NAMI PITTSBURGH/NORTH SUPPORT GROUP

NAMI Keystone PA/NAMI Southwestern PA

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**NOVEMBER 7, 2018**

**7:00PM – 9:00PM**

**GENERAL MEETING**

**NAMIWALK**

The NAMIWalk on October 14th had a large turnout. Many people came out in support of the Walk and had a good time. NAMI is reporting they have raised $156,448 to date and are still taking donations to their great efforts. Our Group raised $3,185!! We are so proud of our team’s efforts and those of you that donated to help us help NAMI continue their education, support and guidance. There is still time to make a donation if you wish. Thank you so much.

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**ANNUAL CHILD & ADOLESCENT MENTAL HEALTH CONFERENCE – MARCH 8, 2019**

**Pittsburgh Airport Marriott**

**777 Aten Road**

**Coraopolis, PA**

NAMI Keystone Pennsylvania is excited to announce that Michelle Juchuk from the National Suicide Prevention Lifeline will be our featured keynote speaker for the 2019 Child and Adolescent Mental Health Conference. This day-long event aims to equip attendees with the skills and strategies needed to improve outcomes for children and adolescents with mental health needs and provide a better understanding of best practices and the latest research in child and adolescent mental health. This conference is designed for parents and caregivers, behavioral health professionals, health care providers, and educators. Registration opens in December 2018.

Ms. Kuchuk is an expert in crisis prevention and is currently working to define and expand best practices in new and established clinical technologies for the National Suicide Prevention Lifeline. The keynote address will provide an overview of best practices when it comes to working with youth in crisis situations. What are common roadblocks for adults when trying to connect with young people? How can we become active listeners? What can we do to validate their feelings?

The conference will feature 3 sets of 4 workshops, each 75 minutes in length and includes time for audience questions.

More info to follow.

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## Why I Don’t Say My Son ‘Committed’ Suicide

 By Desiree Woodland | Oct. 26, 2018 *(from NAMI Blog)*

The news spread quickly. Two youths from the local high school had died over the weekend. “They committed suicide” were the words I heard to explain the tragic loss of two young people, who had their entire lives ahead of them.

It is common to hear those two words together—commit and suicide. I cringe when I hear it. They didn’t commit a crime. They died by suicide.

I am a survivor of suicide loss. After my son’s death, I was helpless to respond to the painful words that were spoken in hushed tones around me.

“It was a selfish act.” “Didn’t you see the signs?”  “Are they in heaven?” “I wonder what went wrong in the family?”

I was unable to formulate responses to these false beliefs. I didn’t even know they were false. I just knew they held me hostage under a grief so powerful I could hardly breathe.

In short bursts of time when I could focus, I read. Books like “I’m Not Sick, I Don’t Need Help,” “The Burden of Sympathy – how families cope with mental illness,” and “Man’s Search for Meaning,” helped me understand the suffering my son endured was so deep that he would take his own life.

“Schizophrenia with delusional behaviors,” the doctor had said. Ryan was diagnosed with mental illness nine months before he died. In hindsight, I had seen signs, but I didn’t know they were signs of mental illness. I never even considered mental illness real. I just hoped he’d outgrow the anxiety, fear and worry that had wedged into his psyche. Sleeping too much, not wanting to go to school, avoiding social situations, becoming more isolated and failing grades were what I had dismissed as “normal” adolescence.

I am not alone. Sadly, I hear stories of other parents who thought their child would outgrow these behaviors, too. When these behaviors change someone’s personality, it could [signal a growing mental illness](https://www.nami.org/Learn-More/Know-the-Warning-Signs%22%20%5Ct%20%22_blank).

I stopped really seeing my son because I thought I knew him by heart. I dismissed his complaints and his tears. I didn’t reach out to help him find his way because I was lost too.

Parents cannot look inside a child’s head to see what dark thoughts may be present, thoughts of worthlessness, of being a burden or thoughts of death. These are thoughts they can’t shake. Too ashamed to speak them aloud, our children suffer. To share these with another person they fear judgment, advice giving and not being taken seriously, or worse, feeling weak and powerless.

Without understanding that mental illness is an actual illness, they don’t get treatment. Without treatment, it can worsen over time and become a full-blown health crisis that requires hospitalization. Or even worse, it can result in [suicide](https://www.nami.org/Learn-More/Mental-Health-Conditions/Related-Conditions/Risk-of-Suicide%22%20%5Ct%20%22_blank).

All too often the “s-word” strikes fear in our hearts—fear of the act itself, fear of the unknown or fear of getting too close because suicide might be contagious.

We must remove the shame and stigma from mental illness and suicide, as well as the judgment youth often fear from talking about their feelings and seeking help. We must do a better job of helping young people share their darkness so that parents, teachers and others can support them. We must listen with our hearts even if we quake with inadequacy when we hear the pain of our child. We need to know of their suffering in order to move toward treatment. Talking is only the first step.

We must remove the shame if we want to reduce and eventually prevent suicide in our time. We need to practice using the words “suicide” and “mental illness,” so they roll off our tongues as easily as “bubble gum” and “dish soap.” We need to face our fear that asking questions about suicide will give our loved ones the idea this could be an option.

With understanding comes a responsibility to educate others to effect change in the words we use when referring to someone with depression, anxiety or any other mental illness. We can increase our understanding of mental illness and suicide. We can open the dialogue. We can stop blaming the families or blaming the ones who took their lives. There is no blame in suicide, only sadness and loss.

Those students did not commit a crime. My son did not commit a crime. They believed the only way to end the unbearable pain was to end their lives. They died because they didn’t have the words to express the deep psychological/biological turmoil they were experiencing.

I didn’t understand then, but I do now.

These truths eluded me for a long time. Sometimes truth must hold the darkness before it can shine the light.

Desiree Woodland lives with her husband live in Albuquerque, New Mexico. After Ryan’s suicide, Desiree wrote a book called [I Still Believe](https://www.amazon.com/Still-Believe-Illness-Suicide-Christian/dp/1456853562%22%20%5Ct%20%22_blank). She retired after 19 years of teaching to promote the use of a curriculum in NM schools called *[Breaking the Silence](http://www.compassionatetouchnetwork.org/%22%20%5Ct%20%22_blank)* NM, which teaches youth mental illness and suicide awareness. She serves on the board of Survivors of Suicide ABQ and co-facilitates the suicide survivor group, as well as a mother’s group for suicide loss. She works at the Grief Resource Center in Albuquerque, NM.

## Shutting Down Five Misconceptions About Depression

By Caroline Kaufman | Oct. 19, 2018 *(from NAMI Blog)*

When I first started opening up about my struggle with depression, I was fortunately met with a lot of support from friends and family. However, there were certain reactions that brought to my attention just how deep the misconceptions are about mental illness.

I found myself defending my experience and struggle to the people I loved. Even though they meant well, their misconceptions of mental illness ended up having a negative impact on my recovery and made me feel more alone and misunderstood.  [And that is not an uncommon experience](https://www.huffingtonpost.ca/diane-mcintosh/mental-illness-stigma_b_9312252.html).

When I was struggling, it was easy for simple misinformation to work its way into my brain and make me doubt myself. But now that I am further along into my recovery, I can recognize stigma for what it is and shut it down. So, here are the most common unhelpful responses I’ve received about my depression, and why they are nothing more than misconceptions.

1. **“But you have such a great life!”**

This is by far the most common reaction I receive when I tell people I have depression. And it stems from the belief that depression is an external condition—if you have a sad life, then you will be sad. What hurt the most about this statement was that I knew I had a nice life. And the fact that I could still experience depression, even when so many people were worse off, just made me feel ashamed and ungrateful. And while it’s true that traumatic events can contribute to the onset of depression, so can your [genetics and brain chemistry](https://www.health.harvard.edu/mind-and-mood/what-causes-depression%22%20%5Ct%20%22_blank). So, someone who may seem to have a “perfect” life can still develop a mental illness.

1. **“Are you sure?”**

While this one may seem harmless, here’s why it’s not: No, I’m not sure. I used to wake up every day scared that I was faking my mental illness. I told myself I was sad, but it wasn’t “bad enough” to be considered depression. I was months into therapy, on medication, working with multiple doctors, and I still didn’t think it was enough validation. So being asked if I was completely sure I was struggling from mental illness just poked at the fact that after all I had been through—all the therapy sessions, medication trials, self-harm relapses and diagnoses—there was still a voice in the back of my mind telling me I was faking it.

1. **“Have you tried yoga?”**

The amount of people I talked to who suggested I do yoga, go gluten free, or try yet another health or self-care tip is alarming. Especially because these people were not suggesting diets and exercises as a side dish to a main course of cognitive behavioral therapy and antidepressants—they were suggesting them as the full meal. I had people tell me that I shouldn’t take medication because it might “change my personality” (spoiler alert: I wanted it to! Depression had become my only personality trait!), and instead, I should just stick to cycling and/or going vegan. This response completely undermines the reality and severity of mental illness. Because, yes, there are plenty of activities or hobbies that can help someone through recovery (for me it was writing), but depression is an illness and deserves to be treated as such. No amount of yoga is going to completely cure a clinical illness.

1. **“Oh, I don’t believe in mental illness.”**

This one’s simple. Some people think the earth is flat. That doesn’t change the fact that the earth is, surprisingly, very round. And you not believing in depression doesn’t change the fact that I have it. Next.

1. **“But you don’t seem depressed to me!”**

I’ve had a lot of people tell me I don’t “look” or “seem” depressed to them. A big misconception surrounding depression is that it’s for attention, which means people suffering would have to be very open and vocal about their struggles for others to notice it and give them that attention. But, often it’s exactly the opposite. I hid my mental illness from everyone I knew. I put on a smile, laughed at jokes, did my homework and hid my scars because I was scared and ashamed of what people would think of me. And it’s not uncommon for people struggling with depression to hide behind a [mask of happiness.](https://www.nami.org/Blogs/NAMI-Blog/September-2016/What-You-Need-to-Know-About-Smiling-Depression%E2%80%9D%22%20%5Ct%20%22_blank)  So it doesn’t matter whether or not someone “seems” depressed—they may still be suffering.

I know from personal experience that opening up to someone about having mental illness can be extremely difficult and scary. And if people overcome that fear only to have their struggle questioned and invalidated, eventually they’re going to stop being open. If someone opens up about their mental illness, they are looking for hope and support. And they deserve it. In many cases, they need it. I know I did. And often, the widespread misconceptions surrounding depression prevented me from getting the support I needed. So, I think it’s about time we stop asking people with depression if they’ve tried yoga. Because I have tried yoga. And I’ve found that my therapy sessions work a whole lot better.

Caroline Kaufman is the author of *[LIGHT FILTERS IN: Poems](https://www.amazon.com/Light-Filters-Poems-Caroline-Kaufman/dp/0062844687%22%20%5Ct%20%22_blank)* (HarperCollins). Known as @poeticpoison on Instagram (202k followers), she writes about giving up too much of yourself to someone else, not fitting in, endlessly Googling "how to be happy," and ultimately figuring out who you are. She grew up in Westchester County, NY and will return to Harvard University this Fall for her sophomore year. In the future, she hopes to attend medical school and continue growing as a writer.

**Things I’ve Learned from Advocating for Mental Health**

By Jim Irion | Oct. 11, 2018 *(from NAMI Blog)*

Two years ago, I faced a daunting time in my life. The core symptoms of depression and anxiety I experienced for two-thirds of my life had gone mostly untreated and progressed to peak levels. I could not grasp even the simplest of career goals due to the crippling effects of anxiety-driven indecision. I had been bullied both as a teenager and as an adult. I was never fortunate enough to experience social acceptance. I had reached my mid-30s, but still lived with my parents and felt too far behind my peers for there to be any hope of catching up.

I was unaware of anything I could do to strengthen myself before confronting my mental illness. For at least 15 years, I have walked amongst others despite feeling so lost inside that I was practically enduring one long and drawn out near-suicidal experience. I literally felt trapped, alone and nearly out of time.

The very first time I explored potential treatment was with a local counselor in September 2016. He helped me to feel empowered about myself and started me down the path towards acceptance, advocating and treatment.  So, the day after my 35thbirthday (which also happens to be World Mental Health Day), I set my heart and soul on facing my fears and confronting my mental illnesses. I started my own mental health advocacy website and made a commitment to blog for 128 days in a row to show my dedication to this cause.

Now, two years later, I’m a full-fledged mental health advocate. I present [NAMI In Our Voice](https://www.nami.org/Find-Support/NAMI-Programs/NAMI-In-Our-Own-Voice%22%20%5Ct%20%22_blank) and am [trained](https://qprinstitute.com/%22%20%5Ct%20%22_blank) in suicide prevention. I take every opportunity available to make the world better for people with mental illness. I have not attended any formal classes nor had a mentor. I don't even have the best inter-personal social skills. I simply believed in myself and have confidence that I can and should work to achieve greater mental health awareness and advocacy.

Through my experience, I’ve found that anyone can be a mental health advocate whether it’s raising awareness through writing, volunteering or calling your representatives. I am not an expert on advocating but I’m constantly learning about advocacy in general and mental health issues. I try to be humble and keep myself in check from becoming over-confident. Mental health is very complicated and ever-changing. I find there is always more to learn regardless of the circumstances or the issues involved. Here are a few things I’ve learned that can help you in your mental health [advocacy efforts](https://nami.quorum.us/action_center/).

### Be Emotionally Prepared

If my most difficult experiences include suicide, then I must be able to manage those harsh emotions before I can hope to advocate about them effectively. A person living with mental illness should first make sure they are prepared to handle any additional emotional pressure, such as discussing sensitive experiences.

I have found that it takes strength to endure my mental illness and to advocate. Yet, this is a strength that people can and do possess. With attention to detail and being prepared to shoulder the extra burden, people like me can go a long way with effective advocacy.

### Be Relatable

There may be a dozen ways for me to express what a certain symptom is like from my point of view. Though, not everyone's experiences or symptoms are the same. I try to personally relate with anyone that I hope to reach out to because I want to help them. Yet, not everyone will find it easy to relate to me whether they have a mental health condition or not.

It is important to tailor your message for the specific audience in order to advocate effectively and be more relatable. For example, if you are giving a presentation to kids or young people, you can include quotes or inspiring phrases from pop culture. Personally, I like to use the quote, “I can do this all day,” from Marvel's Steve Rogers/Captain America. The more people that identify with my message, the more I can create social bonds—which can empower them to improve the quality of their lives and possibly the lives of others.

### Be Respectful

It is important to advocate and adjust your message for people of different backgrounds. You will encounter a diverse range of people including those of different age groups, ethnicities, diagnoses, faiths, sexual orientation or gender identity. They can also include people dealing with the criminal justice system, individuals battling addiction or who have co-occurring mental health conditions, suicide survivors or victims of loss, veterans, as well as loved ones of those with mental illness. These are the people that need advocates who respect, empathize and understand their uniqueness.

For example, I am a suicide survivor. I may feel driven to share these sensitive experiences or help others like myself. On the other hand, I need to be mindful of who is around me, where I am and how I share my own personal experiences. Mental health topics, such as suicide, are not easy for everyone to understand, accept or handle on their own. Some suicide attempt survivors, and especially survivors of suicide loss, have a difficult time with this issue simply because it can be triggering and very emotional.

By making sure I am as appropriate as possible with my writing, my attitude and community service volunteering, I can create a more positive environment for mental health acceptance, raise awareness and set a lasting example for others to respect and follow.

### Be Persistent

Two years ago, I faced a daunting time in my life. I felt worn out by years of internal suffering, with negativity often gnawing at my heels every day. But knowing I had the chance and ability to overcome my demons was just as powerful an inspiration as the desperation of feeling that I was living on borrowed time.

So, I remind myself, I can do this. I can choose life. I should choose it. I am meant to be here. I own this moment, same as any of you can, too. I can live my life and advocate for people like me.

In the words of Captain America—and a fitting mantra:

"I can do this all day."

Jim R. Irion is a mental health advocate and a dedicated community service volunteer who focuses on empowerment and anti-bullying. Jim is currently a NAMI member, and is a trained NAMI In Our Own Voice presenter. He has also been trained in QPR Gatekeeper suicide prevention. Visit his website at:  <http://journeymansrow.webs.com>.

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**5 Strategies To Use When People Do Not Understand Mental Illness**

By Stan Popovich | Oct. 05, 2018  *(from NAMI Blog)*

You recently went to see a counselor to get help for your mental health, and you were diagnosed with a mental health condition. You then decide to tell your relatives and closest friends about your diagnosis. Unfortunately, some of them do not understand what you are going through. They try to “solve” your mental health challenges by giving their opinions or tell you that your condition isn’t real—that “it’s all in your head.”

This is a very tough situation to be in. While you don’t want to isolate yourself from the people you care about, you also don’t want to let your relationships impede your recovery.

With that in mind, here are five ways to deal with this situation.

**1. Focus on Getting Better.**Don’t waste your energy arguing with your friends or relatives who are giving you a difficult time. If you want, you can respectfully let them know where you stand, and how you feel about what they said. However, do not engage if it’s upsetting you or triggering your symptoms.  This isn’t a public relations event where you need to gain everyone’s approval. This is your life and you’re the one struggling. Your energy and focus should be for you to get better.

**2. Listen to the Professionals.** Your friends and family may mean well, but when it comes down to it, they do not have the answers to your medical condition. So, do not go to them for advice on how to manage your symptoms or accept their advice if they give it voluntarily. When you have questions about your mental health, consult with your doctor, counselor or another mental health professional who is trained to help you manage your condition.

**3. Tell Them to Learn about Your Condition.** Tell your friends and relatives that the best way for them to help you is for them to try to understand your condition. They could talk to a counselor or go to family therapy, they could read some helpful books or join you at a support group. They won’t know exactly what you are going through, but this will help them learn how to [support you](https://www.nami.org/Find-Support/Family-Members-and-Caregivers/Supporting-Recovery%22%20%5Ct%20%22_blank).

**4. Distance Yourself from People Who Give you a Hard Time.** This may seem cruel, but if some of your friends or relatives are hindering your recovery progress, then you may need to distance yourself. Especially, if you have asked them to learn about your condition, and they have refused. As much as you can, surround yourself with positive and supportive people.

**5. Take Advantage of the Help that is Available Around you.** If possible, talk to a professional about how to manage any difficult relationships. If you have problems or issues with a particular person, you can always ask your counselor for advice on what to do or how to talk to them. In the long run, this can help you learn valuable skills on what to do when a person doesn’t understand your condition.

Your mental illness is a medical condition. When a person has a medical condition, they typically go see a doctor to help treat it. The same thing applies to your mental health. Go see a professional and focus on getting better. Not everyone will understand what you’re going through, and that’s okay. You are the priority, not their approval.

Stan Popovich is the author of “A Layman’s Guide to Managing Fear Using Psychology, Christianity and Non-Resistant Methods.” Stan’s managing fear book has become popular with over 400 positive book reviews and counting. Please visit Stan’s website at *[www.managingfear.com](http://www.managingfear.com/%22%20%5Ct%20%22_blank)*.

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**NAMI MEETINGS – 2018**

December 5, 2018



Happy Thanksgiving and Wishes for Many Blessings on your Family!