

## **NAMI Schenectady E-News**

Fall/Holiday Edition 2018

Acting Editor\*: Cynthia Seacord Send address changes, requests to discontinue and comments to: [namischenectady@gmail.com](mailto:namischenectady@gmail.com)  
or contact temporary acting editor at 518-374-8071 (home #)

*\* Please NOTE: We need one or two members to take on the editorship of this newsletter!*

### **Support Group Meetings**

**Ellis Family Support –see page 2** ➔ **Kevin Moran Article**  
**CDPC Family Support Group** – Family Resource Room at the Capital District Psychiatric Center, 75 New Scotland Avenue, on Tuesdays at 5 pm. Frank Greco, Dir. Of Family Services, leads. (518)-549-6816. With enough interest expressed, CDPC may run a support group in Schenectady. Write us (g-mail above) to express your interest in a Schenectady-based CDPC support group. *NOTE: Your family member does not have to be getting treatment at CDPC in order for you to attend.*

### **CDPC's Up-Coming Programs**

**November 13** – Legal Aid Society specialists David Crossman, Esq. & paralegal Muriel Miller will talk about Housing Issues, including eviction and squatters rights, and a presentation on how to navigate managed care programs. *A question and answer session will follow, prior to regular support group.*

**December 11 at 5:30** – *Family Services Holiday Celebration in the Family Resource Center, CDPC* - Families with previous connections with this group are more than welcome. Potluck, with Pizza, music and fun and support.

### **NAMI Holiday Gathering on December 7<sup>th</sup> at the Turf Tavern**



Members and friends of NAMI Schenectady are cordially invited to our annual holiday party to be held on Friday December 7<sup>th</sup> at the Turf Tavern in Scotia. The Tavern is conveniently located with plenty of off-street parking at the corner of Mohawk Avenue and Route 50. Cocktails begin at 5:30, followed at 6:30 by dinner in the room in back of the main dining room, where we'll order off of the menu. Please RSVP (518)374-8071 no later than December 5<sup>th</sup> so we can give a "head count" to the restaurant. Thanks!

### **NAMI SCHENECTADY WANT ADS**

- 😞 We are being forced to cut back to 6 or fewer issues per year. Volunteer ASAP to write and/or edit. Can you help? Contact us ASAP Will train.
  - Reporters are needed for our newsletter and website. Review a book or movie, advocate, share recovery and wellness-related tips.
  - Webmaster or co-webmaster of our website, [namischenectady.org](http://namischenectady.org), is needed. Put your technology know-how to work today.
  - Create and maintain a Facebook account for our affiliate.
  - People to serve on the board or on a committee (examples: nominating committee, planning committee, finance committee).
  - Drivers for events, especially peer activities.
  - NAMI Family to Family class graduates to take training to become certified Family to Family teachers so we can offer more classes.
  - Program planner(s) for monthly meetings
- To apply for any of these volunteer jobs, write us at: [namischenectady@gmail.com](mailto:namischenectady@gmail.com)**





## NAMIWalk 2018 Update

The **Schenectady Peppermint Patties** exceeded their \$1,000 fund-raising goal by nearly \$500! If you did not get an opportunity to donate to NAMIWalk, you have until the end of November to do so. Find our 9/29/2018 event on the [www.namiwalks.org](http://www.namiwalks.org) website, search for our team, and donate on-line supporting either the team, or a specific team member. NAMI Schenectady shares the proceeds from the Walk with NAMI New York State. *NEXT YEAR'S DATE HAS BEEN SET for September 14, 2019. We thank you!*

## Kevin Moran retiring mid-November; family support group at Ellis may close

by Roy Neville

Longtime family counselor in psychiatry at Ellis Medicine, Kevin Moran, will retire November 16 as a psychiatric social worker, possibly ending his tenure as leader of the weekly family support and education group inside the hospital. Kevin submitted his retirement application in September which would terminate his employment after 24 years there, while he awaits a decision as to whether the family support position might be continued.

Kevin said hospital policy is that someone must wait at least three months after leaving before coming back to work at the hospital. He said "We have to work it out with Human Resources." He is hopeful of returning, while exploring other job possibilities. As of October 21, the administration had not notified him about continuing.

Kevin said it was an honor to serve the families at Ellis where he's been the only family counselor in psychiatry since the program's beginning in 1995. He developed family education at Ellis shortly after

arriving there after a stint as a social worker in the psychiatric day treatment program at Samaritan Hospital in Troy. He was first inspired by the idea of starting a family group inside the hospital by taking a "train the trainer" course with Sheila LeGacy, a social worker from Syracuse, back in the early 1990s. "It goes back to Sheila; she was the mentor," he said. (Editor's note: Sheila LeGacy is well known to NAMI, as a clinician, writer, and leader.)

Kevin went on to teach a 12-week training course for families in Albany and Hudson after that.

He said the highlight of his time spent at Ellis has been working with families in the education program—"a wonderful journey through the years." And he wished other counties would do the same. Kevin has run the weekly program on Wednesday evenings at 6 pm all this time, almost without a break. Families come and go, some participating for months and even years and others returning from time to time. He also offers an on-call line in emergencies and where urgent advice is needed.

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 families 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. There were parents who moaned that their daughter couldn't get up, grew more listless and failed to go to program. Another young man 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

(Kevin Moran continued from page 2) 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 of 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."

"I've always said these illnesses we can't fix but families can understand what the illness is and recognize that recovery is possible," Kevin continued. "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 Kevin's group they get a better understanding of mental illness and their loved one will have a better ability to handle their illness.

**NAMI Schenectady families and others in the Schenectady community who have benefited over the years from Kevin's wise counsel will honor Kevin Moran for all he has done and been for we folks at a special celebration after his final Wednesday night family support group session on November 14<sup>th</sup> at Ellis Hospital Classroom B-3 (B-wing, 3<sup>rd</sup> floor)**

### ***Family to Family Class News***

***Anne Marie Heim & Cindy Seacord, Instructors***

If you want to learn more about this free Signature NAMI Education course, or to take it, contact us via [namischenectady@gmail.com](mailto:namischenectady@gmail.com). We will communicate directly with you as we finalize location and start dates for the next session which will be held in Schenectady beginning in January. We unfortunately were not able to run the course in Schenectady this fall. We need to have a minimum number of students to make a class viable, so please write us as soon as possible to let us know you're interested. Specific 2019 information will be put on our website [www.namischenectady.org](http://www.namischenectady.org) as soon as it is available.

## ***No sex offenders in state group homes? OK, so where do you put them?***

By Roy Neville, Opinion

The *Daily Gazette* editorial board took on an easy one September 26, urging an end to the state's placing convicted sex offenders on parole in group homes for the developmentally disabled. It is clear and logical to them that you don't put the fox in the henhouse and that's particularly wrong when it comes to vulnerable residents like the developmentally disabled, the editorial preaches. Get them out of there!

These offenders have committed some terrible crimes against children and weaker members of society, where such activity has consisted of repeated abuse, exploitation and violence against someone else. We can't excuse that; they should be locked up. But prison is not a place of reform. These individuals need to eventually rejoin others in society and be given a chance at redemption.

That chance of redemption comes in someone's careful placement in a group home or rehabilitation center, I think. We're talking of developmentally disabled individuals being placed in homes where those with similar conditions reside. The report didn't make clear whether more aggressive and disorderly persons were being housed in these homes—it's unlikely the state would place them there. But it said it's a long standing practice to place the ex-offenders with disabilities in with the others.

So if we don't have evidence of bad behavior in those homes, what is the problem? The really bad actors aren't going into the homes. They will have to remain in locked units on state hospital campuses, separate from the other patients. That's not a satisfactory answer either and one that has caused great concern on the part of state officials and civil rights advocates.

I believe the courts have ordered NY State to halt or reduce the practice of placing numbers of paroled ex-sex offenders in various of its state hospitals. The problem is that there is no end date for these individuals and they've already served their time in prison for their crimes. They can't be sent back to prison as that would be double jeopardy and the hospital confinement amounts to the same thing. The serious offenders don't fit in well unsupervised in the community either.

As the number of offenders released from prison has grown larger, the state has relied on its hospital placements, until most of the available beds meant for patients with serious **(Where do you put them? Continued page 4)**

**(Where do you put them?** *Continued from page 3*) mental illnesses have been taken up. This has contributed greatly to the shortage of beds for these patients. So, where do you put the tier 2 and 3 sex offenders? The editorial writers give us no idea.

It may be that a rehab program will be concocted for them, somewhat secure, but based on treatment, the same arrangement we seek for serious drug abusers. That's not a stretch for these most maligned and disregarded members of society, who need the legislature to do the right thing and put the funding behind such a project.

## **One of Our Own is Honored at the NAMI NYS Education Conference – Guess Who?**

If there is a lifetime achievement award given by NAMI-NYS, it is the Muriel Shepherd Award, the highest honor that NAMI-NYS presents to one of its members. This year, the award was presented to our very own Roy Neville, celebrating his decades long distinguished service to AMI Schenectady, and later, NAMI Schenectady, as well as to NAMI-NYS. Roy sat on the board, and served as president of our NAMI Schenectady affiliate for many years; he retired from the presidency just two years ago. Roy Neville may not have become a computer geek, but he was the brains behind the NAMI Schenectady's website. Roy realized there was a great need to bring computer technology to bear on mental health outreach, especially at the local level. Roy got savvy enough in computers so as to be able to publish a monthly NAMI Schenectady newsletter, containing information on local and national events, and "all things mental health," never missing an opportunity to add his insightful commentary, especially to topics on advocacy. Even though Roy gave up editing the newsletter last April, he has continued to write (two articles this issue are by Roy!!!), including letters to the editor. He continues to organize numerous outings and events for local consumers who might otherwise miss ballgames, concerts and hiking experiences. His has always been, and always will be a strong advocacy voice; this past February he spoke at a rally at the Capitol urging increased funding for mental health housing.

Not wanting Roy to blush too much with these accolades, suffice it to say, you've done us proud, Roy. Congratulations! You so deserved this!

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*(Sorry – NAMI-NYS photos not available @press time)*

Our friend, Roy Neville, one of NAMI Schenectady's founders, honored at the NAMI-NYS Conference

*All conference reporting was done by Cindy Seacord*

## **NAMI-NYS EDUCATION CONFERENCE – TOO MUCH INFORMATION vs. SO MUCH TO BE LEARNED!**

This having been maybe the fifth education conference I've attended, I must say while I looked forward to attending, I knew I'd return home with a roaring headache. I always come home feeling overwhelmed. Why? Cognitive Overload. Now that my head has more or less stopped spinning, I'd like to share some of more of the highlights of the weekend.

Dr. Kenneth Oclatis of Westchester Medical Center Health Network led a focus track workshop on Friday morning concerning the impact of trauma on Children and Adolescents. A study about Adverse Childhood Experiences (ACEs), performed by Kaiser Permanente HMO under the federal Center for Disease Control (CDC) in the late 1990's showed a strong relationship between ACEs and a person's increased risk for illness and social/emotional maladjustment later on in life. The risk of multiple adverse adult outcomes, not limited to but including mental illness, was shown to increase as the number of adverse childhood experiences an individual has increases. Thus, the importance of trauma-informed treatment, and the need for caregivers at all levels (family, school, etc.) to work diligently to help a traumatized child, seeking professional assistance if a child's post-traumatic symptoms last more than 3 months, or interfere with a child's day to day relationships and activities. Of course, Dr. Oclatis emphasized that the consequences of ACEs underscore the importance of preventing the traumatic experiences before they occur. Oclatis listed a whole gamut of preventive and other strategies that

address the needs of young persons and their families, including parenting training programs, high quality child care, teen pregnancy prevention programs, as well as sufficient income to avoid the traumatic experiences linked to poverty. Access to mental health and substance abuse treatment are also on that list. Not surprising at all was to find ACEs mentioned in a number of presentations over the weekend.

A series of featured author sessions were scattered throughout the conference. While I did not attend all of them, there were several I attended that are worth mentioning. ***Copies of the following books are now part of our NAMI Schenectady lending library.***

- Edward M. Hallowell, MD *Because I Come from a Crazy Family: The Making of a Psychiatrist*. Dr. Hallowell was awarded a 2018 NAMI-NYS Leader of Mental Health Awareness Award over the weekend. He shared during his presentation his high ACE “score.” His book tells the story of how he managed to beat the odds, and in part as a result of seeing the needs of others in his life, at the early age of eleven, determined that he would become a psychiatrist. His book in part explores his desire to save his own family, marked by what he calls the “WASP triad” of mental illness, alcoholism, and politeness. Dr. Hallowell loves what he does, finding unending joy and challenges that come with helping others find themselves.
- Lloyd Sederer, MD, *The Addiction Solution* is the latest book by Dr. Sederer, annual participant in the conference’s Sunday morning Town Hall sessions.. His book explores dual diagnosis, and is exactly what we were told it is (I started to read it upon my return home from the conference): a practical guide through the world of drug use and abuse and addiction treatment, often coupled with mental illness.
- Dr. Xavier Amador, PhD, *I Am Not Sick, I Don’t Need Help! How to Help Someone with Mental Illness Accept Treatment* has already been lent to someone in the current Family to Family class I co-teach in Saratoga. Many families with loved ones who have brain disorders talk about how their loved ones refuse to believe they are ill, and won’t accept treatment. Amador’s book, revered as filling a void in understanding

about mental illness, was already being read by another member of our Family to Family class, and she praises it as an invaluable resource for families desperate to help guide their loved ones onto the road to recovery. Dr. Amador’s LEAP method derives from his personal experience of learning what does and does not work when your loved one suffers from *anosognosia* (from the Greek for “to not know a disease”), a total lack of insight into one’s own mental illness. Part of NAMI’s Family to Family course teaches some of the very key listening and conversing skills talked about in this book that can help families as well as practitioners work through this dilemma.

- Alisa Roth was the 2018 NAMI-NYS’s Media Award winner. for her book, *Insane: America’s Criminal Treatment of Mental Illness*, an important book about America’s tough-on-crime policies that have transformed the criminal justice system into a warehouse for persons with mental illness. I know that advocates within our membership who are interested in learning more about mental illness within our prisons’ walls will find this book enlightening as well as disturbing, and fodder for more advocacy for changes in how the criminal justice system presently “serves” mentally ill Americans. (I bet that this book has already been read by Bob Corliss, our affiliate’s expert on all things forensic!)

### **DATE SET FOR 2019**

#### **NAMI’s 2019 Legislative Advocacy Day**

The date and time has been set for Tuesday, February 12, from 9am to 3pm beginning in Meeting Room 6 at the Empire State Concourse. Key issues we will advocate for include:

- Mental health housing with wrap around services
- Increased accessibility to mental health services
- Improving the mental health-criminal justice interface
- Investments in psychiatric research
- Appropriate community services.

*Let the board know that you want to attend this event.*

## NAMI NYS State Education Convention Honors Four Leaders of the Mental Health Parity Fight with Mental Health Awareness Awards



From left to right, Tom O'Clair, Paul Tonko, Andrew Malekoff and Karla Lopez, winners of the 2018 Parity at Ten Leaders of Mental Health Awareness Awards

Two local men were among the four people honored at the opening night of this year's Moving Forward Education Conference held in Albany on October 26-28 for their leadership in the fight for Mental Health Parity ten years ago. Unfortunately, the law for mental health parity did not come along in time to save young Timothy O'Clair, for whom New York State's Timothy's Law for mental health parity is named. Timothy's cause became the passion of another local award recipient, Tom O'Clair, Timothy's father. Ten years ago Paul Tonko, currently congressman from New York's 20th Congressional District, was a member of the state legislature who fought hard to get New York's law enacted. Tonko and O'Clair wept on the podium as each man talked about the fight they shared, and won, both vowing that there would be no turning back. This hard-fought success story, as shared by all four award recipients, compellingly illustrated the evening's over-riding theme, "Every Fight Needs a Voice."

### SCHENECTADY COUNTY SUICIDE PREVENTION COALITION IDENTIFIES TOP PRIORITIES

Come join this important group, set to meet again at the Bonavita Room, St. Clare's Ellis Medicine campus, on November 13 from 3-4:30 pm. Four work groups have been formed to tackle the four top priorities identified by members of the coalition. They are:

- Change/Eliminate Stigma
- Increase Peer Services
- Increase Community Involvement
- Network among providers and the community

## *Pitch in and help, for every little bit keeps NAMI going!*

*NAMI Schenectady's Annual Meeting = TBD  
This is our year to elect a "new" board. Maybe you don't want to serve, but maybe you can help us by nominating someone you know for the Board!*

*Topic for meetings are also welcome.*

### **RESEARCH IN BRIEF - HIGHLIGHTS FROM THE NAMI-NYS EDUCATION CONFERENCE**

Dr. Marc Manseau, MD from the Office of Mental Health presented on the topic **Marijuana and Psychosis: Risks and Opportunities**. He reiterated research study findings that people who have experienced substance-induced psychosis (that usually resolves within 30 days) are more susceptible to development of a mental health disorder. On top of the list of abused drugs is cannabis use. Vulnerability to mental illness increases the earlier the age of use, how often it is used, family history of mental illness with psychosis, urban birth and upbringing, and trauma exposure, especially child abuse. In a person having a number of these factors, the risk grows exponentially. It is possible that cannabis use could be the most important environmental factor that sets off a genetic predisposition to certain brain disorders, and Dr. Manseau speculates that someday a panel will be available that can tell someone if he or she should absolutely stay away from cannabis.

Manseau said that much is being learned about the endocannabinoid system of the body. Scientists are hopeful that they may be on to a natural way to regulate psychosis, dependent upon further learning about anandamide, a naturally occurring substance that is part of this system. Manseau says that we now know that people who are psychotic have increased percentages of anandamide in their cerebral spinal fluid, while persons who are not psychotic have decreased levels of it. Scientists also note that people suffering psychosis with positive responses to medication show increases in anandamide in their systems. Two main components of cannabis, THC and CBD, have been studied, and it appears that THC, producing the "high" in marijuana, may be what screws up the brain's ability to produce anandamide, causing dysregulation of reality. CBD, on the other hand, is not psychoactive. Studies show that CBD

**(Dr. Manseau – Research on Cannabis** continued) *reverses* the effects of THC, and so, may in and of itself be an anti-psychotic. Scientists are seeing that cannabis with greater levels of THC, and lower CBD leads users to earlier and worse psychosis. Dr. Manseau believes it is possible that CBD may help stem the degradation of anandamide, which has great implications for the treatment of schizophrenia. Already, he said, CBD is being used to treat rare seizure disorders.

Dr. Manseau spoke about the dangers of synthetic “pot;” it has stronger levels of THC, thereby causing stronger psychosis. Hemp legality was also discussed. Hemp contains CBD, but only negligible amounts of THC. Overall, however, Manseau stressed, “Smoking anything is bad in terms of brain health.” For more information, he suggested reading [The Complex Connection Between Cannabis and Schizophrenia](#), which he co-edited.

**Other research presentations: A session was given on ECT and TMS** (Transcranial Magnetic Stimulation). Scientists want to use up to date neuroscientific knowledge to help guide how this therapy can be better used, because in treating depression, “one size fits all” isn’t necessarily so. TMS would work better if it were aimed better, but unfortunately, optimal imaging such as MRIs are not being used to determine where to target a patient’s magnetic stimulation treatment. Imaging studies are presently mapping out “depression networks” that are very individualized. It is hoped that establishing individualized therapies could increase efficacy from 33 to 50%.

ECT has stigma attached to it (you could feel the squirming of some of the attendees who were listening to the presentation), because at first; it was not done well; there was way too much current used, and memory loss has continued to be a worrisome negative side effect. Today’s ECT is not as scary, because one is put under anesthesia and given muscle relaxers. Between 50-80% of those who are treatment resistant and have ECT get better. Research is aimed at eliminating the remaining ECT side effects. Some propose using magnetic rather than electrical stimulation, i.e. localized vs. whole brain. Magnetic stimulation can be localized and thus may be able to avoid memory areas. A not yet published study of over

70 patients randomly given either ECT or TMS resulted in equivalent efficacy. This is encouraging because there is quicker re-orientation after waking using the latter. However, there are not very many TMS machines around today that operate at the same level of sophistication as those used in this study. Reinventing ECT may indeed involve creating individualized low amplitude seizure therapy in which how and where the current is put to each patient’s brain would be customized. If the TMS/ECT study currently underway at Bethesda turns out as hoped, it could refine technology and techniques as early as the summer of 2019.

I attended a state level research presentation about **the Center for Practice Innovations**, or CPI, which supports New York State’s OMH mission of promoting availability of evidence-based practices that result in improved mental health services, better accountability, and recovery-oriented outcomes. Some of the CPI’s better known programs are its most recent, namely On-Track NY, an early intervention first psychosis program that locally is operational at Northern Rivers, and Wellness Self-Management. Presenter Dr. Sapana Patel explained that her organization works hard to close the often 17+year gap that often exists between a treatment idea to the evidence-based trial that later becomes part of treatment. CPI partners with the New York State Psychiatric Institute to get evidence based projects out into the academic work force quicker, and to provide training and implementation supports as well. To get new practices out requires training courses, including manuals and toolkits, along with implementation supports, such as in person and on-line support, consultations and learning collaborations. Training has to be designed to reach diverse learners, and be policy informed as well as advisory, and involve participating consumers and their family members.

A free CPI Consumer and Family Portal, “Sebastian,” can be found at: [www.practiceinnovations.org](http://www.practiceinnovations.org). Click on CPI RESOURCES tab, where you can find videos to click onto and links to other resources. No log-in is required.

*Wishing you and yours the best at Thanksgiving  
and during the Winter Holidays*

**JOIN NAMI SCHENECTADY**

Membership in NAMI Schenectady also makes you a member in NAMI  
New York State and national NAMI

To join choose your annual membership dues type(x) below and  
complete form to accompany your check: \_\_\_\_individual \$40  
\_\_\_\_ Household \$60 \_\_\_\_ Open Door \$5 (limited income)  
\_\_\_\_ Additional Donation Total enclosed \_\_\_\_\_

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*NAMI Schenectady is a 501(c)3 organization.*

**Make your check payable to: NAMI Schenectady,  
PO Box 974, Schenectady, New York 12301**

**Healthy Minds = Healthy Communities**



**Holiday Party at the Turf Tavern  
Friday, December 7<sup>th</sup>  
See page 1 for details**  
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