

NAMI NORTH PITTSBURGH PA SUPPORT GROUP

NAMI Keystone PA/NAMI Southwestern PA
105 Braunlich Drive
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Pittsburgh, PA 15237
(Turn at light by Dollar Tree)

Support Group Leaders	Candy & Pete Venezia	(412) 361-8916
Co-Support Group Leader	Lisa Gordon	(412) 443-0142 after 5pm
Treasurer	Debbie Julian	(412) 821-1691
Newsletter	Sharon Vogel	(412) 821-2805

JULY 6, 2022 – IN PERSON and Virtual Support Group Meeting

GENERAL MEETING 7:00pm – 9:00pm

We will be meeting in person in our North Hills office. Hopefully Lisa will be able to again join our online group with our in person group. It was successful in the past and hopefully it will go smoothly and we will all be able to be together. We are also having MID-MONTH Zoom meetings by Zoom.

An invitation will be sent to all of our support group members. If you do not receive an invitation but wish to attend, please contact Candy Venezia by email at cvenezia@aol.com or phone 412-361-8916. For security purposes, only those who reply to the invitation will be admitted to the meeting.

YOUTH IN CRISIS: A CALL FOR ACTION – Tuesday, JUNE 28, 2022 **NAMI Keystone Pennsylvania Virtual Youth Mental Health Conference**

America's youth are having a mental health emergency. They are more fearful, they are feeling more hopeless, and it's keeping them up at night. In 2020, the proportion of mental health-related emergency room visits for children ages 5-11 and 12-17 increased by 24% and 31%, respectively.

Parents and teachers have taken notice. So have our nation's leading experts. In 2021, the U.S. Surgeon General issued an [Advisory](#) on Protecting Youth Mental Health, and in the same year the American Academy of Pediatrics, the American Academy of Child and Adolescent Psychiatry, and the Children's Hospital Association [declared](#) a national children's mental health emergency.

In order to turn the curve, we need big thinking and we need big action. **NAMI Keystone Pennsylvania's virtual Child, Adolescent, and Transition Age Youth Mental Health Conference on June 28** will educate participants on the most urgent challenges facing our youth and provide an action plan that will help transform caregivers, educators, mental health professionals, legislators, and community leaders into mental health change makers.

Keynote Speakers | Workshop Sessions | Exhibitor Resources
Continuing Education and Act 48 Credits

JULY 17, 2022 SUPPORT GROUP ZOOM MEETING – Hosted by Candy Venezia

SPEAKER: MARY ANNE POUTOUS, LSW

Chief Executive Officer, Transitional Services, Inc.

We are going to have Mary Anne Poutous from Transitional Services at our Zoom Meeting on Thursday July 17th. Mary Anne will be providing an overview of Transitional Services. She will review the scope of services that they have been providing to the Allegheny County community for over 52 years. Ms. Poutous will present a power point that will take a look at our history, explain the various service lines and how each of those are focused on meeting critical needs

for our individuals. She will be open for an informal discussion and questions.

HOW I TALK ABOUT MENTAL HEALTH WITH MY KIDS

By Alicia Maddox | June 8, 2022

taken from NAMI Website

Mental health — and mental illness specifically — can be very difficult to understand and navigate for anyone, but especially for children. Children, more so than adults, have difficulty processing emotions and psychological changes. As a result, they often exhibit behavioral challenges when they don't fully understand their emotional state. I noticed this with my own children; when my kids were younger, they would get frustrated and throw tantrums because they couldn't articulate their feelings.

I often think back to my childhood and my experience with mental illness. When I was younger, I would experience panic attacks and depressive episodes. But back then I didn't know what they were. I assumed they were simply a part of life, and I carried on like everything was ok. As a result, I wasn't properly diagnosed with a mental health condition until I was well into my twenties.

I didn't want my kids to have the same experience of confusion and uncertainty, so I took it upon myself to have open conversations about mental health with them. Here are some of the things I did to make the topic more accessible.

I Helped Them Label And Understand Their Emotions

One of the things I found most beneficial when discussing mental health with my family was to help my kids label what they were feeling. [The Georgetown University Center for Child and Human Development](#) recommends making or drawing facial expressions for young children and asking them to guess what emotion you're trying to portray. This allows children to visualize and explore complex emotions in an accessible way. This is an especially helpful activity to do with younger children who don't yet have the vocabulary to articulate their emotions. During interactive play with my children, we incorporate these types of exchanges to help them become more familiar with emotions.

I also found that telling my kids stories at bedtime was a good way to explore their emotions. Oftentimes, they would be able to connect with what the different characters were experiencing — so when they couldn't say exactly what they were feeling, they would be able to tell me which character they felt like.

While discussing mental health with young children is an intimidating task, finding ways to demonstrate, label and unpack specific feelings sets them up to find better coping mechanisms and strategies.

I Tried To Be A Role Model

As many parents know, children often learn by imitating the people around them. I first noticed this when my son began repeating some of the words I would say. He would copy the way his dad reacts when watching sports. This kind of behavior was cute. However, I also noticed that when he was sad, he would try to hide in a corner, far away from everyone else. When he was scared, he would let his emotions take over him instead of coming to us for help.

I eventually realized that my son was mirroring our behavior. When I had panic attacks, I would often "ride out the wave" instead of practicing grounding techniques. If I had a depressive episode, I would shut everyone out and "deal with it" on my own. Amy Morin, psychotherapist and author of "[13 Things Mentally Strong People Don't Do](#)," notes that the habits we cannot break often hold us from true success and happiness. Indulging in self-pity, for instance, can hold us back. While I knew this in theory, seeing my son do the same things opened my eyes to the fact that I had to take better care of myself to show him how he can navigate difficult emotions.

From then on, I paid close attention to my own behavior and developed coping mechanisms. I found that watching comfort movies helped when I was in a bad state and being around people I love made me feel more at ease when I was anxious. Slowly but surely, my son started to cope in these ways as well. Now, both my children come to us when they are struggling. By caring for myself, I have taught my children to prioritize self-care and asking for help.

I Cultivated A Safe Space

Mental health can be an unfamiliar or sensitive topic, even for young children. Often, this discomfort keeps children from expressing their feelings or asking for help. I found that cultivating a safe space at home, as advised by [UNICEF](#), helped my children feel like they were free to express their emotions and feel heard without judgment. Moreover, this foundation will help them to grow up with fewer doubts about seeking help for their mental health. I always try my best to listen and validate what my kids are feeling by listening, accepting and offering advice if they ask for it.

A safe space can also include check-ins to establish trust and communication. I would take my son out for a drive (so he would feel safe doing a familiar activity), and we would talk about what problems he was facing that week. Even when there weren't any, he felt heard and understood, and I had reassurance that he was ok.

With my younger daughter, I took her to parks where she would tell me about her day while I pushed her on the swings. This made the interaction feel more casual and inviting, which encouraged her to share more. However, it is important that when you are attempting this with your kids, you should not push boundaries or force them to speak when they are uncomfortable. Cultivating a safe space means there is no pressure.

As the mental health conversation evolves, it's time for more people to get comfortable with (and diligent about) addressing this topic with their kids. Judith Warner, journalist and bestselling author of "[And Then They Stopped Talking to Me: Making Sense of Middle School](#)," points out that most modern parents are increasingly aware of mental health issues because they grew up with other people talking about them, which lessened the stigma surrounding mental health and helped promote interventions.

These conversations are essential for our children's health and eventually, the direction of societal attitudes about mental health. By taking an open, proactive and empathetic approach, I have been able to teach my children how to recognize and handle emotions, but also how to feel confident addressing mental health head-on.

Alicia Maddox is a mental health advocate who is working toward a graduate degree in psychology. She is also passionate about literature and uses her free time to catch up on new releases while facilitating discussions in her mini book club.

I DIDN'T TREAT MY SON'S MENTAL ILLNESS. NOW, WE BOTH FACE THE CONSEQUENCES

By Lisa Campbell | June 6, 2022

taken from NAMI Website

This past Christmas, my husband gave me a journal to write down my dreams, goals and daily meditations. I filled almost every page, but I didn't write about my dreams or goals. Instead, I wrote apologies to my son. I wrote so much that my hands needed ice packs. I dug down deep. I went through the ink of two pens. Apologies are like the decision to paint your house pink — go big or go home.

Then I wrapped a sparkly bow around the journal and headed to a coffee shop to meet my estranged son, who is 21 years old. He's not a little boy anymore; he is now on his own, living his life in a city far away from me. And he hates me for missing his cries for mental health help when he was growing up. By missing these signs, he says, I disciplined him harshly for things he could not control — and, in turn, warped his sense of self.

Reconnecting With My Son Brought Back Painful Memories

Deep breaths, I reminded myself. Because this was hard. I hadn't heard from him in two years, but it had been at least three since I'd recognized him. Somewhere around the time he turned 20, I saw a complete personality change. Parts of him that used to seem like eccentric traits we could make room for now seemed cruel. His eyes changed, and where they once held the kindness of a little boy, now held the decisions of a man.

I waited in the coffee shop for him. He was late. Again. Then he came. At least he came.

Thin, I thought. *He still looked thin*. I wondered if he still forgot to eat.

We did not embrace. It had been two years, after all.

This meeting brought up complex feelings because my son was not the only one in pain. Underneath my unconditional love for my son lies the trauma of raising him. After all, I'm human, too.

And it was hard. He was hard.

My Attempts To Help My Son Were Misguided

According to everyone, my son was a troublemaker. He had quirks that people deemed distasteful: His hyper fixation on things, his hygiene issues, the not sleeping enough, the sleeping too much, the piano playing that went on all day long.

Then there was his dark side, which involved criminal mischief and lack of remorse when he hurt someone. But still, I told myself, he was just *weird*. That didn't mean anything was wrong with him. I loved my quirky troublemaker. I didn't want anything about him to change. I guess I wasn't really thinking of how it felt to *be him*. Maybe instead of always thinking about how it felt to be his mom, if I had thought of what it felt like to be him, things would be different now.

Moreover, I didn't want to hand my child over to the trained professionals — people who I didn't know and who didn't love him. Because I was afraid they would hurt him, not help him. Because I thought I knew best.

I Thought Love Would Be Enough

I didn't miss his cries for help, as my son claims; I heard them. But I thought love would be enough to address his challenges. I thought a happy family, good schools, healthy foods, piano lessons, a fluffy dog and family who cared would be enough. But this approach ignored some painful realities.

I am a nurse practitioner with a strong family history of mental illness that created almost insurmountable obstacles to happiness. I watched loved ones drift in and out of hospitals, oscillate between sort-of-good days and terrible days, experience homelessness, build and destroy, heal and rebound — for all of my life. My own depression took more from me than I can describe. So why didn't I get my own son the help he needed?

In my clinical rotations as a nurse, I saw the inner workings of the pediatric mental health system. And what I saw was not always positive. In fact, it terrified me.

Images of what could happen to my son if I reached out for help for him ranged from giant orderlies with menacing smiles who would overly restrain him with straight jackets to doctors who would drug him and destroy his brilliant mind.

I Did My Best To Apologize And Take Responsibility

"I'm sorry for raising you in the Baptist Church," I had written in the journal. "I'm sorry for every pastor who ever told you that you were bad. I'm sorry for the days I spanked you instead of held you. I'm sorry for not getting you the help you needed, and for what that did to your sense of self. I'm sorry for everything that ever made you believe you were bad, weird, stupid or flawed, when you were just a kid who needed help."

I watched him read the journal and hoped, once again, that love was enough. He took his time reading it, about two hours, and considered every word. He closed it and thanked me for writing it and said he would never forget where he came from, or all the good we did for him, but that I was a bug. I was a brain-eating bug, who crawls around the earth eating his brain with my venom. I quietly said, "I'm so sorry." And I got up and left him there because there was nothing more I could say.

We've come so far in our discussion and understanding about mental health in the last 20 years. What I can say now is that I am so sorry for the scars on his heart that have my name on them. I tried to be the orderly, the doctor, the nurse, the therapist, the teacher and the coach. But maybe, just maybe, had I trusted and sought out available help for him, I wouldn't have needed to fill an entire journal with apologies. And maybe one day he will have the heart to forgive me.

Lisa Campbell is a nurse practitioner and writer.

GUN VIOLENCE & MENTAL HEALTH

taken from NAMI Website

By Daniel H. Gillison, Jr. | June 14, 2022

I was attending a mental health conference in Louisiana when I learned about the shooting in Uvalde, Texas. I immediately rushed to my hotel room to turn on the TV and kept hoping somehow by changing the channels the story was not true... that it was just a bad dream.

Over the last couple of weeks as more unsettling details have continued to emerge, like many, I've continued to wrestle with feelings of denial, sadness, anger, fear. Truthfully, I've been at a loss for words.

As a parent, I can't imagine having to endure the pain of losing my child in this way. I am heartbroken thinking about the horrors these students had to endure and the lifelong trauma they will have to navigate as a result. I am grieving deeply with all who have been impacted by this devastating tragedy — and for all who continue to be impacted by senseless acts of gun violence across the country.

There have been [more than 200](#) mass shootings in the U.S. just this year, an average of one per day. That already horrific number is roughly equal to the number of mass shootings in the first five months of 2021, which itself was [up 55% over the same time period the previous year](#).

There have been at least four mass shootings every single week of 2022. How many more lives must be lost, how many more families and communities must be traumatized, until we finally act as a nation to implement sensible solutions that put a stop to these avoidable acts of terror?

Hate Is Not A Mental Illness

Let's be clear: It is incorrect and harmful to link mental illness with gun violence.

Blaming mental illness for gun violence only serves to further stigmatize and discriminate against people with mental health conditions — who are [more often](#) the victims of violence than the cause of violence — and further distracts from the real issues at hand in addressing this national crisis.

Radicalism is not a mental illness. Terrorism is not a mental illness. Hate is not a mental illness.

There is no reliable psychiatric cure for angry, often young, men with access to guns who are committed to perpetrating violence (according to the [Washington Post](#), 98% of mass shooters are men and almost half are between the ages of 18 and 29). The mental health system cannot prevent mass shootings because mental illness is not the problem.

The Real Issues At Hand

We have to stop using mental illness as a scapegoat and instead focus on evidence-based risk factors for gun violence, like impulsivity and [a history of violence](#).

Mental health conditions are common around the globe, yet no other country comes close to the level of gun violence our country experiences. According to the CDC, firearms have now surpassed car accidents as the No. 1 killer of children and adolescents. It defies not just statistics, but also common sense, to keep placing the blame for this uniquely American problem elsewhere.

We have to address the real issues at hand — such as the fact that it's [easier in our country to get a gun](#) than to get mental health care, and the unfortunate reality that self-directed gun violence is fueling our nation's suicide epidemic: The [majority of firearm deaths](#) each year are suicides, and firearms are the [most common](#) method used for suicide.

The time for meaningful change is long overdue. Lack of action by legislators is literally killing us.

Coping With Vicarious Trauma

In the aftermath of traumatic events like school shootings, the gaps in our current systems of mental health care are further amplified.

According to Texas State Sen. Roland Gutierrez, there is only [one psychiatrist](#) for all of Uvalde. A [lack of providers in rural areas](#) like Uvalde has always been a huge issue, but in the aftermath of tragedy, these disparities in access to mental health care become even more devastating as communities grapple with the lack of providers to address trauma. Investing in our mental health resources as a nation is more important now than ever — not because doing so is the overriding solution to preventing gun violence, but because the trauma of gun violence is [far-reaching](#).

On an individual level, we must commit to our own [self-care](#) and seek support as we try to [cope with the vicarious trauma](#) spurred on by the constant news coverage of these terrible tragedies. We must commit to checking in with the people around us, who may be struggling in ways far beyond what we could ever imagine. We must commit to hope where there are feelings of helplessness, love where there is hate, and action where there is apathy.

Gun Violence & Mental Health Resources:

- 1 [Resources for coping with mass shootings, understanding gun violence – APA](#)
- 2 [From Healing to Action: A Toolkit for Gun Violence Survivors and Allies – Giffords](#)
- 3 [Gun Violence Research – NAMI](#)
- 4 [Statement on Gun Violence Crisis from 60 National Organizations](#)
- 5 [Extreme Risk Protection Orders – NAMI](#)
- 6 [Preparing for the Unimaginable: How chiefs can safeguard officer mental health before and after mass casualty events – NAMI](#)
- 7 [What gun violence does to our mental health – New York Times](#)

Daniel H. Gillison, Jr. is the chief executive officer of NAMI (National Alliance on Mental Illness). Prior to his work at NAMI, he served as executive director of the American Psychiatric Association Foundation (APAF) in addition to several other leadership roles at various large corporations such as Xerox, Nextel, and Sprint. He is passionate about making inclusive, culturally competent mental health resources available to all people, spending time with his family, and of course playing tennis. You can follow him on Twitter at [@DanGillison](#).



NAMI MEETINGS – 2022

January 5, 2022 (Zoom Meeting)
February 2, 2022 (Zoom Meeting)
March 2, 2022 (Zoom Meeting)
April 6, 2022
May 4, 2022
June 1, 2022

July 6, 2022
August 3, 2022
September 7, 2022
October 5, 2022
November 2, 2022
December 7, 2022