at....Each and every officer should have a Taser."

## ***On Killers We Let Loose***

*(short version of article titled The Potential Killers We Let Loose that appeared in Wall Street Journal Dec. 19 by E. Fuller Torrey and Doris Fuller of Treatment Advocacy Center, Arlington, Va. on the shootings in Connecticut.*

There are many good reasons to improve gun control in the United States, including the obscene firepower available in many weapons. But better gun control will do little to prevent many mass killings, such as occurred last week in Newtown, Conn. Even if you ban guns completely, there are many alternative weapons available for use by untreated severely mentally ill persons who are so inclined.

The heart of this problem is not the availability of weapons but the abundance of individuals with severe mental disorders who are not being treated.

While it isn't yet known whether Lanza was being treated, it is known that Connecticut is among the worst states to seek such treatment. It has among the weakest involuntary treatment laws and is one of only six states that doesn't have a law permitting court-ordered "assisted outpatient treatment." In study after study, AOT has been shown to decrease re-hospitalizations, incarcerations and, most importantly, episodes of violence among severely mentally ill individuals.

Would we have fewer mass killings in the U.S. if we made sure that individuals with severe mental illnesses were receiving treatment? Examining the other 10 largest mass killings suggests that the answer is yes.

## ***When in remission--Should he have had children?***

*(shorter version of article by Joe Bowers taken from Treatment Advocacy Coalition blog September 14, 2012 under the title Personally Speaking--To Have or Have Not)*

I subscribe to Bipolar Burble, a regular blog by a very articulate, thoughtful and well-informed young lady with the pen name Natasha Tracy. She recently posted a question along the lines of, "If you knew that any child you might have would inherit and suffer from severe mental illness, would you bring that child into the world?" That is not word for word.

It was late 1974, and I was thinking about proposing to a young lady with whom I hoped to spend the rest of my life. At that time my mother and I had each been institutionalized in a state mental institution twice. I had been – although no one had told me – diagnosed as paranoid schizophrenic. I knew that the young lady in question wanted nothing more out of life than to become a mother and to be the best mother to her children she could be. In that era, there was uncertainty about the importance of genetics in the incidence of mental illness, but I would have been a fool not to consider that I might be passing on a terrible curse.

Further complicating the issue was the fact I had been born out of wedlock. I would be two years old before my mother married. When she did, she did not marry the man who fathered me. Maybe one would have to experience illegitimacy personally to understand, but although no one in the family ever did or said anything to make me feel unwelcome or unwanted, it just isn't the same. You just feel you don't totally belong in this family. You can fight it, but that feeling never goes away. I wanted a family in which I could feel without any doubts I belonged.

Also, my mother and I both seemed to have been reasonably effectively treated after the onset of psychosis. My mother had been doing well for some time and seemed OK about being alive. I seemed to be in complete remission and had been for several years. I was not in therapy or on medication. I had no idea whether or not I would again experience psychosis, nor how soon nor how often. I was looking forward to what yet might turn out to be a very fine life.

In the end, I proposed and the young lady said "yes." We have been together now over 37 years, through good times and through very bad times. We have three children, none of whom have yet shown any sign of severe mental illness. The two boys both are over 30. Our daughter just turned 22. She's not out of the woods but seems fine other than taking after me a great deal.

Sadly, if I were to have to consider Natasha's question for the first time today, it would be much harder to choose to become a father. For more than 30 years, we have seen state mental hospitals closing and well-intentioned civil libertarians insist on the rights of the severely mentally ill. As a result, those of us experiencing psychosis are left on our own in our streets and in our jails and prisons.

It is entirely too rare that we get treatment known to often be effective and get it in time for us to experience a life worth living. As incredible as this might sound, I honestly believe that the prospects for the severely mentally ill were better when my mother and I needed help in the 1940's, '50s and '60s.

## ***Reactions to the shootings*** *from page 3*

problem of guns and violence in our society? (see separate story)  
Other comments follow.

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**Blame the element of war in our society**—from a letter by Ron Manderscheid, chief officer of a national group for people with developmental disabilities, Dec. 15: We must come to terms with the fact that 13 years of war in Iraq and Afghanistan have changed us and our society in ways that we do not yet fully understand. One only needs to turn on a television to view multiple murders each night. Or, just play a video game, and one can participate in several thousand kills over the course of an hour. Each day, there are 32 murders in America. Our social integration is ebbing away, and we are rapidly becoming inured to violence and death. In an era of global, instant communication, we are more distant than ever from each other. We must recognize these glaring symptoms and act.

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Manderscheid calls on the US to immediately ban assault weapons and pistols, such as the Glock. Immediately set about developing new standards for our entertainment industry. Immediately set about rebuilding our local communities. One's community should be a place of support and refuge, rather than of fear. Immediately double the capacity of city and county behavioral healthcare systems. All who work in the social service

fields know that it is virtually impossible to get mental health care for many people who desperately need it. Immediately initiate training to recognize the signs of mental illness and to promote help-seeking when needed. Most students go through high school and college without an hour of training about mental illness, its signs or its treatment.

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**Stop glorifying guns in the media** — from a letter by Daniel B. Fisher, MD, co-founder, National Empowerment Center, Dec. 20: Tragedies such as Newtown's are an outgrowth of a culture of violence in which guns are glorified in media and entertainment and weapons are accessed with ease. In addition, we view these acts as inextricably linked to the unraveling of our social fabric and the disintegration of communities and families. We believe that social and health policy should be aimed at peer-run programs supporting providers, families, and communities to address trauma and promote connected communities of support, tolerance, and understanding. •

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**Note to Readers:** You are invited to call the editor, submit an article or letter about anything germane to local mental health services or the situations families and consumers face in our community, to run in the E-News. If you don't want to continue the E-News, tell us.

Mary and Roy Neville, co-presidents Roy Neville, writer-editor

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