SEPTEMBER 20, 2017
Getting Through the Disability Maze

JANE SANTERAMO, ESQ., Social Security Disability Attorney
ELLEN VICTOR, ESQ., Special Needs Planning and Elder Law Attorney

How will you care for your loved one should something happen to you? Learn the ins-and-outs of applying for Social Security and how to protect your assets to ensure your family member keeps his or her government benefits.

Plus—Meet and Vote in Your Board Members at the October Annual Membership Meeting!

OCTOBER 18, 2017
The ABCs of Mental Health Housing

Panel: KATHLEEN MALIZIA, Executive Director, Project Real
LARRY GRUBLER, Chief Executive Officer, Transitional Services for NY
JENNIFER SAUCHELLI, LCSW, Service Coordinator, SAIL
GEORGIA KUHEN, Director, Mental Health Residential Services, Options for Community Living

The right kind of housing plays a vital role in recovery. Learn all about how to access housing, the different housing levels, and the services offered by housing providers in our area.
# SUPPORT GROUPS

## Family Support Group
- **Leader/Phone**: Carol Ann Viccora, (516) 221-6168 & Dorothy Borgese
- **Date/Time**: Starting on September 26, then 3rd Tuesday of each month 7:00—9:00 p.m.
- **Location**: St. Raphael’s Church
  East Meadow
  
  Please call for meeting location detail

## Whole Family Support Group
- **Leader/Phone**: Ellen Ritz, RN (516) 330-9778, el.ritz@yahoo.com & Amanda Gratta
- **Date/Time**: 2nd Wednesday of each month 7:00—9:00 p.m.
- **Location**: Unitarian Universalist Congregation
  at Shelter Rock (UUCSR)
  48 Shelter Rock Rd, Room 15
  Manhasset

## Whole Family Support Group
- **Leader/Phone**: Ellen Ritz, RN (516) 330-9778, el.ritz@yahoo.com & Rachel Lapelosa
- **Date/Time**: 4th Wednesday of each month 7:00—9:00 p.m.
- **Location**: Unitarian Universalist Congregation
  at Shelter Rock (UUCSR)
  48 Shelter Rock Rd, Room 15
  Manhasset

## Co-Occurring Disorders (Substance Abuse & Mental Health Condition)
- **Leader/Phone**: Bernie Cohen & Lenny Goldstein
- **Date/Time**: Call the office (516) 326-0797 or (718) 347-7284
- **Location**: Unitarian Universalist Congregation at Shelter Rock (UUCSR)
  48 Shelter Rock Rd
  Manhasset
  
  Registration is required

## Senior Caregivers and Their Adult Children
- **Leader/Phone**: Isabelle Mesholam, LMSW, (516) 626-3258 & Ellen Ritz, RN
- **Date/Time**: 9/7, 10/12, 11/2, 12/7 1:30 pm
- **Location**: NAMI Queens/Nassau office
  1981 Marcus Ave, Suite C117
  Lake Success

# CLASSES

## Family to Family
- **Leader/Phone**: Jeannette Wells, LCSW-R, Coordinator (646) 483-3885
- **Date/Time**: Call the office or visit website, namiqn.org, for schedule
- **Location**: Fall 2017 Locations:
  - Manhasset
  - Glen Oaks
  - Jamaica
  
  Registration is required

## Peer to Peer
- **Leader/Phone**: Ellen Ritz, RN, Coordinator (516) 330-9778
- **Date/Time**: Call for information
- **Location**: Locations:
  - To be announced
  
  Registration is required.

# OTHER

## Spirituality Group
- **Leader/Phone**: Chaplain Van Frankel & Ellen Ritz, RN, Coordinator (516) 330-9778
- **Date/Time**: 9/14, 10/19, 11/16, 12/21 6:30 p.m.
- **Location**: Unitarian Universalist Congregation
  at Shelter Rock (UUCSR)
  48 Shelter Rock Rd
  Manhasset

## Caring & Sharing
- **Leader/Phone**: Hillside Hospital Social Worker
- **Date/Time**: 3rd Wednesday of each month 5:00 p.m.
- **Location**: The Zucker Hillside Hospital
  Sloman Auditorium
  266th St & 76th Ave
  Glen Oaks

## Caring & Sharing
- **Leader/Phone**: Rosalie Weiner, LMSW (718) 776-4790
- **Date/Time**: 1st & 3rd Mondays 7:30—9:30 p.m.
  
  Please call first.
- **Location**: NAMI Queens/Nassau Office
  1981 Marcus Ave, Ste C117
  Lake Success

## Caring & Sharing
- **Leader/Phone**: Rosalie Weiner, LMSW (718) 776-4790
- **Date/Time**: 1st Tuesdays of each month 12:30—2:00 p.m.
  
  Please call first
- **Location**: Advanced Center for Psychotherapy
  103-26 68th Road
  Forest Hills

## Caring & Sharing (South Asian population)
- **Leader/Phone**: “Raghu” Raghavendran (516) 944-8537
- **Date/Time**: 3rd Saturday of each month 10:30 a.m.
- **Location**: YIGG
  New Hyde Park
n the future

By ELLEN RITZ
This is a very exciting time for us to make a difference in how people see mental illness or mental health conditions, or whatever name people choose to call the biological, chemical and neurological imbalance that is going on in the brain. I never like getting caught up with labels or diagnoses. Diagnoses are useful to help doctors look at what treatments and medications usually work for a particular diagnosis. Each of us is so much more than a diagnosis. Each of us is special in our talents, skills, abilities and interests. When we focus on the person and not the diagnosis we remind ourselves and the other person that we are each one of a kind—interesting, special and unique.

NAMI Queens/Nassau wants to empower and help families as well those who are struggling through education, understanding, learning about resources, support and compassion for ourselves and those around us.

At our support groups, participants learn that they are not alone, and the importance of sharing with others techniques and solutions of what they have experienced that has worked or not worked. There are new as well as continuing support groups coming this fall.

• A dual diagnosis group for families to understand more about substance abuse (frequently called self-medicating) and mental illness. This group will begin with information about substance abuse by two leaders who have worked in this field. The remainder of the time will be a support group. The number of participants is limited to twelve and the commitment is six sessions. This will be repeated in the spring for 12 more people.

• There will be a new family support group on the South Shore led by someone trained and well versed in Family to Family classes.

• The support group for Senior Caregivers and their Adult Children will continue in the afternoon.

• Another new support group will be led by a young woman from the Islamic community along with a young man but open to all will begin in the fall.

• The Whole Family Support Group will continue twice a month for families with or without their loved ones who are struggling. This support group offers the unique opportunity to have cross dialogue between family members and loved ones. It is common in support groups to be with other people in your position, but you don’t usually get the chance to hear from people on the other side. By getting both sides together and hearing the perspectives of each, sympathy and empathy can be found. This group offers a groundbreaking way to increase understanding through hearing from others.

Education is of utmost importance. Our Family to Family 12 session classes continue at different sites in Queens and Nassau. A new Peer to Peer 10 session class maybe starting in the near future. Peer to Peer is a unique, experiential learning program for people with serious mental illness who are interested in establishing and maintaining their wellness and recovery.

The importance of mental health/illness education in schools is finally recognized. Since 1999 our Breaking the Silence: Teaching the Next Generation about Mental Illness educational packets for upper elementary, middle school, and high school have been available for use in school health classes. They include lessons, posters, games and role-plays, and are used in area schools and around the country. NAMI Queens/Nassau created this program many years ago and continues to run this special program.

Volunteers are the backbone of our organization. The NAMI Queens/Nassau Board, people who coordinate and present programs, and committee members are all valued volunteers. NAMI Queens/Nassau needs you and welcomes your passion, skills and compassion. NAMI Queens/Nassau looks back with thanks for all who have contributed so much to get us where we are now and looks to the future to continue growing and making a difference in the lives of so many.

In Our Own Voice, a program that NAMI Queens/Nassau has been offering, is a unique public education program developed by NAMI in which two trained consumer speakers share compelling personal stories about living with mental illness and achieving recovery. The program is an opportunity for those who have struggled with mental illness to gain confidence and to share their individual experiences of recovery and transformation.

Homefront is a free, 6-session educational program for families, caregivers and friends of military service members and vets with mental health conditions. This will soon be offered.

Friendship Network offers socialization through fun activities or just schmoozing for many who struggle with mental health conditions. Alice Cohen created this program many years ago and continues to run this special program.

NAMI Queens/Nassau wants to the future to continue growing and making a difference in the lives of so many.
Committed: The Battle Over Involuntary Psychiatric Care

By Dinah Miller, MD & Annette Hanson, MD

Posted Jul 08, 2017
TWEETSource: Johns Hopkins Univ. Press

Americans act as if they have a covenant that demands of them considerable liberty and privacy. These warranties have, at times and in my opinion, exceeded other warranties such as public safety and the public’s health – sometimes even common sense.

For the practice of psychiatry this has meant substantial constraints on the clinical care of very ill patients, with clear impact on them, their families and their communities. The battle grounds have been drawn, especially in the past few decades, between those who demand liberty and privacy for psychiatric patients and those who advocate for a reasonable freedom on action in these arenas to better serve patients, families and the public.

Liberty refers to the right for freedom from societal constraints, in this case involuntary commitment to hospitals and in the community as well as involuntary treatments. Privacy refers to the right of a person to not have others know their personal, and in this case, medical information – including close family members unless given consent or in emergency situations.

No other issues in mental health seem to ignite flames as great and persistent as do liberty and privacy. When I was a resident, many decades ago, doctors could do what they wanted in admitting and treating psychiatric patients against their will – often irrespective of the wishes of the patient. It was a far more patronizing, “doctor knows best” form of medicine that was undone by psychiatric activists, early on by Dr. Thomas Szasz (a mentor and friend of mine, now deceased) with his disruptive book The Myth of Mental Illness.

Many other civil libertarians followed; then the lawyers and courts got involved. Fast forward to today where it can be more difficult, some say, to involuntarily admit and treat (involuntary) care in the community as it is to be admitted to Harvard College. And others hold opinions as passionate in polar ways, and have become integral to efforts to protect these rights.

Indeed, the pendulum has swung – and needed to – from the unfettered power of doctors and hospitals to do as they may to the right of patients to say no to treatment unless a court mandates such an intervention. But has it swung too far? What is abundantly clear is that just about no one is satisfied, on either side of the “battleground”, with the way things are. But where might the point of equipoise exist?

This is the important question and challenge that Drs. Miller and Hanson have undertaken in what is an exceptionally intelligent, clear, readable and well researched manner. They do have a pov (point of view), which they express early on and weave into the book’s narrative: they call for “…the judicious and limited use of involuntary and humane psychiatric care, as a last resort, after every attempt has been made to thoughtfully engage patients in accessible, kind and comprehensive services on a voluntary basis.” (p. xx).

The debate hinges, of course, on how justicive and limited are defined and acted upon. The authors’ ability to explore the answers to these fundamental questions gives the book great thoughtfulness and substance. And they, as does about everyone else, emphasize that the mental health (and substance disorder) services in this country are woefully underfunded, understaffed, and vary tremendously in the quality and kindness of the care delivered

Their book first describes the “for” and the “against” arguments for involuntary treatments. They have tapped the nation’s authorities on these subjects so we gain access to the clearest and most informed of sources. Then comes a section on “Civil Rights”, where we learn about the history and processes of commitment laws. The authors then turn their attention to hospitals (general, public and private hospitals), and their delivery of emergency room, inpatient, crisis and outpatient care. They handle this (in fact, all material) in a story-based manner with abundant actual clinical examples, using pseudonyms to protect privacy. It is like we are there to share the dilemmas that patients, families and clinicians face in profound and uncertain ways.

One terribly ironic example they provide (p. 157), faced by many doctors and hospitals in some states (state laws vary), is that even while someone may be invol-

Dr. Lloyd Sederer is a psychiatrist and public health doctor. The opinions offered here are entirely his own.
Free 6-Session Co-Occurring Disorders (COD) Program

When you have both a mental health issue such as Depression, Bipolar Disorder or Schizophrenia and a substance abuse problem such as with alcohol, opioid or prescription dependency, it is called a Co-Occurring Disorder (COD). Some common examples of Co-Occurring Disorders include the combination of major depression with cocaine addiction, borderline personality disorder with multi drug abuse, and schizophrenia with alcoholism or drug addiction.

According to the literature:

- Of the nine million Americans affected by COD, only 7.4% receive modern integrated treatment.
- Over 55% of individuals who have COD do not receive any treatment.
- 37% of alcohol abusers and 53% of drug abusers also suffer from at least one co-occurring mental health disorder.
- “Double Trouble,” having a minimum of 2 disorders, with one being a mental health disorder and the other substance abuse, can worsen mental health disorders, complicate treatment, reduce the chance for good outcomes and add conflict with family and law enforcement.

The purpose of this free new program is to inform family members about COD and its treatment and the family’s role in understanding and supporting their loved ones who are suffering from COD. The first half hour of each session will be instructional and present information about COD and its treatment, and the remaining hour and a half will allow group participants to share their family stories and learn from each other.

The program will be led by two facilitators: Bernard Cohen, MSE (Substance Abuse Counselor), and Leonard Goldstein, MSE (Counselor for the Visually Impaired).

Starting Date—Thursday, October 5, 2017

The commitment is to attend all six-sessions. The 6 week program is limited to 10-12 participants. Registration is a must with a telephone screening process to maximize the group’s interaction. Upon completion of this program we expect to set up and facilitate additional COD programs in 2018. For more information: e-mail namiqn@aol.com or call (516) 326-0797 or (718) 347-7284.
Remembering NAMI Queens/Nassau in Your Will

NAMI Queens/Nassau depends upon the generosity of our supporters to continue to be able to provide support and education for those living with mental illness who are in need. Leaving a bequest in your will is one way to support our efforts.

Sample Language

Once you’ve determined that you would like to make a bequest to NAMI, the following sample charitable bequest language can be used in your will or revocable living trust. However, it is important to consult an attorney when drafting your will.

An Unrestricted Bequest:

"I give, devise and bequeath to NAMI Queens/Nassau, a charitable organization which qualifies as a charitable recipient under Internal Revenue Code section 2055 as amended from time to time, located at 1981 Marcus Avenue, C-117 Lake Success, NY 11042, the sum of $_____ to be used for the general purpose of the organization, at the discretion of its Board of Directors."

A Restricted Bequest: (to support a particular program or area of interest to you)

"I give, devise and bequeath to NAMI Queens/Nassau, a charitable organization which qualifies as a charitable recipient under Internal Revenue Code section 2055 as amended from time to time, located at 1981 Marcus Avenue, C-117 Lake Success, NY 11042, the sum of $_____ to be used for the purpose of____________."

A Residuary Bequest: (which leaves any remaining assets from your estate after all other obligations have been met)

"I give, devise and bequeath to NAMI Queens/Nassau, a charitable organization which qualifies as a charitable recipient under Internal Revenue Code section 2055 as amended from time to time, located at 1981 Marcus Avenue, C-117 Lake Success, NY 11042, all the rest, residue and remainder of my estate.

Thank you!

NAMI Queens/Nassau gratefully acknowledges the following Donations

In Memory of Eli Kaplan: Arnold & Judith Taylor; Marcelle & Stan Stevens; Amanda Hill; Paula Bittelman; Rosalie Weiner; Gene Heller

Bonnie, Brian & Jen Magazanick in memory of Elvin Joseph Marged

Leonard & Joan Weinberg in memory of Jerry Medowar

Rhoda & Ron Nadell in memory of Lyn Karp

Dorothea Braun in memory of son, James Tully

Alice Cohen in honor of Jane Kaplan’s wedding

General Donations: Carolyn Clemons; Louise DeStefano; Andrew & Jane Rivkin; Alan & Helen Greene; Celia Garb; Robert & Myrtle Spann

Friendship Network gratefully acknowledges the following Donations

Minnie Catrone in memory of Carmel Rosati

Friendship Network in memory of Harry Grossman’s mother

Save a tree!

If you’d prefer to get your newsletter as an email, please contact us at office@namiqn.org and let us know. It will save postage and paper.
Two Different Perspectives on Treatment for Those with Serious Mental Illness

At our NAMI Queens/Nassau July meeting, DJ Jaffe, author of Insane Consequences: How the Mental Health Industry Fails the Mentally Ill, spoke and alerted us to issues raised by Dr. Ellie McCance-Katz’s nomination to the newly created position of SAMHSA Assistant Secretary, an appointment supported by NAMI. What follows are two perspectives on this appointment. Please take the time to read it all. As NAMI members it’s important that we understand the two different perspectives that frame this long-standing debate.

Janet Susin, Newsletter co-editor

NAMI Hopeful for New SAMHSA Assistant Secretary Appointee

4/28/2017

On April 21st, the White House announced the nomination of Elinore McCance-Katz, M.D. as Assistant Secretary for Mental Health & Substance Use in the U.S. Department of Health and Human Services. This newly-created position was included in H.R. 34, the 21st Century Cures Act (mental health reform) and will oversee the work of SAMHSA, the Substance Abuse & Mental Health Services Administration.

Dr. McCance-Katz is a Board-certified physician in General Psychiatry and Addiction Psychiatry. Her most recent position is Chief Medical Officer for the Rhode Island Department of Behavioral Health, Developmental Disabilities & Hospitals. Previously, Dr. McCance-Katz served as Chief Medical Officer for SAMHSA.

NAMI supports the nomination of Dr. McCance-Katz and is looking forward to working with her to improve access to care and ensure quality, effective services and supports for people with mental health and substance use conditions. As a Presidential nominee, Dr. McCance-Katz’s nomination is subject to review and approval by the U.S. Senate.

NAMI is hopeful that under Dr. McCance-Katz, priority will be placed on the following three goals:

1. Improving early identification and intervention in the treatment of psychosis and other mental health conditions.

2. Integrating mental health and substance use disorder care in overall health care.

3. Reducing tragic consequences resulting from inadequate mental health and substance use disorder services, including suicides, homelessness and incarceration.

We will update you when final approval of the nomination occurs.
Speak Out to Break the Silence: President Trump Appoints Mental Health Leader Who Campaigned for Involuntary Outpatient Drugging

Blog post by David W. Oaks on April 24, 2017
www.davidwoaks.com

I am a survivor of human rights violations in the mental health system. And even though this was a long time ago, back when I was a college student in the 1970s, the issues are more relevant than ever. My friend, Patch Adams, MD, has connected the dots for me: Our society needs to be very agile right now, but has to overcome centuries of mental health oppression. But with compassion, we can have a global nonviolent revolution!

Recent events show that mental health human rights violations are important for everyone. MindFreedom International was my employer for 25 years before my accident in 2012. They are an independent, activist group, and we need that energy as never before.

The White House announced this past Friday, 21 April 2017, in the evening, that President Donald Trump has, for a pivotal mental health position, appointed a psychiatrist who openly speaks out for involuntary psychiatric drugging of people living outside of institutions, even in their own homes. This appointee criticizes our social change movement, especially our dedication to empowering peer support and our concerns about psychiatric drugs and labeling. It is important for everyone who supports human rights, especially in the social change movements for disability rights and those critical of mass incarceration, to speak up and oppose this approach.

Please phone your U.S. Senators to block this confirmation. This is a chance to raise these issues, now!

This “Assisted Outpatient Treatment” (as supporters call it) or “Involuntary Outpatient Commitment” (as it is known by many) has been quietly growing on the State level for decades, but is now being funded on the federal level, such as through the enormous 21st Century Cures Act that was passed by Congress at the end of last year. Whatever it is called—AOT or IOC—under these laws judges may order folks to have mental health care, which could be a range of approaches. In my experience, staffing a human rights phone and getting hundreds of contacts for decades, “mental healthcare” for the “seriously mentally ill” almost always includes psychiatric drugging, often with neuroleptics, or “antipsychotic medications” as prescribers often call this family of pharmaceuticals.

Neuroleptic drugs began in the 1950s with such brands as Thorazine, Stelazine, Haldol, Mellaril, etc., all of which I have had. I personally experienced involuntary neuroleptic injections more than 40 years ago as a college student at Harvard. About five times I was placed in a psychiatric institution for emotional difficulties, and twice I experienced the sharp end of a needle, when in solitary confinement I was held down on the bare mattress and got forced drugging in my butt. I graduated anyway, in 1977, and our class is celebrating its 40th anniversary this year.

Now neuroleptics have dozens of more brands, but many of the hazards and risks are the same. For instance, in the long run there is the danger that many people can experience involuntary twitching that can apparently often be permanent. There is also the long term risk of brain damage and even death. Some folks choose these medications, but others do not. I choose to not take them, and I have not for these past four decades.

Takes One to Know One

President Trump has appointed Dr. Ellie McCance-Katz for a high-level position created by the 21st Century Cures Act. Dr. McCance-Katz would become the first Assistant Secretary for Mental Health and Substance Abuse (SAMHSA) inside the federal Department of Health and Human Services.

In an essay published last year by the Psychiatric Times, Dr. McCance-Katz was highly critical of SAMHSA, especially its sub-agency Center for Mental Health Services (CMHS), headed by Paolo Delvecchio, who has long-identified himself as an individual who has used psychiatric treatment. Many mental health consumers and psychiatric survivors know Paolo because of his work in this field for decades.

In her essay in Psychiatric Times, Dr. McCance-Katz:

- Endorses federal funding of AOT (or IOC).
- Criticizes SAMHSA for allegedly being critical of psychiatric drugs.
- Challenges the support for “recovery” in mental health, a term used by many consumer/survivors as a rallying point for hope and empowerment.
- Calls for mental health care, which appears to be led by psychiatric drugs, for more than three million Americans.

Are You One of the Many Targeted?

Dr. McCance-Katz wrote in the essay: “It is estimated that 10 million Americans (4.2%) are living with serious mental illness. However, only 68.5% of the most severely mentally ill will receive any type of mental health services.”

I wonder how many of these three million Americans would refuse psychiatric drugs? Of those who would refuse, I wonder how many this psychiatrist would like to see drugged against their will?

Perhaps at this time, we need a Positively Crazy dedication to the First Amendment, which not only includes free speech, but according to the US Supreme Court, the right to think unusual thoughts, even irrationally. There are more compassionate, effective, sustainable ways to help troubled people. Let us all break the silence about human rights violations in mental healthcare, including IOC. Centuries of abuse in this industry have helped silence the population on many outrages, including the threat of climate chaos.

We need a nonviolent revolution throughout our society, in mental healthcare, in energy, in so many ways. There is no guarantee of results, but at least we can speak up about freedom!
The Federal Government Ignores the Treatment Needs of Americans with Serious Mental Illness

By DR. ELLIE McCANCOE-KATZ


SAMHSA is a small federal agency with a budget of roughly $3.7 billion per year; much of that is in the form of block grants to states that are the arbiters of how the funds will be spent in support of the treatment of substance use and mental disorders. SAMHSA does, however, have the ability to focus on areas and issues that would improve the lot of individuals affected by severe mental illness. Unfortunately, SAMHSA does not address the treatment needs of the most vulnerable in our society. Rather, the unit within SAMHSA charged with addressing these disorders, the Center for Mental Health Services, chooses to focus on its own definition of “recovery,” which generally ignores the treatment of mental disorders, and, as a major initiative under “recovery” services, focuses on the development of a “peer workforce.”

There is a perceptible hostility toward psychiatric medicine: a resistance to addressing the treatment needs of those with serious mental illness and a questioning by some at SAMHSA as to whether mental disorders even exist—for example, is psychosis just a “different way of thinking for some experiencing stress?”

SAMHSA’s approach includes a focus on activities that don’t directly assist those who have serious mental illness. These include programs such as Mental Health First Aid, which seeks to teach people about the warning signs of mental illness in an attempt to provide support to those who are experiencing symptoms. Significant dollars are spent on hot lines for callers who may be experiencing suicidal thinking or who know someone who may be—yet suicide rates continue to climb in the US. SAMHSA supports integrated care programs that would bring some aspects of primary care to mental health services programs—worthy programs, but which do not address the treatment of serious mental illness. Programs that undertake the “re-education” of mental health practitioners who are assumed to be abusers of “consumer” rights and who dictate treatment to patients have been funded in the Recovery to Practice initiative.

Workforce issues focus in large part on the development of a “peer workforce.” This ideology purports that one can become a mental health professional by virtue of having a mental illness. Peer support can be an important resource for some, but it is not the answer to the treatment needs of the seriously mentally ill.

Lost in all of this are the real and pressing treatment needs of some of the most vulnerable in our society—those living with serious mental illness. Nowhere in SAMHSA’s strategic initiatives is psychiatric treatment of mental illness a priority. The occasional vague reference to treatment is no substitute for the urgent need for programs that address these issues.

What’s Needed?

What is needed is an agency soul-searching and a re-prioritization that places the treatment of serious mental disorders at the very top of the list of agency goals. SAMHSA needs leadership that acknowledges the importance of addressing serious mental illness. Initiatives that provide funding for new approaches to engaging the seriously mentally ill; for assisted outpatient treatment with enriched psychosocial services; and for additional psychiatric hospital beds, particularly for longer-term care given the severe shortage of such resources in the US, should be at the top of SAMHSA’s agenda.

Clinical education programs that address current, evidence-based treatment for serious mental illness, and new funding for the training of mental health professionals, including psychiatrists, advanced practice psychiatric nurses, and psychologists, should be a major focus. SAMHSA should develop closer ties with the National Institute of Mental Health, which is helping us to better understand the neurobiological underpinnings of mental illness every day. The real hope, change and ability to recover from these disorders, lies in their effective treatment. To ignore this is to leave a large segment of some of the most seriously ill in our society abandoned—indeed, discriminated against by the very agency charged with serving them.

What can be done to change the current course? Stakeholder groups that seek to ensure psychiatric treatment for all who need it should band together and exert pressure on SAMHSA, on political administrations, and on congressional representatives to address the needs of the seriously mentally ill. Skilled behavioral health providers with patient care experience—psychiatrists, psychologists, social workers, counselors—should consider committing a period of service to SAMHSA and to other federal agencies to inform policy decisions related to substance use and mental disorders. This is especially important because too many in the government have education in behavioral health fields but have never worked with patients, or if they have, it was many years in the past. Being inside the Beltway also imbues an artificial perspective that may be informed by lobbyists if at all. This does not serve the American people.

Time for Change

I left SAMHSA after two years. It became increasingly uncomfortable to be associated with an agency that, for the most part, refused to support evidence-based psychiatric treatment of mental disorders. It was also quite clear that the psychiatric perspective I brought—inclusive of assessment, diagnosis of mental disorders, utilization of evidence-based treatments, including psychotropic medication and psychosocial interventions as integral components of recovery—was a poor fit for the agency. SAMHSA needs a complete review and overhaul of its current mission, leadership, and funded programs. Congress should quickly address this through legislative mandate.

For too long the treatment needs of the seriously mentally ill have been ignored by SAMHSA, and this needs to change.

Does someone you love lack insight into their illness? Possible group forming—if interested email Linda at gypalin@aol.com
NAMI Advocacy

By DAVID SILLS, Advocacy Committee Chair

These past few months have been very busy for all of us. You spoke up and Congress listened! Because of you, Congress knows that mental illness affects one in five of their constituents. They know that stripping Medicaid funding would result in millions of Americans losing access to mental health and substance abuse services. And, because of you, they know that taking a step back from insurance protections would harm people with mental illness.

You made a difference. Thank you to all of you who made phone calls, wrote letters and sent emails. Thank you to those who tweeted and posted on Facebook. Congratulate yourselves and get ready for the time when Congress revisits health care. We are a nonpartisan organization but we must ensure that Congress works for solutions that fix the insurance marketplace and not strip Medicaid and mental health coverage.

Stay informed and look for emails from the NAMI Queens/Nassau Advocacy Committee.

If you do not get Advocacy Alerts from NAMI New York State and NAMI national, go to their websites and ask to be added to the lists: www.naminys.org and www.nami.org. You will receive a wealth of information.

Members of the NAMI Queens/Nassau Advocacy Committee met in July with Senator John Brooks and his communications director, Carolyn Stone. Senator Brooks is the Ranking Minority Member of the New York State Senate Mental Health Commit-

tee. We were impressed with his understanding of our issues and concerns and we left confident that he will do all he can to advocate for people with mental illness and their loved ones. We greatly appreciate the time that Senator Brooks and Ms. Stone devoted to us.

Again, your voices made a difference. We not only triumphed, we helped make mental health care a focal point of the debate. Remember, though, we have a long way to go!

Save the Date!

We have invited every New York State Senator and Assembly member from Queens and Nassau to join us to share our thoughts and concerns about issues relating to mental health legislation. Some examples are housing, AOT, jobs, criminal justice, timely access to care, and quality care. We want our legislators to hear the perspective of those living with mental illness and their families in order to pass legislation that meets the needs of our constituency.

THURSDAY, NOVEMBER 2
7:00 PM
Unitarian Universalist Congregation at Shelter Rock
48 Shelter Rock Road, Manhasset

For directions go to www.uucsr.org.

Embracing the Moment

By LINDA BARONE MANZO

Last week I attended a party for the son of a good friend. He was turning 30. In fact, I’ve been to several of these parties lately and realize three decades is a milestone. But whenever I’ve go to an event such as one of these, I often think of my son. He hasn’t had any parties since his college graduation. It was beautiful that May and I gave him a big backyard BBQ with family, music and friends. A short time later, however, he was diagnosed with paranoid schizophrenia. What followed was 10 years of heartache. Due to his anosognosia- (cognitive lack of insight)-he refused medications. The result was two arrests, several involuntary hospitalizations, and finally assisted outpatient treatment court orders, (AOT) mandating medication.

Over those years some friends and even family disappeared. I had a difficult time accepting his serious mental illness. Like all of us I had many hopes for my son. He would get a good job after college, marry a wonderful girl and have children. But the disease was cruel and wreaked havoc on our lives. I decided that if he was going to suffer, I would suffer with him. And trust me, I did. I couldn’t bear to hear about the weddings and new babies of my friends’ children. I wasn’t interested in their milestones. Facebook, especially, was a reminder that everyone’s children were moving forward through life. It just wasn’t fair. I was angry at God, family, doctors, and our broken mental health system. I was sad. I wanted to post pictures for others to see, but my son seldom smiled.

It wasn’t until I took NAMI’s Family to Family course that I began to heal. I realized my son was dealing with a disease that he could not even understand nor believe was real. I began to look at him differently. I stopped wishing he would wear shorts and go to the beach again. I developed a new respect for his struggle.

If he could get up every day and face the world, then I surely would have to also. If he could find a sense of happiness within his own life, it was time for me to embrace his joy, despite the fact his life was not as I envisioned. His life, as is, was enough.

Yesterday we celebrated my son’s birthday. He turned 35 and for the first time in 15 years I had a sense of peace. There was no big party, just some family, one of my friends, and my mom. He arrived late but after a few minutes began to enjoy it. The day was good, there was laughter, cake, music and people who loved him.

We celebrated a milestone in his life and the best part was that he smiled for the pictures that I proudly posted on Facebook.

Linda Barone Manzo
NAMI Members Advocate with *Letters to the Editor*

**Require insurance to cover mental health**

*Newsday* Letters to the Editors, 7/6/17

I concur with *Newsday’s* editorial about the speed of health reform [“If plan is good, no need to rush.” June 28]. Republicans have been waiting seven years to decimate Obamacare. Why did they rush through the Senate plan and get very little input from colleagues on either side of the aisle? More time to have a bipartisan study of the plan might go a long way.

One potential tragedy the editorial neglected to mention was the possibility of giving states the option to remove mental health from insurance plans.

Without adequate medical care, hospitalizations, therapies and appropriate medicines, Americans with mental health issues could be left to fend for themselves. Most assuredly, the results will be nothing less than tragic.

David J. Sills, Oceanside

Editor’s note: The writer is a member of the board of directors at the Queens-Nassau chapter of the National Alliance on Mental Illness.

**Inappropriate language stigmatizes those with mental illness**

*New York Times*, 8/1/17

To the Editor:

Re *Uncensored, Scaramucci Rails at His Rivals in the West Wing* (front page, July 28):

Diagnoses like “paranoid schizophrenic” should not be casually thrown around as slurs, especially among those of influence, like Anthony Scaramucci, the just fired communications director. Such name-calling degrades individuals who actually suffer from serious mental illness and adds to the challenges they face each day.

As a mental health attorney, I see firsthand how the stigma of mental illness—perpetuated by the misappropriation of clinical terms as slights and insults—prevents individuals from seeking and receiving help. Offensive, inappropriate statements about serious mental health diagnoses reveal a lack of empathy and sensitivity and should not be tolerated.

Carolyn Reinach Wolf, New York

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**Family-to-Family**

Family to Family is a FREE series of 12 weekly classes structured to help caregivers understand and support individuals with serious mental illness while maintaining their own well being. The course is taught by a team of trained NAMI family member volunteers who know what it’s like to have a loved one struggling with one of these brain disorders. Over 1,300,000 people in the U.S., Canada and Mexico have completed this course. We think you will be pleased by how much assistance the program offers. We invite you to call for more information and register, (516) 326-0797 or (718) 347-7284 or contact the leader(s) listed below.

**MONDAYS, SEPTEMBER 18—DECEMBER 18, 2017**

6:30—9:00 PM
Unitarian Universalist Congregation at Shelter Rock
48 Shelter Rock Road, Manhasset, NY 11020
Leader: Ellen Ritz, (516) 330-9778 or el.ritz@yahoo.com

**MONDAYS, SEPTEMBER 25—DECEMBER 11, 2017**

7:00—9:30 PM
Zucker Hillside Hospital Ambulatory Care Pavilion
263rd Street & 74th Ave, Glen Oaks, NY 11004
Co-Leaders: Janet Reilly, (516) 238-1023 & Angela Babaev, (718) 490-9504
A Philanthropic Shopping Experience

By JANET SUSIN

This August, wit & wim, located at 6 Carlton Avenue in Port Washington, celebrated NAMI Queens/Nassau by donating all their August profits to our affiliate. A wine and cheese reception was held on Thursday, August 3, from 2-6pm to kick off the shopping month.

"wit & wim is a wonderful community resource combining a unique shopping experience with an opportunity to give back. It’s truly a shop with a big heart. We are grateful for the financial support and visibility this offers our cause," shared Janet Susin, NAMI Queens/Nassau board member and past president.

wit & wim, an eclectic mix of vintage, contemporary Americana and global goods, is committed to donating all profits to organizations that benefit individuals, communities and our world. For more information visit www.wit-and-whim.com.

NAMI Queens/Nassau Participated in Rochdale Village Community Center’s Suicide Prevention Event

Photo Credit: Theresa Stahling
PROXY VOTING FORM

NAMI QUEENS/NASSAU, INC.

I, ____________________________________________, residing at
_________________________________________________________________________________
__________________________________________________________,

Being a member of NAMI Queens/Nassau, Inc., hereby appoints Ellen Ritz, Acting President, designated at the annual meeting, as proxy of the undersigned with full powers of substitution to vote the undersigned’s interest as a member of the NAMI Queens/Nassau, Inc., which the undersigned is entitled to vote at the 2017 Annual Meeting, or at any adjournment thereof, with all the powers the undersigned would have if personally present.

Signed on this _____________ day of ______________, 2017

___________________________________________
(member signature)

___________________________
(member phone number)
NAMi Queens/Nassau Donation & Membership Form

Yes! I want to join NAMI Queens/Nassau to receive useful information and to help improve conditions for those with mental illness. I will receive newsletters from NAMI Queens/Nassau, NAMI, and NAMI-NYS.

**MEMBERSHIP DUES:**
- Open Door $5
- Regular Membership $40
- Household Membership $60

*(A portion of the dues goes to NAMI and NAMI-NYS)*

**ADDITIONAL DONATION:**

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**DONATION IN MEMORY OR HONOR OF** (please indicate by circling)

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Please send form and check made payable to NAMI Queens/Nassau, 1981 Marcus Avenue, Suite C117, Lake Success, NY 11042.

Save a tree! If you would prefer to receive a digital copy of the newsletter, email office@namiqn.org to indicate your preference.

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**Nassau County NAMI Affiliates Meeting Info**

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<th>Date/Time</th>
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<tr>
<td>NAMI Long Island Regional Council</td>
<td>Northwell/Plainview Hospital 880 Old Country Rd. Plainview</td>
<td>3rd Thursdays 7:00 p.m. Support; 7:30 p.m. Business; 8:00 p.m. Speaker</td>
<td>Barbara Roth (516) 694-7327</td>
</tr>
<tr>
<td>NAMI North Shore</td>
<td>Glen Cove Hospital 101 St. Andrew’s Lane Glen Cove, NY 11542</td>
<td>3rd Tuesday 7:00—9:00 p.m.</td>
<td>Al Dunlop (516) 671-3957</td>
</tr>
<tr>
<td>South Oaks NAMI</td>
<td>South Oaks Hospital 400 Sunrise Highway Amityville</td>
<td>4th Thursdays 7:00—9:00 p.m.</td>
<td>Una Ward (631) 264-4000 Ext. 1-2004</td>
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<tr>
<td>NAMI LAMP/ SW NASSAU</td>
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<td>Maureen Hennessey (516) 572-6888 <a href="mailto:libaqmbh@hofstra.edu">libaqmbh@hofstra.edu</a></td>
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