National Alliance on Mental Illness

PITTSBURGH SOUTH

June 2018

June Meeting Information

Wednesday, June 20, 7:30 p.m. to 9:00 p.m.

Presenter: Tamara Hill, MS, NCC, CCTP, LPC, Clinical Trauma Therapist

NAMI Pittsburgh South meetings are held on the third Wednesday of each month (excluding the month of August) at 7:30 p.m. at Southminster House. Southminster House is at 801 Washington Road, Mt. Lebanon, directly across the drive from the Mt. Lebanon Public Library.

Email contact: nami.south@gmail.com

President: Gerry Dugan
Vice-President: Carol Cadonic
Treasurer: Rick Beran

Have something to add to the newsletter?
Email at **nami.south@gmail.com** to have your piece reviewed and added to the next newsletter.

For local support groups contact

NAMI Keystone Pennsylvania:

412-366-3788 or 1-888-264-7972

Web: www.namikeystonepa.org

Email: info@namikeystonepa.org

Contact us via email...

Get in touch with NAMI Pittsburgh South at nami.south@gmail.com. NAMI Pittsburgh South meetings are held on the third Wednesday of each month (excluding the month of Aug.) from 7:30 to 9:00 p.m.

2018 Meeting Calendar

July 18: NAMI In Our Own Voice presentation

August: NO MEETING & No Newsletter

https://www.nimh.nih.gov/health/topics/borderline-personality-disorder/index.shtml

Borderline Personality Disorder

Borderline personality disorder is a mental illness marked by an ongoing pattern of varying moods, self-image, and behavior. These symptoms often result in impulsive actions and problems in relationships. People with borderline personality disorder may experience intense episodes of anger, depression, and anxiety that can last from a few hours to days.

Signs and Symptoms

People with borderline personality disorder may experience mood swings and display uncertainty about how they see themselves and their role in the world. As a result, their interests and values can change quickly.

People with borderline personality disorder also tend to view things in extremes, such as all good or all bad. Their opinions of other people can also change quickly. An individual who is seen as a friend one day may be considered an enemy or traitor the next. These shifting feelings can lead to intense and unstable relationships.

Other signs or symptoms may include:

- Efforts to avoid real or imagined abandonment, such as rapidly initiating intimate (physical or emotional) relationships or cutting off communication with someone in anticipation of being abandoned
- A pattern of intense and unstable relationships with family, friends,

YOU ARE NOT ALONE!

If you need assistance dealing with any type of mental illness, the following organizations are available.

National NAMI Help Line

1-800-950-NAMI/ Web: www.nami.org

SUPPORT

ALANON 412-572-5141

Allegheny County Warmline
1-866-661-WARM (9276)
10 am – Midnight daily

Bipolar and Manic Depressive Support Group — Meets in Washington, PA at Rochester Methodist Church, 341 Jefferson Street every 2nd Thursday of the month at 7:30 pm. Contact Ann at 724-775-6304 for information.

St. Clair Hospital has partnered with Chartiers Mental Health to facilitate a **Mental Health Support Group** in Bridgeville. Family members are welcome to attend.

1st Tuesday of each month 6:30 - 7:30 pm.
Bridgeville Library, 505 McMillen Street

Additional Information: St. Clair Hospital Psychiatry and Mental Health Services at 412.942.4850

Mental Health Support Group

Christ United Methodist Church

Bethel Park 412-942-4800

NAMI McKeesport Support Group
2nd Thursday of each month, 7:00 pm.

Penn State McKeesport Campus

Contact: Violet 412-373-7977.

NAMI Borderline Personality Disorder, Family Support Group
3rd Saturday of the month, 11- 1 pm.
105 Braunlich Dr, Suite 230, Pgh PA 15237

VISIT www.namikeystonepa.org for MORE NAMI SUPPORT GROUPS

and loved ones, often swinging from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)

- Distorted and unstable self-image or sense of self
- Impulsive and often dangerous behaviors, such as spending sprees, unsafe sex, substance abuse, reckless driving, and binge eating. Please note: If these behaviors occur primarily during a period of elevated mood or energy, they may be signs of a mood disorder—not borderline personality disorder
- Self-harming behavior, such as cutting
- Recurring thoughts of suicidal behaviors or threats
- Intense and highly changeable moods, with each episode lasting from a few hours to a few days
- Chronic feelings of emptiness
- Inappropriate, intense anger or problems controlling anger
- Difficulty trusting, which is sometimes accompanied by irrational fear of other people's intentions
- Feelings of dissociation, such as feeling cut off from oneself, seeing oneself from outside one's body, or feelings of unreality

Not everyone with borderline personality disorder experiences every symptom. Some individuals experience only a few symptoms, while others have many. Symptoms can be triggered by seemingly ordinary events. For example, people with borderline personality disorder may become angry and distressed over minor separations from people to whom they feel close, such as traveling on business trips. The severity and frequency of symptoms and how long they last will vary depending on the individual and their illness.

Risk Factors

The cause of borderline personality disorder is not yet clear, but research suggests that genetics, brain structure and function, and environmental, cultural, and social factors play a role, or may increase the risk for developing borderline personality disorder.

- Family History. People who have a close family member, such as a parent or sibling with the disorder may be at higher risk of developing borderline personality disorder.
- Brain Factors. Studies show that people with borderline personality disorder can have structural and functional changes in the brain especially in the areas that control impulses and emotional regulation. But is it not clear whether these changes are risk factors for the disorder, or caused by the disorder.
- Environmental, Cultural, and Social Factors. Many people with borderline personality disorder report experiencing traumatic life events, such as abuse, abandonment, or adversity during childhood. Others may have been exposed to unstable, invalidating relationships, and hostile conflicts.

Although these factors may increase a person's risk, it does not mean that the person will develop borderline personality disorder. Likewise, there may be people without these risk factors who will develop borderline personality disorder in their lifetime.

Obsessive Compulsive Support Groups

412-363-6231 or www.ocfwpa.org

Survivors of Suicide WPIC, Contact:

Sue Wesner 412-246-5633

Warm and Friendly Call Program —

Sign up for reassurance calls and/or reminder calls 412-894-2364 Sunday through Thursday 2 p.m. – 10 p.m.

Well Spouse Support Group — Meets the first Wednesday of each month in Churchill. Contact: Mim Schwartz 412-731-4855

Trichotillomania Support Groups

412-363-6231 or 412-END-OCD1

www.ocfwpa.org

ALLEGHENY COUNTY PEER-SUPPORT/ DROP-IN CENTERS

The drop-in centers welcome all individuals diagnosed with a mental illness. These centers are located throughout Allegheny County and provide a safe and comfortable environment where people can go to have fun, eat a warm meal, interact and socialize with their peers. There are also many trained professionals on site who are available for those in crisis or those who just want to talk!

Chain of Hope – Pittsburgh 412-247-5018

Maverick – New Kensington 724-334-2386

New Horizons – Bellevue 412-766-8060

Olive Branch – Tarentum 412-224-1600

Peoples Oakland — Pittsburgh 412-683-7140

Wellsprings – Pittsburgh 412-263-2545.

Interested in Peer support?

Looking to use your story to inspire recovery? The Pennsylvania Peer Support Coalition offers information on statewide peer support initiatives, job openings, training opportunities and much more! Visit *http://www.papeersupportcoalition.org/index.html for more information.*

Treatments and Therapies

Borderline personality disorder has historically been viewed as difficult to treat. But, with newer, evidence-based treatment, many people with the disorder experience fewer or less severe symptoms, and an improved quality of life. It is important that people with borderline personality disorder receive evidence-based, specialized treatment from an appropriately trained provider. Other types of treatment, or treatment provided by a doctor or therapist who is not appropriately trained, may not benefit the person.

Many factors affect the length of time it takes for symptoms to improve once treatment begins, so it is important for people with borderline personality disorder and their loved ones to be patient and to receive appropriate support during treatment.

Tests and Diagnosis

A licensed mental health professional—such as a psychiatrist, psychologist, or clinical social worker—experienced in diagnosing and treating mental disorders can diagnose borderline personality disorder by:

- Completing a thorough interview, including a discussion about symptoms
- Performing a careful and thorough medical exam, which can help rule out other possible causes of symptoms
- Asking about family medical histories, including history of mental illness

Borderline personality disorder often occurs with other mental illnesses. Co-occurring disorders can make it harder to diagnose and treat borderline personality disorder, especially if symptoms of other illnesses overlap with the symptoms of borderline personality disorder. For example, a person with borderline personality disorder may be more likely to also experience symptoms of depression, bipolar disorder, anxiety disorders, substance use disorders, or eating disorders.

Seek and Stick with Treatment

NIMH-funded studies show that people with borderline personality disorder who don't receive adequate treatment are:

- More likely to develop other chronic medical or mental illnesses
- Less likely to make healthy lifestyle choices
- Borderline personality disorder is also associated with a significantly higher rate of self-harm and suicidal behavior than the general public.
- People with borderline personality disorder who are thinking of harming themselves or attempting suicide need help right away.

If you or someone you know is in crisis, call the toll-free National Suicide Prevention Lifeline (NSPL) at 1-800-273-TALK (8255), 24 hours a day, 7 days a week. The service is available to everyone. The deaf and hard of hearing can contact the Lifeline via TTY at 1-800-799-4889. All calls are free and confidential. Contact social media outlets directly if you are concerned about a friend's social media updates or dial 911 in an emergency.

Read more on NIMH's Psychotherapies health topic page. To learn more about clinical trials, please visit the "NIH Clinical Research Trials and You" website. To find a clinical trial, visit ClinicalTrials.gov.

ASSISTANCE

Physical Health Plans

Member Services Gateway

1-800-392-1147

UPMC Health Plan, Inc. /UPMC for

You 1-800-286-4242

MedPlus 1-800-414-9025

PA Health Law Project 1-800-274-3258

or 1-866-236-6310 TTY.

The PennFree Program is a twelve month rental subsidy program designed to empower recovering men and women to regain their independence. Participants in PennFree are homeless,

recovering, single men and women,

single men and women with children

and families. Please go to

www.familylinks.org. Click on "Housing" for various housing programs.

Refer the Uninsured Project

The PA Health Law Project is presently asking for uninsured persons to call their Helpline at (800) 274-3258 or TTY line (866) 236-6310. All callers will be screened for any possible insurance or free health care services currently available to them.

Squirrel Hill Health Center — For uninsured individuals, the co-pay is $15 if the individual is above 200% of the poverty level. Hours are M-TH 9am-5pm, Fri 8 am – 4 pm. Tuesday evening and Sunday morning hours are also available. They provide primary care and have a number of specialists working with them. Please contact Rebecca LaBovick, Director of Therapeutic Homeless Services at the Community Human Services Corporation at 412-621-6513 x 101

https://www.psychologytoday.com/us/blog/eating-disorders/201806/5-reasons-eating-disorders-may-flare-in-summer-months

5 Reasons Eating Disorders May Flare Up in Summer Months

By Dawn Delgado LMFT, CEDS-S | June 04, 2018

"Summer, summer, summertime. Time to sit back and unwind." ~ DJ Jazzy Jeff and the Fresh Prince circa 1991

At the risk of dating myself, "Summertime" is the summer anthem that comes to my mind when I smell a freshly mowed lawn or the aroma of BBQ burgers on the grill. While some of our minds may turn to happy thoughts like the last day of school, vacations, and our favorite summertime songs, individuals with an eating disorder or disordered eating may be struggling to stick to their recovery plans. Fearful summer situations, such as wearing a bikini at the beach, or social events combining food and family can cause anxiety.

Here are 5 common reasons that eating disorders may flare up in the summer months:

1) BODY IMAGE - The hot summer months naturally lead to less clothing, which can be terrifying to someone with body image issues or body dysmorphia. Tank tops, swimming trunks, and bikinis, can trigger a host of eating disorder symptoms for males and females with anorexia, bulimia, and binge eating disorder. Shame about one's body, regardless of size, can push individuals to unhealthy methods of coping and harmful food behaviors.

2) DISRUPTION OF SCHEDULES - The transition from the high stress of finals for college and high school students, followed by the sudden drop off of structured during summer vacation often provokes a surge in difficulty maintaining a recovery oriented meal plan. Sometimes there is less structure and meal supervision at home during the summer months. Alternately, an overly packed summer schedule with trips and activities can add to stress and risk of relapse for someone with an eating disorder.

3) CO-OCCURRING DISORDERS - Eating disorders and disordered eating often go hand in hand with other mental health issues (link is external) like depression, anxiety disorders, and substance abuse. Summer months can add to peer pressure situations related to substance experimentation, disruption in consistent socialization can add to isolation and depression, as well as added stress and anxiety related to summer schedules and vacations.

4) SOCIAL MEDIA - In the age of social media, mindless scrolling through the stories of peers will reveal images of scantily clothed men and women, everyone laughing, being social, and having the time of their lives can exacerbate social life comparison, unrealistic body ideals, and feeling isolated and left out. Social media platforms have become hubs for paid advertising and self promotion, which means we want to teach ourselves and our clients to be conscious consumers of social media.

5) HIGH PHYSICAL ACTIVITY - Outdoor activities and summer sports can add to difficulty maintaining adequate nutritional intake (link is external) for clients in recovery. As the weather permits more outdoor activities like

- Health Care Coverage
- Food Stamp Benefits
- Cash Assistance
- Long Term Care
- Home and Community Based Services for individuals with mental retardation
- Low-Income Home Energy Assistance Program
- Free or Reduced Price School Meals
- SelectPlan for Women (Family Planning Services)
- Child Care Works

COMPASS also provides screening for the programs above, which allows a user to provide basic information to determine if they potentially qualify for a service. For more information, visit **https://www.compass.state.pa.us/compass.web/cmhom.aspx**

RESOURCES

Allegheny County MH Emergency Line
412-350-4457 (24 Hour Service)

Allegheny County Jail Forensic Service
412-350-4273

Allegheny County Ombudsman
1-877-787-2424

re:solve Crisis Network
1-888-796-8226. Call before a crisis becomes a crisis.

Depression & Anxiety
1-800-888-9383

Research Into the Causes of Schizophrenia 412-624-0823

Research Brain Tissue Donation Information 412-624-0331

NAMI Veterans Resource Center

NAMI launched this online portal to mental health resources for American veterans, active duty service members

bike riding, canoeing, dancing, and playing at the beach, caloric intake will need to be increased. Intuitive eaters will do this naturally and someone with disordered eating or diet mentality may require additional support.

A good way to keep recovery oriented goals on track is to consider a support group or an intensive outpatient program (link is external) to "tune up" recovery in the summer months. Intensive Outpatient Programs, IOPs provide three hours of treatment starting at three days per week, which greatly benefits providing structure during the less structured months. A little knowledge and a plan can proactively prevent the summer flare up of an eating disorder and keep recovery goals on track.

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https://www.prb.org/suicide-replaces-homicide-second-leading-cause-death-among-us-teens/

Suicide Replaces Homicide as Second-Leading Cause of Death Among U.S. Teenagers

PRB | JUN 9, 2018

Written by Alicia Vanorman and Beth Jarosz

Suicides have become the second-leading cause of death among teenagers in the United States, surpassing homicide deaths, which dropped to third on the list (see Figure 1). The teenage suicide rate increased from 8 deaths per 100,000 in 1999 to 8.7 deaths per 100,000 in 2014.

Higher suicide rates are driven in part by changes in the method of suicide. Suffocation, which includes hanging and strangulation, and is highly lethal, increased as a method of suicide. A rising suicide rates among teenage girls is driving the higher overall suicide rate.

Despite the rise in suicide, the overall mortality rate among teenagers has fallen from 68.6 deaths per 100,000 in 1999 to 45.5 deaths per 100,000 in 2014, as a result of declining homicide and traffic accident death rates during the past 15 years. Data are based on Population Reference Bureau (PRB)'s analysis of mortality statistics from the U.S. Centers for Disease Control and Prevention (CDC).

LETHAL METHODS CONTRIBUTE TO RISING SUICIDE RATE

A higher rate of suicide attempts does not appear to be driving the increasing teenage suicide rate. Data from the Youth Risk Behavior Surveillance System show that among high school students, the prevalence of attempting suicide remained flat from 1999 to 2013.1 Rather, suicide attempts today appear more likely to result in death because teenagers have shifted to more lethal methods of self-harm—a trend that has alarming implications. *(Visit prb.org for more information.)*

Increasing use of highly lethal methods of self-harm presents a significant public health challenge. The reasons teenagers are using more lethal methods to attempt suicide remain unclear. Some researchers hypothesize that social contagion—more exposure to suicide could induce at-risk individuals to attempt suicide—may be to blame, but there are no definitive answers. More research is needed to understand the underlying factors behind this trend. In the meantime,

suicide prevention programs should continue working to address root causes, while also recognizing that the risk of death from a suicide attempt is rising.

TEENAGE SUICIDE RATES ROSE FOR NEARLY EVERY DEMOGRAPHIC GROUP

The suicide rate for teenage boys was three times the rate for teenage girls in 2014. However, the rise in the overall teenage suicide rate between 1999 and 2014 was driven by the 56 percent increase in the suicide rate among teen girls—from 2.7 deaths per 100,000 to 4.2 deaths per 100,000.

Suicide rates rose for girls in every racial/ethnic category between 1999-2001 and 2012-2014.3 Rates rose fastest for American Indian and Alaska Native girls (60 percent increase), and rates rose by more than 50 percent for both non-Hispanic Black/African American and non-Hispanic white teenage girls.

Among boys, only non-Hispanic Black/African American teenagers had lower suicide rates in 2012-2014 than in 1999-2001. As with girls, rates rose fastest for American Indian and Alaska Native teenage boys, and rates also increased for non-Hispanic white boys. Rates remained stable for Asian/Pacific Islander and Hispanic teenage boys.

Overall, the highest teenage suicide rates are among American Indian and Alaska Native teenagers. This may be partially explained by their greater concentrations in rural areas, where the risk of suicide is much greater. Yet, even in rural areas, American Indian and Alaska Native teenagers have extraordinarily high rates of suicide, especially as compared with other racial/ethnic groups living in those areas.

TEENAGE SUICIDES HIGHEST IN RURAL AREAS

Suicide rates are higher in rural areas for a variety of reasons including social isolation, prevalence of firearms, economic hardship, and limited access to mental health and emergency health care services.

The teenage suicide rate in rural areas is nearly double the rate in highly urbanized areas (11.9 deaths per 100,000 in rural areas and 6.5 deaths per 100,000 in the most urban counties).4 All of the states with the highest rates of teenage suicide—Alaska, South Dakota, Wyoming, and North Dakota—have relatively high proportions living in rural areas. Conversely, the four states with the lowest teenage suicide rates—California, Connecticut, New Jersey, and New York—have predominantly urban and suburban populations.

In addition to having lower teenage suicide rates overall, the most urbanized areas saw no increase in suicide rates between 1999-2001 and 2012-2014. Rates rose in less urbanized areas and rural areas.

LOOKING AHEAD

The recent decline in the overall teenage death rate shows that the United States is making progress in keeping children safe from harm. Yet the rise in suicide rates represents a significant and growing public health threat, and requires action. Suicide prevention strategies include depression/suicide awareness programs, expanded access to mental health services, and programs that support vulnerable populations (such as Native American teenagers, teenagers struggling with gender and sexual identity, and those with mental health or substance abuse problems).

These troubling trends should serve as a reminder to health practitioners, hotline workers, and the public that teenage suicide risk should be taken seriously.

https://www.psychologytoday.com/us/blog/the-science-self-help/201806/self-helping-responsibly?collection=1115698

Self-Helping Responsibly: A consumer's guide to identifying legit self-improvement sites

Acacia Parks Ph.D.

There is a long-standing body of research suggesting that "self-administered" interventions, like books or websites, can be an effective medium for self -improvement. Numerous such websites and apps exist, tackling every self-improvement goal from losing weight to following a doctor's treatment regimen to improving one's happiness. Unlike psychotherapy, which is governed by ethical standards as well as law, self-improvement is, for the most part, unregulated. The onus, then, is on the companies themselves to behave ethically. What signs should consumers look for that will let them know that a given website is taking their ethical responsibility to users seriously?

They Acknowledge Their Limits

Websites that are not serious about their ethical responsibility claim that they can help anyone and everyone. Responsible self-help sites, on the other hand, clearly define who they are (and are not) designed to help. Weight Watchers, for example – one of the longest-standing self-help sites on the internet, and one I have no professional affiliation with, though I have used it – clearly states that people with eating disorders are not their target audience.

By acknowledging the limits of their ability to help certain users, they make it more likely that those users will seek the help they need, rather than continuing to use a site that will not help them.

They Give Users As Much Knowledge as Possible

Similar to a doctor giving a patient informed consent before treatment, responsible self-help websites endeavor to educate so that users can make informed decisions about their usage

of the site. Responsible self-help sites are based on published, peer-reviewed research that has been replicated. Users should be able to freely access information about the science underlying the site. Most research-based platforms will have pages where you can learn more about the relevant science; if no such page exists, emailing them should rapidly yield more information, and if it doesn't, be wary.

It is also a good sign when sites provide tools that users can help to evaluate whether the website is helping them. If participants are regularly tracking themselves, they have data to show them whether they are making progress as a result of their work on the site. If they aren't making progress, they then have the option to leave the site, or else change the way they are using the site. On a weight loss site, the obvious choice for progress tracking is weight or body measurement, but there are other metrics appropriate for psychological outcomes (e.g. well-being, stress levels) as well. Happily, not surprisingly, measures well-being.

They Care Whether Or Not They Cause Lasting Change

Behavior change isn't fast or easy, and websites that promise fast results in a limited period of time are likely more interested in a user's money than their personal well-being. Responsible self-help websites promote the idea that lasting effort is required to cause lasting change. They often will put their money where their mouth is, employing research scientists to conduct research testing whether or not users are helped by using their site. Using data to guide their efforts, they may adjust their services to optimize benefit to users. You will see evidence of this if you search for clinical trials and/or research articles. For example, if you search for "clinical trial" and the name of the online platform you are considering, you will find any research trials registered at clinicaltrials.gov, assuming they exist. The existence of a clinical trial studying whatever platform you're looking at suggests that they are serious about making sure their product works.

Expanding mental health and other social and strengthening social connections with at-risk teenagers can help prevent these deaths.

This month, NAMI Keystone PA's *Stories That Heal* event will features Lindsey Smith, author of *Eat Your Feelings: The Food Mood Girl's Guide to Transforming Your Emotional Eating*

Join NAMI Keystone Pennsylvania for an entertaining evening filled with discussion, honesty, and laughter as local authors talk about how their mental health diagnosis has affected their lives. On Thursday, June 21, Pittsburgh native Lindsey Smith will tell her personal story, read excerpts from her book, *Eat Your Feelings: The Food Mood Girl's Guide to Transforming Your Emotional Eating,* and take questions from the audience. City of Asylum's event space provides a cozy atmosphere where the author and the audience feel right at home and comfortable enough to talk openly about mental health by asking questions and sharing ideas.

The event is free, but registration is appreciated. Register for the event at www.alaphabetcity.org/events.

Coming Soon: July featured author, Abeer Y. Hoque, author of *Olive Witch: A Memoir.*

NAMI National Alliance on Mental Illness Keystone Pennsylvania

CITY of ASYLUM

12th Annual NAMIWalks
October 14, 2018 | 5K
The Waterfront, Homestead, PA

9 am Registration opens, Walk begins at 10am

www.namiwalks.org/keystonepa

Team "SouthhillsStampede"

FIRST CLASS

NAMI South Hills Chapter
PO BOX 14884
Pittsburgh, PA 15234

NAMI Pittsburgh South Membership Form 2018

Make checks payable to: NAMI Pittsburgh South and mail to NAMI South Hills Chapter, PO Box 14884, Pittsburgh PA 15234.

Our United Way Contributor Choice number is # 802088.

___ Enclosed is my check for $5 for an Open Door/Limited Income membership

___ Enclosed is my check for $40 for an Individual membership

___ Enclosed is my check for $60 for a Household membership

___ Enclosed is my check for a donation of $_____. I am interested in helping with the work of your organization.

NAME_____

ADDRESS_____

CITY _____ STATE ____ ZIP _____

PHONE _____ EMAIL ADDRESS_____

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