

NAMI PITTSBURGH/NORTH SUPPORT GROUP

NAMI Keystone PA/NAMI Southwestern PA
105 Braunlich Drive
Suite 200 McKnight Plaza (White Building on Hill)
Pittsburgh, PA 15237
(Turn at light by Dollar Tree)

Support Group Leader Assistants	Candy & Pete Venezia Tom & Mary Lou Zemaitis	(412) 361-8916 (412) 492-9157
Treasurer	Debbie Julian	(412) 821-1691
Phone Consultations	Lolly Kayser	(412) 818-4886
Newsletter	Sharon M. Vogel	(412) 821-2805

FEBRUARY 7, 2018 - NO MEETING

NAMI Homefront

Begins Thursday, February 8, 2018 for six weeks
6:30 pm – 9:00 pm
NAMISouthwestern PA Offices

Next month, for the first time ever, NAMI Keystone Pennsylvania is offering **NAMI Homefront**, a free, confidential, six-session educational program for families, caregivers, and friends of military service members and veterans with mental health conditions.

“NAMI Homefront is an important class that provides the means and know-how for loved ones to best support veterans with the challenges they face upon return and reintegration back into civilian life. Having the tools to best support your loved one in this situation can greatly assist the veteran not only in their mental health recovery, but in helping them to feel they are not alone in their struggles,” stated Nikki Dawson, Veteran.

You must register to attend NAMI Homefront classes. Openings are still available. To reserve your seat, contact Susan Caban by email: scaban@namikeystonepa.org or by phone 412 366-3788.

2018 NAMI MEMBERSHIP RENEWAL

NAMI Membership Dues are now due. Thank you for your continued support!!!! **WELCOME TO OUR NEW MEMBERS!!!!** If you have just joined NAMI, please contact Debbie Julian regarding renewal. Your renewal may not be due at this time.

PLEASE FILL OUT THE ENCLOSED SLIP BELOW AND RETURN IT TO DEBBIE JULIAN WITH YOUR CHECK FOR \$40 PAYABLE TO “NAMISWPA”.

Our NAMI offices are always there to support us in our time of need with free education, information, ideas and support. People are encouraged and welcome to attend the meetings on the 1st Wednesday of the designated months even if you do not become a member.

NAMI SWPA relies on the support of membership. Individual membership benefits include:

- Subscription to the quarterly newsletter The Voice, either online or hardcopy
- Members-only benefits on the National, State and Local level
- Call-to-Action Alerts and important Conference and Program information

MARK YOUR CALENDARS...

NAMI Keystone PA Annual Conference

MARCH 12 – 13, 2018

Champions of Mental Wellness – Fighting Stigma and Stereotypes in the System and Society
Harrisburg, PA

Individuals with mental illness face an uphill battle every day. A complicated mental health system. A lack of adequate services. Stigma. Yet, so many overcome these obstacles and find their way to recovery. And of those individuals, many of them are brave enough to share their story.

NAMI Keystone Pennsylvania's annual Mental Health and Wellness Conference will celebrate those stories of recovery. But it will also examine barriers that make the journey to recovery that much harder, like stereotypes associated with violence, homelessness, race, and culture.

Registration is open and there are still opportunities to showcase your organization at the conference through sponsorship, exhibiting, or funding a scholarship.

Registration Rates

Early-Bird Conference Rate (effective until Feb. 2) – \$160

Regular Conference Rate – \$185

Deadline to Register – Friday, March 2, 2018

Our Support Group is sponsoring a Champion!!! THANK YOU!!

Many of our Support Group answered the call to help fund a scholarship for an individual to attend the conference. Thank you very much for your generosity.

The scholarships will offset the cost of registration and overnight accommodations for individuals and family members affected by mental illness. If you would like to sponsor a specific individual(s), contact Sara Levine Steinberg at slsteinberg@namikeystonepa.org to make conference registration arrangements.

SUICIDE: THE RIPPLE EFFECT

MARCH 22, 2018

AMC Loews Waterfront Theater
300 W. Waterfront Drive
West Homestead PA 15120

Join NAMI Keystone Pennsylvania for a special screening of the new documentary, *Suicide: The Ripple Effect*.

GET YOUR TICKETS NOW - Tickets are \$12, with a \$2.50 processing fee per ticket.

The screening will be followed by an engaging Q&A on the topic. Tickets are limited. The deadline to purchase tickets is Sunday, March 11, 2018. Contact Susan Caban at the NAMI office for information.

The film chronicles the story of Kevin Hines, who at age 19 attempted to take his life by jumping from the Golden Gate Bridge. Since then Kevin has been on a mission to use his story to help others stay alive and find recovery.

Content Warning: Discussions of Methods of Suicide

ANNUAL CHILD & ADOLESCENT MENTAL HEALTH CONFERENCE

JUNE 8, 2018

Pittsburgh Airport Marriott

NAMI Keystone Pennsylvania's Annual Child and Adolescent Mental Health Conference will take place on Friday, June 8, 2018 at the Pittsburgh Airport Marriott. This day-long event unifies families, caregivers, and behavioral health professionals who will discuss best practices and new discoveries in youth mental wellness.

Two keynote speakers, Ross W. Greene, Ph.D. and Dior Vargas, bring different backgrounds, perspectives, and methods to a similar mission: crossing boundaries and overcoming obstacles to improve behavioral health care.

More to come,,,

2018 NAMI National Convention

LIVE LEARN SHARE HOPE

June 27 – 30, 2018

New Orleans, LA

The NAMI National Convention is one of the largest annual gatherings of mental health advocates in the nation. The 2018 NAMI National Convention will convene at the Sheraton New Orleans on Canal St. in the heart of New Orleans!

This year's theme "**Live. Learn. Share hope.**" describes the NAMI experience. Our collective voice spreads hope that recovery is possible and families can be whole again.

The NAMI National Convention connects people affected by mental illness who are looking for resources, research and support. Attendees include individuals with mental illness, family members, caregivers, advocates, policymakers, educators, researchers, clinicians and press.

5 Great Reasons To Attend

Learn from experts who share exciting research, tools and treatment options

1. Hear powerful stories and make connections with people you can relate to
 2. Deepen your recovery toolbox with advanced support and coping methods
 3. Earn continuing education credits as a licensed counselor, social worker or registered nurse
 4. Develop NAMI leadership skills that can take the NAMI movement to the next level
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CHIP Reauthorization

Good news for families in Pennsylvania and across the country who rely on the Children's Health Insurance program, or CHIP. The U.S. House and U.S. Senate voted to end the government shutdown by passing a continuing resolution that includes a 6-year renewal of CHIP. In September, Congress let federal funding for the program expire. CHIP provides high-quality health insurance for over 180,000 children across the commonwealth.

A Sermon Of Truth About Depression

taken from NAMI Website

By Kathy Hurt | Jan. 23, 2018

As a church pastor, I prepare sermons every week that will (hopefully) help people live well and love fully. I have found that including stories from my own life experiences seems to resonate most with my listeners. They tell me that when I talk about myself, they feel as though "you were talking about me." I always enjoy hearing such feedback—except when it is spoken in a low voice, almost a whisper, and comes with a knowing look or an especially strong hug.

That is the response I receive exclusively when I talk about my depression.

Twice in my life, I have fallen into an extended bout of depression, which has required hospitalization, medication, shock treatments, lots of therapy and time off work. My depression comes with persistent thoughts of suicide, and I have attempted suicide more than once. Recovery is never quick: My first depressive episode required a two-year stay in a psychiatric hospital for me to feel functional once again, while the second depression hung over me for nearly three years. With each occurrence, I believed I would never know joy again, would never be able to work and might so tire the patience of my family and friends that they would give up on me—not to mention the fact that I gave up on myself at least five times a day.

Yet I recovered—not just to a small degree, but fully. Today, I serve a large congregation and have recently published a memoir about my first depressive episode. My motivation for writing that story is the same motivation that inspires me to speak about depression in my sermons: I am committed to push back against the stigma that is still attached to

mental illness.

Such a resolve—not only to not be cowed by stigma but to resist it—did not come easily to me. I often found myself believing some of the negative messages that accompany stigma—messages that told me I was not depressed but simply weak-willed or lazy, messages that shamed me for not being able to deal with the ordinary challenges of life that everyone around me seemed to navigate without getting depressed, messages that suggested I was not normal and never would be, messages that I would always have to work extra hard to look good, to be loved.

With all those messages reverberating around, I kept my mouth shut for a long time about my mental illness. The stigma felt especially daunting in the context of my profession: Pastors are supposed to be paradigms of perfection, to be endowed with the sort of faith that keeps them immune from something like mental illness. So, the notion of ever sharing my experiences with others was something I didn't even consider.

Until one day. A couple in my congregation asked if I would consider going to see their college-age daughter, who had been placed on a 72-hour hold in the psychiatric unit of a local hospital. They were distressed by their inability to understand what was wrong or how they could help her. Because they remembered that she and I had formed a positive connection when she was in high school, they hoped that I might somehow get through to her.

I headed off to the hospital and was buzzed into the unit, my thoughts full of memories of times when I had been on the other side of that locked door. I found the young woman seated by herself near a window in the patient lounge. I pulled up a chair and explained that her parents had told me what happened. I tried various conversation openers, none of which got any response aside from a shrug, a polite smile, a vague answer.

Then almost without intending, I said: "You know, when I was in college, I had a breakdown, and I was so depressed I had to drop out and was hospitalized." Now I had her full attention, as I told more of my story. Her eyes filled with tears, and her own story began to unfold.

The young woman's parents subsequently told me that my visit had a remarkable impact: They saw their daughter shift and demonstrate a desire to be helped, to try and heal. They thought I had some sort of magic touch, yet the "magic" was not in anything I did; rather, it is the same magic that happens whenever someone risks being vulnerable and shares parts of their soul.

Our personal stories have the power to heal, if only we can set aside the stigmatizing messages that try to shame us into silence.

Mental Illness Is Not A Sin

Despite all the advances in treatment, despite all the ways in which our culture has become more enlightened and compassionate, somehow mental illness remains in a category of its own, regarded as some sort of peculiar affliction that is best dealt with by toughing it out, straightening up, putting one's will into play and hiding any evidence of possible symptoms.

When my church members whisper that it felt like "you were talking about me," I feel a deep sadness that this admission seems to come with a sense of shame, as though the individual were confessing some terrible sin or shortcoming. As a result, I feel like I have more work to do. We all do.

I am not a mental health counselor, but I do provide spiritual counseling in my pastoral work. Whenever someone comes to talk with me about mental health, I have some touchstones that I typically offer:

- Be gentle with yourself. All of us are struggling and doing the best we can.
- Be patient. Humans are incredibly complicated organisms, unpredictable even on our best days, and we will not always respond in the same way.
- Be grateful. Many spiritual traditions urge cultivating a practice of gratitude, something as simple as finding three things each day, however small, to be thankful for. Gratitude can shift an entire world view toward greater trust, bit by bit.
- Be vulnerable. We form our deepest connections with others not around our accomplishments or successes, but around our experiences of suffering. We bond when we share stories of those experiences with one another.
- Be kind. When we notice someone else, even for just a moment in a shared glance or holding open a door, we are lifted out of our own loneliness and a bit closer into the human community.
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I will keep telling and retelling stories of my personal struggles with depression and suicide, keeping alive the hope that

one day any traces of stigma and shame associated with mental illness will vanish. We will all be so much stronger then.

If you have any interest in spreading mental health awareness to your faith community, please visit NAMI FaithNet.

The Comorbidity Of Anxiety And Depression

taken from NAMI Website

By Beth Salcedo, MD | Jan. 19, 2018

When a person experiences two or more illnesses at the same time, those illnesses are considered “comorbid.” This concept has become the rule, not the exception, in many areas of medicine, and certainly in psychiatry. Up to 93% of Medicare dollars are spent on patients with four or more comorbid disorders. The concept of comorbidity is widely realized but unfortunately not well defined or understood.

In mental health, one of the more common comorbidities is that of depression and anxiety. Some estimates show that 60% of those with anxiety will also have symptoms of depression, and the numbers are similar for those with depression also experiencing anxiety.

While we don’t know for certain why depression and anxiety are so often paired together, there are several theories. One theory is that the two conditions have similar biological mechanisms in the brain, so they are therefore more likely to “show up” together. Another theory is that they have many overlapping symptoms, so people frequently meet the criteria for both diagnoses (an example of this might be the problems with sleep seen in both generalized anxiety and major depressive disorder). Additionally, these conditions often present simultaneously when a person is triggered by an external stressor or stressors.

While clinicians can typically recognize one mental illness relatively easily, it’s much more difficult to recognize comorbid disease. They must pay careful attention to symptoms that could suggest other disorders such as bipolar disorder and look for other factors such as substance abuse. This requires time with the patient, possibly their families and other collateral sources of information. The health care system today makes this level of assessment difficult, but not impossible.

Unfortunately, most research today focuses on patients with one illness, and treatments are then guided by this research. In result, there are many well-researched treatments available for mental illnesses, but not for comorbid mental illnesses. There is a lot that we still need to understand about how we recognize and treat conditions when they present at the same time.

There are several things we do know about comorbid anxiety and depression, however, and they underscore this need for accurate assessment. When anxiety and depression present together, these illnesses can often be harder to treat. This is because both the anxiety and depression symptoms tend to be more persistent and intense when “working” together.

This means that those experiencing both anxiety and depression will need better, more specialized treatments. Professionals and caregivers providing treatment may need to get creative, like adding one treatment onto another to make sure that both underlying disorders are responding. For example, if antidepressants are helping improve a person’s mood, but not their anxiety, a next step would be to add cognitive behavioral therapy to the treatment plan.

More research is needed to fully understand why some patients experience comorbid conditions and others do not. Until then, it is vitally important that those experiencing one, two or multiple mental illnesses engage in treatment early, and find a provider they can work with to reach their goals. While treatment may have more challenges when dealing with comorbidity, success is possible.

NAMI MEETINGS – 2018

March 7, 2018

April 4, 2018

May 2, 2018

June 6, 2018

July 4, 2018 – To Be Determined

August 1, 2018

September 5, 2018

October 3, 2018

November 7, 2018

December 5, 2018

2018 NAMI DUES - \$40 payable to NAMISWPA

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

MAIL TO: Debbie Julian, 19 Barrington Drive, Pittsburgh PA 15209 THANK YOU!!