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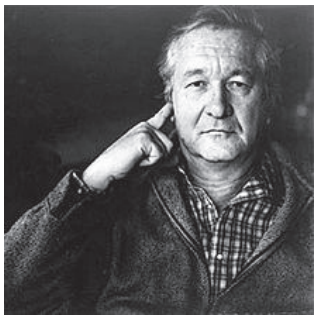
NAMI-Schenectady E-NEWS

National Alliance on Mental Illness

September 1, 2014
Nat'l Alliance on Mental Illness of Schenectady



Kay Jamison

To know depression and suicide

This is a roundup of pieces by writers telling how it feels to go through deep feelings of depression and why suicide is such a serious threat to those suffering. All are presented in response to the untimely death of Robin Williams, a victim of depression – see tribute from NAMI NYS board member Dr. Steven Dvorin on inside page. Articles below are by psychiatrist Kay Redfield Jamison, writing in The NY Times Aug. 15 (shortened); by writer William Styron, who wrote a memoir of his depression; and by current writer Andrew Solomon, also a victim of deep depression. There are also brief quotes from two of America's major women poets of the past, both of whom suffered from severe depression,

To know suicide *by Kay Redfield Jamison, PhD*

Suicidal depression involves a kind of pain and hopelessness that is impossible to describe — and I have tried. I teach in psychiatry and have written about my bipolar illness, but words struggle to do justice to it. How can you say what it feels like to go from being someone who loves life to wishing only to die?

Suicidal depression is a state of cold, agitated horror and relentless despair. The things that you most love in life leach away. Everything is an effort, all day and throughout the night. There is no hope, no point, no nothing.

The burden you know yourself to be to others is intolerable. So, too, is the agitation from the mania that may simmer within a depression. There is no way out and an endless road ahead. When someone is in this state, suicide can seem a bad choice but the only one.

It has been a long time since I have known suicidal depression. I am one of millions who have been treated for depression and gotten well; I was lucky enough to have a psychiatrist well versed in using lithium and knowledgeable about my illness, and who was also an excellent psychotherapist.

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Kevin Moran nears 20 yrs counseling families at Ellis psychiatry

Kevin Moran

Kevin's an extraordinary person, putting in the time on his own, devoted to families—mostly parents but also siblings, children and even aunts and uncles and grandparents and family friends of someone who is sick, often very sick with a mental or emotional illness . He's been there for us every Wednesday evening inside Ellis Hospital at the improbable hour of 6 pm, serving up free counseling sessions, opening the windows of understanding, advising us on how to manage and be better family members. And he's kept the string going almost 20 years without a break. He gives us the strength to avoid calamity and keep a stiff chin in the face of grief and discouragement.

Kevin, youngish looking, now middle aged, came to Ellis from Troy's Samaritan Hospital in 1995 where he worked in the psychiatric day treatment program. Matt Aiken was the manager of Ellis's inpatient psychiatry department. "He called me to say there's an opening in inpatient psychiatry," says Kevin. "I met with Dr. Jeffrey DeLisle and Happy Scherer, director of mental health services, and the social work team. I came with the idea to start a family education program. I was a graduate of Sheila LeGacy's train the trainer program in Syracuse and through the Mental Health Association of Albany County." Kevin said he then led the 12-weeks training course for families in Albany County and in Hudson.

When Kevin joined Ellis Hospital's psychiatry staff they didn't have family education. NAMI ran a family support group every other Monday night in Waters House across from the Unitarian Church. At the start his group had only a few families showing up and so did NAMI, so we chose to merge with Kevin's group. Things began picking up for him. He could work with inpatients on the unit during the day and meet with their parents in the evening. After a patient was discharged, families would continue to show up and discuss their family member's progress both at home and out in the community. Meanwhile, Kevin was widening his own experience.

The counseling sessions were proving valuable to families. A couple told of a son who grew so explosive his parents were advised to lay down the law and if he misbehaved again to kick him out of the house. A daughter who lived homeless was in and out of area hospitals, in between doing drugs on the street.

Parents moaned that their daughter couldn't get up, grew more listless and failed to go to her program. Another young man

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Meetings and events

NAMI picnic/BBQ dinner Sept. 4

From near left, Sue, Roy J, Bill and Bob Zumbo, near right, at a previous NAMI summer picnic.

Folks: All signs are GO for our annual fund raiser picnic this Thursday, Sept. 4. Here's Cindy Seacord's description of this event: Given the fun and success of previous picnics, we decided to once again have a community chicken barbeque as our main fund-raiser for the year. We welcome back Pie in the Sky Catering and Bakery (part of RSS), and will hold the event, rain or shine, under the sheltered main Central Park pavilion. Sept.4 from 4-8 pm. For $20 ($8 for a consumer) you get a scrumptious chicken barbeque meal complete with salads, chips, coffee, iced tea, soft drinks, and cookies and/or brownies for dessert. Rumor has it that some of our more talented diners will participate in karaoke; our talented DJ Vic Furnari will also provide tunes for dancing. Prizes for the best singers and winners of on-site games will be awarded.

Yep, and we might add that tickets for the meal will not be sold at the door, unless you're registering late and let us know by noon Wed., Sept 3 (call Roy Neville, 377-2619) so we can order a dinner for you. If you are a political figure running for office this fall, we would be happy to have you drop in and greet the folks and say a few words up front. Dinner is served 5 pm and is followed by the raffle and karaoke singers and dancers.

NAMI lunch meeting at the Van Dyck on Friday, Sept. 12

We resume our regular lunch meetings this month with a noon-hour get-together at the Van Dyck Restaurant, 237 Union Street in Schenectady's Stockade area on Friday, September 12. Lunch is served in the first floor dining room.We order a tray of panini sandwiches and wraps plus a salad, coffee and sodas ahead. The lunch is $15 which includes tax and tip and is paid to our secretary, Cynthia Seacord after you arrive.

Our speaker will be Moira Tashjian, director of the Division of Housing Development and Support for the NY State Office of Mental Health in Albany. She will discuss the state's new mental health housing initiatives including those for Schenectady. We're very happy to have Moira, who is from Schenectady and formerly served as manager of the Ellis mental health clinic on Lafayette Street. Please call Roy Neville (377-2619) or Flora Ramonowski (372-6771) by Sept. 10 to reserve with us. Hoping you will want to join us and become part of our advocacy and education efforts

Relatives supp't &education groups

Relatives mental health support groups continue to meet with a counselor at two locations. Kevin Moran is the social work counselor leading the family education group at Ellis and Frank Greco meets with family members at the CDPC Franklin St clinic. Kevin's group meets at 6 pm every Wed night in

News and views

HIPAA hypocrisy?

Why would they do it? Ellis Hospital is pushing secrecy these days. I was told a lawyer went around to bend the ears of staff members about keeping mum on patient privacy matters. On Thursday I happened to need my friend Mike for some final questions to put out this newsletter and I know he's in the hospital. I called and got patient information. I say, "Can you tell me if Mike …….is in the hospital?" She says, What room is he in? And I say, I don't know. So she says, Who are you? And I say: I'm a friend. She says: I don't have any information on a patient by that name, sir. And she hangs up.

Now that's not the end of the story. I called later and asked what room Mike was in. She says: He was discharged today. Thank you very much, I say. That's all I wanted to know. Too bad families asking the simplest of questions about someone close can't get to first base with the hospital's interpretation of privacy laws. Are they right? The state Office of Mental Health guide, Understanding HIPAA...says: " We know that, regardless of diagnosis, recovery of any type is an ongoing process. We also know that for a person with mental illness, continued recovery can only be successful when there are appropriate supports in place. These critical supports can come in many forms; they may be family members, neighbors, friends, even the mail carrier. Any information that treatment providers are allowed to share with these supports, to help them understand the challenges the patient may face, will strengthen his or her ongoing recovery."

I wonder if those making hospital policy on the HIPAA laws know they're opposing the will of the state commissioner of mental health who wrote not long ago that doctors and others should listen to what families have to say. Family members have a right to speak to the treating physician and other staff under the HIPAA laws. Doesn't a friend have a similar right? In managing these matters it sounds like Ellis is going overboard.

Support groups *from previous column*

classroom B-3 inside Ellis Hospital. You can call him ahead on 243-4255 if you are new to the group. These are conversational groups providing free counseling to those attending. Each person gets a chance to tell about their situation living with someone or in close proximity to a relative with a serious mental illness. You don't need to live in Schenectady County or have had a family member hospitalized at Ellis to take part. Frank Greco is counselor for the program at the CDPC clinic at 426 Franklin St. which meets as-needed on Monday nights, 5:30 to 7. Call ahead on 374-3403. Frank also runs a support group in Albany at CDPC on alternate Thursday nights. Call 447-9611 x-4512.

Consumer news: Consumers can check the website Schenectadypeer.com for latest activities of the PEER group (see info@schenectadypeer.com). The PEER group continues its live YouTube Google-plus hangouts on Sunday evenings at 7 where they discuss things mental health-related and community activities happening "live" on the internet. To join them—call Mike Abair on 694-6953. PEER advisory board meets first and third Fridays at 1 pm at Apostrophe Coffee in Proctors Arcade. Ellis mental health crisis line is 243-3300. Dual Recovery Anonymous support group meets Thursdays 5:30 to 6:30 at Conifer Park Outpatient at 600 Franklin St. Reach Out newsletter for July-August is out. Find a copy on www.reachout.com.or schenectadypeer.com.

Kevin Moran here nearly 20 years

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stayed up all night, and there was the man who took the keys to his mother's car and regularly went out drinking. She called the police who said they knew just where to find him. Kevin heard all these stories and offered help by talking it out with the parents involved.

A key topic for Kevin is the family other than the ill person. Going back, he says: "It seemed a need for families' education was there. The person with the illness is important but families get lost in the shuffle. How they begin to understand what the illness is and how to manage and cope with the diagnosis. We're helping families work through the grief process in illness and the importance of their own health care."

Kevin Moran back from Hawaii vacation in Feb. 2013 had families present him with straw hat, a lei, pineapple & sunglasses..

"I've always said these illnesses we can't fix but families can understand what the illness is and recognize that recovery is possible. Setting limits and having expectations that the person with the illness has to find his own way to manage. We help you find your way to recovery through therapy and medicine." Family members have reported that by coming to the family education program they get a better understanding of mental illness and their loved one will have a better ability to handle their illness.

What's satisfying? "The support the families give to one another. When a new family comes in, the others tell them what it's like and that things do get better. So families are not part of the problem but become part of the solution."

Disappointments? "No. I wish we could do more. A few years after we started, the state Office of Mental Health commissioner's office sent Rami Kaminsky here to use this as a pilot program for the state. We broached this to county leaders about the value of the program to the community. Nothing happened."

Since then we've had several local leaders in mental health, criminal justice and the courts come to visit and speak to our Wednesday evening group, Kevin said. We've shown some videotapes about families trying to cope. We'd like to do more of that. I think this is the picture for the future, too; more opportunities for education of families pays off in better care.

He tells worried parents: "You are not alone." There is hope for those even with the most serious mental illnesses like schizophrenia. He goes on to describe the exploits of famous people who have pulled through after severe bouts of illness, like John Nash, the Princeton University scholar who captured a Nobel prize in mathematics; psychiatrist Kay Redfield Jamison and fiction writer William Styron, who wrote about their depression; and law scholar Elyn Saks who told of living with madness. They were all brilliant people who came back to survive their illness, Kevin remarks.

Medicaid is growing; so is emergency room use

A study of growing Medicaid enrollments and use of hospital emergency rooms has caused worry that more people now enrolling will balloon up costs of emergency care and cause worse tie-ups in waiting rooms. New York State meanwhile is cracking down on emergency room use as a major way to save money under the state's new federal Medicaid waiver program and the parallel shift to managed care Medicaid.

We thought to take a look at the Emergency Room of the Capital District Psychiatric Center (CDPC) in Albany, which operates like the ER of a general hospital. It has sometimes been criticized by patients and families alike as being crowded and having long waiting times. Also, we wanted to ask what are the policies about use of the ER--called Crisis Services, at CDPC? Are people with these illnesses overusing the facilities by being able to come in with almost any ailment bothering them? They often arrive by ambulance. Shouldn't there be some discipline about admission?

We asked Bill Dickson, executive director of CDPC about these questions and some studies showing Medicaid patients overuse emergency facilities compared to private patients or those uninsured. A study in Oregon, for instance, showed when Medicaid was expanded in 2008 to more low income adults, those on Medicaid used emergency departments (EDs) 40 percent more than the uninsured.

Q. Who's using the emergency room now?

A. Both Medicaid and non-Medicaid patients. Nobody is turned away.

Are mentally ill patients overloading the Crisis Service at CDPC and running up the bills wastefully?

No, said Bill Dickson.

Do Medicaid patients use the ER more often than patients with private insurance?

Not noticeably, Bill said. He'd have to check.

Is the Crisis Service overloaded with patients? It's very busy, Bill said. Are the patients put in the halls waiting for a bed inside?

No, we don't put them in the halls, he said. They're evaluated fairly quickly but we're often searching in CDPC for an inpatient bed or at another hospital.

Where are they sent? It depends on what insurance they have and where there is a bed available.

Are patients being discharged back to Schenectady County? I said we heard the state isn't authorizing more supported apartments for Schenectady perhaps because nobody is being released back to Schenectady. The Schenectady patients may be long term or with criminal justice concerns. But Bill said patients are being sent back to Schenectady. "We're talking to people at Dominion House or Mohawk Opportunities all the time to place them back there," he declared.

So why is there so little new state supported housing for this population over here? (see housing story on another page)

NAMI Hill Day, rally in Washington, DC Sept. 4

NAMI members and mental health advocates from around the country will call on Congress to Act for Mental Health during a rally at the Capitol in Washington, DC on Sept. 4. NAMI-NYS board members, affiliate leaders and staff will make visits to members of the NYS Congressional delegation as well as meet with the office of Rep. Tim Murphy, the author of HR 3714, The Helping Families in Mental Health Crisis Act.

You can lend your voice to the NAMI national day of action without going to Washington. View the NAMi Act4MentaHealth campaign on Thunderclap (internet site) and see the day of action page.

Hill Day consists of visits to the Congresspersons' offices. See the NAMI Advocates for Change website for instructions on meeting with your legislator and telling your story. There's a worksheet for scheduling your appointment. Here are NAMI's legislative issues and key bills in Congress:
--2015 funding for mental illness research and services
--children, youth and young adults—NAMI calls on Congress to support effective school-based mental health services and supports and training of school personnel to better understand the early warning signs of emerging mental illness
--criminalization of mental illness—NAMI calls on Congress to support alternatives to incarceration, access to treatment and better coordination between mental health and criminal justice
--housing for persons with serious mental illness—funding is needed to support effective housing programs that deliver decent, safe and affordable housing for people living with serious mental illness
--comprehensive mental health legislation –Congress must find common ground and reach agreement on solutions to the mental health crisis in America
--military and veterans—NAMI urges the Senate to pass the NDAA (S. 2410) with the suicide prevention and related provisions included in the Sexton Act.

The events take place during NAMI's annual convention in Washington, DC. On Sept. 4, conference attendees will visit Capitol Hill offices to urge legislators to pass comprehensive mental health reform legislation, centered on the Murphy bill.

"It has now been two years since the tragedy at Sandy Hook Elementary School and we continue to see reminders everywhere of the critical need to address mental health reform in this country," said NAMI Executive Director Mary Giliberti. "While there has been dialogue and some progress since the White House's Conference on Mental Health last year, the country and those living with mental illness are still waiting on Congress to act. The National Day of Action provides the opportunity for mental health advocates in Washington and around the country to make their voices heard and urge Congress to pass comprehensive mental health legislation."

Allons enfants de la patrie!

C'mon folks: H.R. 3717, the "Helping Families in Mental Health Crisis Act of 2013," (Murphy bill in Congress) is still alive and needs your support. Urge our representative in the 20th Congressional District, Paul Tonko, to continue negotiating on the bill. Paul is a prominent supporter of the opposition Barber bill but is committed to finding ways to compromise and work out differences. The Barber bill doesn't address crises like the shootings that command national headlines; and it doesn't address the jailing of so many men with serious mental illness—known as a national scandal. Encourage Paul to see the light. Call his local office in Schenectady City Hall at 374-4547 or his Albany legislative office at 465-0700 or get his address and write him with particulars. See articles about the Murphy bill in the last few issues of this newsletter.

Among positive features of the Murphy bill is a grants program to the states to expand assisted outpatient commitment (AOT), under which someone diagnosed with a serious mental illness is court-mandated to follow a specific treatment plan. This pinpoints the men and women most in need of attention, most prone to getting into difficulty and keeps them from further hospitalization or doing time in jail. This is Kendra's Law in NY, very valuable to our families.

Rep. Murphy's bill would also tweak the federal HIPAA confidentiality law so parents of seriously ill people are not kept in the dark about diagnosis, what prescriptions need filling, and pending appointments of their loved ones. The bill also starts to address a hospital bed shortage that prevents seriously ill people from getting care when needed.

As NAMI-NYS leaders have written, we need your help to keep the momentum going. Talking points for HR 3717:
--Provides funds for assisted outpatient treatment pilot programs where the states or counties are now reluctant to start it up.
--Gives states an incentive to implement a "need for treatment" standard so relatives are not forced to become dangerous to themselves or others before getting care.
--Inhibits PAIMI (protection and advocacy) public law firms from overruling parents involved in the care of loved ones.
--Reforms the FERPA law (confidentiality for students) so parents of students can get information about mental health issues.

Note: Rep. Murphy alrready spearheaded a successful vote in Congress earlier this year calling for $15 million to be spent on AOT programs in the states. The money hasn't been appropriated. Urge your congressperson to favor that appropriation..

Lost man is found

We wrote in the last two issues of this newsletter of a man who left his backpack untended outside the Target store in Niskayuna's Mohawk Mall June 3 , causing police to charge him with posing a fake bomb threat. He was thrust in jail, later released at a court hearing June 18, and became homeless after his parents refused to take him in. He is said to have a diagnosis of depression. What's become of him? We learn that in the 10 weeks since his jailing he stayed at an aunt's house for two days, wandered to Albany, did magic tricks in the street for children which appeared on Facebook, and then disappeared.
A friend talked with him recently, said he got on a bus to NYC

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Few state mental health beds coming our way—here's a rundown

How much subsidized mental health housing will Schenectady get from NY State this year?

So little subsidized mental health housing coming to Schenectady County from NY State--have we been forgotten? Only a trickle of new supported apartments have come our way the last few years and no treatment apartments or group residences. None of these announced so far this year. But it's changing. The state Office of Mental Health, the main funding source, has a new way of doing business that explains it.

For one thing, the state office develops housing with the newer designations, seeking proposals for SP-SROs (supported single room occupancy apartments) and CR-SROs (congregate residential-single room occupancy units), for example. It invites bids for enriched crisis and transitional housing services for the Medicaid Redesign Team. It does competitive bidding and targets the housing for specific audiences, like high need adults or long term stay patients or nursing home patients transitioning out.

They still do supported apartments to fill in the gaps, hundreds of them this year scattered around communities statewide, but Schenectady doesn't get more of these units right now because CDPC did not get a designation of need for these apartments.

Most of the housing we do have, run by the main providers--not for profit companies Mohawk Opportunities and Rehabilitation Support Services--was put in service many years ago. The total of additional units hasn't changed that much except for the YMCA with its gargantuan-sized building on Broadway that opened two months ago, housing a large number of people in recovery from mental illness or an addiction.

A top mental health housing official who hails from Schenectady tells of expansion plans for local level housing for the Capital District and Schenectady. But she says the main program for adding this housing in the community to offset state hospital bed closings won't affect our county. Few housing starts of this type are set for Schenectady County for two reasons: lack of patients being discharged from the Capital District Psychiatric Center to housing back in our county and lack of bed closures this year or planned for the immediate future for this state hospital. Nursing home bed closures in our area might lead to expanded community beds here, too, but that hasn't been determined yet. .

Some CDPC patients are being sent back to Schenectady, we learned from Bill Dickson, the hospital's director, but he agreed others are more likely to stay there long term because of a more severe illness or they have a criminal justice history that keeps them there.

For this area, there are several projects in the works but the ballgame has changed, says Moira Tashjian, director of the Division of Housing Development and Support for the state Office of Mental Health in Albany. "The state office no longer does single site apartments because of the Olmstead Act. (It requires non-segregated housing for people with disabilities.) So all buildings we build are mixed use—apartments for a priority mental health population combined with affordable housing for other people living on low incomes. We just now requested bids for a supported SRO and affordable housing building equal to some combination of mental health housing units and affordable housing units."

In the Hudson River region which includes Schenectady there'll be 150 more beds developed under more ambitious building plans that take more than a year to develop. Construction is underway on these, with 50 beds in the Poughkeepsie area.

"And then we have scattered site supported housing being rolled out, 80% of it tied to closing of state psychiatric center beds and 20% tied to closing of beds in general hospitals like Ellis," Moira said. But CDPC is not one of the areas tied to these units. So Schenectady doesn't get.

Moira Tashjian is a former program supervisor at Mohawk Opportunities in Schenectady and worked in the county Community Services office as well. She left to join the state Office of Mental Health in its Hudson River Regional Office and then was shifted to her present job in Albany.

Currently, OMH has a number of new housing plans being developed: Supported housing, serving people from psychiatric centers and Article 28 and 31 hospitals, nursing homes and adult homes. OMH is also reviewing final proposals for the construction and operation of 700 units statewide of SP SROs--all of which will be built with affordable units open to the communities in which they are located.

The Medicaid Redesign Team and the affordable housing committee each year set priorities; as one of the priorities the OMH is piloting some crisis enriched housing over a two year period, This is funded by MRT funds. The crisis residences are for people who may not need to go into a hospital or who may need a place to go once they leave the hospital, Moira said. They're doing a pilot project funded by MRT for 36 beds, looking at placing crisis units within an existing community residence. This project has RSS as a successful bidder in the Hudson River region where three units would be opened through redesign of existing programs."We're making final determination on those now," she said.

"We're always looking to expand supported housing. In the past year we've authorized 700 units for the MRT for anyone who is a high Medicaid user and for people who have nowhere to live. All of these are bid on and filled. Schenectady did have some of these. We believe we can show there are Medicaid savings because of these units. Mohawk Opportunities got five and RSS got five, funded by MRT dollars."

There's another supported housing project for people living long term in a state hospital, nursing home or other long term institution. Schenectady was allotted 20 beds--12 for Mohawk and eight for RSS. These projects came out several years ago but they have to be filled by someone living in a hospital at least six months or more. So it takes a while to fill up all these beds.

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Depression and suicide *from page one*

Excerpts from "Darkness Visible—A Memoir of Madness," by William Styron

"The pain is most closely connected to drowning or suffocation—but even these images are off the mark. William James, who battled depression for many years, gave up the search for an adequate portrayal, implying its near-impossibility when he wrote in "The Varieties of Religious Experience: 'It is a positive and active anguish, a short of psychical neuralgia wholly unknown to normal life.'"

"It was not really alarming at first, since the change was subtle, but I did notice that my surroundings took on a different tone at certain times; the shadows of nightfall seemed more somber, my mornings were less buoyant, walks in the woods became less zestful, and there was a moment during my working hours in the late afternoon when a kind of panic and anxiety overtook me, just for a few minutes, accompanied by a visceral queasiness—such a seizure was at least slightly alarming, after all. As I set down these recollections, I realize that it should have been plain to me that I was already in the grip of the beginning of a mood disorder, but I was ignorant of such a condition at that time."

"When we endure severe discomfort of a physical nature our conditioning has taught us since childhood to make accommodations to the pain's demands—to accept it, whether pluckily or whimpering and complaining, according to our personal degree of stoicism, but in any case to accept it. Except in intractable terminal pain, there is almost always some form of relief; we look forward to that alleviation whether it be through sleep or Tylenol or self-hypnosis or a change of posture or, most often, through the body's capacity for healing itself, and we embrace this eventual respite as the natural reward we receive for having been temporarily, such good sports and doughty sufferers, such optimistic cheerleaders for life at heart.

"In depression this faith in deliverance, in ultimate restoration, is absent. The pain is unrelenting, and what makes the condition intolerable is the foreknowledge that no remedy will come—not in a day, an hour, a month, or a minute. If there is mild relief, one knows that it is only temporary; more pain will follow. It is hopelessness even more than pain that crushes the soul. So the decision-making of daily life involves not, as in normal affairs, shifting from one annoying situation to another less annoying—or from discomfort to relative comfort, or from boredom to activity—but moving from pain to pain. One does not abandon, even briefly, one's bed of nails, but is attached to it wherever one goes."

Excerpt from "Depression--the Secret We Share," by Andrew Solomon, Oct. 2013

In 1991, I had a series of losses. My mother died, a relationship I'd been in ended, I moved back to the United States from some years abroad, and I got through all of those experiences intact. "But in 1994, three years later, I found myself losing interest in almost everything. I didn't want to do any of the things I had previously wanted to do, and I didn't know why. The opposite of depression is not happiness, but vitality, and it was vitality that seemed to seep away from me in that moment. Everything there was to do seemed like too much work. I would come home and I would see the red light flashing on my answering machine, and instead of being thrilled to hear from my friends, I would think, "What a lot of people that is to have to call back." Or I would decide I should have lunch, and then I would think, but I'd have to get the food out and put it on a plate and cut it up.

"And then the anxiety set in. If you told me that I'd have to be depressed for the next month, I would say, "As long I know it'll be over in November, I can do it." But if you said to me, "You have to have acute anxiety for the next month," I would rather slit my wrist than go through it. It was the feeling all the time like that feeling you have if you're walking and you slip or trip and the ground is rushing up at you, but instead of lasting half a second, the way that does, it lasted for six months. It's a sensation of being afraid all the time but not even knowing what it is that you're afraid of. And it was at that point that I began to think that it was just too painful to be alive, and that the only reason not to kill oneself was so as not to hurt other people.

"And finally one day, I woke up and I thought perhaps I'd had a stroke, because I lay in bed completely frozen, looking at the telephone, thinking, "Something is wrong and I should call for help," and I couldn't reach out my arm and pick up the phone and dial. And finally, after four full hours of my lying and staring at it, the phone rang, and somehow I managed to pick it up, and it was my father, and I said, "I'm in serious trouble. We need to do something."

Poetic voices of despair

Excerpt from a poem, "The Sickness Unto Death," by Anne Sexton. She was one of a number of poets and writers who took their own life after their own autobiographical accounts of alienation, despair and madness. Anne wrote numerous poems during a troubled and chaotic life. She died a suicide in 1974.

"God went out of me…As if the sea dried up like sandpaper, …as if the sun became a latrine….God went out of my fingers….They became stone. …My body became a side of mutton…and despair roamed the slaughterhouse."

Emily Dickenson wrote poems during a sheltered New England life that was also marked by deep depression. This fragment is from one of them, source unmentioned: "I felt a funeral in my brain, and mourners to and fro kept treading, treading till I felt that sense was breaking through. And when they all were seated, a service, like a drum, kept beating, beating, till I felt my mind was going numb. And then I heard them lift a box and creak across my soul with those same boots of lead again, then space began to toll, as if the heavens were a bell and being were an ear, and I, and silence, some strange race wrecked, solitary, here. Just then, a plank in reason broke, and I fell down and down and hit a world at every plunge, and finished knowing then."

Editor's viewpoint: We can't be sure if a loved one is depressed

With some of the most gifted writers and artists to tell us and show us just what severe depression is like, how it feels, how it overcomes the mind, body and spirit with a power even to kill us, you might think there is no mistaking this evil. In "Surviving Manic Depression," E. Fuller Torrey, MD, the psychiatrist-adviser to NAMI families, quotes Lewis Wolpert, a scientist who became severely depressed, emphasizing the difference between sadness and true depression: "That's the thing I want to make clear about depression: it's got nothing at all to do with life. In the course of

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Sadness and depression *from page 6*

life,there is sadness and pain and sorrow, all of which, in their right time and season, are normal—unpleasant but normal. Depression is in an altogether different zone because it involves a complete absence: absence of affect, absence of feeling, absence of response, absence of interest."

And some of the other writers in the passages above told of the stages of coming under its spell, and the descent into hell that followed. But I'm convinced there are many reasons why we in ordinary life do not understand the symptoms, the path it is leading one down, or the end results of true depression. I believe we can live intimately with someone for decades, a spouse or close companion, and note changes in their behavior or personality, but we can't legitimately pin these on depression.

Older people do change, their minds and bodies slow down and grow weak, their appetite wanes, they don't sleep well. They've lost dear family members and friends. They're likely beset with physical weakness and aggravations that make them cross or irritable. The old joys and energies die out. They're less enthusiastic and interested in the world around them, their loved ones, their children. They may suffer from common symptoms of dementia. And many of these are also signs of depression, including a sad face, memory loss and joyless emotions.

But the other features of depression sometimes highlighted are apt to be missing: they don't seem preoccupied by death or suicide. They don't suffer from lack of self-esteem, they don't express self-hatred; they don't seem overwhelmed by sin. For these and other reasons, for the occasional burst of laughter, a mischievous look, sudden remembrance of a long forgotten event, or the happy sharing of smiles with family, we just see them as old folks and we can't call them depressed.

Robin Williams

Remembering Robin Williams

Much admired actor-comedian Robin Williams took his own life in suicide at age 63 on August 11. His death is blamed on major depression—he was battling depression and alcoholism and had entered treatment as recently as this July. The following tribute comes from NAMI-NYS board member Dr. Steven Dvorin:

Nanu.Nanu.
I remember Robin Williams' brilliant performances, and now, sadly, I'll remember him for his untimely death by suicide. Almost 40,000 people will take their own lives this year. While there are many reasons why individuals choose to end their own lives, most often it is serious depression that moves them to a tragic end.

In contrast to normal "ups and downs" of mood (we are, after all, "human"), serious depression, known clinically as Major Depressive Disorder, is a dark, painful state of sadness and loss of pleasure that pervades all aspects of life and is unchanged from one day to the next. Concentration and focus are impaired. Sleep is disrupted. Appetite changes. Energy level is low. Interest in most activities disappears. Self-worth sinks beneath guilt and blame for minor or imagined transgressions. Thoughts of death emerge and, in the extreme, death by suicide defeats the urge to live.

As dreadful as that description sounds, persistent depression and death do not need to be the inevitable outcome. Major Depressive Disorder is a treatable illness. There are effective psychotherapies and medications that alleviate symptoms, restore function, prevent recurrences, and ultimately save lives. Interventions take time and may require adjustments and modifications. In the event that suicidal urges become stronger, then treatment can be intensified in a protective setting.

Awareness and early intervention are crucial. We have a rich array of services in our community to help persons who contemplate suicide. Recognizing when "the blues" morphs into serious and persistent depression is critical. As a community we can't just stand by when we see a friend or loved one who is suffering. It is important to initiate a conversation. Share your observations about the changes you see. Be frank. Ask about suicidal thoughts. Encourage formal treatment. Follow up. Persevere. Don't walk away.

Depression is one of the most common mental disorders. Let's raise awareness, maintain the conversation, use community resources, and reduce impairment and untimely deaths. For emergencies, contact Lifeline, consult with your primary care physician, or seek guidance from first responders. Most importantly, ask for help.

Stephen Dvorin, M.D., President, National Alliance on Mental Illness-Rochester

Editor's note: Tributes also come from NAMI national's Dr. Ken Duckworth who noted that when combined with a substance use disorder depression becomes even riskier and harder to treat, and when it is part of a bipolar disorder it requires extra attention. He urges us to advocate for better treatments and for research; be pro-active to be sure that people get screened for this depression; and get checked out for medical causes of depression, like thyroid disease.

Mary Giliberti, NAMI's executive director, writes that learning the signs and treatment options about depression and other mental health conditions is a place to start, as is reaching out to a trusted friend or family member or listening and offering help and hope to someone in need. If you are or know someone who is struggling with depression or a mood disorder, you can contact the NAMI Helpline at info@nami.org or at (800) 850-6264 for information and tips. And if you or someone you know is in a crisis, contact the Suicide Prevention Lifeline at (800) 273-8255.

Housing sutvey *from page 5*

Among the new projects, RSS executive director Bill DeVita said his agency has a site under consideration on Troy Road in Colonie for mixed use housing. They don't have final agreement on the land. It would be apartment buildings with on-site services. In Schenectady, RSS has a 12 bed MICA residence and apartments along the Eastern Avenue corridor.

Joe Gallagher, executive director at Mohawk Opportunities, said they had bid on 15 units of mixed use housing. They plan to continue to apply for more housing that's offered. He wondered how the state will continue to fund mental health housing with a shift to Medicaid managed care. He said Mohawk has 46 supported apartments, 40 treatment apartments and 43 clients in group homes in Schenectady County.

Lost man is found *from page 4*

by hiding in the luggage. Didn't do too well in NYC. Tried to make money by doing his magic tricks. Came back to his aunt's house missing his shoes, which were taken from him. He looked bet up, had blisters on his feet. At his aunt's, things got bad, she said. There was an argument that got physical. The talk was that the devil was inside him. Police were called for a pickup order to take him to Ellis Psychiatric. He was in Ellis about a week. His friend was on the phone with him. He was talking about suing the hospital. Then he talked about getting out but neither his aunt nor his parents would be a good place. She thought his landing in Ellis was a good thing. She didn't know what was going to happen next. She claims he can talk himself out of a paper bag.

Note: Our reason for delving into this young man's private life is that somebody should be in charge of him—a social worker, doctor, clinic staff. He's too vulnerable. He needs somewhere else to live. Where are the housing people to take him in? He doesn't accept that he's mentally ill and at risk of hurting himself or someone else. This is a story that happens too often—treatment is not there and he's not willing to go in to get help.

Editor's note: 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. This is the monthly NAMI Schcnectady newsletter and is primarily issued via e-mail. if you want an e-mail copy send your e-mail address to the editor, rneville@nycap.rr.com. Back issues are on the website, namischenectady.org and can be downloaded in pdf format.

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