



FAMILYA *flyer...*

Winter 2009

A Newsletter of NAMI-FAMILYA - Rockland's Voice on Mental Illness
Serving Families Through Education, Advocacy and Support

**"...a man
plagued by
the demons
of complex
PTSD on
a steep
downhill
slope"**

The Last Tour

by William Finnegan

Excerpted from the New Yorker, September 29, 2008

Willard Twigg, 38, was a former maritime logistic specialist in New Orleans who had been working construction intermittently since Hurricane Katrina. His brother Travis, 36 was a marine Corps staff sergeant stationed in Quantico, Virginia and a decorated combat veteran of Afghanistan and Iraq. In January 2008 he wrote in the Marine Corps Gazette an article about his struggle with post traumatic stress disorder. Travis entitled his piece "PTSD: The War Within," and gave it an upbeat ending spreading the word about treatment and prevention of PTSD. As a result he was invited to meet President Bush at the White House. Bear-hugging the President, Travis proclaimed "Sir, I've served over there many times – and I would serve for you anytime."

Three weeks later he and his brother tried, unsuccessfully, to drive into the Grand Canyon, but the car was caught in some tree branches. Witnesses said the pair behaved oddly after the crash, refusing to call for help. One seemed interested only in finding his cigarettes. They put on backpacks and set off on foot before park rangers arrived. At dusk an hour after the last ranger left they stole a rental car from two tourists, displaying a .38 revolver. Now they were in trouble with the law.

Park rangers identified them from the towed car and called Travis' wife in Virginia. She had missed a call from her husband earlier that afternoon, he left no message. He and Will had disappeared a few days before and she was stunned to hear that they were in Arizona. She said that Travis had been "out of his mind" the last time she saw him. Her husband's combat flashbacks were worse, she said, if he had been drinking. "The Twigg brothers might be bent on committing "suicide by cop," according to one alert that was sent out.

Travis, who had two young daughters whom he adored, might have believed that he was back in Iraq. Will's thinking was more obscure. They drove into the night, and there is no record that they ever spoke again to anyone but each other. Two days later they were dead.

Travis' story is a classic account of a man plagued by the demons of complex PTSD on a steep downhill slope. He was described by his wife Kellee and fellow marines as being totally devoted to the Marine Corps and a natural leader. He was known for his grit and charm. The Twigg's house near Camp Lejeune, NC became a surrogate home for many of his men, who were invited for barbecues and holiday meals, and came to him with their problems. After he married Kellee, he tried civilian life for a year, working for his dad in his shipping agency in New Orleans, where "he was a hit." But his dad said, "He didn't have enough structure here. He needed regimentation." And he rejoined the Marines in 2001, eventually completing one tour of duty in Afghanistan and four tours in Iraq. After each overseas deployment the transition to family life grew more difficult. He became more irritable, paranoid for no reason, unable to sleep. But the moment that a new deployment was in sight "my symptoms went away," he wrote. "After all, I was going back to the fight, back to shared adversity,

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From The Editor

By Rena Finkelstein, President

Post Traumatic Stress Disorder (PTSD) is defined by the National Institute of Mental Health as “an anxiety disorder that can develop after exposure to one or more terrifying events in which grave physical harm occurred or was threatened.” Events that may trigger PTSD include violent personal assaults, natural or human caused disasters or accidents. Not surprisingly, many veterans returning from combat experience PTSD.

This disorder is not new among combat vets. It has been around for as long as there has been war. In past times it has been called shell shock, battle fatigue, and traumatic war neurosis. Compared with other American wars, however, the conflict in Iraq and Afghanistan is producing a greater numbers of victims. A recent RAND Corporation study estimated that 300,000 veterans of our post 911 wars—nearly 20% of servicemen and women are suffering from PTSD or major depression, and many more cases are expected to surface in the years ahead. Additionally, the number of soldiers who took their own lives last year was the highest since the Army began keeping records in 1980.

“The Wounds that Do Not Show,” our November education program, was a powerful reminder of the sacrifices made by our servicemen. We heard from three Vietnam veterans about how Post Traumatic Stress Disorder (PTSD) impacts our returning vets, about the compelling need for them to connect with other veterans who have experienced some of the horrors they have. Jerry Donnellan, Director of the County Veterans Service Agency described services available to veterans, who, unfortunately, often do not take advantage of these opportunities. It is imperative, he stressed, for veterans to register with the VA so that they are included in the data base in order to document the need for veterans services to the Federal government.

Many veterans do not recognize the symptoms of PTSD and are often reluctant to go for help. They have been conditioned to “soldier on.” (Did you ever wonder about the origin of that expression?) They frequently turn to alcohol and other drugs to exorcize the demons of war and relieve their emotional pain, and suicide is common. Sometimes symptoms of PTSD do not present themselves until years later. Jim Murphy, who heads up Veteran’s for Peace and Stan Hyman of the Volunteer Counseling Services (VCS) program “Vets for Vets” discussed a variety of counseling and support services for veterans by veterans.

Our cover story is a poignant personal narrative by one veteran who served in Vietnam. A recent study highlights a tragic consequence of the service of women in our military—sexual trauma. (See Page 4).

Suicide has reached epidemic proportions in the U.S., and not just among veterans. In 2004, suicide was the eleventh leading cause of death in the United States, accounting for 32,439 deaths. There are an estimated 8 to 25 attempted suicides for every suicide death, according to the National Institute of Mental Health. Although suicide is the third leading cause of death among people ages 15-24 and the second leading cause among college age students, new studies show an alarming increase among baby boomers, as well. Check out the article on Page 7.



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The Last Tour

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where the tempo is high and our adrenaline pulses through our veins like hot blood.”

At home he got upset when people asked him questions about the war. He'd hear a car coming up the gravel road and he'd just hit the floor, because the tires crunching sounded like machine gun fire to him. Or he'd just go sit upstairs and watch for lights – watch for Iraqis. He started drinking heavily and having trouble concentrating.

When Travis returned from Iraq in 2006 after his third tour there, he was transferred to an office job evaluating new weapons systems. But he was bereft, and his PTSD symptoms soon became impossible to ignore. Sent for treatment, he was prescribed antidepressants, but meanwhile, by his own account, he was mixing them with alcohol. He was racked with guilt over the deaths of two young lance corporals in his platoon. The only thing that really helped, he wrote, was returning to Iraq, where he went in late 2006 on a weapons testing mission, and once again, his symptoms vanished.

But home again in 2007, his anger, sadness, drinking, and flashbacks all took a toll on his marriage. He had guns all over the house and one night his wife woke up and he had a gun to her head, calling her an Iraqi. He soon landed in a locked ward at Bethesda Naval Hospital, where he was psychotic and would fight his way through the hallways and clear room as if back in the war theater. Transferred to another hospital, he at one point was taking 12 to 19 different meds a day, and the drugs turned him into “a zombie” He slept covered in sweat and constantly shook uncontrollably. In the article he wrote, Twiggs described his recovery through therapy and reduced meds. His PTSD was “not completely gone,” he wrote but “life with my family is wonderful again.” In reality, his symptoms returned. He became impossible to live with and was hospitalized again and, according to his wife, once more overmedicated.

Travis' brother Will came to Bethesda to spend time at Travis' bedside. Will was passionate about his friends and his family and both men idolized an uncle who had been an infantryman in Vietnam. When his uncle Ricky died, Will was inconsolable, intensifying his fear of losing Travis. Will was loyal and protective of Travis, and jealous of his wife and family. Will was drawn to troubled women and his own love life was chaotic and tormented. With his last girlfriend, a married woman, Will was sure that her husband was after him, and started sleeping with a pistol and knife under his pillow.

As time went on Will left his well paying steady job, became increasingly withdrawn, spending his time listening to rock and country music and working sporadically in construction. He lost weight and let his hair grow long. “It was like watching one of those Japanese planes you used to see in those old black and white movies, shot down and spiraling toward the

ground,” said his girlfriend.

Dr. Jonathan Shay, a PTSD specialist says PTSD is better described as an injury than a disorder. There are degrees of damage, ranging from standard combat stress, which can be treated with a few days' rest, to full blown complex PTSD, which is very difficult to treat, let alone cure. It is best understood as a psychic wound, one that can be crippling, even fatal, in its myriad complications. Although Twiggs described his mood when he was stateside as “paranoid,” it has been described by researchers as “hypervigilance.”

Travis showed up drunk to a planned family weekend early in May, and Kellee would not let him in the house or allow him to see his daughters – a decision she now regrets. He met up with Will and together they went to see their dying grandmother and then visited his dad. It just wasn't him, his father said. “It was like he was in a trance. He didn't sound like himself. He was flat lining, like he had no personality. He said, “Dad, I think I'm very sick.”

On the way to the Grand Canyon, they dropped in on old friends and other relatives. All of them recall that the boys looked terrible and did not seem themselves. When Kellee got the Toyota back, months later, Pink Floyd's “The Wall,” a dark rock opera was in the CD player, with lyrics like “mother will they put me in the firing line? Goodbye cruel world/I'm leaving you today.” Travis, while hospitalized, had made paintings—lurid depictions of his nightmares with a self portrait showing a marine clinging hopelessly with bleeding fingernails to a brick wall. Will's journals also were full of morbid brooding. Kellee said, “Travis was a ticking bomb and Will was the fuse.”

What is broken and lost with complex PTSD is social trust, according to Jonathan Shay, a PTSD specialist. Wounded warriors come home and feel that they can trust no one—not even their spouses. Under the pressure of constant violent involuntary psychic self loathing and terror, rage, grandiosity, and mania, character shrivels. With loyal, troubled, self destructive Will, Travis may have felt that he had found the one person he could trust, who would stay beside him to the end. And the end came after the brothers were chased down and surrounded by the police. They heard three shots. Travis first shot Will in the head and then turned the gun on himself.

Experts feel that Travis' PTSD should have been identified and treated after his first deployment and that he should have not been allowed to go back. His parents wish that they had been kept informed about PTSD. They did not understand the symptoms of the disorder. Also, his father feels that the Marine Corps did not intervene to change the pursuit in Arizona. “They knew he had PTSD, he said. And

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Sexual Trauma Haunts Many Female Vets

From an article by Randy Dotinga, HealthDay Reporter, US News and World Report, Tuesday, October 28, 2008

Shedding light on the challenges facing women in the military, a new study shows that more than one in seven female Iraq and Afghanistan veterans reported sexual trauma, such as rape and threatening sexual harassment during active military duty. These veterans were three times more likely to be diagnosed with a mental illness such as depression and PTSD. "These mental health conditions are getting recognized, diagnosed and treated," said study co-author Joanne Pavao, a researcher with the VA Palo Alto Health Care System's National Center for Post-Traumatic Stress Disorder, in California.

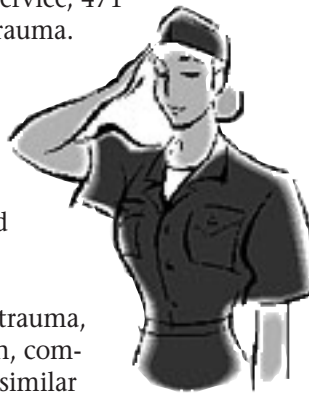
Pavao and her colleagues analyzed the records of 89,960 Iraq and Afghanistan veterans who sought medical care in the VA health-care system between October 1, 2001 and October 1, 2006. A total of 1,849 women (14.5 percent) reported experiencing sexual trauma during their service; 471 men (0.6 percent) said they'd experienced sexual trauma.

A study released in 2007 found that 22 percent of female veterans and 1 percent of male veterans reported sexual trauma in VA health-care surveys conducted in 2003. That study looked at veterans of all types, not just from Afghanistan and Iraq.

Among women who reported experiencing sexual trauma, 76 percent were diagnosed with a mental condition, compared to 47 percent of other female veterans, with similar rates in men. The most common mental health conditions among Iraq and Afghanistan veterans were depression, post-traumatic stress disorder, anxiety disorders, adjustment disorders and drug addiction or alcoholism.

All veterans who seek health care within the VA system are screened for sexual trauma, Pavao said. "When this is detected, they're offered free health care for all conditions that the clinicians determine to be related to military sexual trauma. This is part of the VA's large-scale efforts to treat these conditions in a timely way." If they get treatment, many women who experienced sexual trauma can recover, said Edna B. Foa, a professor of psychology and psychiatry at the University of Pennsylvania who studies sexual violence.

About 20 percent of women who are raped in the general population develop post-traumatic stress disorder, she said. "Even if they don't meet the criteria of the disorder, many of them will have symptoms that will cause them distress, difficulties having sexual relationships, etc.," she said. "Having a sexual trauma is serious."



Where Can Vets Go for Help?

The County of Rockland Veterans Service Agency is located at 20 Squadron Boulevard, Suite 480 in New City, New York ; Jerry Donnellan, Director. Telephone (845) 638 5244; www.Rock-Vets.com. The VA provides many benefits and services for veterans and can link veterans up with other programs, as well - a good place to start.

Vets for Vets, a program of VCS (Volunteer Counseling Services) provides peer support for vets and support for family members. To talk to someone who has been there or make an appointment, call (845) 634-5729, Ext. 313. VCS is located at 77 South Main Street, New City, NY 10956

Veterans for Peace, Coordinator Jim Murphy (845)358-5709, email: mandm11@optonline.net www.veteransforpeace.org

RETURN THE F.A.V.O.R. Program for Vets: Local businesses are offering discounts up to 20% to honorably discharged veterans as a thank you for the sacrifices they have made. The businesses range from dry cleaners, food, home and personal services, automotive, pet, and professional services, restaurants, and more To obtain the full list and secure a veteran's ID card, call the County Clerk at (845) 638-5076. This will also ensure that you get on the data base to be notified of special County events and initiatives planned for vets only.

NAMI-FAMILYA welcomes the families of veterans with psychiatric problems to our support sessions on the first Wednesday of every month at 7:30 pm. We meet at the Dr. Robert L. Yeager Health Center, Bldg. F, Room 119, Sanatorium Road, Pomona. Call (845) 359-8787

Many Suicides Are Preventable

Nearly everyone, sometime in his or her life, thinks about suicide. Most people decide to live because they eventually come to realize the crisis is temporary and death isn't. It is not unusual, however, for someone in a crisis to perceive "no way out" of his or her dilemma and feel an utter loss of control. When one can't cope and can't see how things are ever going to get any better, desperation grows.

Suicidal thoughts and behavior can be successfully treated and often can be avoided if help is obtained soon enough. Recognizing when someone might be suicidal and getting the person help are what's crucial. Read on for everything you've always wanted to know about preventing suicide.

Who Could Be In Danger (Risk Factors)

There is no typical suicide victim. It happens to young and old, rich and poor. There are some common "risk factors," however. While many people experience one or more of these risk factors and do not contemplate suicide, they are useful in identifying someone who might become suicidal.

Some people believe that "People who commit suicide are people who were unwilling to seek help." This is not true. For example, studies of suicide victims have shown that more than half had sought medical help within six months before their deaths. That is why the Surgeon General's Office recommends training physicians in suicide risk assessment, and also teachers and school personnel, clergy, police officers, correctional personnel and emergency health care personnel as well. The opportunities are there to spot and prevent potential suicides before they reach the crisis stage, if one knows what to look for:

- A diagnosable mental health problem or alcohol or drug problem. Suicidal thoughts and behavior can be symptoms of a mental illness or substance abuse disorder. Most often they are symptoms of moderate to severe depression. Depression is often accompanied by a loss of appetite; sleep disturbances, general bodily complaints, social isolation/withdrawal and a lack of interest in or enjoyment of everyday living as well as feelings of loneliness, worthlessness, guilt and sadness. Depression can also be a consequence of a person's struggle to overcome a serious mental health or substance abuse problem and the stigma of having such problems.

Dealing with any debilitating illness can be depressing, but having a "socially unacceptable" illness creates added pressures. Accidental suicides are sometimes caused by delusions and often by drug overdoses. People who have undergone drug rehab and go back to using often overdose because they think their bodies can still tolerate the amount of drugs they used to take. Many times, people have both mental health and substance abuse problems that "feed" each other. Both

need to be treated at the same time for the person to get better.

- Adverse life events, especially significant losses. The significance of the loss is always subjective. It could be anything from the loss of a best friend to failure to get an "A" on an exam. It is whether the person is able to cope with the loss that is important.

- **Impulsivity.** Even the most severely depressed person has mixed feelings about death, wavering until the very last moment between wanting to live and wanting to die. Most suicidal people do not want to die; they want the pain to stop. While the decision to kill oneself may be reached over a long period of time, actually going through with it often requires "seizing the moment." Impulsive people, or people rendered impulsive by alcohol or drugs, are most likely to find themselves "taking the plunge."

- **Previous suicide attempt.** To be determined to kill oneself takes a lot of "psychic energy" which can be sustained for only a limited period of time, usually no more than two to three days. However, many suicides occur within about three months following the beginning of "improvement" after a suicidal crisis, when the person has regained the energy to try again.

- **A firearm in the home.** Firearms are the most commonly used method, accounting for about 60 percent of all suicides in the U.S. There are more suicides than homicides in the U.S.

Other Risk Factors include family violence, including physical or sexual abuse; feelings of rage; family history of suicide, mental health or substance abuse problems; incarceration; exposure to the suicidal behavior of others, including family, peers or through the media.

What Are The Warning Signs?

These indicators help one to recognize the threat of suicide in others. While it is possible to misinterpret any one of these signs, putting them together with other indicators, such as the risk factors above, should show that action must be taken. When the signs are there, it is time to act. The danger of embarrassment through overreaction is not nearly as great as the danger of death through failure to act.

- A suicide threat or other statement indicating a desire or intention to die. Some people believe that "people who talk about suicide won't really do it." This is not true. Almost everyone who commits suicide has given some clue or warning. Do not ignore suicide threats. Statements like "You'll be sorry when I'm dead," or "I can't see any way out" -- no

Suicides Are Preventable *continued from page 5*

matter how casually or jokingly said -- may indicate serious suicidal feelings.

- **Sudden change in personality or behavior:** The person who has been reserved or conservative suddenly becomes loud and conspicuous. The person who was outgoing and friendly becomes aloof and wants to be alone. The one who is usually happy is sad; he sees his options slipping away. The one who is usually depressed can be much happier; he sees a "light at the end of the tunnel." Unusually aggressive, destructive or defiant behavior; a lack of concentration on school, work or routine tasks; a change in sleep patterns, eating habits, and a loss of interest in activities the person previously enjoyed are all "red flags" that something might be very wrong.
- **Making arrangements as though for a final departure:** Preparations often consist of what is generally referred to as "getting one's affairs in order." To the head of the household this might mean preparing a will or reviewing insurance papers. To a housewife it might mean writing long overdue letters or patching up bad feelings with relatives or neighbors. To a teenager, it might mean giving away personal possessions with sentimental value – jewelry, skis, CDs. Final preparations may be made very quickly, with the suicide following abruptly. Prevention often relies on detection of the earlier signs, such as comments about death, depression and marked personality changes.
- **Hopelessness:** A critical warning sign is when a person's thinking gets so constricted, he only sees things as "black or white" and his life as all black with no patches of gray. "This is the way it is," he thinks. "It will never get better."

Other warning signs are increased drug or alcohol use, taking unnecessary risks/careless behavior/accidents, feelings of overwhelming guilt, shame or self-hatred, fear of losing control, "going crazy," harming self or others, worry about money or illness (real or imaginary), preoccupation with death and dying, loss of interest in personal appearance.

What To Do When You Suspect Someone Is Suicidal

Some people believe, "If people are determined to kill themselves, nothing is going to stop them." This is not true. The impulse to end it all, however overpowering, does not last forever. And proper treatment can sometimes eliminate suicidal symptoms. If you suspect someone is suicidal, the first and most important step is to engage and connect with that person. He may have already "signed off" from the world. Your job is to reestablish communications. Talking helps ease the pain. Try to gauge the gravity of the situation. Some people believe that, "talking about suicide may give someone the idea." This is not true. You don't give a suicidal person morbid ideas by talking about suicide. Bringing up the subject and discussing it openly can give the person a great sense of relief. He doesn't have to keep it a secret any

longer, and this allows him to open up about the underlying issues. Treat all feelings, gestures and language seriously. Be non-judgmental. Accept the person's feelings and don't try to talk him out of them.

- Don't debate whether suicide is right or wrong, or feelings are good or bad.
- Don't lecture on the value of life.
- Don't give advice by making decisions for the person or telling him to behave differently.
- Don't dare him to do it. Share your feelings of concern for the person. Offer hope that alternatives are available but do not offer glib reassurances or try to make light of the situation. It only proves you don't understand. Offer empathy, not sympathy.
- Do not make a promise of secrecy. Saving a life takes precedence over confidentiality and loyalty. Ask who else knows.
- Do not ask if the person wants help but tell him you will help.
- Do not allow a rejection of help. Once you have connected with the person, do not leave him. You are his bridge back to life. Make it clear you will stick with him until he is connected with someone who can really help him. Encourage an anti-suicide pact.
- Get a commitment not to attempt suicide, even if it's short term.

Take action. Remove means. Get help from persons or agencies specializing in crisis prevention and suicide prevention. Get immediate help for the person if he is really at risk of hurting himself by calling 911. Finally, get help for yourself. Taking care of someone who is hurting and it can take its toll on you. Consider talking to a professional about the experience after it is over.

How To Get Help

There is a wide range of treatment available for suicidal behavior, including medications and "talk" therapies. The key is to get the person professional help as soon as possible. It is better to recognize a potential danger and have it addressed at an outpatient clinic than to wait until the only option is the Emergency Room.

If you know someone who has some of the risk factors above, a first step would be to find out whether the person has a "safety net" -- a caseworker or a school psychologist, for example. Many times, there are professionals who are already involved with the person. If not, then it is a matter of finding the right professionals and getting them involved. Call NAMI-FAMILYA at (845) 359-8787 if you need help to locate resources.

The next step would be to contact these professionals and share your concerns. When speaking to professionals, remember that they might be limited by confidentiality rules

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Suicides Are Preventable *continued from page 6*

in what they can tell you about the person, but they can and should listen to everything that you have to tell them. If you notice some warning signs, it is imperative to get the word out to as many people who can help as possible: not only to a mental health professional, but to anyone who can help: family, friends, teacher, doctor, clergy. Find the people the person will respond to and sound the alarm. Figure out the best way to intervene to get the person professional help and then do it. If you are dealing with someone who is in crisis, call your local crisis line. If there is immediate danger, call 911. Finally, in spite of your best efforts someone may go on to complete suicide. His or her pain and the wish to escape it may be too overwhelming. He/she is responsible for his death, not you. Seek support and counseling. (From NAMI-NY website)

Local Hotlines

- Rockland County Crisis Services, (24 Hours)
(845) 364-2200
- Rockland County Suicide Hot Line
(845) 354-6500

National Suicide & Crisis Hotlines

- National Suicide Prevention Life Line
1-800-SUICIDE (784-2433)
Alternate number: 1-800-273-TALK (8255)
(also have special counselors for Spanish speakers and veterans)
- The Helpline USA (24 hr. telephone counseling service)
1-877-870-4673

For more information on suicide, visit the following websites:

- naminy.org/help_prev.htm/ (NAMI-NYS)
NAMI-NYS Helpline 1-800-950-3228 (NY only)
- befrienders.org
(Support, information & crisis line numbers)
- spanusa.org (Suicide Prevention Action Network USA)
- thehelpline.net (Helpline USA website)



NAMI-FAMILYA receives check to help support "In Our Own Voice" Program. L to R, ????? of Provident Bank Charitable Foundation, Rena Finkelstein, Diana Siegel & Anne Arias

Suicide Rates Rise Among Baby Boomers

Based on an article by Steven Reinberg, *HealthDay News*, Tuesday, October 21, 2008

The suicide rate in the United States is increasing for the first time in a decade, particularly among middle-aged white women, a new study finds. The suicide rate declined over the same period for blacks and remained stable for Asians, while the rate among older people decreased. The report was published online Oct. 21 in *The American Journal of Preventive Medicine*.

Doctors may not be paying enough attention to the mental health of their middle aged white patients to spot the risk of suicide. "This is a group we haven't had as much focus on in terms of suicide, because the death rates were higher in elderly white males, and there has been a lot of attention to teenagers and young adults," said lead researcher Susan P. Baker, a professor at the Johns Hopkins Bloomberg School of Public Health. "This 40-to-64 age group has been neglected." The researchers found that from 1999 to 2005, the overall suicide rate in the United States rose 0.7 percent. However, among middle-aged white women, the annual increase was 3.9 percent; among middle-aged white men it was 2.7 percent.

The most frequent method of suicide was using a firearm, although the rate of suicide by this method declined. Suicide by hanging and suffocation rose significantly, accounting for 22 percent of all suicides by 2005. Among men, hanging/suffocation rates increased 6.3 percent annually; among women, the yearly rise was 2.3 percent. Poisoning accounted for 18 percent of suicides, the study found.

"We are always concerned about understanding these kinds of trends, but they need to go on for many years in order to truly define them as something significant and different," noted Alan L. Berman, executive director of the American Association of Suicidology. "We need to understand better those who are suicidal, irrespective of age or gender or race. We need to understand and observe warning signs, so that we can find and refer and treat these individuals before they become statistics," he said.

(SOURCES: Susan P. Baker, M.P.H., professor, Johns Hopkins University Bloomberg School of Public Health, Baltimore; Alan L. Berman, Ph.D., executive director, American Association of Suicidology; Oct. 21, 2008, *American Journal of Preventive Medicine*, online)

THIS & THAT

■ The Consumer Family Outreach Program(CFO) and its outstanding staff – Helen Klein, Marge Lipson, and Andrew Pollner – were recently honored by NAMI-NYS with the 2008 Program Award. It is noteworthy that CFO was developed and brought to the County Mental Health Unified Services ten years ago by NAMI-FAMILYA to fill a service gap we identified. We collaborated on the original grant application with the Mental Health Association of Rockland, which administers the program under the leadership of

Director Sandy Wolf. This unique program provides families and significant others in crisis with support, education and coping skills. CFO provides a team approach. A peer advocate, family advocate and clinical social worker help to link individuals to treatment and services, making home visits as necessary - a new and innovative approach to service delivery when the program began.

■ Online Recovery Support is a new site for families and individuals suffering with mental health issues or chemical dependency. The entire site is free to everyone. NAMI members are welcome to join the “support” section in “forums” or, submit stories or articles directly for posting on the front page. A panel of experts will answer your mental health and drug and alcohol related questions. Visit www.onlinerecovery.com

■ Bouquets to Gloria Libby, daughter of NAMI FAMILYA Board member Gloria Pesce, who arranged for a special fund-raising campaign this past month and to all our loyal supporters who contributed. Gloria’s employer Mercedes Benz matched all donations made during November. Gloria also organized some special fund-raising events involving her colleagues at Mercedes including a pizza lunch party.



■ Dual Recovery Anonymous offers a 12 Step Self Help support group for people seeking recovery from Dual Disorders (Chemical Dependency and Emotional/Mental Illness). The group meets on Mondays at 5:30 PM at the Nyack First Reformed Church, Burd Street and Broadway (side entrance on Burd St.)

■ Mixed Use Supportive Housing Nixed - Consistent with Governor David A. Paterson’s directive to all NYS Agencies regarding new cost control measures, the Mixed-Use Supportive Housing for Adults with Serious Mental Illness RFP originally scheduled to be released on November 5, 2008 is on hold until further notice.

■ An outstanding two day training on Social Security was co-sponsored by NAMI-FAMILYA and the NYS Office of Mental Health in August. Some 135 mental health professionals, family members and consumers learned about “Myths, Tips, Tricks and How to Make It Work.” John Allen, Special Assistant to the NYS Commissioner of Mental Health made the subject stimulating and valuable. The seminar got rave reviews from those who attended. Dale Fisher Coordinator of Information & Referral of ARC of Rockland writes: “In my thirty-five years in the MH/MR/DD field I have never had a more informative and interesting presentation.”

■ Congratulations to James (Jim) Scaringe who was recently appointed to the Rockland Psychiatric Center Board of Visitors.

■ Hooray - At long last, after over twelve years of steadfast and often uphill advocacy a Federal Mental Health Parity Bill, mandating mental illness insurance coverage equal to that of other physical illness, has become a reality. Ironically, the bill was part of the \$700 billion “bail out” package passed early in October by Congress and signed into law by President Bush. It seems that it took a national economic “Anxiety Disorder” to finally bring about this historic legislation. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, will eliminate the discriminatory obstacles to treatment and are anticipated to improve access to services for some 113 million people. For more on this legislation visit www.nami.org/Template.cfm

Spring Family To Family Course Starting Up

You can still get in on our next free ten week Family-to-Family course, scheduled to begin on January 8th. The course will be held in the Fielding Room of the Finkelstein Memorial Library, 24 Chestnut Street on consecutive Thursdays from 6:30 to 9 pm.

Taught by a team of trained family members who know what is like to have a loved one suffering with mental illness, this program offers sessions on the latest medications and treatment, effective communication and coping skills, problem solving techniques, and how to navigate and advocate with the mental health system. This class offers an opportunity to share with other families in a confidential setting.

Call Marlene at the NAMI-FAMILYA office NOW to register, as classes fill up quickly. (845) 359-8787.

Mental Illness Still Subject To Stigma

How far have Americans come in taking the shame and stigma out of mental illness? Not very far, based on several recent studies. A Harris Interactive poll suggests that many believe myths that may lead them to steer clear of people with the disease.

The online survey included 1,012 adults, supplemented by polling of 258 people with schizophrenia and 256 caregivers who had visited the National Alliance on Mental Illness website. Although most in the general public said they would want friends to tell them if they were diagnosed with schizophrenia, less than half would tell friends if they had the disease, which strikes 1% of Americans.

About a third wouldn't want a boss with schizophrenia who has received treatment, and half say they wouldn't date someone who had been treated for the disease. Roughly 1 in 4 Americans say they would feel uncomfortable around adults who have been treated for schizophrenia. Most know the common symptoms, such as delusions and hallucinations. But the majority also view "violent behavior" as a symptom of the illness, and two-thirds believe "split personality" is common, points out Marilyn Elias in *USA Today*.

A study by University of Pennsylvania sociology professor Jason Schnittker supports the fact that while more Americans believe that mental illness has genetic causes, they are no more tolerant than 10 years ago. Tolerance was measured in terms of social distancing: unwillingness to live next door to someone with mental illness, have a group home in the neighborhood, spend an evening socializing, work closely, make friends or have the person marry into the family.

An Uncertain Revolution: Why the Rise of a Genetic Model of Mental Illness Has Not Increased Tolerance," was published online in the *Journal of Social Science and Medicine*, and explores trends in public beliefs about mental illness, in particular, support for genetic arguments. Reactions vary depending on the mental illness considered. In the case of schizophrenia, genetic arguments are associated with fears of violence. When applied to depression, however, genetic arguments are associated with social acceptance. Genetic arguments have, however, increased public support for medical treatment. Yet it's unusual for schizophrenics to be violent, and they do not have so-called split personalities, says Stephen Marder, a schizophrenia expert in the Semel Institute for Neuroscience at UCLA School of Medicine.

On the positive side the Harris poll indicated that 8 out of 10 Americans think adults with the illness can lead independent lives. "Absolutely, they can," Marder says, "and the great majority are living independently." But poor work training programs and social services have left many jobless, he adds. Half of those with schizophrenia say doctors take

their medical problems less seriously once the mental disorder becomes known. "It's a horrible problem," says Dr. Jeffrey Lieberman, chairman of psychiatry at Columbia University. "They're rarely followed by primary-care doctors."

Most patients polled say that having a job along with better insurance (many are on Medicaid) and medications would improve their condition. "We know how to do better for them, but we don't have the financial resources," Lieberman says. The disease is not curable, but medication can control symptoms for the vast majority of patients.

The movie industry has encouraged a stereotype of people with schizophrenia as bizarre, violent psychotics in classic films such as "Psycho." But the more recent "A Beautiful Mind" showed that people battling schizophrenia could be brilliant, Dr. Lieberman adds. And a new memoir by USC law professor Elyn Saks, "The Center Cannot Hold," suggests how far a smart, determined person with schizophrenia can go, if treated.

The Treatment Advocacy Center cites convincing scientific evidence that people with a severe mental illness are often victims, frequently involving acts such as theft of clothing or money, but also including assault, rape, or being killed. Women who have a severe psychiatric disorder are especially susceptible.

During any given week, the headlines are striking, states the Center in its December 5, 2009 online news. "Homicide victim suffered schizophrenia." "Boone man shot in clash with police at bar dies." "Missing Canton woman is found alive; survives in silo." These are just a small sample of the types of current news stories involving people with a severe mental illness.

The shock when such tragedies happen is apparent. Margaret Abbott was a 56 year old great grandmother who had schizophrenia, according to news reports. Her family was understandably distraught when her body was found on a dead-end street of Shreveport, Louisiana. "Why would somebody shoot my mom?" daughter Patricia Williams asked, according to the Shreveport Times. "They took advantage of her mind being bad and did whatever, but even so she couldn't harm them. That was just wrong."

A landmark 2002 study in North Carolina showed that people with a severe mental illness who were on assisted outpatient treatment were victimized half as often as those not on outpatient commitment.

If response to Philadelphia Eagles' All-Pro guard Shawn Andrews' revelation that he suffers from a mental illness is any

Continued on page 10

Still Subject to Stigma *continued from page 9*

indication, we still have a long way to go. The 335-pound Andrews, who refers to himself as the 'Big Kid,' had not shown up at the Eagles' Lehigh University training camp and no one seemed to know why. There was talk of a contract holdout. Some suggested Andrews was out of shape. Some of his teammates expressed a lot of irritation that he was not there slogging out exhausting two-a-day practices in the summer heat and humidity, wondering if maybe he just did not want to go through the misery that is an NFL training camp.

"I'm willing to admit that I've been going through a very bad time with depression," Andrews said about his absence from training camp in August 2008. I've finally decided to get professional help. It's not something that blossomed up overnight. I'm on medication, trying to get better."

"You would have thought that this giant of a young man had announced that he had stayed out of camp because he was a lazy, overindulged ingrate who just did not happen to feel like playing football right now," states Arthur Caplan, chair of the medical ethics department at the University of Pennsylvania. (Treatment Advocacy Center on-line news 8/8/08). Talk radio in Philadelphia and around the country exploded in anger at the very idea that being sad—the talk-radio interpretation of depression—could keep you out of camp.

Sports talk hosts even dismissed the treatment of anyone with depression as a lot of psychobabble for the rich and the spoiled. One Philadelphia sports talk host wondered why - since all psychiatrists are crazy - anyone would seek treatment from one. The team was fining the football player tens of thousands of dollars for his absence. But, the bigger question Caplan poses is: "Why is it so hard for us to accept mental illness as being just as disabling and devastating as a physical injury?"

No one would dream of calling someone with cancer a malingerer or a deadbeat. But, reveal that you have a hard time working because you are depressed, cannot leave your house because you are phobic, or find it difficult to show up at holidays with your family because you are not sure you can control your eating disorder, and the insults fly.

Unless we can get past dismissing mental illness as the product either of a lack of willpower or a lack of character, what chance do we have of helping those and their families who must suffer, often in silence, with the shame and stigma? Caplan states. "Crazy as it may seem—not much."

Information for the above article was obtained from several sources: Sources: Enews@treatmentadvocacycenter.org 12/5/08 & 8/8/08; "Schizophrenics battle stigma, myths in addition to disease" Marilyn Elias, USA Today, 8/6/08; "Penn Study: Americans Show Little Tolerance for Mental Illness Despite Growing Belief in Genetic Casue" 8/29/08.

NAMI Stigma Buster Alert

Desperate Housewives "A Thanksgiving Day Turkey"
November 26, 2008

ABC's Desperate Housewives is a cross between a soap opera and a satire, but has one of the highest ratings on TV. Unfortunately, a current plotline reinforces the stereotype that links mental illness to violence. A mysterious stranger (Dave) marries one of the characters and moves into the neighborhood. Another character learns that Dave has been released from a "center for the criminally insane" When Dave's psychiatrist confronts him, he kills him and sets fire to a nightclub to hide the crime.

Please contact the ABC network and the show's producers to make the following points:

- The plot involving Dave Williams (Neal McDonough) and its reference to "the criminally insane perpetuates the stigmatizing inaccurate stereotype that links people with mental illnesses to violence.
- The US Surgeon General has noted that the overall contribution of mental disorders to the total level of violence in the country is "exceptionally small" and that stigma is one of the greatest barriers to people getting help when they need it.
- Ask them to use their position to help eliminate stigma. Develop a character and plot that defies stigma. Have a person with mental illness be a genuine hero or positive influence.

Send your comments to: Audience Relations ABC, Inc. 500 South Buena Vista St., Burbank, CA 91521 (818) 460-7777; Copy Touchstone Productions, Desperate Housewives at the same address. (888) 777-1000 (Touchstone switchboard), Mr. Marc Cherry, Executive Producer; Bob Daily, Producer & Writer; David Grossman, Producer and Director

Breaking the Silence

The Ups and Downs of Bipolar Disorder, October 2008



Committee members take time out for a photo op with Dr. Cliff Wood, President of RCC. L to R; Dr. Marsha Katz, Melissa Benedict, Carol Olori, Brigid Pigott, Dr. Lois Kropplick, Rena Finkelstein, Dr. Wood, Beverly Feuer

CHAMPIONS OF CHANGE : Making Strides Through Education, Advocacy and Support

President Rena Finkelstein, VP Diana Siegel, and Program Coordinator Anne Arias returned from the three day NAMI-NYS Conference in November brimming over with valuable information and buoyed up for the challenges ahead.

Friday's program featured speakers on "Jail Diversion: A Blueprint for Positive Change," including Major Sam Cochran, coordinator of the Memphis Police Services Intervention Team (CIT). On Saturday we heard from a fascinating panel on Suicide prevention in diverse communities, including Gay/Lesbian, Hispanic/Latino, African American/Black, Native American and Asian.

A round of informative workshops in the afternoon ran the gamut from the effects of PTSD on the military family to addressing stress and anxiety among College students, Bipolar Disorder, and an update on psychopharmacology for children and adolescents. John M. Kane, MD, Chair of Psychiatry at Zucker Hillside Hospital and an international authority on schizophrenia delivered the keynote address. We will share what we learned with our members throughout the year.

Breaking the Silence

October 2008

Guest speakers:

Jancie Pleban-Bonis (left)
and Phyllis Elliot LCSW



What if NAMI-FAMILYA had a penny or more for every time you searched the Internet or Shopped on Line?



Buying gifts for Christmas and Chanukah? **GoodShop.com**

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So when you're shopping on line this holiday season, remember to go www.goodshop.com. Scroll down to select NAMI-FAMILYA of Rockland County, Inc., (verify) and then click through to your favorite store and shop as usual. Every time you place an order, you'll be helping NAMI-FAMILYA's support, education and advocacy programs.

GoodSearch.com is a Yahoo-powered search engine that donates half its advertising revenue, about a penny and a third per search, to the charities its users designate. Use it just as you would any search engine, get quality search results, and watch the donations add up! And, be sure to spread the word to family, friends, co-workers and business associates!

The Last Tour

continued from page 4

yet they ran him down like a dog" Travis seemed to settle on mortal determination, traditional among marines, not to be taken prisoner. Perhaps he thought he was in Iraq.

The high rate of suicide among veterans of the Afghanistan and Iraq theatres of war is generally attributed to the rigors of a long war being fought without a draft, multiple deployments and heavy use of National Guard and reserve units. And on the ground, at unit level, the discouragement of anyone with stress symptoms from asking for help is intense. A study found, that mostly because of the stigma still attached to PTSD, only half of those afflicted have sought treatment.

When Dr. Ira Katz, Department of Veterans Affairs, chief of mental services learned that preliminary reports showed that 1000 veterans in VA care were attempting suicide each month, he sent a colleague an email saying, "Shh! ... Is this something we should (carefully) address ourselves in some sort of release before somebody stumbles on it?" Another

email in March 2008 by Dr. Norma J. Perez, a PTSD program coordinator in Texas said, "Given that we are having more and more compensation seeking veterans, I'd like to suggest that you refrain from giving a diagnosis of PTSD straight out."

Robert Gates, the Secretary of Defense, is said to be considering making some PTSD sufferers eligible for the Purple Heart – a politically popular idea. Yet, the difficulty of maintaining troop levels has placed the Bush Administration at odds with veterans' groups, which supported the New GI Bill to provide increased education benefits. The Administration initially opposed the bill on the grounds that the appeal of a college education might sap troop levels, but a modified version was finally signed in June 2008.

(from an article in The New Yorker, "The Last Tour" by William Finnegan, September 29, 2008. For the full 9 page article you can go online to: www.newyorker.com:80/reporting/2008/09/29/080929fa_fact_finnegan)



Thanks to our many supporters who have made a gift to us in memory or honor of a friend, colleague, or loved one in the past three months. NAMI-FAMILYA notifies the family or person about your thoughtful gift, which helps to support our education and advocacy programs.

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Bobby Kruse	Gloria Pesce
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“Schizophrenia for Dummies”

by Irene S. Levine PhD & Jerome Levine, MD
 Everything you ever wanted to know about schizophrenia is contained in this reader friendly, book by Drs. Irene and Jerome Levine. Based on the latest research findings and clinical practice guidelines, the book provides solid advice to patients and

their families on identifying the warning signs; choosing the right team of health professionals; understanding the latest treatments, getting help and support; navigating the fragmented community mental health system, and more. The book is part of the series that provides practical help for a wide range of subjects in plain English and an accessible format.

Dr. Jerome Levine is a psychiatrist and currently deputy Director of the Nathan Kline Institute for Psychiatric Research in Orangeburg. Irene S. Levine is a clinical psychologist and researcher serving as NKI’s liaison to families and a free lance journalist and author. Both are Professors of Psychiatry at New York University School of Medicine.

Man Who Made Lists To Fend Off Depression

*Excerpted from an article by Arthur Spiegelman
 Friday March 28, 2008 8:48 AM ET (Reuters)*

His mother suffered dark depressions and tried to dominate his life. His sister and daughter had severe mental problems, his father and wife died young and a beloved uncle committed suicide in his arms. So what did Peter Mark Roget, the creator of Roget’s Thesaurus, do to handle all the pain, grief, sorrow, affliction, woe, bitterness, unhappiness and misery in a life that lasted over 90 years? He made lists.

The 19th century British scientist made lists of words, creating synonyms for all occasions that ultimately helped make life easier for term paper writers, crossword puzzle lovers and anyone looking for the answer to the age-old question: “What’s another word for ...?”

According to a new biography by Joshua Kendall, making lists saved Roget’s life by keeping him from succumbing to

the depression and misery of those around him... “The Man Who Made Lists,” (Putnam, \$25.95), is a study of Roget’s life (1779 to 1869), based on diaries, letters and even an autobiography composed of lists. The book is written in a style that the author calls “narrative non-fiction” and contains a lot of dialogue and descriptions of how Roget and his friends feel and think, all based on source material and actual events... “As a boy he stumbled upon a remarkable discovery—that compiling lists of words could provide solace, no matter what misfortunes may befall him,” Kendall said.

Roget cared more for words than people and making lists on the scale that he did was obsessive-compulsive behavior that helped him fend off the demons that terrorized his distinguished British family.

Madness was a regular guest in Roget’s home, Kendall said. One of his grandmothers either had schizophrenia or severe depression; Roget’s mother lapsed into paranoia, often accusing the servants of plotting against her. Both his sister and his daughter suffered depression and mental problems. Then there was the case of Roget’s uncle, British Member of Parliament Sir Samuel Romilly, known for his opposition to the slave trade and for his support of civil liberties. He slit his own throat while Roget tried to get the razor out of his hands. Kendall stated that Roget’s lists “gave him an alternative world to which to repair.”

Many writers have declared their debt to Roget, including Peter Pan’s creator, J.M. Barrie. In homage, he put a copy of the Thesaurus in Captain Hook’s cabin so he could declare: “The man is not wholly evil—he has a Thesaurus in his cabin. The 20th century poet Sylvia Plath called herself “Roget’s Strumpet” to pay respects for all the word choices he gave her.

Roget made his first attempt at a Thesaurus at age 26 but put aside the effort and did not publish his book until 1852 when he was in his 70s and retired. He then kept busy with it for the rest of his life. It became an instant hit in Britain, but did not sell that well when an American edition was published two years later. But when Americans latched on to crossword puzzles in the 1920s, the Thesaurus assumed its place on reference shelves.



**Clergy and Clinicians Working Together:
 A Mental Health Perspective, November 2008**

Photo on left : Andrew Pollner chats with Barbara Murphy, NAMI-FAMILYA Clergy Program Chairperson

Photo on right - L to R Dr. Glen Milstein, Dr. Dominic Ferro, Andrew Pollner, Rabbi Henry Sosland



Thanks for Sharing

continued from page 12

in honor of NAMI-FAMILYA, cont.

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If you would like to honor or memorialize a friend, loved one, or colleague, you may send your check, payable to NAMI-FAMILYA, PO Box 365, Orangeburg, NY 10962. Please provide the name and mailing address of the person to be notified.



An Ecuemenical Get together at Clergy & Clinicians Program

Above, L to R; Father Brendan Gormley of St. Paul's Roman Catholic parish in Congers; Rabbi Daniel Pernick of Temple Beth Am in Pearl River; Fr. Ron Stanley, Campus Minister and Sr. Barbara McEneany, Director of Campus Ministry of Dominican College in Blauvelt.

From the Editor

continued from page 2

Increasingly, we have been asked to conduct seminars on this subject. Recently, several teams of mental health professionals, family members and consumers presented on depression, anxiety and suicide to some 300 students in three freshman seminars at Dominican College. Because this issue is such a nagging concern, we have included some important information about warning signs and preventing suicide, including contact numbers on Pages 5,6, and 7

Regrettably, mental illness is still viewed by many as shameful and willful, as underscored by several recent articles in the media and on line. (See Page) Here in Rockland we have been working diligently to dispel the myths, erase the stigma, and promote understanding and treatment. Our heartfelt gratitude goes to the courageous family members, consumers, and professionals who share their stories to help us reach out with our message to so many in our community. In these difficult economic times, many mental health programs have either been put on hold or seriously cut. Despite the financial crisis and tough times we face, we continue to think positive and work toward a brighter tomorrow -- changing minds in our on-going battle against stigma while providing support, education and hope for our families and friends in NAMI-FAMILYA.

Happy holidays and good wishes for a healthy and happy New Year from all of us at NAMI-FAMILYA. We look forward to greeting you at our holiday get together for a fabulous evening of fellowship, food, and fun on Wednesday, December 17. Please join us as we celebrate our accomplishments of the past year and rev up for the challenging year ahead.

Until then, we remain,

Your voice on mental illness, striving to ensure a better life for all of our loved ones.

College Education Program

Understanding Mental Illness at Dominican College Nursing classes. Below, L to R; Jeffrey Keahon, Rena Finkelstein, Professor Virginia Clerkin, Michael Miriello, Dr. Lois Kroplick, Professors Vita Wolinsky & Marilyn Fishman



Join Us In the Battle

By Anne Arias, Program Coordinator



NAMI-FAMILYA has had a busy and exciting year! The number of calls to our helpline is increasing every week, we are reaching out to more diverse communities in and around Rockland County and more families in crisis each month are seeking refuge in our family support programs. Our "Stigma Busting" educational speakers programs,

such as, In Our Own Voice: Living with Mental Illness, are in high demand with colleges, hospitals and community groups. By the end of this year our education and support programs will have served over 3,500 individuals! We are working very hard to make the lives of individuals living with mental illness and their families better and we were able to do all of this because of the financial support from friends like you! Thank you.

The volunteers of NAMI-FAMILYA of Rockland County, Inc., a 501©3 not-for-profit and affiliate of the National Alliance on Mental Illness (NAMI) and NAMI-NYS, continue to work tirelessly to provide support, education and advocacy for individuals living with mental illness and their families. We are an organization run by volunteer family members and a small support staff of 1 full-time and 1part-time person. Here are some of the highlights of what your membership helped us accomplish in 2008.

This year we educated our families and the public on numerous topics ranging from the latest research on schizophrenia and early detection of psychiatric disorders in adolescents to eating disorders and PTSD. At our

Awards Program, which featured former Washington Post Journalist, Pete Earley. Pete's book, CRAZY: A Father's Search Through America's Mental Health Madness, was one of two finalists for the Pulitzer Prize in 2007 and has won awards from Mental Health America and the American Psychiatric Association.

Thanks to a grant to NAMI-FAMILYA, the Mental Health Coalition of Rockland and the West Hudson Psychiatric Society by Senator Thomas Morahan, we have participated in several highly successful collaborative educational projects in the past year. In October, over 500 students, mental health professionals and other community members attended a highly successful educational forum on Bipolar Disorder. at Rockland Community College in Suffern, NY.

Last month we were especially busy hosting a conference at the Stony Point Center for members of the clergy of all faiths and mental health professionals of a variety of disciplines to discuss how both can work together for a more holistic approach to recovery.

We face many new challenges concerning mental health issues in the coming year. Here is the opportunity for you to partner with us in our efforts to make this a better world in which to live. WE NEED YOUR MEMBERSHIP TO CONTINUE THE FIGHT!

Your tax-deductible donation will also have a direct and significant impact on the lives of consumers and their families. You will be contributing to ending stigma against individuals living with mental illness and spreading the word that recovery from mental illness is possible!

Join NAMI-FAMILYA Now! 2009-2010 Membership Form

Name _____ Address _____ City _____

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Fax _____ Email _____ (Your email address will help us keep you advised of legislative issues)

Individual/Family Membership \$35. (\$40. after 9/1/09) Professional Affiliate \$100.

NOTE: A reduced membership fee is available to individuals, families or consumers with limited means

Voluntary Gift \$ _____ I have included an additional contribution to help support NAMI-FAMILYA's educational and advocacy programs in Memory/Honor of : _____

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Please make your checks payable to NAMI-FAMILYA and mail with form to: PO Box 635, Orangeburg NY 10962-0635

For more information call (845)359-8787

NOTE: A portion of your local membership fee is remitted to NAMI National and NAMI-NYS.

Your membership fees and contributions are tax deductible



Regularly scheduled NAMI-FAMILYA meetings are held in Building F, Room 119 of the Dr. Robert L. Yeager Health Center, Sanatorium Road, Pomona, NY and begin at 7:30 p.m. unless otherwise indicated. Please note the following dates on your calendars. Some other important coming events are also listed below.

WEDNESDAY EVENING DECEMBER 17

NAMI-FAMILYA Holiday Party

Join us at 6 pm at the Yeager Health Center for a fabulous evening of food, fellowship, and fun with entertainment and gifts galore. Featured speaker is James Rye, mental health activist and advocate. Jim has headed up the Empowerment Center for the past eight years and serves on the Board of Directors of both the Mental Patient Liberation Alliance and Pathways to Housing. He will share an inspiring message on changing the paradigm of life from pain and despair to joy and hope. *(Please note special time)*

JANUARY 1, 2009 - HAPPY NEW YEAR!

WEDNESDAY, JANUARY 7 RAP – Family Support Session

**WEDNESDAY, JANUARY 21
Depression Out of the Shadows**

Video screening and discussion led by a mental health professional. This powerful film tells the dramatic stories of people of different ages, from diverse backgrounds, who live with various forms of depression. Leading mental health experts highlight the latest scientific research and treatments.

WEDNESDAY, FEBRUARY 4 RAP – Family Support Session

WEDNESDAY, FEBRUARY 18 – Education Program

TUESDAY, FEBRUARY 24, 2009 - NAMI-NYS Legislative Day

Join us for a day in our State Capitol in Albany to learn all about NAMI-NYS Legislative priorities and visit with our Rockland representatives – Always an exhilarating and interesting event !

WEDNESDAY, MARCH 4 RAP – Family Support Session

WEDNESDAY, MARCH 18 - New Directions in Treatment of Co-Occurring Mental Illness & Chemical Dependency (Dual Diagnosis)

Alcohol and Substance Abuse - A Panel Discussion led by Marge Davitt, Director of Chemical Dependency Services for Rockland County and Behavioral Health Administrator for the County Jail.

Some Future Programs planned for 2009 include:

- Author's Workshop on an important book dealing with mental illness
- Bridging the Gap between Mental Illness and the Criminal Justice System
- Dealing with Obsessive Compulsive Disorder (OCD)

Would you like us to arrange a program on some other topic of interest and concern to you? Please let us know and we will do our best to oblige.

In case of inclement weather, please tune into WRCR Radio (1300 AM) or Channel 12 TV for announcement of cancellation or postponement.



**FAMILYA flyer
Winter 2009**

NAMI-FAMILYA of Rockland County NY is affiliated with NAMI-NYS and NAMI (National Alliance on Mental Illness)

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