National Alliance on Mental Illness

PA, CUMBERLAND and PERRY COUNTIES NEWS

December 2014 **Volume XVII, Issue 12**

NAMI is the largest nationwide, grassroots membership organization devoted to improving the lives of those affected, directly and indirectly, by serious mental illness. NAMI is comprised of family members, friends and consumers.

Inside this issue:

Calendar:

Dec 18th— Holiday Social and Support meeting, New Cumberland Support Mtg
Jan 4th - NAMI Connections at STAR
Jan 11th - NAMI Connections at STAR
Jan 15th - Support meetings in Carlisle and in New Cumberland
Jan 18th - NAMI Connections at STAR
Jan 19th—Dauphin Cty Support mtg
Jan 25th - NAMI Connections at STAR

Contact Us:

P.O. Box 527
Carlisle, PA 17013
http://www.namipacp.org
Message line number:
240-8715

COME TO OUR NAMI FAMILY HOLIDAY POTLUCK [finger food] SOCIAL

I hope many will come to the meeting in Carlisle on Thursday the 19th for our traditional Pot Luck refreshments. This is a good time for us all to meet in a casual non-structured event and to build relationships. If you can, bring some item of finger food or desert for about 6 people. **Even if you can't manage this, just come**. History has shown us that there is always enough, and there is typically a broad selection even without any planning. This is not meant to be a meal, but just light refreshments.

During this past year we have welcomed many new families and individuals to our NAMI family and we have seen the positive effects of our education and support efforts. An informal gathering like our holiday pot luck is a very good time to make connections between our newer and our older members. Even if you have not been coming to support meetings, this is a good time to get out and strengthen our family.

Take note at page 2 of this newsletter to see the results of our elections last month. We are very excited to have new leadership in the positions of President and Vice President as well as an expanded Board with 4 new members of the Board. Our Board is now 12 individuals, up from 10 in recent years. The willingness of enthusiastic and energized individuals to serve NAMI PA C/P is very welcome and promises good thins in the future. Come out on Thursday the 18th to meet as many of the new and old Board members as are able to come.

We will have a support meeting on the 18th at 8:00 PM.

If you still have holiday shopping to do, consider using Amazon.com. If you access the Amazon website through the NAMI national website, NAMI will receive a % of the sale. There is not additional cost to you as a purchaser, just a benefit to NAMI for the NAMI—Amazon connection.

DECEMBER MEETING

NAMI PA of CUMBERLAND and PERRY COUNTIES

THURSDAY, DEC. 18, 2014 at S.T.A.R.

253 Penrose Place, Carlisle, Pa.

[See page 4 for directions]

7:00 —7:50 PM Holiday Social [pot luck w finger food]

8:00—9:00 Support Meeting

Duplication and distribution of this Newsletter is made possible by the MH/IDD Board of Cumberland/Perry Counties

NAMI PA, Cumberland and Perry Counties
National Alliance on Mental Illness

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support

What: Support Group Meeting
When: Meets 3rd Thursday of each month
Location: STAR (253 Penrose Place Carlisle, PA 17013)
Time: 7:00 pm up to 9:00 pm there will occasionally be an educational program. Where there is an education program it shall run from 7:00 PM until 7:50 PM, and the support meeting shall follow at 8:00 PM.

Dec. 18, 2014	7:00 PM HOLIDAY SOCIAL—Pot Luck with deserts and finger food 8:00 PM Support Meeting
Jan. 15, 2015	7:00 PM Announcements 7:15 up to 9:00 PM—Support Meeting
Feb. 19, 2015	7:00 PM Announcements 7:15 up to 9:00 PM—Support Meeting

WEST SHORE SUPPORT GROUP

Meets at 6:30 PM on the 1st Thursday of each month at St. Timothy's Lutheran Church, 4200 Carlisle Pike, Camp Hill, PA. There may be an education program 1x per quarter. Call Thom at 697-2602 for information.

Jan. 1, 2015	NO MEETING DUE TO NEWS YEAR'S DAY HOLIDAY

NEW CUMBERLAND SUPPORT GROUP [from York County F2F Class

Meets at 6:30 on the third Thursday of the month at the New Life Baptist Church, 530 Big Springs Road, New Cumberland, PA. Contact Beverly Riggins at 717-979-0519 for more information.

Dec. 18, 2015	6:30 to 8:00 PM—Support Meeting

DAUPHIN COUNTY SUPPORT GROUP [Assoc with NAMI PA Dauphin County]

Meets at 7:00 on the 3rd Monday of each month at the Epiphany Lutheran Church at 1100 Colonial Rd., Harrisburg, PA. Contact Marge Chapman at 574-0055 for more information.

Jan. 19, 2015	6:30 to 8:00 PM—Support Meeting

NEW PRESIDENT'S MESSAGE

It is a great joy to have been nominated and elected to serve our affiliate as your President. I pledge to serve you to the best of my ability, and to abide by our By-Laws as written by our affiliate founders many years ago.

I hope to get to know each and every one of you over the months to come. Please feel free to let me know of any concerns you might have with regard to our affiliate. You can reach me by email at david.brown@ducttapeandwd40.com . I will reply at my earliest convenience. Please understand that, even though I'm retired from my career as a management consultant, I remain as busy as before in my roles as husband to my wife, Kathy, Father to my two daughters, Emily and Susan, and grandfather to my wife's grandchildren. I also enjoy my part time job, Courtesy Shuttle Driver for Sutliff VW. My time in my man cave working at my computer is far less than what it was years before. But I pledge to allocate the time necessary to be of service to you.

Wishing you and yours a very Merry Christmas and a Happy New Year

David

David Anderson Brown, President
NAMI PA, Cumberland/Perry Affiliate

Best Things to Say to a Person With Bipolar Disorder

Written by Samantha Gluck

When your friend or loved one suffers from bipolar disorder, what are the best things you can tell them?

Supporting Someone with Bipolar - For Family and Friends

Clichés and platitudes usually aren't much help to someone who is depressed. Being depressed is not the same thing as just being sad about something. This list, compiled from a Usenet group, offers some useful statements you can make to a friend or loved one who is depressed.

It is most tempting, when you find out someone is depressed, to attempt to immediately fix the problem. However, until the depressed person has given you permission to be their therapist, (as a friend or professional), the following responses are more likely to help. Acknowledge the depression for what it is, and give permission for them to feel depressed.

- "I love you"
- "I care"
- "You're not alone in this"
- "I'm not going to leave/abandon you"
- "Do you want a hug?"
- "You are important to me"
- "If you need a friend..."
- "It will pass, we can ride it out together"
- "When all this is over, I'll still be here"
- "You have so many extraordinary gifts - how can you expect to live an ordinary life?"
- "I'm sorry you're in so much pain. I am not going to leave you. I am going to take care of myself so you don't need to worry that your pain might hurt me"
- "I listen to you talk about it, and I can't imagine what it's like for you. I just can't imagine how hard it must be"
- "I can't really fully understand what you are feeling, but I can offer my compassion"
- "I'm sorry you're having to go through this. I care about you and care that you are hurting"
- "I'll be your friend no matter what"
- "I cannot understand the pain you're in, I cannot feel it. But hold onto my hand while you walk through this storm, and I'll do my very best to keep you from slipping away"
- "I'm never going to say, 'I know how you feel' unless I truly do, but if I can do anything to help, I will"

NAMI Connection

National Alliance on Mental Illness RECOVERY SUPPORT GROUP

"I've been there, I understand."

Connections is meeting at new day and time!!

NAMI Connection is a recovery self help support group for people living with mental illness.

WHEN: Each Sunday at 6:30 PM

WHERE: S.T.A.R., 253 Penrose Place, Carlisle, PA 17013 (see directions on this page)

WHO: Joy Mullen, NAMI National trained Support Facilitator

CONTACT: Any group related questions can be directed to Joy at (803) 409-9702

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(Continued from page 5)

Since the holidays may be a period where people experience increased depression or anxiety symptoms, it is important to recognize the signs of major depression. If during the holidays you experience many of the below symptoms to such severity that they interfere with your normal relationships, it is important to seek help from your primary care physician:

- feeling depressed, sad and discouraged
- loss of interest in once-pleasurable and enjoyable activities
- eating more or less than usual, or gaining or losing weight
- having trouble sleeping, or sleeping more than usual
- feeling slow or restless
- lack of energy
- feeling hopeless, helpless, or inadequate
- difficulty concentrating
- difficulty thinking clearly or making decisions
- persistent thoughts of death or suicide
- withdrawal from others and lack of interest in sex

various physical symptoms.

Antidepressants help about 70 percent of individuals who may have a depressive episode.

JOIN US FOR 2015

$35.00 For an individual

Membership includes membership in NAMI [national] and NAMI PA, and Subscriptions to The Advocate, The Alliance, and NAMI PA C/P News.

$35.00 For a Family

Same price as an individual. A family consists of two people living at the same address. A family has one vote, and will receive one copy of subscriptions.

$3 - $35.00 For "Open Door" membership

Anybody can opt to join as an open door member. Dues are ***any amount that can be afforded.*** *This option is available so that membership is not denied due to financial hardship. Open door members are regular members with all the privileges and powers of membership including all subscriptions.*

$50.00 For Professional Membership

A Professional member shows support for the mission and goals of the organization. Upon request, NAMI PA C/P will provide multiple copies of our newsletter for the waiting room of Professional Members.

Make Payment to:
NAMI PA C/P
Send Payment to: NAMI PA C/P
Box 527, Carlisle, Pa 17013

JOIN NOW TO BECOME PART OF THE NAMI FAMILY

Memberships submitted now will extend to the end of 2015

DIRECTIONS TO S.T.A.R.

From I-81:

- Take Hanover St. Exit and turn towards town, [Rt. 34 North]:
- At the major intersection at Noble Blvd, turn left on Noble Blvd.
- Proceed straight ahead at the first Stop sign at West St.;
- Turn right after the gas station on Penrose Pl.;
- The Penrose Plaza is immediately on your left;
- STAR is the last store front on the right end of the Plaza.

From Downtown Carlisle:

- Take Hanover St. out of town [Rt. 34 South].
- At the major intersection at Noble Blvd, turn right on Noble Blvd.
- Proceed straight ahead at the first Stop sign at West St.
- Turn right after the gas station on your right;
- The Penrose Plaza is immediately on your left;
- STAR is the last store front on the right end of the Plaza.

BEAT THE HOLIDAY BLUES -
AND KNOW WHEN THEY'RE SOMETHING MAJOR

from UC Davis Health Systems

Although the holidays are a time of joy for many, they can also trigger symptoms of anxiety and depression to different degrees.

There are several reasons people may experience symptoms of anxiety or depression over the holidays, said Robert Hales, chair of the UC Davis Department of Psychiatry and Behavioral Sciences. Symptoms may indicate the "holiday blues" or be signs of a more serious major depression.

Common causes of the holiday blues

The holiday blues may plague more people this year as concerns about the economy and the war abound. Common causes include:

Time change — With the change in time, as many as a third of people who have experienced a major depressive disorder will experience worsening of their symptoms during the winter months, Hales said. In addition, people without full-fledged depressive disorders often report some decreased energy, sadness, decrease in interest or pleasure in activities, and sleep disturbance. Getting out in the morning light and spending time outside can be quite beneficial.

Increased alcohol use — It is common during the holiday period for people to celebrate. Unfortunately, a certain percentage may drink too much. Alcoholism is also a disorder that commonly occurs with depression. Limit your drinking and remember that it is okay if you don't feel festive. Accept your inner experience and do not force yourself to express specific feelings.

Overeating — Obesity is a major American problem. During the holidays, there is a tendency for all of us to eat too much, which can lead us to feel worse about our body image and ourselves.

Lack of sleep — It is not uncommon for people to spend more time celebrating, meeting people and going out. Unfortunately, decreased sleep is a major contributor to feeling tired and lethargic during the day, and may contribute to increased rates of depressive symptoms. It is important during the holiday period to try to develop healthier sleep habits.

Overscheduling — There is sometimes a desire to meet with as many people as possible that we have not been able to see during the year. This results in a packed schedule. Frequently, we will feel rushed and burdened by the need to interact with so many over such a short period. Don't overbook yourself. Try to limit the number of interactions and think carefully about who you wish to meet.

Lack of planning — It is not uncommon to see people running around malls at the last minute because they delayed purchasing gifts. This adds a great deal of stress and contributes to holiday blues.

Unrealistic expectations about ourselves — During the holidays, we frequently meet other people that are quite successful and are advancing throughout their careers. This may lead us to place unrealistic expectations on ourselves concerning our own accomplishments, or our perceived lack of them. None of us is perfect, and sometimes we develop unrealistic expectations over the holidays of what we should accomplish and focus our failures. Be realistic in what you seek to achieve, both personally and professionally. Don't label the holidays as a time to cure all past problems. The holidays do not prevent sadness or loneliness.

Unrealistic fantasies about our families — Frequently during the holiday season, we will see movies that picture "the wonderful life," exemplified by "perfect" families, Hales said. Unrealistic expectations that one's own family should meet these high standards can be quite depressing. Try to be realistic and emphasize your family's strengths rather than weaknesses.

Lack of exercise — Because of frequent rain, people often exercise less during the holidays. Exercise is a known preventive activity for depressive symptoms, and decreasing the amount of a regular exercise can worsen symptoms.

Lack of time for oneself — A major focus of the holidays is providing things for other people or looking after them. We frequently neglect ourselves during this time. This externalization of efforts can deplete your reserves and worsen symptoms of anxiety or depression. Practice self-care and look out for yourself during the holiday period. The holidays are a wonderful period to reflect, reassess and make plans for the future.

Tell people about your needs if you have recently experienced **a tragedy, death, or romantic break-up**.

Holiday blues vs. depressive disorder

Comparing the holiday blues to a depressive disorder is like comparing a cold to pneumonia, Hales said. Major depression can destroy joy for living and make it impossible to focus on work and responsibilities. Individuals may experience hopelessness and depressive symptoms such as sadness and tearfulness throughout the day. Thoughts of death or suicide may enter their minds.

Depression is the world's most common mental ailment, affecting approximately 16 percent of adults at some point in their lives. Stress-related events such as the holidays may trigger half of all depressive episodes, Hales said.

There are various forms of anxiety. About 10 million adults in the United States suffer from a generalized anxiety disorder, which is an excessive or unrealistic apprehension that causes physical symptoms and last for six months or longer.

(Continued on page 4)

Family Members' Attitudes About Mental Illness

Posted to HealthyPlace MH Blog on October 29, 2014 by Mike Ehrmantrout

I am in the interesting position of being both a family member of a mentally ill person and being mentally ill myself. It sometimes gives me a unique understanding into both sides of the issues that can arise between the ill person and their family members.

Family Members and Mental Illness

We know that mental illness can wreak havoc upon relationships. And what relationships are more intimate than our close family, especially those who we might live with? After all, both the family and the ill family member can know each other so well it can become an impediment to meaningful communication.

One of the factors in having a relationship with a mentally ill family member is the specific disorder being suffered by the person. Although it's true that almost all mental disorders will cause some kind of relational dysfunction, there are those that seem especially difficult when dealing with ill family members. For example, a person who suffers from bipolar disorder with delusions could be extremely difficult to deal with because the ill person can't recognize the delusions for what they are and the family members often have no idea how to deal with a delusional person. It's counterintuitive. We may feel the thing to do is to repeatedly tell the person over and over they are having delusions. Makes sense.

However, this can actually strengthen the individual's delusion, especially if the delusion is of the persecutory type. If the sufferer believes their family is out to get them, almost anything the family might say will most likely deepen the person's delusion. This kind of nuanced thinking can only take place when family members are educated about their loved one's symptoms and how they are experienced.

3 Ways to Deepen Understanding With a Mentally Ill Loved One

1. **Educate yourself**--This is always important with any illness, but especially with mental illness. If we know the symptoms and other aspects of our loved one's illness, we will be in a better position to help them through it and to assist them in their treatment, not to mention giving us a deeper and more compassionate view of our ill family member. The great thing is there are informational websites like HealthyPlace that make educating ourselves rather simple, which removes excuses we might have about not understanding the illness.
2. **See loved one beyond illness–**Sometimes people become defined by their condition. This is something decried in the mental health community, and rightly so. We don't want people to exist solely as a person with mental illness. There is so much more for them. Even though this is true, many people cannot bring themselves out of their illness and might be unable to define themselves as anything other than an afflicted person.
3. **Encourage treatment–**There's other ways to support treatment than just reminding the ill person to take their medication, although that's very important. For example, one might say, "Hey, when's your next appointment? I'll give you a ride," or "Hey, wanna go for a walk?"

Understanding Your Mentally Healthy Relative

- **Educate yourself–**Just as the family members, the ill must educate themselves about the hardships of being a family member of a person with mental illness. It's important to understand the difficulty there can be being a relative to someone with a mental illness so you can have empathy.
- **Follow your treatment–**This is paramount to help your loved ones. If you don't take your medicine properly, your health will deteriorate and this will cause untold trouble for the family. It's a nightmare when your loved one isn't following treatment, because you have no control over it. You can't force feed them their medications. You can't talk to the medical personnel because of privacy concerns. But their deteriorating health causes much upset in the family. Not being responsible and honest about your treatment adherence is really an immature and selfish thing to do to people you purport to love.

With a little work, we can deepen our family relationships and work around our illness.

HAPPY HOLIDAYS
TO YOU
FROM
NAMI PA C/P

Tips for Decreasing Anxiety and Loneliness

Posted to HealthyPlace MH Blog on November 13, 2014 by Tanya J. Peterson, MS, NCC

Imagine yourself at a gathering. Big or small, it doesn't matter (because with anxiety, even the smallest things can seem gigantic). Perhaps it's a family get-together, coffee with acquaintances, a meeting, or a pancake feed for your kids' school. You're there, others are there, and your anxiety is there. How do you feel?

Perhaps your mind races with thoughts of worry and what-ifs and worst-case scenarios. Surely something is going to happen to negatively affect your life or someone else's. You'll be judged to be ridiculously incompetent. Will you be fired, laughed at or ostracized? Will your kids be laughed at or shunned by teachers? Your thoughts spiral out of control, threatening to take the rest of you with them. Maybe you sweat, tremble, feel sick or get sick. Whatever your anxiety symptoms, they're likely miserable.

Anxiety Can Cause Loneliness

It's understandable why someone with anxiety would want to avoid this. Avoiding unpleasant situations does seem like a logical way to manage anxiety; unfortunately, however, it doesn't work and can actually make anxiety increasingly worse.

Here's what happens: We want and need to reduce our anxiety. With any type of anxiety disorder, being around other people can cause anxiety to skyrocket. Therefore, we isolate. We pull away from people and uncomfortable situations in order to keep our anxiety in check. We stay home, often alone. If there are times we have to be among others, we distance ourselves as much as possible.

Keeping to ourselves all the time means we are by ourselves all the time. That's lonely.

Loneliness Can Cause Anxiety

Loneliness and isolation don't feel good. With no one to talk to, to share with, to laugh with, humans begin to wither. We're meant to be social creatures and we need human contact. Without it, depression is very common. Further, rather than decreasing, our anxiety often worsens. The longer we stay away from the world, the more frightening and anxiety-provoking it becomes to venture forth among other people.

It's a vicious cycle. Anxiety makes us feel awful and we begin to loathe or even fear being with others. We isolate ourselves to feel better. But then we begin to feel very lonely and we feel worse. We'd like to ease our loneliness but the mere thought of trying makes our anxiety skyrocket, so we remain isolated. And the beasts of anxiety and loneliness feed off each other, growing more powerful while we shrink.

Tips for Decreasing Both Anxiety and Loneliness

Anxiety creates untrustworthy thoughts and keeps us stuck in our own heads. The key to breaking this cycle of anxiety and loneliness is to get out of our heads and into the world. This is, of

course, much easier said than done. However, even though it's difficult, it can be done. Here are a few ways to begin the process of ending isolation.

- **Start small.** You don't have to jump into a crowded pool with both feet. Define one goal and plan small steps you can take to get there.
- **Reach out to one person.** Be it an acquaintance, friend, family member, neighbor, coworker or whomever; choose one person to connect with. Say hello. Make eye contact. Strike up a conversation (mentioning a current event or something about the person both work well). Focus on getting to know this one person before adding more.
- **Volunteer or join a group.** Put yourself in situations where you can be around people who share common interests with you. When people are busy, you can be too so you don't feel like all eyes are on you. You can occupy yourself safely while observing others and finding people you'd like to approach.
- **Give yourself an out.** It can be extremely anxiety-provoking to be in a situation where you can't leave and where you feel trapped. Give yourself permission to leave when you need to. For example, if you are at a family gathering and are often anxious at these things, promise yourself that you'll stay for half an hour (or even less if you need it to be less). When that time is up, you can leave. Sometimes people surprise themselves and decide to stay longer. Knowing that you have an out can reduce anxiety enough to help you get by.
- **Quality is more important than quantity.** Television, movies and advertising sometimes make it seem that everyone in the world has dozens of friends. That's not actually the case. It's more common for people to have a small number of friends. Focus on building a quality relationship with one or just a few people.

So often when we live with anxiety, we want to be alone to decrease those anxious feelings. But isolation makes people lonely and loneliness increases anxiety. If you feel trapped in this cycle, recognize that it's pretty common and you're not alone. Know, too, that you can break the cycle.

TRAINING OFFICERS ABOUT MENTAL ILLNESS BENEFITS PRISON'S SAFETY

Case Western Reserve University mental health researcher Joseph Galanek spent a cumulative nine months in an Oregon maximum-security prison to learn first-hand how the prison manages inmates with mental illness.

What he found, through 430 hours of prison observations and interviews, is that inmates were treated humanely and security was better managed when cell block officers were trained to identify symptoms of mental illness and how to respond to them.

In the 150-year-old prison, he discovered officers used their authority with flexibility and discretion within the rigid prison structure to deal with mentally ill inmates.

Galanek's observations and interviews with 23 staff members and 20 inmates with severe mental illness are described in the Medical Anthropology Quarterly article, "Correctional Officers and the Incarcerated Mentally Ill: Responses to Psychiatric Illness in Prison." The National Science Foundation and the National Institute of Mental Health supported his research.

"With this research, I hope to establish that prisons, with appropriate policies and staff training, can address the mental health needs of prisoners with severe mental illness," said Galanek, PhD, MPH a medical anthropologist and research associate at the Jack, Joseph and Morton Mandel School of Applied Social Sciences' Begun Center for Violence Education and Prevention Research at Case Western Reserve.

"Additionally," he said, "I show that supporting the mental health needs of inmates with severe mental illness concurrently supports the safety and security of prisons, and that these two missions are not mutually exclusive. With the number of prisoners with severe mental illness in prison increasing, efforts need to be made by all prison staff to ensure that this segment of the prison population has appropriate mental health care and safety."

Galanek saw how administrative policies and cultural values at the prison allowed positive relationships to develop between officers and prisoners diagnosed with severe mental illnesses, among the prison's 2,000 inmates.

In this maximum-security prison, left unidentified for the study to protect the confidentiality of officers and inmates, officers received training to identify symptoms of mental illness, which, in turn, led to better security, safety and humane treatment of potentially volatile inmates. But the officers were also able to use their discretion in handling some situations.

Galanek observed, for example, the following instances where an officer's decision - rather than rigidly enforcing prison rules - helped mentally ill inmates and maintain order within the institution:

- Prisoners are required to work 40 hours at an assigned job. But one inmate chose to remain in his cell instead of reporting to work - a prison offense. The inmate told the officer he was experiencing auditory hallucinations. Instead of sending the prisoner to a disciplinary unit, the officer allowed the prisoner to remain in his cell until the hallucinations passed.
- A correctional officer confronted a violent prisoner, who was off his medication and began smashing a TV and mirror and threatened other prisoners. Instead of disciplinary confinement, the officer conferred with mental health workers, who sent the prisoner to the inpatient psychiatric unit to get him back on his medication.
- Prisoners aren't allowed to loiter or talk to other inmates outside their cells. But a high-functioning inmate with a bipolar disorder worked a janitorial job that allowed him to talk to other mentally ill inmates. Through those conversations, he was able to let officers know when inmates were exhibiting symptoms of their mental illness. That information allowed the officers to quickly address potential problems and decrease security risks.

Conversely, Galanek said, if these inmates were sent to the segregation unit ("the hole") to sit isolated for hours, their thoughts could lead to agitation and hallucinations that often bring on prison security problems. Mentally ill prisoners' work was important and meaningful because it acted as a coping mechanism to decrease the impact of psychiatric symptoms, he said.

To gain such access to prison culture is highly unusual. In fact, such ethnographic studies have declined in past 30 years due to perceptions that researchers are seen as security risks within these highly controlled environments. But as a mental health specialist in Oregon's Department of Corrections from 1996-2003, Galanek was uniquely prepared to navigate the prison for his research.

"They trusted me," he said. "I knew how to move, talk and interact with staff and inmates in the prison."

EDITORS NOTE: The Pennsylvania Dept. of Corrections is now providing CIT training to correctional officers in our state prisons. This CIT training is modeled after the Memphis CIT program, which is the gold standard. This training includes de-escalation techniques as well as sensitivity to symptoms and empathy for a mentally ill inmate. I have been involved by speaking at training sessions about NAMI and about the perspective of family members. I have found the CO's in attendance to be interested and engaged. In this way, NAMI PA C/P is part of this valuable program.

In my opinion it would be better to have our family members hospitalized rather than imprisoned with CIT trained CO's.

Taylor P. Andrews, Editor

40,000 SUICIDES ANNUALLY, YET AMERICA SIMPLY SHRUGS

USA Today; Gregg Zoroya, 11/9/2014

Standing high above the San Francisco Bay, perched on an I-beam outside the Golden Gate Bridge railing, the man dressed neatly in khakis and a button-down shirt hesitated. Kevin Briggs stood a few feet away, imploring him not to jump. In nearly 20 years as a California Highway Patrol officer policing the famous span, Briggs had more success than failure in talking troubled souls back from the ledge.

He and two other officers persisted for nearly an hour on this day in 2007, and the man, perhaps 35 years old, seemed touched by their earnestness. He reached over three separate times to shake Briggs' hand. Then it was suddenly over. "He said, 'Kevin, thank you very much,' " Briggs recalls quietly, "and he left." The man plummeted to his death in the waters below.

There's a suicide in the USA every 13 minutes.

A short ride from the Golden Gate Bridge where about 1,600 of these deaths have occurred over the years, actor-comedian Robin Williams took his life at his Tiburon home in August.

Americans are far more likely to kill themselves than each other. Homicides have fallen by half since 1991, but the U.S. suicide rate keeps climbing. The nearly 40,000 American lives lost each year make suicide the nation's 10th-leading cause of death, and the second-leading killer for those ages 15-34. Each suicide costs society about $1 million in medical and lost-work expenses and emotionally victimizes an average of 10 other peo-ple. Yet a national effort to stem this raging river of self-destruction — 90% of which occurs among Americans suffering mental illness — is in disarray.

Basic questions about whether suicide is a public health problem, whether it can be prevented on a broad scale, whether suicidal thoughts and actions are a disorder or a symptom of other disorders, remain widely debated. Perhaps as a result of this scattered approach to what is clearly a health crisis, greater sums of money and research are devoted to curing diseases and social ills that kill far fewer Americans despite clear historical evidence that more investment translates into more lives saved.

"Is there the kind of concerted effort (for suicide) that's been made with HIV, with breast cancer, with Alzheimer's disease, with prostate cancer?" asks Christine Moutier, chief medical offi-cer for the American Foundation for Suicide Prevention. "There's never been that kind of concerted front."

"When we invested in HIV/AIDS and breast cancer, we dramatically reduced the rates of death," says Jill Harkavy-Friedman, vice president of research for the foundation. "If we invest in suicide prevention — really invest in it — then we have a good shot at bringing it down."

The National Institutes of Health — the largest source of research money — spends a small fraction on suicide compared with diseases such as breast and prostate cancer that result in as many or fewer American lives lost. The suicide research budget for the National Institute of Mental Health (NIMH) has actually been shrinking since 2011.

The Centers for Disease Control and Prevention promotes several "winnable" priorities, among them motor vehicle injuries and HIV. Suicide, though more costly in lives than either of those categories, is not on the list.

Lawmakers' agendas are heavily influenced by public disinterest and a persistent view in the USA that anyone bent on killing themselves cannot be saved. Briggs saw the worst of this during suicide crises on the bridge when drivers passing by would yell out, "Go ahead and jump."

"If the public doesn't think you can do anything about it, they won't support it," says Alex Crosby, a CDC epidemiologist who focuses on suicide prevention.

"Can you really stop somebody who wants to kill themselves? I still hear that," says Jane Pearson, chair of the NIMH research consortium. "Changing that perspective is really critical."

Only in one area did Americans react to suicide. When soldiers started killing themselves in record numbers during two arguably unpopular wars in Iraq and Afghanistan, a groundswell from the public and Congress drove the military to respond.

The Army suicide rate tripled from 2004 and 2012 as more than 2,000 GIs took their lives. A new RAND study says that since 2005, about $230 million was poured into suicide research, more than two-thirds of it from the military. "All the military research is likely to benefit civilians as well," says Michelle Cornette, executive director of the

American Association of Suicidology.

A centerpiece effort is a $65 million study — the cost split between the Army and NIH — analyzing soldier suicides and tracking tens of thousands of troops over a period of years to understand self-destructive urges. "The level of detail we are getting ... nobody has ever done anything on that scale in any population relating to suicide risk," says NIMH study scientist Michael Schoenbaum. "We have an enormous amount to learn."

Briggs, who retired from the CHP last year, says answers are long overdue. Promoting crisis management and suicide prevention, he says the nation must find a way to treat despair before the only resort is a police officer begging someone not to jump.

"Get them before they're up on the bridge," Briggs says, "because when you're up on that bridge, it's almost game over."

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