

## **NAMI Schenectady E-News**

February Issue 2020

Acting Editor\*: Cynthia Seacord Send address changes, requests to discontinue and comments to: [namischenectady@gmail.com](mailto:namischenectady@gmail.com)

**\* PLEASE NOTE: We need one more member to share the editorship of this newsletter!**

### **Support Group Meetings**

**Ellis Family Support Group** –Ellis Hospital’s Mental Health Department is continuing the Family Support Group meeting on Wednesday nights in Classroom B-3 (B-wing, 3<sup>rd</sup> floor) at 6 pm for friends and families of adults living with serious mental illness. Park in the Rosa Road Radiation Lot; press button to get buzzed in, or use the parking garage, and follow signs to B wing; take elevator to 3<sup>rd</sup> floor classroom B-3. To verify the meeting is still on call Joel Haynes at 518-605-6537.

**CDPC Family Support Group** – Family Resource Room at the Capital District Psychiatric Center, 75 New Scotland Avenue, Tuesdays at 5 pm. This support group is led by trained facilitators from NAMI Capital Region.

*NOTE: Your family member does not have to be a patient at either Ellis Hospital or CDPC in order for you to attend.*

**Our next board meetings:** 2/20/2020 5:30-6:30 at Apostrophe Café inside Proctor’s Theater. 3/19/2020 5:30-6:30 in the Swanker room at the Schenectady County. Public Library at Clinton and Liberty Streets.

In addition to our Telling Your Stories meeting set for 2/27/2020 (see page 2) we are setting up a topic meeting on Cognitive Behavioral Therapy for April. We have also invited member James Boswell of SUNY Albany to come and talk about his research on improving outcomes by matching clients and providers.

### **Roy Neville “Retiring” – from President Cindy Sood**

Since the founding of the grassroots organization that became NAMI Schenectady, Roy Neville has been a mental health leader and advocate extraordinaire. He has worked tirelessly to improve the treatment and lives of those with mental illnesses in our community. His contributions have been numerous, ranging from advocacy at the local and state level to organizing peer social activities, to producing NAMI Schenectady’s newsletter. Within NAMI Schenectady, he has been a long-standing board member, serving over the years as president and in other leadership roles. At times Roy seems to have boundless energy. It is difficult for any one person to take on all the roles that he has handled simultaneously.

As much as Roy would love to continue do all the things he has been doing, he has decided that the time has come for him to reduce his activities. While he will remain an active NAMI Schenectady member and advocate for those with mental health issues, he is stepping down as a member of the board effective as of the Feb 20<sup>th</sup> board meeting. On behalf of NAMI Schenectady and myself, I would like to offer Roy a gigantic thank-you for all the work that he has done and wish him all the best in the next phase of his life.

### **Appeal for a Member to Fill Board Vacancy**

With Roy stepping down from the board, we will be seeking a new board member. If you would like to see what the board does, come to one of our board meetings. (Information on the next two meetings is in the shaded section, left column this page.) If you’re interested in joining the board **contact either Cynthia Seacord (518-374-8071) or Cindy Sood (518-371-8279)** for more information. We also need to elect a new secretary from within the board itself.

### **NAMI Schenectady’s Dec. 2019 Holiday Party Honored Kimarie Shepherd of Bethesda House**

A certificate of appreciation was presented at our December holiday party by President Cindy Sood and fellow board member Kevin McCormick to guest of honor, Executive Director Kimarie Shepherd. In addition to thanking her for her service, it read, “Under your leadership Bethesda House has gone far beyond supplying the homeless in our midst with shelter from the elements. You and your staff at Bethesda are to be commended for the important and innovative ways in which you have helped countless persons regain their sense of human dignity and respect, not only by feeding, clothing and sheltering them, but also by tending to their needs for other services important to their survival, especially vital medical and mental health care. Through your leadership at Bethesda House, people in crisis have received comfort, direction, and hope. We honor not only you, but your dedicated staff, for all you have done and will do in the future to better the lives of our brothers and sisters in need.”

Leina Minakawa, BH’s Director of Social Work also joined Kimarie and NAMI Schenectady members and

friends for a good meal and lively conversation at Scotia's Turf Tavern. During the party, attendees also donated to Bethesda House a laundry basket filled with items like socks, underwear and toiletries for its guests.



### Planning for NAMI Legislative Day 2020

As you may have read in one of the NAMI-NYS newsletters, for this year's Legislative Advocacy Day, NAMI would like to focus on having its members tell their stories that are relevant to the issues we are advocating for. Personal stories have greater impact on legislators and their staff than simply telling them about the issues in a general way.

If you are new to NAMI, let's explain that each winter, after the State budget has been revealed, NAMI NYS calls together members from its affiliates to come to Albany on a specific date to meet with senators and members of the assembly in their offices to explain the major issues that NAMI New York wants our legislators to push for that year. As Roy Neville puts it, "It's the best chance all year to meet with our representatives and tell them about our individual stories as well as the problems and issues facing those in the Schenectady mental health community." NAMI pre-arranges a schedule of meetings, each lasting no longer than a half hour, with legislators specific to the part of the state that each affiliate comes from, and provides packets of information that outline the key issues. NAMI NYS wants us to pre-register to have a head count for the generous boxed lunches NAMI provides between noon and one pm. When attendees arrive, they need to first go through a security detector, and then meet for initial instructions in Room 2 of the Empire State Concourse, attached to the legislative offices, around 9 am.

NAMI Schenectady members can car-pool to and from Albany; it's vital for you to sign up so the car-pooling can be arranged. Other attendees take the CDTA Bus Plus that runs on Route 5 between Schenectady and the Capitol. Cynthia Seacord (518-374-8071) will be happy to explain how Bus Plus works. She parks at the off-street Schenectady ALDI parking lot on upper State. The fare is \$2 one way, exact change, and you're let off on Central Avenue at the legislative offices just up from the Capitol.

### PLEASE JOIN US! WE NEED NAMI MEMBERS TO COME TELL THEIR STORIES TO OUR LEGISLATORS IN ALBANY! – from Cindy Sood

**Legislative Advocacy Day (March 3, 2020)** is less than one month away, and we are looking for members to represent our affiliate with their stories. (See below the summary of the major 2020 issues NAMI has identified upon which to base your stories!) If you have a personal experience to share that relates to one of the following issues, please join us on March 3. If you are unsure how to tell your story, a guide for how to effectively tell your story is available in the [2019 NAMI Advocacy Guide](#) that we can send to you. *Better yet, I would like to gather all our members who would like to learn how to tell their story on Feb 27 (time and place to be announced).* NAMI-NYS will give a story-telling training/practice session the evening of March 2. We'll get the information on the times and locations of the trainings to those of you who contact us about your willingness to attend a session.

#### The 2020 issues to relate our personal stories to are:

1) **Passage of Nicole's Law** – A young woman named Nicole died from suicide because certain aspects of suicide prevention that are proposed by this bill named for her were not available. Nicole's family, active in NAMI, wants our help in passing this measure to enhance suicide prevention in a number of ways, including ensuring that enhanced discharge planning is in place with priority access to community mental health services before someone who has attempted suicide is discharged from the hospital.

2) **Support of Community Services, Caregivers and the Mental Health Workforce** – Stories may address caregivers' and family's need for tax credits. Others will address the importance of programs and services such as ACT, mobile crisis and intervention teams, respite, tele-psychiatry, early intervention like the On-Track New York program, school mental health clinical services, and 3% pay increases over the next five years to human service workers needed in order to reduce the current high human services turn-over rates.

3) **Access to Appropriate Services and Medications** Some may share how important it is that patients get the medications prescribed them, via "provider-prevails" law, while other may talk about the dire need for an adequate number of inpatient beds.

4) **Adequate funding to ensure the availability of mental health housing with wrap-around support services.** When inadequate dollars are set aside to support this kind of housing, crucial to our folks' successful recovery within a community setting, we run

### **Tips to Beat the Winter Blues**

Not everyone feels energized at the start of a New Year. The cold of winter is unappealing, the days are short, and it can be a struggle to stay happy when it is dark so much of the time. At this time of the year, seasonal affective disorder, a specific kind of depression triggered by lack of sunshine, SAD for short, can set in. People with SAD may experience extreme fatigue, difficulty concentrating, low motivation and even weight gain. Whether one suffers from “winter blahs” or SAD, or other types of depression, the following suggestions can help whoever is trying to manage the winter “blues.”

- **Exercise** - A 2005 Harvard study suggests walking about 35 minutes a day five times a week, or 60 minutes a day three times a week improve symptoms of mild to moderate depression.
- **Surround yourself with good people** – The kinds of people you associate with is so important. They should be non-toxic people who love and support you.
- **Turn on some music** – A 2013 study showed that listening to upbeat music significantly improved a person’s mood in both the short and long terms.
- **Tackle something on your bucket list** – Motivate yourself by doing something for yourself. What have you been wanting to do that seems to get lost in the shuffle? Read a book. Start a new project, or take on a new hobby. Learn a language. Set aside time to do something for yourself that you’ve been meaning to do, and you will be reenergized.
- **Plan a vacation** – Studies show that the act of planning a vacation contributes to your overall happiness.
- **Take vitamins** – Consult with your doctor, to see whether a vitamin deficiency may be the cause of mood swings or fatigue.
- **Help others** – Volunteering your time can improve mental health and one’s sense of well-being.
- **Go outside** – Talking yourself into taking a walk when it is so cold outside isn’t easy, but the benefits are big. Spending time outdoors can improve focus, reduce symptoms of SAD, and lower stress levels.
- **Brighten your environment** by sitting next to an artificial light (like a light box) for 30 minutes per day. Also opening blinds and curtains, and sitting closer to windows can help provide you with an extra dose of sunshine.

**(Beat the Winter Blues continued on top of page 4)**

**(2020 Issues** – continued from page 2)

the risk of losing and not adding to the number of units that are needed. Funding has been off for a number of years. Stories about how supported housing helps are needed to get this message across.

**5) Improvement of the Criminal Justice-Mental Health Interface** – Stories should talk of the need to divert ill people from jail and prisons into treatment, Crisis Intervention Training funding so there are better outcomes when police deal with persons in mental health crisis, caps on solitary confinement (HALT bill) especially for those with mental illness, and better discharge planning for persons living with mental illness that provides seamless linkages to needed services at the time of discharge from jail or prison.

**6) Expanded aid aimed to improve veterans’ mental health.** Stories can talk about peer support programs, veteran focused suicide prevention and other programs that assist veterans living with mental illness, especially PTSD, in their quest for recovery.

### **Union Hockey Team Loses on a Fluke**

submitted by Roy Neville

A sudden death penalty goal for visiting Colgate University’s hockey team coming in the final 1:11 of the game gave Colgate a 3-2 victory over ECAC rival Union College at Messa Rink that shocked the home audience. A small group from NAMI Schenectady was there to share in the excitement.

The two teams had fought to a tightly contested 2-2 tie up, and Union fans thought their team would emerge with at least a tie over their higher ranked visitors, but their hopes sank when Colgate’s captain took the puck from midcourt, skated swiftly down the ice and buried the puck in the net with a single hard shot that got behind Union goalie Darion Hanson. The game ended shortly thereafter with no further scoring.

The successful penalty shot was the result of a fluke—a mad scramble ahead of the home net that resulted in Union defenseman Taylor Brierely accidentally clipping the goal post with his feet and dislodging the net. Officials ruled it a violation calling for a free penalty shot by the visitors. To the home crowd it seemed like an injustice and they booed the decision. The winning goal raised Colgate’s record to 6-2-1 in conference play while Union dropped to 4-7-0 (6-15-1 overall).

In addition to the game, a meal beforehand at the nearby Burger King was enjoyed by George, David, Ron, Roy J, and Steve, and their drivers from NAMI Schenectady, Roy Neville and Art Collins.

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- **Manage screen time** – Cold weather tempts us to spend more time watching television, looking at our computer screen or playing on our phone. Too much screen time diminishes mood, builds fatigue and creates too many distractions.
- **Eat smarter** – Certain foods, like chocolate, can help to enhance your mood and relieve anxiety. Other foods that may provide temporary feelings of euphoria can also increase anxiety and depression.
- **Focus on the positive** - Taking stock of the positive can greatly improve mood and outlook. Jot down on paper a list of positives, especially things in your life that you are grateful for.
- **Treat yourself.** - Plan a movie night. Work on a project or immerse yourself in a hobby.
- **Talk about it.** -: One of the best ways to feel better is to open up and talk about how you're feeling. If your blue mood is persistent, consider finding a counselor or other professional who can help.



### **TIME Magazine Features Article on Mental Health**

From the Editor

Did you happen to catch the February 2, 2020 issue of *Time* magazine? It featured a four-page section concerning **mental health in today's workplace**. The article, entitled "When every day is a MENTAL HEALTH DAY," reported that 62% of people ages 20 to 37 feel comfortable discussing their mental health at work, compared to the 32% in the 54 to 72 age bracket that feel comfortable doing so. When one considers that the estimated annual cost to the global economy from lost productivity due to employees suffering from anxiety and depression runs over \$1 trillion, and depression among millennials is now the fastest-growing health condition, it is good to learn that young people seem to be more willing to talk more openly about their mental health issues than their elders.

What needs to happen, and has begun to occur with more frequency, is for workplaces to realize that mental health fluency in the workplace is crucial. It would behoove more businesses and companies to not only provide their employees with education on the warning signs of depression, anxiety and burn-out, but to also encourage them to use their sick time for mental health. Some companies have made mental health a priority; they provide employee assistance programs that include counseling and mental health education.

*TIME* also published the following pronouncement, written by Greg Adams, CEO of Kaiser Permanente, a top U.S. health maintenance organization, entitled "Shedding new light on the silent crisis."

**There is a silent epidemic.** Globally, in increasing numbers, young people are facing mental health issues. Depression is a leading cause of illness among young people. Anxiety is on the rise. Suicide ranks third as a cause of death for 15 to 19 year olds and is increasingly becoming a health-equity issue: African-American girls in grades nine to 12 were 70% more likely to attempt suicide in 2019, as compared with non-Hispanic white girls of the same age.

Unless we act, we will face the repercussions of this epidemic for years. Lives will be shortened, and generations will struggle. Our economic outlook will inevitably be impacted as we collectively face a range of long-term health issues for our workforce.

Twenty years ago, Kaiser Permanente and the Centers for Disease Control and Prevention (CDC) published a landmark study linking childhood trauma to long-term health consequences. This groundbreaking research into adverse childhood experiences (ACEs) continues to inform clinical best practices and approaches that are making a difference.

With the crisis at hand, we recognized a need to go deeper and continue our work in this area. We have recently announced plans to update the ACEs research to identify knowledge gaps, successful programs, emerging best practices and interventions ready to be scaled.

An entire generation is counting on us. We are asking leaders from across health care business, nongovernmental organizations and academia to make youth mental health and wellness a priority.

### **Brain Tissue Study Reported**

On May 6, 2019 *The American Journal of Psychiatry* published on line the findings of a brain tissue study conducted by a team from Johns Hopkins Medicine, University of Pittsburgh, the Frederick National Laboratory for Cancer Research, and the University of Texas Southwestern Medical Center with the support of the Brain and Behavior Research Foundation. The findings that suggest schizophrenia may have more in common with (continued on page 5)

(Brain Study story.....continued from page 4) neurodegenerative diseases than was previously thought were reported on in the January-February 2020 issue of the *Syracuse NAMI Newsletter*. The following is a condensation of the lengthy NAMI Syracuse article.

Using brain tissue from deceased human donors, a team of researchers led by Johns Hopkins Medicine reported they found new evidence that schizophrenia can be marked by the buildup of abnormal proteins similar to those found in the brains of persons with neurodegenerative disorders such as Alzheimer's or Huntington's diseases.

Schizophrenia, believed to be caused by a combination of genetic and environmental factors, strikes an estimated 200,000 people in the U.S. each year. While its symptoms may be eased with anti-psychotic medications, the drugs do not work for everyone. Researchers have long sought a better way to classify types of schizophrenia other than relying on its symptoms, and so they are excited that this research finding may potentially improve and tailor therapies in a more precise way by focusing on the biological. In the brain samples studied, abnormal protein accumulation appeared in nearly half of the brain samples from persons who had schizophrenia. Frederick Nucifora, Jr., Ph.D., D.O. M.H.S, leader of the study at Johns Hopkins University School of Medicine, pointed out that in schizophrenia, the result of the protein accumulation is mental and behavioral rather than causing "the pronounced physical neural cell death we see with neurodegenerative diseases."

The researchers used brain tissue samples from three different locations. 42 samples from brains of persons with schizophrenia were studied along with a comparison set of samples from 41 brains from healthy controls. Researchers broke open cells from the samples and determined how much of the cell contents could be dissolved in a specific detergent. Less dissolved cell contents indicated a high volume of abnormal misfolded protein such as is found in neurodegenerative brain diseases. 20 of the brains from patients with schizophrenia had greater levels of the abnormal proteins than was found in the controls, and additionally showed elevated levels of a small protein ubiquitin that is a marker for protein aggregation in neurodegenerative disorders, whereas elevated levels of ubiquitin were not seen in the healthy brain tissue samples.

Further research was done to see if the anti-psychotic medications may have caused the accumulation of abnormal proteins. Proteins in the brains of rats treated with the drugs haloperidol or risperidone for 4.5 months were compared to those of

control rats treated with plain water. The team found that treatment with the anti-psychotics did not cause either an accumulation of abnormal proteins or extra ubiquitin tags, suggesting the disease is what caused the differences between control and treated rats.

The researchers also used mass spectroscopy to identify the undissolvable proteins and found many of them were the ones that are involved in the development of the nervous system, specifically in generating new neurons and their connections. Nucifora says this main finding is consistent with theories that trace the origins of schizophrenia to brain development and problems with neural communication. Previous to this study, Nucifora said, little attention had been paid to studying proteins; most research has been focusing on genetics.

The researchers have other studies planned, including learning whether the variety in the symptoms of schizophrenia might be linked to particular levels of excess abnormal proteins, and they hope to gain insight into how these abnormal levels lead to the disease. The researchers will investigate whether other psychiatric illnesses might also involve similar irregularities.

## NAMI SCHENECTADY WANT ADS

respond at: [namischenectady@gmail.com](mailto:namischenectady@gmail.com)

WE NEED YOU TO DO THE VITAL WORK THAT MAKES NAMI WORK!

- Two members are needed to take over production of our *E-News*. We have one volunteer. Contact us ASAP if you want to become our 2nd co-editor. Will train.
- Reporters are needed for our newsletter. Review a book or movie, advocate, or share recovery and wellness-related tips.
- A co-webmaster is needed for our website, [namischenectady.org](http://namischenectady.org). Put your technology know-how to work today.
- Create and maintain a Facebook account for our affiliate.
- People are needed to serve on committees (example: nominating, program planning, finance) **and we need to fill a board vacancy!!**
- Drivers for events, especially peer activities.
- NAMI Family to Family class graduates to become certified Family to Family teachers so we can offer more classes. (ask us how!)

**Are you a caregiver who wants to know more about mental illness and treatment? Write us if you're interested in learning about NAMI's Signature Education/Self-help courses.**

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

**NAMI Schenectady**

**PO Box 974**

**Schenectady, New York 12301**