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Let the Dialogue Begin

By Mike Fitzpatrick, NAMI Executive Director

On Monday, June 3, President Obama hosted a White House Conference on Mental Health. It was remarkable in several aspects.

For one, President Obama, Vice President Joe Biden, celebrities Bradley Cooper, Glenn Close and other participants were all singing the same song—articulating messages that could have been taken from NAMI’s own website. In fact, some of them were.

NAMI members were thrilled, for example that the conference website www.mentalhealth.gov includes a NAMI video with poet, author and advocate Yashi Brown – who also participated in the conference.

The President’s remark proclaimed a goal of bringing mental illness “out of the shadows,” ending stigma and elevating mental health concerns to the level of a national dialogue.

This conference was not about preaching to the choir. Leaders from the mental health community participated, but so did representatives of broader communities such as the

Boys and Girls Clubs of America, The National Baptists Convention, U.S. and Save the Children—and social media leaders such as Facebook, Google, Upworthy and Web MD.

The conference also represents a new model—in which the dialogue begun at the White House event will purposely extend over time to other communities in other places. The initiative is not branded. Neither the presidential seal, the NAMI logo, nor the imprint of any other organization appears on the website. The identity is simply “the national conference.” The goal is a broad national movement for change.

The White House released a list of initiatives that specific groups will undertake as a part of the dialogue, including one in which NAMI is partnering with the National Pan Hellenic Conference (NPC) and North American Interfraternity Council (NIC) cited by the White House to deliver mental health presentations on approximately 800 campuses starting this fall.

(Continued page 2)

Dialogue Continued

The National Association of Broadcasters (NAB) which represents television and radio stations and networks will launch a national public service announcement (PSA).

One of the purposes of any conference is to bring people from diverse backgrounds together, focus on a common interest and both build and energize a broader community.

The White House accomplished that purpose. At one point, as I sat in a break-out session with eight other people, I was gratified to realize that three of them already had connections to NAMI in some way. With our grassroots network of NAMI State Organizations and NAMI Affiliates nationwide, we are well-suited to influence the dialogue—as the largest grassroots mental health organization in the country.

The Conference was historic, but we must keep it in perspective. Talk precedes action. The role of conferences is to help stimulate action. But they are not a substitute for action.

The real challenge is to expand awareness and support for improving the lives of individuals and families affected by mental illness.

That means creating a mental health care system that is truly

accessible to all who need it, when they need it.

In 2000 President Clinton convened the first White House Conference on mental Health. They resulted in some progress, particularly in enacting mental health insurance parity.

But there still is a long way to go.

White House conference recognizes that real change happens through communities.

It is a call to keep building on progress. It is a call to build new partnerships and to expand health care—including Medicaid, which NAMI recently highlighted in a special report.

It is a call for support of young people, veterans, and families affected by mental illness.

It is a call for scientific research.

It is a call for early identification and treatment.

Ultimately, it is a call for national investment.

Let the dialogue begin...

What is Mental Health.gov?

By Glenda Race
NAMI-PA Wilkes-Barre
Chapter

Mentalhealth.gov is a new comprehensive website designed for any person diagnosed with mental illness as well as their educators, political representatives, family members and friends.

It features information from the June 3 National Conference hosted by the White House, myths and facts surrounding mental health, tips to start a conversation and stories of hope and recovery.

These stories are presented as You Tube videos. Stories feature actor Glenn Close to Yashi to Kay Jamison, a psychiatrist and author, and others who battle mental illness.

The website also features basic information and a treatment locator. Website users anywhere in the United States can enter their zip code and find mental health treatment facilities within a given radius, such as twenty-five miles. Services for both children and adults are listed.

Mentalhealth.gov can be accessed through the Namipawilkes-barre.tripod.com website or directly at <http://mentalhealth.gov>.

Middle-Aged Suicides on Rise in U.S. Study Finds

By Maggie Fox, Health and Science Editor, NAMI PA

Suicide rates for middle-aged people are edging up—particularly for white men without college degrees—and a combination of poor health and a poor economy may be driving it, U.S. researchers said on Monday.

Middle-aged people usually have a relatively low risk for suicide as they seek to support their families, but baby boomers are bucking this trend, sociologists Julie Phillips of Rutgers University in New Jersey and Ellen Idler of Emory University in Atlanta found.

If these trends continue, they are cause for concern,” Phillips and Idler wrote in the journal *Public Health Reports*.

“Male baby boomers have yet to reach old age, the period of the life course at highest risk for suicide; if they continue at set historically high suicide rates as they did in adolescence and now in middle age, their rates in old age could be very high indeed.”

The researchers used suicide data from the National Center for Health statistics and analyzed it by age group, marital status, education and other factors. The period they studied preceded the most recent economic crisis (As of September 2010)

“Following a period of stability or decline, suicide rates have climbed since 1988 for males aged 40-49 years, and since 1999 for females aged 40-59 years and males aged 50-59 years,” they wrote.

In 1979 the suicide rate for men aged 40 to 49 was 21.8 per 100,000. It rose to as high as 24 per 100,000 in 1996 and to 25 by 2005. For men 50-59 it was 23.9 in 1979, fell to 20.4 per 100,000 in 1999 and rose again to nearly 23.8 in 2005.

For women it was much lower— 9.9 in 1979 for women aged 40 to 49, rising and falling during the years between and ending at 7.8 per 100,000 in 2005.

“One question we asked was does this have something to do with the people?” Phillips said in a telephone interview. “Baby boomers have been a group noted for high rates of suicide in the past. It makes me wonder if there is something about baby boomers that may contribute to this pattern.

To figure out what might be causing the changes, Idler and Phillips looked at potential outside factors— although they note that just

because two things happen at the same time, it does not prove cause and effect

“Unemployment rates in the U.S. rose between 2000 and 2003 at the same time that middle-aged suicide rates increased rapidly,” they wrote.

“In addition, rates of bankruptcy increased between 1991 and 2007, in part because of changes in the law, but with personal financial

And baby boomers are the least healthy middle-aged generation, with large rates of obesity and the diseases that result, such as diabetes and heart disease.

The percentage of those aged 45 to 64 years with multiple chronic diseases increased from 13 percent in 1996 to 22 percent in 2005, with a concomitant rise in out of pocket spending for health-care services,” Phillips and Idler wrote.

“The burden of disease falls disproportionately on those who are less educated, the group also least likely to have adequate employer-based health insurance.”

As other studies have shown, the risk of suicide was substantially larger for unmarried than for married people, with unmarried middle-aged men 3.5 times as likely to commit suicide as married middle-aged men.

In Our Own Voice Training Reflections

By Joseph J. Fedak
NAMI-PA Wilkes-Barre Board Member

Recently I was invited to become certified in NAMI's In Our Own Voice (IOOV) program in West Chester, PA. The training provided me with the opportunity to meet some fantastic people and understand the importance of sharing my story of recovery with the community. The training was pretty intense and eye opening to some of the struggles myself and others have faced in our journey of recovery.

We talked about fighting the stigma of mental illness. Through discovery, I have found the best way to fight stigma for me is to tell my story and let my actions speak for what can be achieved in spite of the mental illness. Before the training took place, I believed this. Now that the training is complete, I know this to be true. What better way to eliminate fear from society then to be an active member of society?

This training is not for everyone battling a mental illness. I needed to become ready to share my story without fear. I was excited that I had the chance to learn about different aspects of my journey that I had almost forgotten. The training and presentation focuses on five aspects of my journey.

Dark Days---Visiting the dark days allowed me to realize the times when I was in my symptoms. This process gave me permission to visit those days without fear. It gave me comfort to know that I made it through my first horrors and the knowledge to know I can relapse and, as gracefully as possible, survive the torment again.

Acceptance--- This segment of the training showed me that, although I believed I accepted my illness, I had work to do. First off, I needed to truly understand what acceptance was. For me, it was not just admitting I had an illness. It became a journey of discovery and understanding. It is very freeing to know that everything will be okay.

Treatment--- I know understand that treatment is not just my medications, but what I do on a daily basis to live my life to the fullest.

Coping Skills--- My treatment commends me at every appointment on my understanding of what works for me. The training showed me my progress and allowed me to celebrate my gained skills that I once took for granted.

Successes, Hopes and Dreams--- I believed that I would list typical events that I would have considered successes. That was not the case as I went through the training. I discovered that my successes that I embraced had more to do with self discovery then financial gains, family gains and prestige. I knew I always felt that, but the training permitted me to realize this.

The IOOV training and certification has become another important path in my own recovery. With the completion of the training, I now will be able to present my story to others in a way that I can hold back the fear and just help others. The experience has become another success and fulfilling segment of my new found recovery.

Boundary Battles

From: Jerry Malugeon,
surfcitypress.org

Being in a situation where caring and supporting a loved one who has a brain illness can bring about stressful life conditions that can add to the family's problems. When we frequently are in a position where we feel we have to take as much as we can, give as much as we can, and please others without giving consideration to ourselves, we can lose self-esteem while our own welfare and good health slowly but surely fall apart. This is an all-too common condition in families dealing with the challenges presented when one of its members has been diagnosed with a mood disorder.

Personal health professionals often caution companions, family members and caregivers to someone battling the symptoms of a mood disorder with the need to be sure to have well-established and well defined guidelines to protect their physical, mental and emotional boundaries. These therapists, social workers, nurses and physicians advise that reasonable and clear rules with limits are imperative to have in place if we hope to maintain a strong self image and adequately meet our own physical, mental, emotional and spiritual needs.

Establishing clear and safe boundaries usually involved the following areas:

- Our personal and physical space which must always be respected
- Our beliefs, thoughts, decisions and choices which we have a right to
- The emotional boundaries that are necessary to maintain our self-esteem, positive feelings and mutual trust.
- Established clear lines of responsibility
- How we will respond when someone steps over or beyond our limits.

When establishing boundaries it is believed to be important to avoid having the limits too soft or blurred so as to be susceptible to manipulation or readily giving in to unhelpful codependency. Yes should mean *yes* and no should mean *no*. It is also recommended to avoid being too rigid in setting up guidelines and limits to where we become wall-off from appropriate closeness or important and necessary suggestions. Some openness to flexibility is usually considered the wiser path.

Professionals are usually very experienced in helping to set up health and realistic boundaries. Why not give one a try?

Full-Sighted

From Jerry Malugeon
Support.surfcitypress

For those of us intent on learning as much as we can about mood disorders or a particular brain illness that is challenging us or a loved one, having a clear understanding of how our choices affect the outcomes we experience can be crucial. How and where we focus our sightedness, we may discover, is often an important factor to our success in gaining the understanding we seek.

Foresight, the act of looking forward to catching a glimpse of our loved one's future needs or problems, is an example of an activity which most of us try to achieve at one time or another. Unfortunately, developing a clear picture of what lies ahead is difficult to do and foresight may be the least accurate of the three examples of sightedness we are examining. (*Continued on page 6*)

Hindsight is defined as the ability to understand, after something has happened, what caused the event and the specific reasons that things turned out the way they did. Most people consider hindsight to be more accurate than foresight, although studies have been done that show that the past often seems much clearer than it actually is. Using hindsight, however, can certainly be an advantage for making similar choices in the future after it becomes linked to insight.

Insight, understanding the cause and effect relationship of specific events to specific outcomes, can play a large role in teaching us how to best be of help to ourselves and our loved ones. When we are able to make the connection between hindsight and insight, often assisted by the expertise of a trained physician or therapist, we enter the mental region of introspection. This powerful ability to observe the inner nature of things allows us to:

- See the reasons for things more clearly
- See problems in a larger context and how that may be best resolved
- Learn from past experiences without fearing them
- Release past experiences that block present solutions
- Make the best choices we can
- Help our loved one to make the best choices they can.

The development of greater insight serves as a compass to making better choices. When we're willing to examine our experiences with hindsight and make whatever adjustments necessary in order to have better results, we and our loved ones should experience greater recovery. That's our goal: Successfully managed symptoms with ever greater recovery.

Be full-sighted... expect greater recovery.

Nominations for the Lester Verano Advocacy Award

The Lester Verano Advocacy Award is a distinguished award that the NAMI Wilkes-Barre Area Chapter awards to an individual or organization in recognition of the efforts they have made toward improving the lives of people with mental illness. The award celebrates exceptional work, commitment, and advocacy in helping people living with mental illness. Nominations will be accepted until September 9, 2013. All nominations must be made by filling out the official nomination form. Nominations should explain how the nominee has improved the lives of people living with mental illness. Call (570)371-3844 or come by our NAMI Wilkes-Barre office to request a nomination form

The award will be presented to the selected recipient at the Annual Candlelight Vigil held October 9, 2013 at the Luzerne County Courthouse in Wilkes-Barre. (Please note: prior recipients of the award are not eligible for nomination.)

CIT Training

The second Crisis Intervention Training (CIT) will take place October 7-11 at the training center at Transmed Ambulance Service in Luzerne. This training is being offered to police, first responders, etc who are likely to come in contact with an individual with a mental disability. Interested parties can get more information by calling the NAMI office at (570)371-3844.

Smoking Cessation for Wellness

By
Joseph Fedak

Smoking cessation, an important health issue for the general public and insurance companies alike, was the topic for Western Psychiatric Institute and Clinic in Pittsburgh, Pennsylvania. At this meeting, Jaspreet S. Brar MD, MPH and PhD shared some interesting and important information.

First, smoking is the most preventable cause of death in the United State. It multiplies the risk of death from heart disease (2 to 4 times), stroke (2 to 4 times), lung cancer for men (23 times), for women (13 time) and COPD (Chronic obstructive lung disease—12 to 13 times). Dr. Brar also shared research disputing popular notions that quitting smoking would make the symptoms worse, or it is unsafe to take FDA approved smoking cessation medicine while mentally ill.

In addition, cognitive and behavioral therapy along with medicine such as Nicotine Replacement Therapy increases the chance of quitting. One other important consideration is the need to possibly lower dosages after quitting because smoking increases the breakdown of some psychiatric medications.

There are several rewards for quitting smoking. As the carbon monoxide and go down, the body will begin to heal within twelve hours of quitting. Health benefits include: breathing easier, elimination of the smokers' cough, and more energy to do the things you enjoy. In addition, people who quit smoking save money and do not have to worry about exposing friends and loved ones to second-hand smoke.

The most important step is to prepare oneself to quit. To begin, just START:

- Set a quit date
- Tell family and treatment team your plan
- Anticipate challenges
- Remove Cigarettes from your home
- Talk to your doctor.

Suggestions before the quit date include writing a journal on what triggers the desire to smoke. Cut down and be prepared for withdrawal feelings, such as feeling depressed, sleepless, or hungry.

On your designated quit day, keep busy, drink water and hold something in your hand. The cravings will come, and last about 3 to 5 minutes. Try to relax, light a candle, or go someplace where you cannot smoke. Find new things to do, but do not substitute food for cigarettes.

If you have a cigarette after the quit date, learn what the trigger was and move on from there. Overall, think of the long-term rewards of quitting.

For more detailed information plus links to Internet, see our website: namipawilkes-barre.tripod.com. On the left column is a list of sites including smoking cessation which includes more details and helpful website links on this topic.

Coming in the Fall...

NAMI Wilkes-Barre Board Nominations

NAMI Wilkes-Barre is accepting nominations for officers for our board. There are four openings, one for President, Vice-President, Secretary, and Treasurer. Board officers serve for a period of two years and may serve for two consecutive terms. Nominees must be a member in good standing with NAMI Wilkes-Barre, and must be able to attend monthly meetings. Nominations will be accepted at the Wilkes-Barre Office until the September 9, 2013 board meeting, at which time the elections for the open positions will be held.

Candlelight Vigil

The annual Candlelight Vigil will be held Wednesday October 9, 2013 in the Luzerne County Courthouse Rotunda at 6 p.m. It coincides with Mental Health Awareness week October 6-12. Each year mental health advocates across the country join with others in their communities to sponsor activities, large or small, for public education about mental illness. Suggestions for speakers, entertainment, etc. may be made by contacting the NAMI Wilkes-Barre Office at 371-3844 by phone or wilkes-barre@nami-pa.org by e-mail.

NAMI Connections Training

This September 26-28, NAMI PA will be hosting NAMI Connections facilitator trainings here in Wilkes-Barre. NAMI Connections is a support group designed specifically for people with mental illness. Currently Lisa Tricarico has been facilitator for Wilkes-Barre. She does a great job, and more people are welcome to join the training. Questions can be addressed via e-mail wilkes-barre@nami-pa.org or call 371-3844.

NAMI PA State Conference

This year's NAMI PA State Conference will be held October 24-27 at the Holiday Inn Harrisburg—East 4751 Lindle Road, Harrisburg, Pennsylvania. To find out more information, visit the NAMI-PA Website.

For Your Calendar

Aug 12: NAMI Wilkes-Barre Board, Family and *Connections* Support Meetings

Sep 9: NAMI Wilkes-Barre Board, Family and *Connections* Support Meetings

Nominations for Officers due and election will be held

Sep 26-28: *Connections* Training

Oct 9: Candlelight Vigil at the Luzerne County Courthouse

Oct 14: NAMI Wilkes-Barre Board, Family and *Connections* Support Meeting with Dr. Amit Neog, special speaker

October 24-27: NAMI- PA State Conference

For more information, visit: <http://namipawilkes-barre.tripod.com>