

## Understanding and Finding Family Mental Health Services

### My Aunt and Me: *Implications for Geriatric Mental Health Policy*

By Michael B. Friedman, LMSW  
Director of the Center for Policy and  
Advocacy of the MHA's of New York  
City and Westchester, and Chairperson  
of the Geriatric Mental Health Alliance

**T**he theme of this issue of *Mental Health News*—family mental health—got me thinking about struggles with mental illness in my own family and particularly about my aunt and me. We had quite a time of it after she became seriously mentally ill in her early 70's, and I think what we went through a decade ago unfortunately illustrates problems meeting the needs of older adults with mental disorders and their families today.

My aunt lived a life she enjoyed until she was about 70. She worked until 62; she never married, but she had friends with whom she went to shows, concerts, and restaurants. They sometimes stayed in and played Scrabble or canasta. She played the piano well enough to please herself. She liked a whiskey from time to time. At 70 her mother—with whom she had lived most of her life—died. Her life began to unravel. She started to depend on me and a cousin to take care of day-to-day problems. After a few years both of us moved away. She had her first psychotic break—immobilizing fear. She recovered quickly. But over time the psychotic episodes became more frequent. I went with her on many ambulance rides to crowded, noisy emergency rooms where she would wait for hours. Her best friend died. She stopped inviting other friends over. She became more depressed—a pity case to her friends, not a person to be with for fun. She tried a roommate, got paranoid about her, and threw her out. Over time she stopped going out except to the doctor. We arranged for health aides—lovely people but completely at a loss when she became psychotic. I visited regularly but not often. My cousin pulled back. He'd burned out taking care of his mother. I handled the crises when she refused to eat or drink or became psychotic. This dragged on for years. I arranged for psychotherapy at home. Once a week didn't make a dent in her isolation,



and the therapist knew nothing of cognitive-behavior therapy, which would have focused on getting her to go out of her apartment, to do something, to reclaim her life. I arranged for a friendly visitor from the synagogue. Once a month didn't make a dent. And it was charity, not a real human relationship. I should have spent more time with her, but I worked 12 hours a day, had a family, and lived more than an hour away. Over time I burned out. None of the help givers involved with her noticed. No one suggested that I should get help. Eventually I agreed with her doctor and the social workers at the hospital that she had to be in a nursing home. She lived five more years in a state of indignity and with few people to talk with except the people paid to care for her. They were very kind, like warm, nurturing parents with their child. She died in their care while I was out of town visiting colleges with my daughter. They told me proudly that they had done all they could to revive her. I thanked them and didn't mention the Do Not Resuscitate Order written in huge letters on the front page of her chart.

I tell this story because I think it illustrates some of the major facts about older people living with severe mental illness.

1) Many have had good lives. I think those of us who try to help too often forget that the sad, old person in front of us once led a good life—and might have the potential to lead it again.

2) Losses of family, friends, and work can have a devastating impact on people. Life as one knows it is gone. Shaping a new life is incredibly difficult for some people.

3) Mental illness is a major contributor to social isolation, and isolation and inactivity fuel mental illness. People become depressed, lose interest in the things that used to give their lives meaning and pleasure. They lose hope. They become anxious, convinced that no one wants to be with them, fearful of the streets, of crowded places. People become suspicious and distrustful; some develop full-blown paranoia.

4) It is difficult for people to get treatment. Few home-based services are available. Transportation is often a problem. Co-pays can be more than a person can afford. Few bilingual professionals are available for people who are not comfortable speaking in English. American professionals are frequently not skilled at

engaging people from ethnic and racial minorities.

5) Because I knew my way around the system, access was not a major problem for my aunt, but poor quality of treatment was. She might have benefited from one of the forms of evidence-based treatment for depression, but the mobile mental health service I found for her sent a well-meaning person with out-of-date clinical skills. In addition, my aunt relied more on her primary care physician, whom she had known for years, than on the psychiatrist who would visit from time to time, but was a stranger. I tried to pass information back and forth between them, but as far as I know, they never talked with each other.

6) It is also striking that the home health aides who lived with my aunt much of the time did not have a glimmer how to deal with her psychotic episodes. These women were among the most caring people I have ever met in my life, but they were not prepared. They didn't even know when they had to call for help, couldn't recognize the psychotic episode as it began.

7) For my aunt, an alternative level of housing—something between staying in isolation at home and being placed with people with whom she could not communicate in a nursing home—might have helped. We need housing alternatives that can help people who have become socially isolated to develop social connections that are meaningful to them.

8) For my aunt being treated with the dignity owed a mature person rather than with a patronizing semblance of respect could have been very helpful. Once, for example, I visited her at the nursing home shortly after Halloween. A very young rehabilitation specialist proudly showed me a photo of my aunt—who looked very glum—dressed as a pumpkin. A nice idea for a child. For a depressed woman who had once been a competent adult? I don't think so.

see *My Aunt and Me* on page 28

# Mental Health News Advisory Council

Sigurd H. Ackerman, MD, President & Medical Director  
Silver Hill Hospital

Nadia Allen, Executive Director  
Mental Health Association in Orange County

Richard Altesman, MD, Representative  
American Psychiatric Association National Assembly

Chris Ashman, MS, Commissioner  
Orange County Department of Community Mental Health

Jeannine Baart, MS  
Mental Health Education Consultant

Alan D. Barry, PhD, Administrative Director,  
Department of Psychiatry, Norwalk Hospital

Peter D. Beitchman, DSW, Executive Director  
The Bridge

Alexander J. Berardi, LCSW, Executive Director  
KEYSTONE

Al Bergman, Chief Executive Officer  
SLS Health

Adam Black, Recipient Affairs  
Westchester County Department of Community Mental Health

James Bopp, Executive Director  
Rockland and Middletown Psychiatric Centers

Wendy Brennan, Executive Director  
NAMI - New York City Metro

Linda Breton, CSW, Assistant Executive Director  
Westchester Jewish Community Services

David S. Brownell, ACSW, Commissioner  
Onondaga County Department of Mental Health

Jacqueline Brownstein, Executive Director  
Mental Health Association in Dutchess County

John F. Butler, Director of Community Affairs  
Verizon - New York

Peter C. Campanelli, PsyD, President & CEO  
Institute for Community Living

Alison Carroll, CSW, Director of Day Treatment  
Putnam Family & Community Services

Megan Castellano, Director  
Mental Health Association of Putnam County

Amy Chalfy, CSW, Bronx District Director  
JASA

Steven K. Coe, Executive Director  
Community Access

George M. Colabella, President  
Colabella & Associates

Carmen Collado, LCSW, Director of Latino Affairs  
Jewish Board of Family & Children's Services

Marianne Coughlin, Vice President Program Development  
The Mount Sinai Medical Center

Hugh Cummings, MD, President  
Psychiatric Society of Westchester

Joseph Deltito, MD, Clinical Professor of Psychiatry and  
Behavioral Science, New York Medical College

Anthony B. DeLuca, ACSW, Commissioner  
Tompkins County Mental Health Services

Steve Dougherty, Executive Director  
Laurel House

Geoffrey Anderson, Executive Director  
Westchester Residential Opportunities

Kenneth J. Dudek, Executive Director  
Fountain House

Stephen P. Fahey, President & CEO  
Hall-Brooke Behavioral Health Services

Rena Finkelstein, President  
NAMI-FAMILYA of Rockland County

Donald M. Fitch, MS., Executive Director  
The Center For Career Freedom

Pam Forde, President  
Putnam Family Support and Advocacy

Michael B. Friedman, LMSW  
Public Policy Consultant

Maureen Friar, Executive Director  
Supportive Housing Network of New York

Steven J. Friedman  
Mental Health & Public Policy Analyst

Kenneth M. Glatt, PhD, ABPP, Commissioner  
Dutchess County Department of Mental Hygiene

Arnold Gould, Co-President  
NAMI Queens/Nassau

Flemming Graae, MD, Chief, Child & Adolescent  
Psychiatry, Westchester Medical Center

Ralph A. Gregory, President & CPO  
United Way Of Westchester & Putnam

Mary Guardino, Founder & Executive Director  
Freedom From Fear

Mark D. Gustin, MBA, MPS, Senior Associate Director  
Kings County Hospital Center

Abraham Halpern, MD, FACP, Professor Emeritus  
of Psychiatry - New York Medical College

Mary Hanrahan, LCSW, Government Relations Specialist  
New York Presbyterian Hospital

Dean B. Harlam, MD, Associate Medical Director  
Saint Vincent's Behavioral Health Center - Westchester

Chantal Weinhold, Executive Director  
North Shore LIJ Health System - Zucker Hillside Hospital

Richard S. Hobish, Esq., Executive Director  
Pro Bono Partnership

Michael F. Hogan, PhD, Commissioner  
New York State Office of Mental Health

Doug Hovey, Executive Director  
Independent Living Center of Orange County

Marsha Hurst, PhD, Director, Health Advocacy Program  
Sarah Lawrence College

Beth Jenkins, Executive Director  
Mental Health Association in Tompkins County

Tom Jewell, PhD  
Family Institute for Education Practice and Research

Rami P. Kaminski, MD, Medical Director of Operations  
New York State Office of Mental Health

John M. Kane, MD, Chief of Psychiatry  
Hillside Hospital

Anne Katz, Vice President  
North Fork Bank

Ron Kavanaugh, Executive Director  
Search For Change

James J. Killoran, Executive Director  
Habitat For Humanity - Westchester

Thomas A. Kirk, Jr., PhD, Commissioner  
Connecticut Dept. of Mental Health & Addiction Services

Samuel C. Klagsbrun, MD, Executive Medical Director  
Four Winds Hospitals

Easy Klein, Media Coordinator  
NAMI - New York Metro Division

Andrea Kocsis, LCSW, Executive Director  
Human Development Services of Westchester

Joshua Koerner, Executive Director  
Choice

Amy Kohn, DSW, Executive Director & CEO  
Mental Health Association of Westchester

Lois Kroplick, MD, Founder & Chairwoman  
Mental Health Coalition of Rockland County

Rabbi Simon Lauber, Founder & CEO  
Bikur Cholim Partners in Health

Leo Leiderman, PsyD, ABPP, Director  
Saint Vincent Hospital - Latino Treatment Services

Dominick Lepore, MS, CTRS, Vice President  
Westchester Medical Center - Behavioral Health Center

Andrew P. Levin, MD, Medical Director  
Westchester Jewish Community Services

Paul Levine, LCSW, Executive Vice President & CEO  
Jewish Board of Family and Children's Services

Robert M. Lichtman, PhD, DAPA  
Rockland Psychiatric Center

Glenn Liebman, President & CEO  
Mental Health Association In New York State

Robert Litwak, CSW, Assistant Executive Director  
Mental Health Association of Westchester

Ann Loretan, Co-President  
NAMI of Westchester

Hon. Nita M. Lowey  
U.S. Congress - 18th District

Paige Macdonald, Executive Director  
Families Together in New York State

Lawrence Mandell, President & CEO  
United Way of New York City

Randall Marshall, MD, Associate Professor of Clinical  
Psychiatry, New York State Psychiatric Institute

Richard H. McCarthy, MD, PhD, CM  
Research Psychiatrist

Steven Miccio, Executive Director  
PEOPLE

David H. Minot, BA, Deputy Director  
Mental Health News - Massachusetts Division

Grant E. Mitchell, MD, Commissioner  
Westchester County Department of Community Mental Health

Peg Moran, LMSW, Senior Vice President  
F.E.G.S. Health and Human Services System

Charles Morgan, MD, Chairman  
Bridgeport Hospital - Department of Psychiatry

Meryl Nadel, DSW, Chairwoman  
Iona College - School of Social Work

David A. Nemiroff, LCSW, Executive Director  
Mental Health Association of Nassau County

Karen A. Oates, DSW, President & CEO  
Mental Health Association of Rockland County

Senator Suzi Oppenheimer  
New York State Senate - 36th District

Matthew O'Shaughnessy, Senior Vice President  
WVOX & WRTN Radio

Ellen L. Pendegar, MS, RN, CS, CEO  
Mental Health Association In Ulster County

Barry B. Perlman, MD, Chief of Psychiatry  
St. Joseph's Hospital - Yonkers

Cynthia R. Pfeffer, MD, Professor of Psychiatry  
Weill Cornell Medical College of Cornell University

Michael J. Piazza, Jr., Commissioner  
Putnam County Department of Mental Health

Carolyn Reinach Wolf, Esq.  
Reinach Wolf, Rothman, and Stern

Starr R. Rexdale, MD, Medical Director  
The Guidance Center

Harvey Rosenthal, Executive Director  
NYAPRS

L. Mark Russakoff, MD, Director of Psychiatry  
Phelps Memorial Hospital Center

Arlene Sánchez, LMSW, Commissioner, Nassau County Department  
of Mental Health, Chemical Dependency & Developmental Disabilities

Thomas E. Sanders, CSW, President & CEO  
Family Service of Westchester

Phillip Saperia, Executive Director  
Coalition of Behavioral Health Agencies

Judy L. Scheel, PhD, Director  
Center for Eating Disorder Recovery

Edythe S. Schwartz, ACSW, Executive Director  
Putnam Family & Community Services

Lloyd I. Sederer, MD, Medical Director  
New York State Office of Mental Health

Janet Z. Segal, LCSW, BCD, Chief Operating Officer  
Four Winds Hospital

Kren K. Shriver, MPH, MD, Clinical Director  
Hudson River Psychiatric Center

Michael Silverberg, President  
NAMI - New York State

Jeffery Smith, MD  
Private Practitioner

Steven H. Smith, PsyD, Consulting Psychologist  
Grace Church Community Center

Thomas E. Smith, MD, Medical Director  
Hall-Brooke Behavioral Health Services

Hon. Andrew J. Spano  
Westchester County Executive

Hon. Nicholas A. Spano  
New York State Senate - 35th District

Giselle Stolper, EdM, Executive Director  
Mental Health Association of New York City

Harris B. Stratyner, PhD, CASAC, Director  
Mount Sinai Hospital Chemical Dependency Program

Jeannie Straussman, Director, Central NY Field Office  
New York State Office of Mental Health

Timothy B. Sullivan, MD, Clinical Director  
Saint Vincent's Behavioral Health Center - Westchester

Janet Susin, Co-President  
NAMI Queens/Nassau

Richard P. Swierat, Executive Director  
Westchester ARC

Alan Trager, Executive Director & CEO  
Westchester Jewish Community Services

Marlena Vega, ACSW, PhD, Citywide Director of Outreach  
NARCO-Freedom and CEO, Sobre Vivir

Jonas Waizer, PhD, Chief Operating Officer  
F.E.G.S. Health and Human Services System

Joyce Wale, Senior Vice President - Behavioral Health  
New York City Health & Hospitals Corporation

Mary Ann Walsh-Tozer, Commissioner  
Rockland County Department of Mental Health

Peter Yee, Assistant Executive Director  
Hamilton-Madison House

Neil Zolkind, MD, Clinical Director  
Westchester Medical Center - Behavioral Health Center

*committee in formation*

*Mental Health News wishes to expresses its deep  
appreciation to the members of our Advisory Council  
for their inspiration, guidance and support.*

*Many thanks to our readers, contributing writers  
and to our many advertisers for their support  
without which this publication would not be possible.*

*We Wish To Thank  
The Following Sponsors*

Bristol-Myers Squibb

The New York State  
Office of Mental Health

The Nassau County Department of  
Mental Health, Chemical Dependency and  
Developmental Disabilities

The Orange County Department  
of Community Mental Health

The Westchester County  
Department of Community Mental Health

# Table of Contents

## Mental Health News: Winter 2008 Issue

**The Publisher’s Desk**

- 4 From the Publisher
- 4 Mental Health News Receives Media Award
- 4 Autism Spectrum News: Soon to Be A Reality

**Mental Health NewsDesk**

- 7 Substance Abuse Study of American Adolescents
- 7 Why Some Succumb to Stress While Others Prevail

**Understanding Family Mental Health Services**

- 1 My Aunt and Me: Implications for Geriatric Policy
- 11 Families as Partners in School-Based Mental Health
- 15 NYC Empowers Families
- 15 Implementing a Family Psychoeducation Program
- 16 End of Life: F·E·G·S’s Partners in Dignity
- 20 JBFCS Puts Family Mental Health Services in Action
- 26 Family Support and Education Center of Syracuse
- 27 Making Peace In The Family: Six Easy Steps
- 29 NAMI’s Programs Bring Hope to Families

**Columns**

- 9 The NYSPA Report: Implications of Medicare
- 10 The Economics of Recovery: Trapped in The System
- 27 MHA of NYC: Anti-Bullying Initiative - Dialogue for Latinos

**Mental Health News: Health and Wellness**

- 12 How to Prevent Poisoning
- 12 Take Your Medication Properly

### Mental Health News

### Upcoming Theme and Deadline Calendar

- Spring 2008 Issue: “Housing for People With Mental Illness”  
Deadline: February 1, 2008
- Summer 2008 Issue: “Employment for People With Mental Illness”  
Deadline: May 1, 2008
- Fall 2008 Issue: “The Interrelationship Between Physical & Mental Health”  
Deadline: August 1, 2008
- Winter 2009 Issue: “Understanding & Treating Posttraumatic Stress Disorder”  
Deadline: November 1, 2008

*we wish to thank all of our contributing writers and advertisers  
whose help is responsible for making this issue such a tremendous success*

## Mental Health News™

is a publication of Mental Health News Education, Inc,  
a federally approved tax-exempt nonprofit organization  
that is registered with the New York State Charities Bureau.  
Mailing Address: 16 Cascade Drive, Effort, PA 18330

See page 31 for subscription and advertising information.  
Note: all articles sent to the publisher must be e-mailed.  
Group photo credits always view from left to right.

Phone us at (570) 629-5960 or E-mail us at mhnmail@aol.com

Please visit our website

**www.mhnews.org**

Mental Health News does not endorse the views, products,  
or services contained herein. No part of this publication  
may be reproduced in any form without written permission.  
Mental Health News is not responsible for omissions or errors.

Copyright © 2008 Mental Health News. All rights reserved.

## Board of Directors

- Chairman*

Peter C. Campanelli, PsyD, President & CEO  
Institute for Community Living
- Vice-Chairman*

Janet Z. Segal, LCSW, BCD, Chief Operating Officer  
Four Winds Hospital
- Treasurer*

Anne Katz, Vice President  
North Fork Bank
- Members of the Board of Directors*

Peter D. Beitchman, DSW, Executive Director  
The Bridge

Carmen Collado, LCSW, Director of Latino Affairs  
Jewish Board of Family & Children’s Services

Donald M. Fitch, MS., Executive Director  
The Center For Career Freedom

Michael B. Friedman, LMSW  
Public Policy Consultant

Mary Hanrahan, LCSW, Government Relations Specialist  
New York Presbyterian Hospital

Amy Kohn, DSW, Executive Director & CEO  
Mental Health Association of Westchester

Leo Leiderman, PsyD, Director, Latino Treatment Services  
Saint Vincent Catholic Medical Center

Peg Moran, LMSW, Senior Vice President  
F.E.G.S. Health and Human Services System

Barry B. Perlman, MD, Director of Psychiatry  
St. Joseph’s Hospital – Yonkers

Giselle Stolper, EdM, Executive Director  
Mental Health Association of New York City

Alan Trager, Executive Director & CEO  
Westchester Jewish Community Services

Jonas Waizer, PhD, Chief Operating Officer  
F.E.G.S. Health and Human Services System

Carolyn Reinach Wolf, Esq.  
Reinach Wolf, Rothman, and Stern



## From The Publisher

By Ira H. Minot, LMSW  
Founder and Executive Director  
Mental Health News

**T**he theme of this issue of *Mental Health News* is "Understanding and Finding Family Mental Health Services." I want to thank all of our sponsoring agencies and other contributors for their help in providing our readers with the information and resources that are so vital for us to understand this important part of the mental health care system.

As someone who survived a ten-year battle with depression, I understand the impact that a mental illness can have on the ill person, their family, friends and other interpersonal relationships. The pain and heartbreak is felt by everyone and a great deal of support is needed to help the ill person and those who care for them.

There is great deal of support available to all from the programs and services found in the mental health community. In the pages of this issue you will read about some of these vital programs and services. People with mental illness and those who care for them need to realize that people do recover from mental illness and can again become meaningful members of the



Ira H. Minot, LMSW

community. However, the road to recovery can be a difficult one, but one that need not be traveled alone. Many communities are fortunate to have a chapter of The National Alliance on Mental Illness (NAMI) and a regional affiliate of the Mental Health Association (MHA). At

NAMI, parents may find invaluable support from other parents who have struggled with their own child's mental illness. The MHA is a place where you can find programs and services related to most mental health issues and to learn about other services that are available in the community.

When an mental illness strikes it is so important for everyone involved to have the right and as much information about the disease and its many twists and turns as possible. Like other serious illness, mental illness is nobody's fault, but rather caused by a chemical imbalance in the brain that can be addressed with treatment. Sometimes the course of treatment can be slow and frustrating, so it is incumbent upon the person with mental illness and their loved ones to be as patient as possible. Scientific research is constantly unlocking new mysteries to the causes of mental illness and every day progress is being made toward a brighter tomorrow.

Some of the things we can all do right now is to continue to learn about the harmful effects of stigma towards people with mental illness and to speak out against it. The other thing we can all do is support our mental health community. More funding for programs and services in communities everywhere is needed.

*Mental Health News* is proud to be a part of the mental health community. We understand the need to provide vital mental health information, education, advocacy and resources to our readers.

In the coming year we will be devoting each issue of *Mental Health News* to topics of great importance to people with mental illness. This spring we will explore the topic of "Housing for People with Mental Illness," and this summer we will look at "Employment for People with Mental Illness." Our fall issue will be devoted to the theme, "The Interrelationship Between Physical and Mental Health," and next winter's topic will be "Understanding and Treating Posttraumatic Stress Disorder."

Thanks to your continued support and participation we are able to do our part in giving the mental health community the recognition it deserves—and to spotlight the men and women out there that are saving lives each and every day. I encourage you to be a part of our vital mission. We always like hearing from you and hope you will continue to contact us at our E-mail address: mhnmail@aol.com □

Good luck in your own recovery  
and NEVER give up trying.  
Have a Wonderful Winter Season!!

## Spotlight on The News at Mental Health News

### Mental Health News Receives Media Award At Annual United Nations Luncheon

Staff Writer  
Mental Health News

**T**his October the American Association for Psychosocial Rehabilitation held its Fourteenth Annual United Nations Awards Luncheon. At the event *Mental Health News* was presented with the organization's Media Award. In accepting the award Mental Health News Founder and Executive Director Ira H. Minot, LMSW praised the leaders of the mental health community saying, "*Mental Health News* owes its success to the men and women who are on the front lines caring for people with mental illness each and every day. This award is a tribute to all of these

incredible and hard working people." Dr. Peter Campanelli, President and CEO of the Institute for Community Living, and Chairman of the *Mental Health News* Board of Directors said, "We are very proud to be receiving this award which is a tribute to Ira Minot's vision and tireless efforts to bring vital mental health education to the community."

Other honorees at the event included Michael Hogan, Commissioner of the NYS Office of Mental Health, Assemblyman Peter Rivera, Chairman of the NYS Assembly Standing Committee on Mental Health, The Bronx Mental Health Court, and Deng Pufang, Chairman of the China Disabled Persons Federation.

see Awards Luncheon on page 26



Ira Minot, Peter Campanelli and  
Commissioner Michael Hogan



Ira Minot, Assemblyman Peter Rivera  
and David Minot

### Autism Spectrum News Project Moves Closer To Becoming A Reality

Staff Writer  
Mental Health News

**T**he past several months have seen a flurry of activity and excitement at the offices of *Mental Health News*. The mental health education organization is embarking on a new project to bring its award-winning newspaper format to the autism community. The new publication will be called *Autism Spectrum News*, and members of the autism community are abuzz over the project.

Judy Omidvaran, a parent advocate from the Westchester County autism community remarked, "We are really excited that *Autism Spectrum News* is now in development. It will provide us with a free, readily available and vital resource for news, education, advocacy and resources about autism spectrum disorders and issues of vital concern to our community."

Heading up the drive to launch Autism Spectrum News is David H. Minot, BA, Associate Director of Mental Health News. According to Minot, "We have taken our plan for *Autism Spectrum News* directly to the community. We have been attending conferences, meeting with parent advocates, and autism organizations



David H. Minot, BA

to get everyone's input and blessings on the project."

How have members of the autism community reacted to the project? "Everyone has been incredibly interested and supportive of the new project and appreciate us coming to them for advice."

see *Becoming A Reality* on page 30



# AUTISM SPECTRUM NEWS™

*An Exciting New Newspaper*  
*From The Publishers of Mental Health News & Salud Mental*  
*Is Now in The Exploratory Stage of Development*

*The mission of Autism Spectrum News will be to provide a readily available and up-to-date source of News, Information, Education, Advocacy and Resources about Autism Spectrum Disorders and the Autism Community.*

*Our primary audience will be parents, families, and individuals whose lives are directly impacted by autism spectrum disorders. Our secondary audience will include, treatment professionals, provider agencies, educators, and legislative decision makers.*

*Your input will help us determine how to best serve the autism community. Please send us your comments and ideas in the questionnaire below.*

*Your input and ideas are vital to our project's success - we thank you for your help !!*  
*Cut out and mail to: Mental Health News, 16 Cascade Drive, Effort, PA 18330, or E-mail your responses to: [mhnmail@aol.com](mailto:mhnmail@aol.com)*

**YES I am interestested in the Autism Spectrum News project: please contact me.**

Name\_\_\_\_\_ Telephone\_\_\_\_\_

Address\_\_\_\_\_ E-mail\_\_\_\_\_

\_\_\_\_\_ Agency\_\_\_\_\_

Reason for Interest\_\_\_\_\_

\_\_\_\_\_

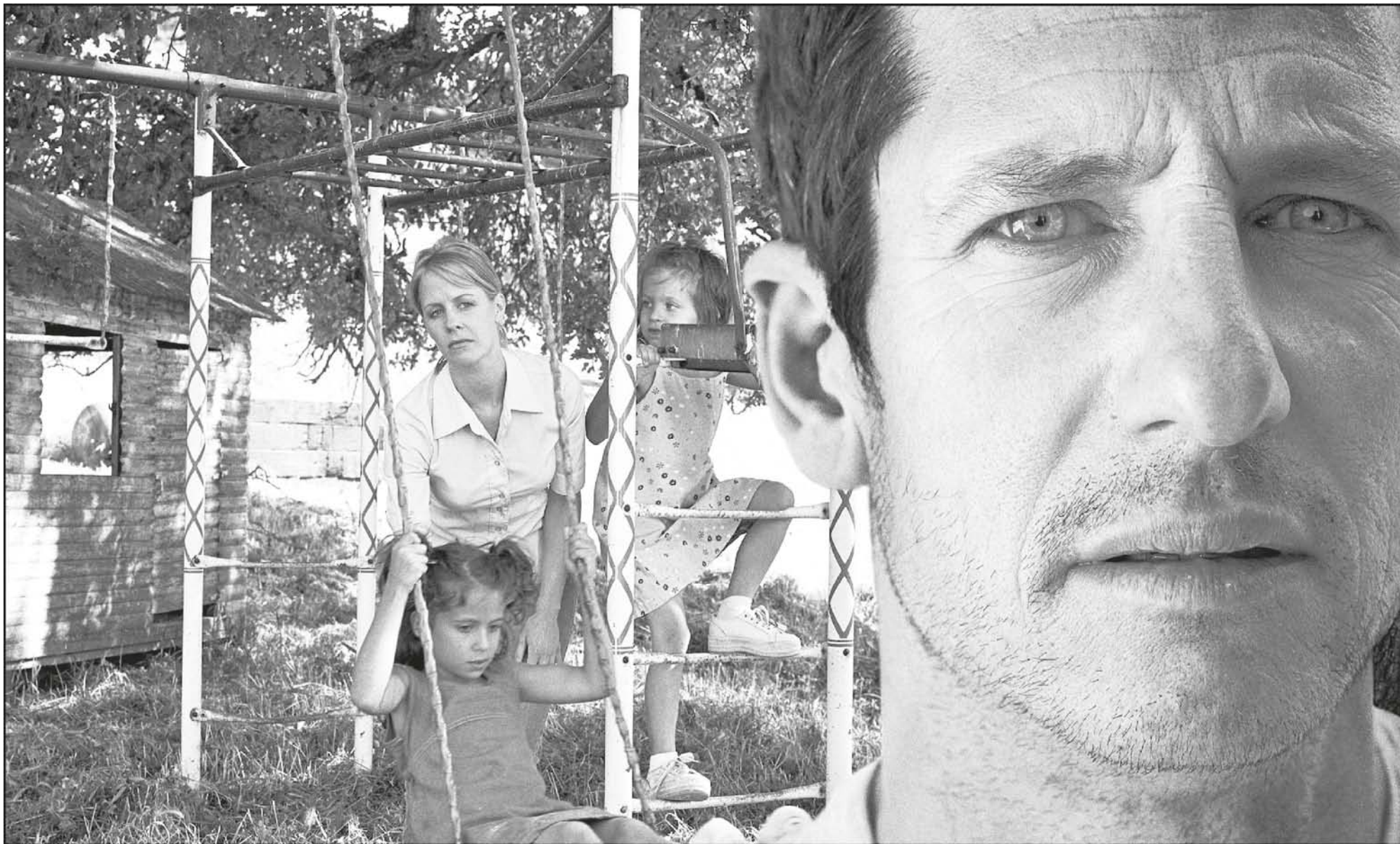
I can be helpful to the Autism Spectrum News project in the following areas:

- |                                |                                |                                    |
|--------------------------------|--------------------------------|------------------------------------|
| Writing Articles on Autism     | Forwarding NewsDesk Items      | Tracking Conferences/Events        |
| Sponsoring a Column/Supplement | Advertising our Agency/Service | Fundraising: Grants/Special Events |

Other/Comments\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Open Access: for the patients, for the people

All too often, people who depend on public assistance are denied access to newer, safer, and more effective treatments for mental illness. This inability to obtain the treatment they need can trigger a pattern of deterioration — becoming unemployed, being hospitalized, imprisoned, and often ending up homeless. This destructive cycle is costly for taxpayers and devastating to the families of people with mental illness.

That's why Eli Lilly and Company continues to support open and unrestricted access to all available treatments for mental illness.

Scientific advances have resulted in medications that are effective in delaying relapse<sup>1</sup>, provide more effective symptom control, fewer side effects, and offer longer-term treatment than in the past.

**Give them access to the treatments they need, and give them hope for taking their lives back.**

<sup>1</sup> Fenton WS, Blyler CR, Heinssen RK. Determinants of medication compliance in schizophrenia: empirical and clinical findings *Schizophr Bull.* 1997;234:637-651.

**Lilly**  
Answers That Matter.



# MENTAL HEALTH NEWSDESK

## Report Provides Startling Look at Substance Abuse of American Adolescents

By Substance Abuse and Mental Health Services Administration (SAMHSA)

**O**n an average day, nearly 1.2 million teenagers smoked cigarettes, 631,000 drank, and 586,000 used marijuana, according to the latest data, in a first-of-a-kind report from the Substance Abuse and Mental Health Services Administration (SAMHSA).

The report, which highlights the substance abuse behavior and addiction treatment activities that occur among adolescents on an average day, draws on national surveys conducted and analyzed by SAMHSA's Office of Applied Studies.

The report, *A Day in the Life of American Adolescents: Substance Use Facts*, presents a stark picture of the daily toll substance abuse takes on America's young.

Among the report's major findings is that on any given day during 2006 nearly 1.2 million adolescents ages 12 to 17 smoked cigarettes, 631,000 drank alcohol, 586,000 used marijuana. In addition, each day nearly 50,000 adolescents used inhalants, 27,000 used hallucinogens, 13,000 used cocaine and 3,800 used heroin.

To provide some perspective on these figures, the nationwide number of adolescents using marijuana on an average day equals more than half the total number of students enrolled in New York City's



public school system during the 2006-07 school year.

"While other studies have shown that significant progress has been made in lowering the levels of substance abuse among young people in the last few years, this report shows many young people are still engaging in risky behavior," said SAMHSA Administrator Terry Cline, Ph.D.

Cline spoke at the Double Jeopardy CASACONFERENCE on co-occurring substance abuse and mental health disorder

in young people at The National Center on Addiction and Substance Abuse at Columbia University.

"By breaking the data down and analyzing it on a day-to-day basis, we gain a fresh perspective on how deeply substance abuse pervades the lives of many young people and their families," Cline said.

The report also sheds light on how many adolescents ages 12 to 17 used illegal substances for the first time. On an average day in 2006:

- Nearly 8,000 adolescents drank alcohol for the first time;
- Approximately 4,300 adolescents used an illicit drug for the first time;
- Around 4,000 adolescents smoked cigarettes for the first time;
- Nearly 3,600 adolescents used marijuana for the first time; and
- Approximately 2,500 adolescents abused pain relievers for the first time.

The report also analyzes the most recent available data to indicate how many people under age 18 were receiving treatment for a substance abuse problem during an average day in 2005. These numbers included:

- Over 76,000 in outpatient treatment,
- More than 10,000 in non-hospital residential treatment, and
- Over 1,000 in hospital inpatient treatment.

This report was drawn from SAMHSA's National Survey on Drug Use and Health, Treatment Episode Data Set and the National Survey of Substance Abuse

*see Substance Abuse on page 28*

## Brain Yields Clues About Why Some Succumb to Stress While Others Prevail Discovery of Resistance Mechanisms May Lead To Help For Stress-Related Mental Illness

By National Institute of Mental Health (NIMH)

**R**esults of a new study may one day help scientists learn how to enhance a naturally occurring mechanism in the brain that promotes resilience to psychological stress. Researchers funded by the National Institutes of Health's National Institute of Mental Health (NIMH) found that, in a mouse model, the ability to adapt to stress is driven by a distinctly different molecular mechanism than is the tendency to be overwhelmed by stress. The researchers mapped out the mechanisms – components of which also are present in the human brain – that govern both kinds of responses.

In humans, stress can play a major role in the development of several mental illnesses, including post-traumatic stress disorder and depression. A key question in mental health research is: Why are some people resilient to stress, while others are not? This research indicates that

resistance is not simply a passive absence of vulnerability mechanisms, as was previously thought; it is a biologically active process that results in specific adaptations in the brain's response to stress.

Results of the study were published online in *Cell*, on October 18, by Vaishnav Krishnan, Ming-Hu Han, PhD, Eric J. Nestler, MD, PhD, and colleagues from the University of Texas Southwestern Medical Center, Harvard University, and Cornell University.

Vulnerability was measured through behaviors such as social withdrawal after stress was induced in mice by putting them in cages with bigger, more aggressive mice. Even a month after the encounter, some mice were still avoiding social interactions with other mice – an indication that stress had overwhelmed them – but most adapted and continued to interact, giving researchers the opportunity to examine the biological underpinnings of the protective adaptations.

"We now know that the mammalian brain can launch molecular machinery that promotes resilience to stress, and we

know what several major components are. This is an excellent indicator that there are similar mechanisms in the human brain," said NIMH Director Thomas R. Insel, MD.

Looking at a specific part of the brain, the researchers found differences in the rate of impulse-firing by cells that make the chemical messenger dopamine. Vulnerable mice had excessive rates of impulse-firing during stressful situations. But adaptive mice maintained normal rates of firing because of a protective mechanism – a boost in activity of channels that allow the mineral potassium to flow into the cells, dampening their firing rates.

Higher rates of impulse-firing in the vulnerable mice led to more activity of a protein called BDNF, which had been linked to vulnerability in previous studies by the same researchers. With their comparatively lower rates of impulse-firing, the resistant mice did not have this increase in BDNF activity, another factor that contributed to resistance.

The scientists found that these mechanisms occurred in the reward area of the

brain, which promotes repetition of acts that ensure survival. The areas involved were the VTA (ventral tegmental area) and the NAc (nucleus accumbens).

In a series of experiments, the scientists extended their findings to provide a progressively larger picture of the vulnerability and resistance mechanisms. They used a variety of approaches to test the findings, strengthening their validity.

"The extensiveness and thoroughness of their research enabled these investigators to make a very strong case for their hypothesis," Insel said.

For example, the researchers showed that the excess BDNF protein in vulnerable mice originated in the VTA, rather than in the NAc. Chemical signals the protein sent from the VTA to the NAc played an essential role in making the mice vulnerable. Blocking the signals with experimental compounds turned vulnerable mice into resistant mice.

The scientists also conducted a genetic experiment which showed that, in resistant

*see Stress Study on page 30*



## Sometimes you can't go it alone...

When someone suffers from depression or a problem with drugs or alcohol, taking the first step toward feeling better can be the toughest part. For more than 125 years, St. Vincent's Westchester has provided compassionate care for many thousands of people dealing with mental health and chemical dependency problems. The hospital offers a complete range of behavioral health services, including:

- 24/7 walk-in evaluation service
- Individual, group and family therapy
- Partial hospital and day treatment services
- Inpatient mental health services and a chemical dependency rehabilitation program
- Specialized services for women, older adults, children and adolescents, and Latinos

**Call (914) 925-5320 for more information,  
or visit [www.svcmc.org](http://www.svcmc.org).**

*Winner of the 2004 Pinnacle Award for Quality Improvement  
from the Healthcare Association of New York State.*

**Setting the Standard for Behavioral Health Services**



# St. Vincent's Hospital Westchester

**275 North Street Harrison, New York 10528**

# The NYSPA Report

## Medicare: Its Relation to Access and Specialty Training

By Barry B. Perlman, MD  
and Seth Stein, Esq

Each fall the Congress debates whether the automatically mandated changes in the Medicare Part B fee schedule (MFS) will take effect or be altered. Medicare Part B services are those provided by physicians, including psychiatrists, as well as other healthcare professionals, including psychologists and social workers. Physicians, including psychiatrists, advocate along with other healthcare providers in attempt to influence the legislative outcome. The debate is informed by the advice of the Medicare Payment Advisory Commission (MedPac), an independent federal advisory body, which provides analysis of the arcane elements of the Medicare reimbursement methodology and makes recommendations to the Congress. Much rides on the outcome.

The question at hand is why the readers of this column, which includes persons receiving mental health care, their families and other interested parties, should be as concerned with the outcome of this annual Congressional exercise in fee setting as much as the members of the New York State Psychiatric Association, the organization which sponsors this column? The answer is that many of the readers who are insured by the Medicare program are rightfully concerned about having adequate access to psychiatrists and other mental health professionals in the years to come. The potentially impacted groups include the aged and those under 65 years of age with disabilities, including those suffering with serious and persistent mental illness.

Other reasons for concern include the nationally recognized need for geriatricians and geriatric psychiatrists at a time when the population is rapidly aging with the enrollment in Medicare of the "baby boom" generation rapidly approaching. Demographic data and projections make the trend clear. In 2005, 12.4% of the population was over 65 years of age. That percentage is expected to increase to 20% by 2025 and even then will not have reached its peak. The percentage of the old, is also expected to rise dramatically. This data explains the basis of the call by national political and healthcare leaders for more doctors, including psychiatrists, with specialty training in the care of this population with its special needs.

Why raise this issue at this time? The matter is now of great concern because without Congressional legislation it is anticipated that, based on what is acknowledged to be the flawed "Sustainable Growth Rate" (SGR) methodology, there will be a 9.9% decrease in funds available for Medicare Part B services in 2008 and a further 5% reduction is predicted for 2009. Indeed, from 2006 to 2007 Medicare reimbursement for psy-



Barry B. Perlman, MD

chiatric services decreased by an average of 5% in a year when total Medicare Part B expenditures were held essentially constant due to a legislatively mandated shift of resources away from the service codes used by psychiatrists. As readers may be aware, based on 1989 and 1994 legislation, Medicare annually sets the fees which both participating and non participating physicians may charge. NYS further limits the amount non participating providers may charge. Thus, at a time when the cost of practicing is rapidly accelerating, as evidenced by the Medicare Economic Index (MEI), which reflects the cost of malpractice, rents, labor and other practice related costs, physicians practicing within Medicare are facing large reductions in fees. For example, liability insurance rates climbed an astounding 13 % this year in New York State which prompted Governor Spitzer to create a Blue Ribbon Commission to study the problem which is rapidly becoming a crisis in our state. Even if Congress passes major Medicare legislation in 2007 that updates physician fees and the draconian reductions are postponed, the increases in fees will be only 0.5% in each of the next 2 years. It is hoped by those sponsoring the legislation that the methodology can be "fixed" during those 2 years. With either 2 years of cuts or miniscule increases, the calculus of the cost of practice may lead some or many physicians, including psychiatrists, to "opt out" of the system. While many practitioners say they will opt out of the system or stop accepting new Medicare patients, it is difficult to obtain reliable data on their actual practice decisions. Interestingly, it is known that psychiatrists more than physicians in any other field have felt compelled to "opt out" of Medicare. A 1981 study demonstrated that psychiatric participation in Medicaid was directly correlated with

reimbursement, albeit modest, as long as it was reasonable. The same can be expected of decisions regarding the inclusion of Medicare enrollees in practices today. What is certain is that the threat of rate cuts or flat fees has discouraged medical students from pursuing specialties in geriatrics and fellowships in geriatric psychiatry have chronic problems in filling their slots. The fill rate for fellowships in geriatric psychiatry declined to 61% in the years 2001-2002 from 84% during 1999-2000. While there may be interest, the decision to seek more lucrative specialties is understandable when one considers the debt load of graduating medical students. Eighty-six percent of graduates carry significant debt with 41% carrying debt of more than \$150,000. With that burden, choosing a specialty like geriatric psychiatry whose practitioners are among the lowest paid is a difficult one. Gone are the days when there was an articulated goal of shoring up reimbursement for so called "cognitive specialties", such as psychiatry, internal medicine including geriatric medicine, and other lower paid specialties whose practice revenue is not contingent on performing well remunerated procedures. Indeed, one might say that at this time Medicare reimbursement provides a clear disincentive rather than a seduction for those considering training in the needed specialty of geriatric psychiatry.

If we are serious about this situation and remedying it so that broad access is preserved and needed medical manpower trained in the necessary fields of geriatric medicine and psychiatry are available when they will be needed, we must start to take action now. Groups advocating for the elderly and for those with serious mental illness must advocate for the passage of Medicare legislation to avoid damaging physician fee reductions and then raise these broader concerns about the issues identified in this piece with their members of Congress. Once the problem has been identified for legislators and other opinion shapers, advocacy must be turned to finding solutions such that young physicians will be able to pursue their interest in these fields and not be forced by an economic calculus to preferentially choose procedure based specialties. First among the solutions will be identifying a fair alternate to the "SGR" methodology which includes enhancements for the "cognitive" specialties. Working together, medical and psychiatric professional associations and organizations speaking for the needs of the elderly and those with serious mental illness can begin to shape the debate and make a tangible difference.

*Dr. Perlman is the Chair of the Committee on Legislation and Immediate Past President and Mr. Stein is the Executive Director and General Counsel, New York State Psychiatric Association. □*



## New York State Psychiatric Association

Area II of the American Psychiatric Association  
Representing 4500 Psychiatrists in New York

*Advancing the Scientific  
and Ethical Practice of Psychiatric Medicine*

*Advocating for Full Parity  
in the Treatment of Mental Illness*

*Advancing the Principle that all Persons  
with Mental Illness Deserve an Evaluation  
with a Psychiatric Physician to Determine Appropriate  
Care and Treatment*

Please Visit Our Website At:

**[www.nyspsych.org](http://www.nyspsych.org)**



# The Economics of Recovery:

## The Homeless of Westchester County: Trapped in The System

By Donald M. Fitch, MS  
Executive Director  
Center for Career Freedom

**A**t the urging of those of our students who reside in Westchester's Homeless Drop-In/Shelter System, the Center initiated a survey this past summer of some sixty single adult residents, and twenty-three one-to-one in-depth interviews of local County and NYC Providers, Advocates, Government Agency Administrators, Business/Real Estate Executives and Home Owners.

Our objectives were to quantify how effective the counties and providers' social services were in helping the homeless become self-sufficient again. By way of comparison, New York Cities' Department of Homeless Services Model Program was included in the study.

The interviews yielded well rounded perspectives from Providers, Consumers and Regulators which enabled us to create the flow chart below; "Recovery in a Cycle of Homelessness."

Beginning with the loss of permanent housing, we found the homeless person is initially confronted with three options; jail, the hospital or the streets. In Westchester County, of the estimated three-hundred single adult homeless, about half chose not to "cooperate" i.e. refuse to be assessed or to accept psychiatric or medical treatment.

These people are offered "three hots and a cot, no questions asked" at a Drop-In. They are our highest risk and least served population. (Incredibly, beginning 11/1/07, the County plans to replace some one-hundred fifty cots with chairs "to encourage clients to use supportive services")

The next level of care are the Shelters. They provide beds, showers, lockers, washer and dryer, TV and forty-five dollars/month spending money. However,



Donald M. Fitch, MS

any SSI and/or SSDI disability checks (about \$700./Mo avg) must be signed over to the Shelter or the resident is sent back to the Drop-In.

Our study found the cost to tax payers for Westchester's Drop-In Shelter care is about fifty-thousand dollars per year per person. Our study also found the average length of stay in the County's Drop-In/Shelter System is three years. At a total per person cost of about one-hundred fifty thousand dollars, the cost for all three hundred homeless persons in Westchester County is about forty-five million dollars.

In spite of the millions spent for Social Service programs for the homeless, we found some three-quarters asking for help to "stay off drugs or alcohol," and "staying out of jail." Another sixty-two percent felt they needed help with "anger management." Fifty-five percent asked for help with "psychiatric counseling."

The study also found half of Westchester's homeless take prescription

medications for psychiatric diagnoses including Seroquel, Depakote, Risperdal, Zyprexa, Abilify, Klonopin, Thorazine, Haldol and Trazadone.

Shelter residents who don't cooperate with the rules or are sanctioned for "bad behavior" are returned to the Drop-In and the streets.

Because most of the Drop-Ins and Shelters are closed during the day, residents spend their days "walking around" (62%), "at the library" (52%), "in program" (40%), or "at the park" (30%). About one-third say they pan handle.

"In winter and summer, we hang out in the library and read the newspapers and magazines or go to the Food Court at the Galleria where you can use the bathrooms. The Security Guards chase you out after a few hours. In nice weather, we sit in the parks and by the fountain."

"Some just ride the bus; it is comfortable, you can bring your stuff, no one bothers you. You "B.S." your Case Manager to get a Metro-Card – tell them you have a court date or have to go to a relatives' funeral – you save \$38./Mo (1/2 fare)." "Pan Handle – to buy liquor: For \$4. I can get a bottle of Devil Springs Vodka – it lasts all day."

Another question we asked was "how do you survive on \$1.50 a day?"

"Pick cans on trash days– you can make about \$30/day plus collectables if you are lucky. I sell the stuff to antique dealers" "Dumpster diving at schools can get you stuff when the maintenance guys clean out kid's lockers; knapsacks, sneakers, CD's sports equipment, clothes." "Caddying: \$150. a loop plus tips – you can get \$300-\$400/day cash." "Take opinion polls at the Mall – they will pay \$5 to \$25." "A few of the women do tricks." "Some guys do odd jobs; painting, handyman stuff – but you better not let DSS find out you are working – they will throw you off Welfare for fraud." "You scam Doctors into prescribing pills

you can sell; pain killers, Anti-depressants, etc. you can get \$15/pill for Viagra." "Sell my food stamps – you can get 70¢ on the dollar from some delis/grocery stores. They add on an extra dollar. It is done on the key pad, not the register. I am supposed to go to program – but on \$45./Mo that VOA gives me out of my \$700. Disability Check, I cannot afford to go – I have to pan handle. Some steal and fence; cell phones, CD's/DVD's, computer games, gift cards, prescriptions. Also, you can do moving van work, \$10./hr cash plus what you can steal."

Drop-In/Shelter Resident Evaluations of their Case Managers were mixed; less than half felt their Case Managers were "very or somewhat helpful" in providing "benefit application assistance" "addiction counseling" or "health care and medication counseling."

Nine out of ten residents were "definitely interested" in getting assistance in obtaining a Photo ID, Birth Certificate and Social Security Card. Without these documents, they cannot file applications for permanent housing in the community.

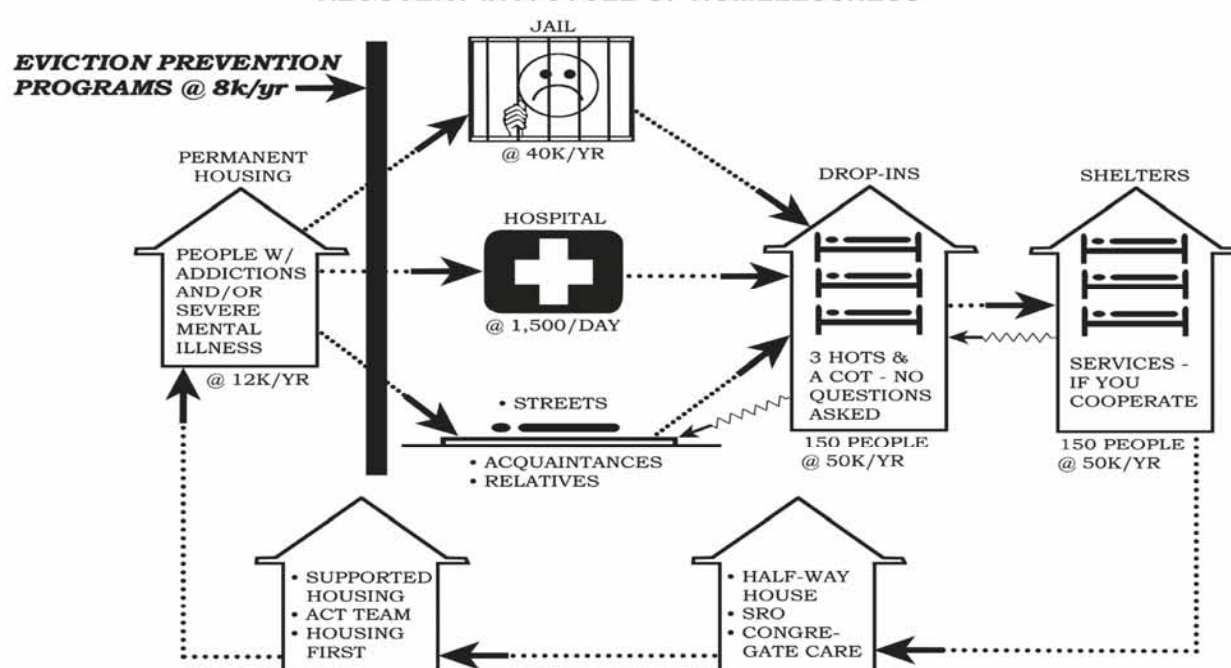
They feel, and effectively are, trapped in the system.

By comparison, the homeless in New York Cities' Department of Housing Services (DHS) program stay an average of three months at a cost of less than five thousand dollars per person.

DHS achieves these remarkable numbers through an aggressive outreach program, performance based contracts, weekly on-site shelter supervision, daily census data, daytime service access and a rental assistance program which prevents housing evictions from happening in the first place.

Under Mayor Michael Bloomberg, DHS' leaders have transformed how New York City copes with their homeless. Hopefully, Westchester will be able to learn from their success. □

### RECOVERY IN A CYCLE OF HOMELESSNESS



### HOW THE HOMELESS BECOME SELF-SUFFICIENT

"For each item listed, please check off how important it is to help you become self-sufficient."

"DEFINITELY/PROBABLY WOULD HELP"	
Having my own apartment	91%
A good paying job	88%
Better Health Care	83%
Job skills training	81%
Staying off drugs or alcohol	76%
A car	74%
More education	72%
Staying out of jail	72%
Benefits counseling	71%
Anger management	62%
Vocational counseling	60%
Legal advice	55%
Psychiatric counseling	55%
Move out of the county	36%



Case Manager's Toolkit  
Saving time, money & lives™

© 2005-2007  
Center for Career Freedom www.freecenter.org





# The Mental Health News

## Nassau County Section

### Families as Partners in School-Based Mental Health

**By Andrew Malekoff, LCSW, CASAC  
Executive Director and CEO  
North Shore Child and Family  
Guidance Center**

Since 1996 North Shore Child and Family Guidance Center (NSC&FGC) and Nassau BOCES have worked as partners in the development of a school-based mental health program that works with students (ages 5-22) and families from all 56 school districts in Nassau County. In the Nassau BOCES/NSC&FGC collaborative, known as the Intensive Support Program (ISP), parents are partners throughout the education of the students, their sons and daughters. A school-based mental health collaborative must not only have the cooperation of parents but must be sure that parents consider themselves members of the overall program team. Parent participation must be an integral part of the program design and implementation.

#### Partnership with Parents

In ISP a family centered, collaborative, strengths focused approach has been adopted. This means respecting and supporting parents, decreasing blaming the parents and increasing parent involvement. When a student is referred to ISP at any age level, parents are asked to make a commitment to participate in mental health services and educational program so that the best possible opportunities for success can be available to their sons or daughters. The goal is to achieve a working partnership between staff and parents. Parents are seen as part of the helping system.

#### Parent-Staff Interaction

Good lines of communication between staff and parents are the key to developing a working partnership. Just as mutual respect is important to developing the collaborative program's central team, parents and staff understand that they must develop mutual respect for one another and they must work together in a cooperative effort to achieve a successful program for students.

In ISP, social workers, teachers, psychiatrists, and pupil personnel work on an ongoing basis with parents. Members of the staff regularly communicate with one another about their work with students so that they can offer parents a comprehensive view when they meet with them on an individual basis.



#### The Teacher's Role

Teachers in all three ISP settings (elementary, middle and high school) maintain an ongoing dialogue with parents to keep them informed on the student's academic and behavioral progress.

Communication may take place through logs that are used to develop a regular means of providing information for parents. Parents receive written information several times each week on their son's/daughter's achievements and problem areas or special issues that are affecting the student. Teachers also will phone parents as needed and will arrange for conferences where achievement and other issues can be discussed. Parents are encouraged to be actively involved in overseeing students' completion of homework. Parents are asked to sign school behavior sheets so they have an awareness of the student's day-by-day behavior.

Some classroom teachers use behavioral target sheets and other working documents to provide parents with continual information on their son/daughter's academic and behavioral progress. Classroom teachers and social workers meet briefly throughout each day to exchange necessary information that can impact a student's school and family life so that the teacher is always informed about special circumstances that can influence a student's performance.

At all three program settings, parents are encouraged to become part of the school's PTA demonstrating to students the parents' support for their education.

#### The Social Worker's Role

Social Workers employed by NSC&FGC, are members of the collaborative program staff in all three settings where the program is provided. They maintain ongoing contact with parents to provide general information, discuss program issues that may arise during the year, and provide support for families. Social workers also discuss individual students with their parents.

Social workers provide family therapy for students and their parents on a regular basis. Social workers form parenting groups for the parents/caregivers of students. The parents groups are psycho-educational that provide information (e.g. about medication or parenting skills) and support. Social workers also are in regular phone contact with parents to provide information on students' achievements and difficulties. Social workers collaborate with families and the program staff in developing home behavior plans for students.

#### The Psychiatrist's Role

Psychiatrists from North Shore Child and Family Guidance Center are attached to each ISP school. They work closely with parents in helping them to better understand medications and their side effects. ISP psychiatrists are also instrumental in helping to make assessments if a student has de-stabilized and is in need of hospitalization. In such situations careful coordinating work with student, parents, school personnel, police department (when appropriate), and hospital is called

for. Program psychiatrists can help to facilitate a hospital placement without escalating the crisis that precipitated the need.

#### Vocational Rehabilitation Counselor's Role

Vocational Rehabilitation Counselor's work closely with parents to gain an understanding about the aspirations they have for their high school aged children, and to facilitate appropriate employment placements for them. Partnering with parents of children with serious emotional disturbances in the vocational arena is very delicate work. Parents' hopes and dreams for their children do not always match with their children's abilities. Children and youth with serious emotional disturbances don't often appear, on the surface, to be limited. Translating to parents (and the youth themselves) how their children's limitations are manifested and how their strengths are expressed is a vital role of vocational rehabilitation counselors in the ISP program.

#### Parent Meetings

Meetings between ISP staff and parents ensure a consistency between the intensive support program and the home environment. The frequent interaction of classroom teacher and social workers, and vocational counselors in the high school, provides them with additional information about school progress and school environment. This also contributes to the effectiveness of the parents/family meetings.

Parent groups also offer an orientation to the program, information about problems and their origin, recognition of effects on caregivers, and psycho-educational material that will assist parents in supporting their children. Parents also learn about complementary services that may be available for their son/daughter. Staff may recommend to parents that they explore community resources, such as youth groups for their sons/daughters. Staff also provides information on how to secure outside assistance, such as Supplemental Security Income (SSI).

Groups of parents that share the same stress can be an invaluable resource by contributing emotional support and reducing isolation. These groups can also offer parents an opportunity to find avenues that will allow them to influence the mental

*see Families as Partners on page 30*

# Mental Health News ~ Health and Wellness

## How to Prevent Poisoning

By Colm James McCarthy  
Emergency Medical Technician

Every home contains dangerous, potentially poisonous chemicals. This also includes medications as well as non pharmaceutical agents such as household cleaners, paints and solvents. In 1998, the National Poison Data System reported that for children under 6 years old, 60% of all reported poison exposures involved non-pharmaceutical substances. The remaining 40% were due to over-the-counter and prescription medications. Just because medicine can be good for us does not mean it is danger free.

Poison prevention starts with the proper storage of all potentially dangerous chemicals and medications. Children can not be poisoned by agents they can not get to. All house hold chemicals including cleaning agents, paints, solvents for the home and car should be kept in a locked cabinet or drawer. If you are unsure if it is poisonous, lock it up. Children seem to be able to get into almost anything and put almost anything in their mouth. The younger the child, the worse this can be, so, lock up everything.



Colm James McCarthy

Medication storage is more complicated. Medications must be readily available for those who need to use them, particularly if they taken daily.

see Prevent Poisoning on page 28

## Take Your Medication Properly

By Richard H. McCarthy, MD, CM, PhD  
Research Psychiatrist

Initially I was going to call this column, "How to take Medications," but I realized that it would be a very short column indeed. All it would say is "Take your medications exactly as your doctor tells you to do so for as long as you are told to do so. Do not stop your medications, even if you feel better." Since that is way to short, and way to directive, I thought that I should talk about why you should take your medications exactly as directed, for as long as you are directed.

Medications can only work if they get into the body and are present at a high enough concentration at the right place for a long enough period of time. While this also sounds simple and obvious, it is the reason why doctors order medications the way that they do. There "route" how and where a medication it gets into the body. All medications must get into the blood stream to get to where they need to be. They can be injected directly into the blood (known as intravenous) or they can get there indirectly by being swallowed, absorbed through the skin (this includes



Richard H. McCarthy, MD, CM, PhD

suppositories, patches, salves and medications that dissolve under the tongue), or by injection just under the skin or into the muscles. The route is chosen based on

see Your Medication on page 28

### Carolyn Reinach Wolf, Esq. Douglas K. Stern, Esq.

of

**ABRAMS, FENSTERMAN, FENSTERMAN, EISMAN,  
GREENBERG, FORMATO & EINIGER, LLP**

*Attorneys at Law*

are

### Devoted to the Practice of Mental Health Law

*The Firm represents more than twenty major medical centers, as well as community hospitals, nursing homes and outpatient clinics, in the New York metropolitan area in the field of mental health litigation, consultation, advocacy, and related disciplines.*

*In addition, our team of attorneys, with more than forty years combined experience, offers legal representation to families and individuals affected by mental illness. We provide a broad range of legal services and counsel on such matters as: mental health case management and continuity of care; discharge planning; Assisted Outpatient Treatment (Kendra's Law); Mental Health Warrants; Hospital Treatment over Objection and Retentions; Patients' Rights and Guardianships.*

*Our firm regularly contributes to a number of publications concerned with Mental Health and related Health Care issues and participates in seminars and presentations to professional organizations and community groups.*

220 E. 42nd Street - Suite 505  
New York, New York 10017  
(212) 279-9200

1111 Marcus Avenue - Suite 107  
Lake Success, New York 11042  
(516) 829-3838



**We are seeking patients who developed agranulocytosis while being treated with clozapine (Clozaril, FazaClo)**

- Patient is age 18 or over
- Patient was diagnosed with agranulocytosis (ANC<500mm<sup>3</sup>) or granulocytopenia (ANC<1000mm<sup>3</sup>) during treatment with clozapine
- Patient was discontinued from clozapine treatment at time of the occurrence of the agranulocytosis or granulocytopenia
- Patient is able to provide informed consent

Assisting us in this effort is easy.  
**Call us at 1-866-621-6898**

*Study is sponsored by the  
National Institute of Mental Health (NIMH)*

**Only one procedure:  
patient will have a single blood sample drawn.**

*This study is being conducted by*

**Anil Malhotra, MD  
The Zucker Hillside Hospital  
Psychiatry Research Department  
Glen Oaks, NY 11004**

**For more information:  
email: ahoward@nshs.edu or call (718) 470-8563**



# 1 in 5 People Will Experience a Mental Illness



Photography by Jean Miele

Mental illness doesn't discriminate,  
and neither should you.  
Give everyone in our community a chance,  
with employment, with housing  
and most of all, with respect.  
You can make a difference.

Call today for your free guide  
to understanding mental illness.

Call:

516-504-HELP  
[www.mhanc.org](http://www.mhanc.org)







# NOT EVERYONE IS CUT OUT FOR THE SAME TREATMENT.

**1 in 4 adults suffer from a  
diagnosable mental disorder  
in any given year.<sup>1</sup>**

Open access is especially important in the treatment of mental disorders because the response to therapy can vary greatly from individual to individual and from one medication to the next. Restrictions in the form of prior authorizations and preferred lists may have the unintended consequences of jeopardizing patient health while failing to reduce costs.

**Open Access.  
Because different people  
have different needs.**

Bristol-Myers Squibb supports open and unrestricted access to mental health medications. For people with mental illness, having access to newer and potentially more effective medications can be a crucial component of treatment.



**SUPPORT OPEN ACCESS AND GIVE PROVIDERS THE FREEDOM TO FIND THE MOST APPROPRIATE MEDICATION FOR EACH INDIVIDUAL.**

1. National Institute of Mental Health. Available at: <http://www.nimh.nih.gov/healthinformation/statisticsmenu.cfm>. Accessed August 7, 2006.





# The Mental Health News New York City Section

## NYC Empowers Families as Part of Mental Health Effort

By Myla Harrison, MD  
New York City Department  
of Health and Mental Hygiene

Coordination of multiple services to children with emotional disturbances and their families leads to positive outcomes. If services are not coordinated, children and families often fall through the cracks of the multiple systems trying to meet their needs. When families are not empowered, they often find it frustrating, if not impossible, to drive their own care while they navigate the bureaucracy of many different agencies.

During the past several years, the New York City Department of Health and Mental Hygiene (DOHMH) has taken aim at these issues with the help of a six-year, \$9.5 million grant, called the Coordinated Children's Service Initiative (CCSI), from the federal Substance Abuse and Mental Health Services Administration. CCSI improves the care of children and adolescents with emotional and behavioral challenges who are involved in multiple service systems, such as mental health, education and child welfare, by creating a



"system of care" of community-based supports and services for the child and his or her family. The initiative also supports families and youth to advocate for themselves and effect change within the system.

CCSI is just one of many ways DOHMH helps New York City families and children of all backgrounds. CCSI uses a model of care coordination called family networks that manage and wrap

services around the family, helping children from birth through age 21. The goal of these networks is to ensure that children remain stable and in the community - and to avoid disruptive placements whenever possible, in hospital inpatient units, foster care, juvenile justice facilities or residential programs.

The networks consist of a care coordinator, parent advocate and youth advocate

- employed by the Mental Health Association of NYC, which is contracted by DOHMH to run CCSI. This team brings together all the individuals who are involved in the child's life, from clinicians and service providers to family and community members, to partner with the family to create and implement a single multi-service plan to support the child and family. Importantly, the parent advocates and youth advocates have personal experience with mental health issues, enabling them to contribute unique peer support to the family and youth.

In order to expand family network capacity, some 200 service providers and 35 supervisors attended an intensive training on the family network model in 2006. CCSI involves parents in all aspects of the decision-making for their children and solicits their input to change the larger service system. Families and various providers are involved in borough-based councils and a citywide oversight committee that meet to discuss improvements that can occur at the borough and city level. As part of CCSI, the families themselves have formed a citywide organization,

*see NYC Empowers on page 28*

## Creating a Culture Change: Implementing a Family Psychoeducation Program

By Ellen Stoller  
F.E.G.S. Health and Human Services  
System Behavioral Health Division

Not that long ago, the families of people who have a mental illness were often blamed for their loved ones' problems. The staff of Continuing Day Treatment Programs did not look forward to family sessions or involvement—feeling that the families were difficult, chaotic, dysfunctional, confused and demanding. Families were often relieved to turn their relatives over to professionals because they couldn't deal with the family member who was creating problems for everyone. Many staff mistakenly thought that clients had no family, or they had burned all their family alliances and "It was easier to work with the identified patient."

Today we at F.E.G.S. use psychoeducation as a psychosocial intervention for families where one member has a diagnosis of schizophrenia or another major mental illness and co-occurring substance abuse. This means teaching families about the illness, devoid of blame, helping them learn how to reduce stressors and adopt

problem-solving strategies in a group with others who have similar experiences. Based on Dr. William R. McFarlane's ground breaking work, our Family Psychoeducation Program was first instituted in three outpatient programs for adults with mental illness in 2003.

Some new initiatives make you look at yourself and your organization with new eyes. Family Psychoeducation did that for us.

Four years later, our three Family Psychoeducation programs, in Brooklyn, Queens and Suffolk County, are such an integral part of those programs that most people don't remember a time when we didn't see the family as part of the recovery process.

We were trained in Family Psychoed as part of a New York State Office of Mental Health initiative. The training was many days; the model was very strict, with lots of videos, manuals, guidelines, principles and rules. But with organizational commitment and support we jumped in with both feet.

*"The family came into the multifamily group saying that for all the years their son Donald was in therapy no one had*

*ever explained his illness to them. They rarely, if ever socialized, because of Donald's illness. The other families in the group became their family too. They had two sons, Donald had schizophrenia, the other son, Thomas was diagnosed with cancer soon after the family had joined the group. Throughout the long months of Thomas's battle with cancer the group witnessed the family's sorrow, their hope, their pain and now their resilience. When this family faced having to bury their son the group stood by them and attended the funeral. We are now all struggling together with the stress Thomas's death has put on Donald. Without the Multi-Family Group Donald and his parents would be struggling alone."*

*Noemi Velazquez and Richard Remaura,  
co-leaders Suffolk PROS Multi-family Group*

William McFarlane's original work with families took place when one family member was in the hospital. Families came to the hospital to see their relatives and doctors, so McFarlane had a captive audience. Out-patient programs face very different obstacles. Ed Dunne, Ph.D, the consultant assigned to us by OMH for our

implementation phase suggested we form a Family Psychoed Steering Committee comprised of managers and people who could "make decisions." This emerged into the group that began to define the "barriers" to implementing Family Psychoed. I didn't think there would be many barriers, because we generally have a "just do it" mentality. I was not banking on the ways the many details of offering services to families would stress our system, and not seeing all the nuanced attitudinal shifts that needed to occur.

For starters, there was the issue of scheduling the joining sessions. We had already begun talking to clients differently about their families. We sent letters out to family members, we had family nights, we were making progress but now we had to phone the parents, adult children, spouses and significant others who might not be available to talk or return our calls during our typical 9-5 program hours. We were faced with the issue of staff needing to make some of these calls in the evening. Staff had concerns. "I don't want to make these calls from home, everyone has caller ID and the family will have my

*see Culture Change on page 18*

**"I now know  
how to cope  
with the  
problems  
in my life.  
Thank you  
F·E·G·S"**

## Helping People Change Their Lives

F·E·G·S helps individuals and families face the challenge of coping with mental illness or emotional problems through a broad array of treatment interventions and techniques – all with one focus – to assist people in their recovery and help them reach their goals.

For more information call:  
New York City

212.366.8038

Long Island

631.691.3347

# F·E·G·S

HEALTH AND HUMAN SERVICES SYSTEM

F·E·G·S mental health programs are licensed by the New York State Office of Mental Health and are accredited by CARF.

[www.fegs.org](http://www.fegs.org)

A Beneficiary of  
**UJA Federation**  
of New York

## Chronic, Life-limiting Illness and End of Life: F·E·G·S's Partners in Dignity A Vital Resource for Families

**By: Kathy Rosenthal, LCSW  
Vice President Long Island Regional  
Operations, F·E·G·S Health and  
Human Services System, and  
Lori Hardoon, LCSW, Director,  
F·E·G·S Partners In Dignity Program**

*At 10 months of age, doctors diagnosed Benjamin with advanced neuroblastoma, a cancerous tumor in his abdomen. Benjamin's\* parents were in shock, filled with despair and fear at a time that should have been full of joy for them and their four year-old son. Three years of complex medical treatment protocols ultimately led to their son being currently cancer free, but the stress of negotiating that journey left the family in financial crisis and emotional turmoil.*

*At 24, Susan was two years out of college, living with her 87 year-old grandfather, who was steadily becoming frailer and dealing with multiple illnesses, and her 58 year-old father who had been employed in a job that helped pay the household bills until he was diagnosed with advanced lung cancer and cardiac problems. Suddenly, Susan was sole caretaker and breadwinner, overwhelmed with the medical as well as financial and emotional issues.*

*A strong independent 60 year-old woman, the matriarch of her family and head of the family-owned business was suddenly diagnosed with a rare disease and died within eight weeks of falling ill. Through the disease's rapid progression, the adult children were shocked at the fractured nature of the medical system and the difficulties obtaining the proper care, despite their significant resources.*

**O**lder New Yorkers represent the fastest growing age group in New York State. In addition, the number of Americans – across all age groups – with one or more chronic conditions is expected to increase by almost 30 million between 2000 and 2020. Medical advances have enabled people to live longer in general and live over extended periods of time with serious, chronic, and terminal illnesses.

Regardless of age, many individuals and families do not adequately prepare for sudden onset of serious illness or end of life. While most people will tell you, given the choice, they would prefer to die at home, an overwhelming majority of individuals die in hospitals and other medical institutions. Additionally, despite the availability of excellent care through hospice and palliative care programs, patients with chronic, life-limiting and/or terminal illnesses are often referred way too late for such care and/or receive inadequate relief from pain and other debilitating symptoms. They are often unaware of their options and/or lack the skills and knowledge to navigate the complex and disparate systems that deliver various components of care. People with serious, chronic, life-limiting and terminal

conditions typically receive health and home care services from different systems, often from multiple providers within each system. As a result, the health care delivery system for those with serious illness is complex and confusing.

It has been widely recognized that better coordination of care has the potential to help people better access and negotiate complex delivery systems, arrange and schedule appropriate services, facilitate communication among multiple providers, and offer support and guidance to patients and their loved ones.

As Long Island's Regional Care Center of the Jewish Healing and Hospice Alliance, an initiative of UJA-Federation of New York, F·E·G·S's Partners in Dignity (PID) sets out to do exactly that; provide individuals and families facing serious illness and the end of life with a seamless continuum of services, including assistance navigating the healthcare system; advocacy, information and referral; entitlements/benefits counseling; individual, family, pastoral and bereavement counseling; volunteer services; community education; and emergency assistance. Since its inception in 2003, PID staff has served nearly 2,000 individuals ranging from 10 months to 98 years of age and facing various conditions, including advanced cancers and life-limiting and terminal illnesses. Among PID clients, approximately 5% have been children/adolescents up to age 17; 10% young adults ages 18-29; 35% adults ages 30-54; 35% older adults ages 55 to 75; and 15% adults older than 75.

A majority of clients served by F·E·G·S's Partners in Dignity program are coping with anxiety, depression, grief, PTSD, relationship problems and other issues that are clearly mental health concerns. Furthermore, as the opening vignettes illustrate, there is no doubt that serious illness has a profound and troubling impact on the entire family system. The F·E·G·S's Partners in Dignity team is comprised of licensed social workers, who provide intensive care management as well as individual, family and some group counseling, while the ill family member is alive and afterwards as bereavement issues become the focus. The team also includes volunteer coordinators and rabbis with a wealth of experience providing chaplaincy services to those who are coping with illness and end of life. Services are delivered in individuals' homes, in the hospital, hospice programs and other medical facilities. Volunteers compliment and immeasurably enhance services delivered by professionals, offering companionship, respite, assistance with errands and household chores, and collecting and delivering donations of food, clothing, blankets and other needed items.

Programs like Partners In Dignity are rare and provide a vital, valued and comprehensive array of services that complement the medical system. The biggest challenges are responding to the increasing

*see Partners in Dignity on page 30*



**WE HAVE YOUR DAUGHTER**

**We ARE forcing her**

**to throw UP after**

**every MEAL she eats**

**It's ONLY going**

**to GET WORSE**

**Don't let Bulimia take your child.**

The NYU Child Study Center is dedicated to preventing, identifying, and treating psychiatric and learning disorders. We give children back their childhood. To learn more, please visit [aboutourkids.org](http://aboutourkids.org)



NYU  
Medical  
Center

NEW YORK UNIVERSITY  
CHILD STUDY CENTER



the mental health association  
of new york city, inc.

## New Anti-Bullying Initiative Opens Dialogue for Latino Families

By Giselle Stolper  
Executive Director  
The Mental Health Association  
of New York City

The Mental Health Association of New York City (MHA of NYC) is a key participant in helping to reduce bullying of Latino youth about their sexual orientation or sexual identity within New York City's Latino communities. An anti-bullying outreach and education project, *What Does Gay Mean?*, is a city-wide effort to engage Latino parents in preventing anti-gay bullying to their children and to others.

The need to reduce the amount of harassment and bullying of Lesbian, Gay, Bisexual and Transgender (LGBT) students in New York City is well-documented in *In Harm's Way: A Survey of Lesbian, Gay, Bisexual and Transgender Students Who Speak About Harassment and Discrimination in the New York City Schools*, a report issued by Advocates for Children of New York. Nearly 70 percent of the youth who completed the survey reported being called offensive names because of their sexual orientation or gender identity, and 26 percent of them reported being physically threatened or hurt in school because of their sexual orientation or sexual identity.

A recent national study of Latino parents by Mental Health America revealed that, despite the fact that nearly all surveyed parents believed that sexual orientation information should come directly from them, 64 percent have not spoken to their children about the subject. It's a



Giselle Stolper

troubling reality that is borne out by the study's findings. Seventy percent of polled Latino parents are not prepared to discuss homosexuality with their children. And yet, more than 60 percent feel that it is important to teach their children that it is wrong to treat other people differently because they are gay.

LGBT youth who lack adequate support or who have no readily-apparent options to participate in positive lives of acceptance tend to adopt negative behavioral patterns that persist long after adolescence. The result is that they are at increased risk of developing serious mental health problems that include depression and suicide. The problem is exacerbated

when LGBT youth are members of an ethnic and/or minority group. Latino teenagers, in particular, are under emotional and social stress within their family and ethnic community. Trying to "fit in" often forces Latino lesbian and gay adolescents to suppress the key aspect of their sexual identity.

Parent Education Workshops and Literature Promote LGBT Youth Mental Wellness and Reduce Anti-Gay Prejudice

The project enables the MHA of NYC to help New York City's Latino communities reduce bullying due to sexual orientation or perception of youth as being gay or lesbian. MHA's Coordinated Children's Services Initiative (CCSI), a family services program for children who are affected by multiple city agencies – the courts, child welfare, and the school system, for instance – also provide care coordination services to LGBT youth and has established linkages to other community-based organizations that serve LGBT youth.

The campaign is targeted toward the Latino families who are served by MHA's Parent Resource Centers in Manhattan, Queens and the Bronx and CCSI. In addition, the program reaches out to Latino parents of LGBT youth served by the Bronx Community Pride Center and the LGBT Community Center in Manhattan that host meetings of Families of Color, a Latino group of Parents, Families and Friends of Lesbians and Gays (PFLAG).

Parent education workshops that are facilitated by Spanish-speaking counselors for Latino parents have been held in MHA's Manhattan, Bronx and Queens

Parent Resource Centers. The workshops address issues related to bullying of gay youth and what being gay means in the context of a broader focus on bullying in school and on the Internet. Each workshop addresses how children are impacted by bullying; bullying of youth and children, youth who are perceived to be gay; how to talk with your child about what it means to be gay; what to do if your child has been a target of bullying, and; actions parents can take to help prevent their child from becoming a bully, and how to defend themselves against bullying.

Two workshops specifically designed for Latino parents of LGBT youth were offered at Bronx Community Pride and at the LGBT Community Center. These workshops focus more specifically on how parents can help their children who have been bullied because of sexual orientation and available protections offered to their children under New York City and State Law.

The "What Does Gay Mean? Initiative" will help to foster an environment of understanding and respect for all people, helping Latino parents communicate with their children early in life and in a responsible way to reduce anti-gay prejudice and bullying and promote mental wellness for LGBT youth.

For information on upcoming workshops and copies of the workshop materials, contact Monica Cuevas by e-mail at [mcuevas@mhafnyc.org](mailto:mcuevas@mhafnyc.org) or by phone at 212-786-6795.

Kathryn Salisbury and Angela Mora-Vargas of MHA of NYC's Coordinated Children's Services Initiative (CCSI) contributed to this article. □

### Culture Change from page 15

home number." What to do? We brainstormed and decided to give two staff members agency cell phones so they could make calls from home. It worked.

"Mark is 57 and his Aunt Louanne is in her 80's. Mark moved in with Aunt Louanne after his mother died. Mark had been dealing with having schizoaffective disorder for his entire adult life. He was working as a messenger until 9/11 when he lost his job, became depressed and was hospitalized. He enrolled in the FECS Brooklyn Continuing Day Treatment Program in 2002. He was sad over his loss of independence. His job had meant a lot to him but he had developed some medical issues and was still having trouble coping with anxiety and aggressive impulses. Aunt Louanne and Mark gained a lot from the Multi-Family Groups. They could talk about some of the challenges of living together and through the problem solving exercises they worked out many issues. Mark began to take on household chores

again, felt more independent and the group helped Mark learn coping strategies."

George Brown and Miranda Williams, co-leaders  
Brooklyn Day Program Multi-family Group

The hardest part seems to be getting clients to sign the authorization form to contact and involve their family. It may be that our adult clients who have a mental illness feel it's a sign of weakness to talk to their family members. However, after family members get involved, these same clients have an improved relationship with their worker and with the program and with their families. They feel better understood; they really feel they have a team of people working with them and for them and that team includes their family members who now better understand mental illness and have more skills to be supportive and helpful.

It is now our expectation at intake to talk to clients about contacting their family. We do a genogram in the first few visits and call family members right away.

We also do an ecomap so we can see who and what resources the client is close to in their community.

Family Psychoeducation has very clear procedures. The core elements are:

- Joining
- Education
- Problem-solving
- Interactional change
- Structural change
- Multi-family contact

"Joining" with the family before they join the multi-family group is a skill with many components that clinicians must learn. For some staff the hardest part to learn is "chatting." It is critical to the success of the program for the family to feel relaxed and comfortable with the clinician. Relaxed social interactions are built into the joining sessions and the multi-family groups. Staff are not used to socializing with clients and families, they are used to working on "problems" and being the expert. Helping staff get comfortable

with sharing a little about themselves was a challenge for our consultant Ed Dunne, but with much awareness building, role playing, coaxing and cajoling, everyone became better at it and immediately saw the benefits.

Families share very difficult things with us. They need to feel our humanity not just our professionalism.

"Paul is 34, Argentinean and married. He is bright and educated but his mental illness and addiction to cocaine brought him to FECS's Project COPE, a program for people with dual disorders. Paul's parents were glad to come to a place where people explained both mental illness and addictions to them. They felt the support of program staff and the other families in the multi-family group who were all dealing with the same issues. Paul's debts to drug dealers had caused his family to fear for their lives. Eventually it was thought best that Paul return to South America

see Culture Change on page 30



# NewYork-Presbyterian Psychiatry

NewYork-Presbyterian Psychiatry provides a full continuum of expert diagnosis and treatment services for adults, adolescents, children and the elderly with psychiatric, neuropsychiatric, behavioral or emotional problems.



NewYork-Presbyterian/Weill Cornell



NewYork-Presbyterian/Columbia



NewYork-Presbyterian/Westchester Division

Accomplished specialists in psychiatry, psychopharmacology, clinical psychology and neurology work together to offer the highest quality of care that includes the most scientific advances and state-of-the-art treatment options. With proper diagnosis and treatment, every mental health condition can be effectively addressed.

The psychiatric services of NewYork-Presbyterian Hospital are ranked among the nation's best by *U.S. New & World Report*®.

## Referral

To make a referral or for further information, please call:  
Columbia Psychiatry (212) 305-6001  
Weill Cornell Psychiatry (888) 694-5700  
[www.nyppsychiatry.org](http://www.nyppsychiatry.org)

**NewYork-Presbyterian**  
The University Hospital of Columbia and Cornell

### Columbia Psychiatry

<b>NewYork-Presbyterian Hospital/ Columbia University Medical Center</b> 622 West 168th Street New York, NY 10032 212-305-6001	<b>NewYork-Presbyterian Hospital/ The Allen Pavilion</b> 5141 Broadway New York, NY 10034 212-305-6001	<b>New York State Psychiatric Institute</b> 1051 Riverside Drive New York, NY 10032 212-543-5000
---	---	---

### Weill Cornell Psychiatry

<b>NewYork-Presbyterian Hospital/ Weill Cornell Medical Center</b> <b>Payne Whitney Manhattan</b> 525 East 68th Street New York, NY 10021 888-694-5700	<b>NewYork-Presbyterian Hospital/ The Westchester Division</b> <b>Payne Whitney Westchester</b> 21 Bloomingdale Road White Plains, NY 10605 888-694-5700
--	--

# JBFCFS Puts Family Mental Health Services in Action

By Staff Writer  
JBFCFS

*Sylvia felt overwhelmed by her son's angry outbursts at home and at school.*

*John and Maria worked long hours to pay the bills and spent less time than they might have liked at home. Increasingly, their teenage daughters were out past their curfew.*

*A year ago, Thelma and Mike were thrilled when their son was born, but they noticed recently that he rarely made eye contact. They were worried.*

**W**here can parents turn to find the guidance they need for themselves and their children? At the 12 JBFCFS community counseling centers located throughout New York City's five boroughs, a wide range of mental health and support services are available for families.

"At every JBFCFS counseling center, a family who seeks help has support from a team of social workers, supervisors and a psychiatrist who collaborate to offer the most effective services possible," says Robin Brinn, LCSW, Director of the Alan and Kathryn Greenberg Counseling Center of JBFCFS in Manhattan. "We offer individual, couples, family and group therapy at a sliding scale fee that is very affordable. We also accept Medicaid, Medicare and many insurance plans."

And community is key. Often families learn about JBFCFS services through public schools, hospitals, local Ys and community centers, churches, or synagogues.

"Sylvia (not her real name) came to the Counseling Center in a way that's typical of many of our clients," explains Pamela M. Lotenberg, PhD, LCSW, Director of the JBFCFS Bay Ridge Counseling Center. "A



**Robin Brinn, LCSW and Pamela M. Lotenberg, PhD, LCSW**

school guidance counselor referred her son to us because of his behavior at school."

Sylvia's son Joseph (not his real name) was unable to get along with other children and struggled with hyperactivity. Joseph began to receive immediate help at the Bay Ridge Counseling Center in individual therapy. He was evaluated by a psychiatrist and it was determined that medication could reduce his hyperactivity. In addition, he was enrolled in a therapy group with other boys his age who were dealing with similar socialization issues. Under the guidance of a therapist who was keenly attuned to the dynamics of the group, Joseph was able to learn how to manage his frustrations and impulses differently so he could be more successful when he encountered socially challenging situations at school.

"The therapist also had 'collateral' sessions with Sylvia on a regular basis to help her better understand Joseph's problems and how to manage differently at

home in response to his issues," continues Dr. Lotenberg. Sylvia was invited to participate in a parenting group which helped participants explore the issues that affect their parenting. "As Sylvia began to trust us more, she revealed a history of domestic violence in the household and her belief that Joseph would become a very violent person like his father."

When the therapist learned about Sylvia's trauma associated with domestic violence and her belief that her son would repeat his father's behavior, the therapist encouraged Sylvia to see her own therapist, on-site, to help her explore her ideas about Joseph's behavior and how her own beliefs contributed to Joseph's negative-attention seeking behavior.

Sylvia's experience reflects how often parents may not see problems as originating with themselves, but begin to identify their own problems after being shown evidence of it in the child's behavior. While the child is the first person to be

engaged in treatment, from there JBFCFS therapists can work cooperatively with the parent around the child's issues – and to the extent that the parent trusts the therapist and the services – the parents will then begin to share more of his or her own vulnerabilities and enter treatment themselves, as Sylvia did.

While this is an example of a parent with a school-age child, Robin Brinn also notes that just because someone is 18 and an adult does not automatically mean family therapy is not recommended. In New York City, as more three-generation families live together, or in the same building or neighborhood, it is important to understand the dynamics of the different generations and how that has an impact on family members. Family therapy can be a useful technique in this process.

JBFCFS offers training in family therapy to staff at all of the counseling centers.

"Family therapy helps us to understand patterns of interaction that families have developed, between parents and their parents, and between parents and their children," explains Joe Markowicz, LCSW, Social Worker Supervisor at the J.W. Beatman Counseling Center of JBFCFS in Riverdale. He instructs the Riverdale staff in monthly family therapy training sessions. "We begin to understand these patterns of interaction and see if the patterns are creating part of the problem at hand, and if they are, to change them. By involving the whole family, it is possible to get to a better outcome sooner."

This article touched on a few ways JBFCFS offers services to the whole family. Yet staff at the agency understand that each family is unique and faces its own particular struggles at different times. JBFCFS has many resources available to help with different life challenges, from developmental delays in early childhood to the depression of older adults. For more information about how JBFCFS can help you or someone you love, please call (212) 582-9100. □



***Having a Mental Illness Hurts.***

***You are Not to Blame for Having a Medical Illness.***

***There are Programs and Services Available***

***That Can Help You Through These Trying Times.***

***The Holiday Season Can Be Especially Difficult.***

***Never Give Up in Your Journey Towards Recovery.***

***A Message From Mental Health News***





At our 12 community counseling centers, caring and highly trained mental health professionals offer a wide range of services, including:

- Individual, family, couple and group counseling
- Psychiatric assessments and crisis interventions
- Medication evaluation and management

JBFCS programs serve all ethnic and religious groups. Confidentiality is carefully protected.

Fees are based on a sliding scale. Medicaid, Medicare and most managed care and private insurance plans accepted.

a beneficiary of  
**UJA Federation**  
 of New York

For information about services, please call the Center nearest you:

### BRONX

■ Pelham  
 The Harry Blumenfeld Counseling Center  
 (718) 882-5000

■ Riverdale  
 The J.W. Beatman Counseling Center  
 (718) 601-2280

### MANHATTAN

■ Manhattan North  
 (212) 795-9888

■ Manhattan West  
 The Alan and Kathryn Greenberg  
 Counseling Center  
 (212) 397-4250

### STATEN ISLAND

■ Staten Island  
 The Morris L. Black Counseling Center  
 (718) 761-9800

### BROOKLYN

■ Bay Ridge  
 (718) 238-6444

■ Boro Park  
 (718) 435-5700

■ Break-Free Adolescent Services  
 (718) 676-4280

■ Mid-Brooklyn  
 The Rita J. & Stanley H. Kaplan Center  
 (718) 676-4210

■ Southern Brooklyn  
 The Doris L. Rosenberg Counseling Center  
 (718) 339-5300

■ Starrett City  
 (718) 642-8955

### QUEENS

■ Pride of Judea Community Services  
 (718) 423-6200

## We're Here When You Need Us



**With a 20-year history in the mental health field and a team of skilled and dedicated staff, we can tailor our services and housing options to meet the individual needs of your clients who have mental illness, mental retardation and/or developmental disabilities.**

- We help over 7,000 disabled individuals annually through our 75 different programs
- We offer individual and group treatment for children, teens, adults and families
- Our psychiatrists, licensed social workers and clinical staff provide services that are culturally sensitive in languages that meet individual community needs
- Our services include evaluation, counseling, consultation, case management, rehabilitation and vocational treatment and assertive community outreach
- Our specialized housing options include MICA residences, family reunification programs, a home for teens and scattered site apartments
- Our mental health clinics offer evidence-based treatment and best practice approaches
- Our healthcare clinic offers primary and specialty medical and dental services to special needs populations
- We have received national and state recognition and a 2004-2007 accreditation awarded by CARF for our community housing, therapeutic community and outpatient treatment programs

1986 20TH ANNIVERSARY 2006

Call us at  
866-ICL-ACCESS  
(866) 425-2223




Improving Lives, Building Hope, Empowering People

Visit our  
website at  
[www.ICLinc.net](http://www.ICLinc.net)




### MHA...A Place to Turn for Help



**Westchester County's Leading Resource for Mental Health Services**

Children, Adults and Families  
Mental Health and Wellness  
Trauma Treatment and Domestic Violence  
Advocacy and Public Policy  
Public Education, Information and Referrals  
Volunteering and Partnering

 **MHA**Westchester  
The Mental Health Association of

2269 Saw Mill River Rd., Bldg. 1A  
Elmsford, NY 10523  
914-345-5900  
[www.mhawestchester.org](http://www.mhawestchester.org)



**SEARCH FOR CHANGE, INC.**

Since 1975

*Search for Change has been rebuilding lives and strengthening communities for more than 30 years and continues to be a major force that provides a safe haven for individuals recovering from mental illness.*

- Residential Services
- Career Support Services
- Private Case Management
- 24 Hour Staff Support

95 Church Street, Suite 200 • White Plains, New York 10601  
(914) 428-5600 fax: (914) 428-5642 [www.searchforchange.com](http://www.searchforchange.com)




**Mental Health Association of Rockland County**

*improving lives and raising awareness*

Mental health services for children, adults and families

706 Executive Blvd., Ste F, Valley Cottage, NY 10989  
**845-267-2172**  
[www.mharockland.org](http://www.mharockland.org)

## It's hard enough to find the right doctor – mental illness and developmental disabilities can make it even tougher.



**At ICL HealthCare Choices** our team of doctors and staff understands the challenges faced by women, men and children who have mental illness, mental retardation and/or developmental disabilities.

Imagine a health clinic with while-you-wait exercise classes; whose staff explains every choice and every procedure to your client in a way that is understandable, caring and respectful; that tailors its services to meet the individual needs of your client; and works with all your client's service providers to ensure the best coordinated care possible.


**Our services include:**

Dentistry	Neurology	Psychology
Diabetes Management	Nutrition Classes	Physical Therapy
Primary Care	Podiatry	Access to 24-Hour Care
Cardiology	Psychiatry	Transportation
Gastroenterology		
Gynecology		


Open Monday through Saturday. Evening & walk-in appointments available. For more information, please **call: (718) 234-0073**

**Hablamos Español**

**ICL Healthcare Choices, Inc.**  
6209 16th Avenue, Brooklyn, NY  
Accessible by N, M & D trains and B-8 bus • [www.ICLinc.net](http://www.ICLinc.net)



**ICL Healthcare Choices**



**ICL**  
INSTITUTE FOR  
Community Living

Improving Lives, Building Hope, Empowering People

ICL HealthCare Choices, an award-winning Article 28 diagnostic and treatment center, is an affiliate of the Institute for Community Living, Inc., a trusted provider of mental health and developmental disabilities services.



# Even Difficult Cases have Solutions

## Residential Treatment for Adults 18 & Older

- Behavioral Disorders
- Depression
- Psychosis
- Aspergers
- ADD/ADHD
- Borderline Personality Disorder
- Affective Disorders

**1-888-8-CARE-4U**  
**slsresidential.com**

**SLS Residential**  
2505 Carmel Avenue, Suite 210  
Brewster, NY 10509







*When you need help, Westchester Jewish Community Services is here for you*

**WJCS offers comprehensive mental health services**

## **Out-patient Treatment for People of All Ages**

Specialized services for individuals  
with developmental disabilities

## **Intensive Community-based Services for Children and Their Families**

Learning Center for children and adults

### **Geriatric Care**

*Continuing Day Treatment*

*Mobile clinical services*

*Case management*

### **Social Clubs**

COMPEER

*All services are offered on a non-sectarian basis*

**Call WJCS at (914) 761-0600**



## **Putnam Family & Community Services, INC.**

*is a  
private, non-profit, multi-service agency providing  
comprehensive mental health and chemical dependency services  
to Putnam County and surrounding areas.*

### **Mental Health Services**

- › Mental Health Clinic
- › Coordinated Children's Services Initiative
- › Children's Case Management
- › Specialized Mobile Mental Health Teams for
  - Seniors
  - Concurrent Chemical Dependency
  - HIV/AIDS

### **Chemical Dependency Services**

- › Chemical Dependency Treatment
- › Community Education and Outreach
- › School-Based Prevention

### **Rehabilitation Services**

- › Continuing Day Treatment
- › Adult Case Management

**Main Office:** 1808 Route Six • Carmel, NY 10512

website: [www.PFCSinc.org](http://www.PFCSinc.org)

Tel.: 845-225-2700 • Fax: 845-225-3207



## **Mental Health Association in Putnam County, Inc.**

1620 Route 22  
Brewster, NY 10509

*Promoting a vision of recovery for individuals and  
families coping with mental health issues*

- Peer-Run Information and Referral Warmline
  - Consumer-Drop-In-Center
  - Peer Bridging Program
  - Self-Help Groups
- Education and Support for Family Members
  - Community Outreach and Education

*all of our services are available free of charge..  
call us at*

**(845) 278-7600**



## **Human Development Services of Westchester**

### **Creating Community**

- *Human Development Services of Westchester serves adults and families who are recovering from episodes of serious mental illness, and are preparing to live independently. Some have had long periods of homelessness and come directly from the shelter system*
- *In the Residential Program, our staff works with each resident to select the level of supportive housing and the specific rehabilitation services which will assist the person to improve his or her self-care and life skills, with the goal of returning to a more satisfying and independent lifestyle.*
- *The Housing Services Program, available to low and moderate income individuals and families in Port Chester through the Neighborhood Preservation Company, includes tenant assistance, eviction prevention, home ownership counseling, landlord-tenant mediation and housing court assistance.*
- *Hope House is a place where persons recovering from mental illness can find the support and resources they need to pursue their vocational and educational goals. Located in Port Chester, the Clubhouse is open 365 days a year and draws members from throughout the region.*
- *In the Case Management Program, HDSW staff provides rehabilitation and support services to persons recovering from psychiatric illness so that they may maintain their stability in the community.*

**HDSW**  
930 Mamaroneck Avenue  
Mamaroneck, NY 10543  
**(914) 835 - 8906**

**HOPE HOUSE**  
100 Abendroth Avenue  
Port Chester, NY 10573  
**(914) 939 - 2878**



## Family Support and Education Center of Syracuse New York

### Supporting Families of Persons Diagnosed With Serious Psychiatric Disorders

By Sheila Le Gacy, Director  
Family Support and Education Center

**T**his article describes one community's approach to providing supportive services to the families of persons diagnosed with serious psychiatric disorders. In Syracuse, New York, the Family Support & Education Center at Transitional Living Services has operated for over twenty five years to provide families with essential information and support.

#### The Problem

The total number of people directly affected by mental illness is astronomical. Taking the most conservative statistical approach, if 26 million Americans (less than 10% of the population) currently have some kind of incapacitating mental disorder, and, if each of those citizens has two parents, one sibling, and one child, that means that *over 100 million Americans* have mental illness in their immediate families – and that's without counting grandparents and spouses.

Families play a key role in the support system that is needed to sustain their ill relatives. Their ability to provide an emotionally supportive and predictable environment can be a key factor in the ability of the patient to achieve any significant level of independence.

More than a third of adults who have severe mental illness live with their families, primarily aging parents. Although



Sheila Le Gacy

support and care for a relative who has severe mental illness is demanding for parents of any age, the burden increases as the care givers age and experience physical decline and other losses associated with old age. Even when mentally ill relatives live separately, family members give a great deal of themselves in terms of time, money and social supports.

Although the care giving burden in all chronic illnesses has certain commonalities, persons who suffer from psychiatric disorders present unique burdens that call for specific interventions. The presence of a relative with mental illness in the home has profoundly disruptive effects on family life and severely strains the family's capacity to

provide a rehabilitative environment. Studies show that caregivers experience substantial increases in family conflict, economic difficulties and social isolation.

#### A Solution

There are effective ways of helping these families. The efficacy of education and training has been firmly established. Research has shown conclusively that education and training for families *prevents relapse, reduces rehospitalization, improves medication compliance, reduces family disintegration, improves patient outcomes, and is cost effective.*

In our community, we are fortunate in having an established center for the support of families. Families who call the local NAMI affiliate or the Mental Health Association are referred to the Family Support & Education Center. The Center provides consultation, education and individualized support to families of persons diagnosed with schizophrenia, bipolar disorder, clinical depression, obsessive compulsive disorder, and other serious psychiatric disorders. For over 25 years we have worked closely with parents, siblings, grandparents, spouses, adult offspring, and concerned friends. Our services are designed to help families cope with the pain, frustration, bewilderment and stigma that accompany the severe psychiatric disorders. We have found that a blend of education, support and advocacy training best helps families meet the challenges of caring for their loved ones and themselves.

We offer a free 12 week course (Supportive Family Training) combining education, advocacy and group support. Families are taught communication techniques and coping and management skills, provided information about serious neurobiological brain disorders, and taught practical problem solving. In addition to teaching about the causes and treatments of the major psychiatric disorders, we incorporate information on ways for families to gain access to services. We help families devise strategies to obtain what they need for their ill relatives from the mental health and ancillary service systems.

In addition to helping families access services for their relatives, our program provides support during critical periods and ongoing support for the stress, confusion and despair that families routinely experience. A significant amount of time is spent listening to family concerns, helping them deal with the emotional upheaval in their lives, and being empathic and sensitive to their pain.

The Center is located in a large rehabilitation and residential agency. Our experience working in a not for profit community agency which provides a range of services (residential, social supports, case management, vocational) has demonstrated the usefulness and practicality of family support and education being located close to other services. Family support should be an integral part of psychiatric rehabilitation. It is time for it to have its deserved place as a central component in the totality of treatment options provided to persons recovering

*see Family Support Center on page 28*

## Mental Health Education For Your Entire Community

*Is Your Community In Need Of A  
Ready-To-Go, Affordable, Bilingual & Bicultural  
Mental Health Education Program?*



*Sign Up For Our Community Education Program  
And We Will Deliver Our Award-Winning Publications  
To Mental Health Agencies in Your Community*

*This Will Allow You To Provide  
A Regular Source of Mental Health Education  
To Thousands Of Individuals and Families*

*Call Us Today For Details:*

**(570) 629-5960**

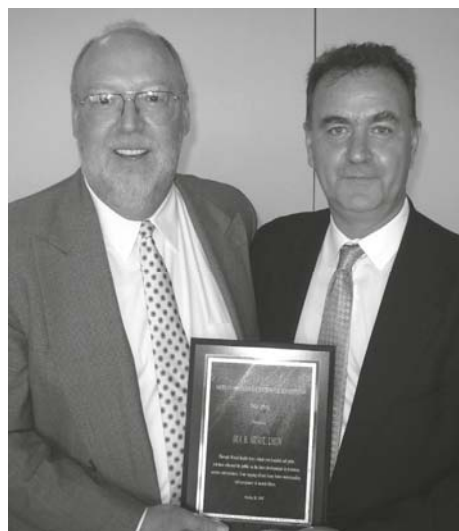
#### Awards Luncheon from page 4

AAPR President, Dr. Gregory Bunt presided over the afternoon event and was joined by other members of the organization who spoke from the podium including Dr. Antonio Abad, Milton Gittelman, PhD, and Dr. Zebulon Taintor.

Commissioner Michael Hogan was presented with the Irving Blumberg Human Rights Award. Assemblyman Rivera was presented with the Tom Levin Award for Community Activism. The Bronx

mental Health Court was presented with the Alice Fordyce Public Service Award. Deng Pufang received the Alexander Gralnick Award for Advances in Psychosocial Rehabilitation.

The AAPR is the US branch of the World Association for Psychosocial Rehabilitation which was founded in 1986. WAPR is an advocacy, training and research group working throughout the world to improve the quality of life for people who suffer from severe and chronic mental illness. □



Ira Minot Accepts Media Award  
From Dr. Antonio Abad



Dr. Gregory Bunt, AAPR President  
Makes Welcoming Remarks



# Making Peace In The Family: Six Easy Steps

By Dr. Brenda Shoshanna

Until we come to peace with our family, it is inevitable that conflict and upset will arise in many of our lives. It is natural to unconsciously and automatically play out the difficulties we had in our families over and over again. Some keep craving the love and approval they never received and demand that they receive it now, often in inappropriate ways in their present day relationships. Even when they do receive it many do not feel satisfied. The love and approval received in the present cannot make up for what was missing long ago. We have to return to the source of the difficulty and make peace right there.

Sadly, however, some thrive on conflict. They do not realize that conflict is a lethal force that undermines their lives in all kinds of ways. Sometimes it erupts openly and other times it camouflages itself, causing the person to sabotage themselves and others, preventing them from having what they most desire.

Others hold onto conflict to get revenge, or to feel a sense of power they may not have. Some feel conflict is necessary in order to get what they want out of a situation. They have to fight for what is important to them, overpower their opponent, receive their good at the other's expense. These individuals feel that anger and domination provides a sense of strength. It can take awhile to realize that the strength that anger provides is false and temporary. When it passes, the individual often feels weaker and more confused than before. And whatever decisions were made under the influence of anger often have difficult consequences. When we think only of our own welfare in a situation, our ability to see the large picture is diminished and our solutions are partial and faulty. They rarely bring the fulfillment we desire.

It's time to look at conflict in a new way and understand what it really is. Then we can take new steps to make peace with our family, ourselves and with relationships that appear in our lives. We can find solutions where all benefit. Every time conflict is resolved for the good of all,



Dr. Brenda Shoshanna

real growth, strength and fulfillment become available.

Here are some specific steps to make to start the steps of making peace with your family and within yourself.

**Step 1: Realize that conflict is a choice you make.** Conflict is not a form of power, strength, or control. It is a toxin, which creates confusion, narrowed focus, and defensiveness. When conflict arises, stop, breathe deeply, and immediately look at the larger perspective. Put the incident in context. For a moment, allow the other person to be "right". Tell yourself you have plenty of time to be right later. Your main goal is to have the conflict subside so you can see what is best for all.

**Step 2: Learn about the 24 forms of anger.** Anger camouflages itself and manifests in many ways. Unrecognized anger turns into all kinds of unwanted behavior that become impossible to stop. We have to become aware when we or another person is angry and find a different response.

Some of the 24 forms of anger are: depression, hypocrisy, self-sabotage, low self-esteem, burnout, passive aggressive behavior, compulsions, perfectionism, gossiping, lying, and various addictions. When we realize that these behaviors are

being fuelled by anger, it is easier to take appropriate steps to handle them.

**Step 3: Give Up Being A Martyr – Stop Giving and Taking Guilt.** Most martyrs do not think of themselves as martyrs. They may describe themselves as long-suffering, giving much more than they get. There's a huge difference between giving and manipulation. Martyrs manipulate with guilt. But guilt is a lethal toxin. When we make someone feel guilty, we are harming them. When people feel guilty they find some way to punish themselves and others.

Give up giving guilt and also give up taking it. Recognize this as toxic behavior, which has no constructive outcome.

**Step 4: Create Realistic Expectations.** There is nothing that makes us more angry and hurt than expectations we've been holding onto that have not been met. It is important to become aware of our expectations. Are they realistic? Does the other person hold similar expectations in the relationship? Once we let go of unrealistic fantasies, clarity about what to do in present time is greatly increased. As this happens, spontaneous, healing solutions become available on the spot.

**Step 5: Stop Casting Blame.** Blaming others (and ourselves) is an expression of hurt, disappointment and helplessness and never leads to a constructive solution. Stop casting blame. By blaming others you are disempowering yourself. By taking responsibility you are taking back control. Stop a moment and see the situation through your opponent's eyes. When you do this blame dissolves on the spot. The best defense against being hurt is to feel good about yourself, to remember that the way a person responds to you says more about them, than about you. As you stop casting blame you will be letting go of all kinds of resentments. Resentment inevitably affects our well-being and constricts our lives. Look for and find what is positive in each individual and situation. Focus on that.

**Acknowledgment:** A) Describe each member of the family, what you wanted from them, and how you wanted them to be. B) Acknowledge each member of the family for who they were. C) Allow them to be exactly who they were. Realize that who they were was not a reflection of

you. D) Describe how you were in the family. E) Allow yourself also to be exactly as you were, no matter what others felt about you. F) Describe what each family member gave you, and the ways in which they supported your life. G) Describe what you gave them.

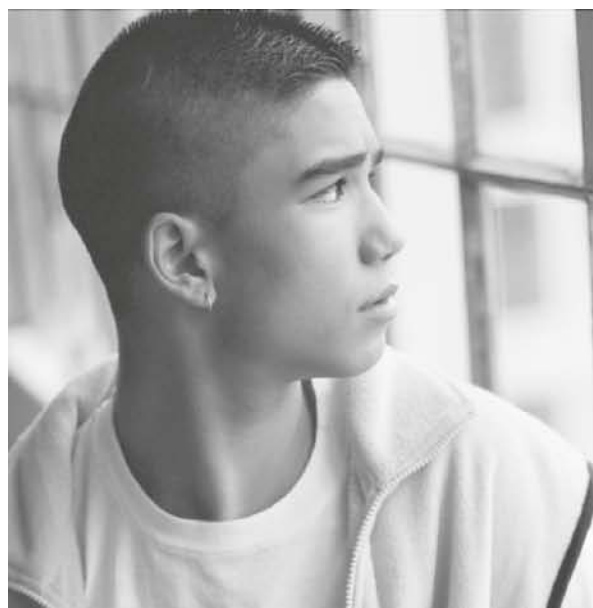
**Apologize:** Contrary to popular opinion, we do not need to receive the apologies of others as much as we need to apologize to feel free and happy and allow ourselves to go forward in life. A) Rather than dwell upon how they hurt or disappointed you, look and see if there may be some way you need to apologize to someone for something. If there is, do it. Write a note of apology. Ask for forgiveness. This will be very healing for you. It will also mean a great deal to them. B) Find out how you can make it up now. (You can ask this, or think of a way to make recompense). Do it as soon as you can. (If you cannot do it with a member of your own family, perhaps you can do this with someone else).

**Giving Thanks:** A) Write a formal thank you letter to each member of the family for something important you received from him/her. B) Are there any gifts you may want to give these members? Give one today. Once wrongs are corrected in our family, it is amazing to see how they straighten out in all other areas of our lives as well.

**Step 6: Develop An Attitude of Gratitude.** We often take many things for granted and are even unaware of all that we are receiving day by day. Now that you see all that you received from this person, and may even be receiving today, take time to feel grateful. Make a point of giving thanks. Acknowledging all you have received will not weaken you, it will strengthen the entire relationship, and ease the process of making peace.

In this vein, it is also very helpful to write down all you have given to that person as well. Conflict can often be unconsciously escalated by guilt a party feels. We often think we are giving so much and receiving so little. This is a great cause of anger and feelings of deprivation. However, when we take time daily to look carefully, we are often surprised and how

see Peace in The Family on page 28



## CHILDREN & ADOLESCENT MENTAL HEALTH SERVICES AT HALL-BROOKE

Exceptional Care for the Mind, Body and Spirit

**HALL-BROOKE**  
BEHAVIORAL HEALTH SERVICES

47 Long Lots Road, Westport, CT 06880

Hall-Brooke Behavioral Health Services offers a continuum of care for the treatment of children and teens with mental health and substance abuse disorders.

Comprehensive and developmentally appropriate inpatient treatment and outpatient services are specifically designed to assist young people - and their families - who are experiencing emotional, behavioral or developmental difficulties.

All programs and services for children and teens are highly structured, take place in a supportive environment and are designed to encourage positive behavioral growth and improve functioning.

For more information, visit us at [www.hallbrooke.org](http://www.hallbrooke.org)  
Call Toll Free 1-800-LIFE-NOW

Member **St. Vincent's**  
Health Services

Affiliate **Columbia University**  
College of Physicians and Surgeons  
Department of Psychiatry

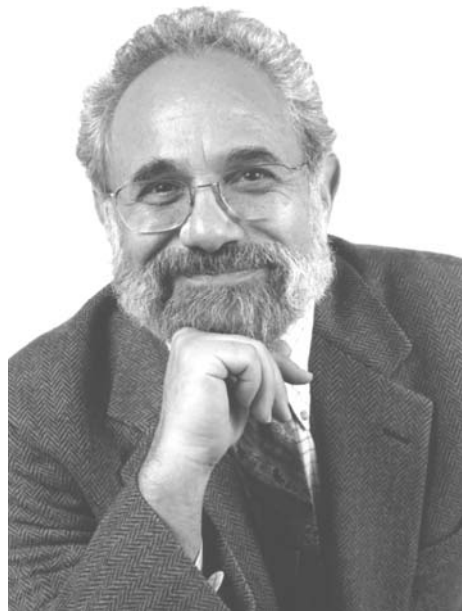


**My Aunt and Me from page 1**

9) I think that my aunt's case also illustrates that family caregivers need support. I was viewed as intrusive by the mental health professionals involved with my aunt because I had strong views about how she should be treated and insisted on being involved in treatment decisions. It never occurred to either the social worker or the psychiatrist whose opinions I questioned that I was reaching a point of personal desperation, that I might be depressed myself, that I needed help. I was just a pain in the behind who didn't visit enough. I am entirely clear in retrospect that ultimately my aunt went to a nursing home at least as much because I burned out as because of her physical and mental infirmities.

10) One last thought. I had enough money to arrange whatever my aunt needed. Still it wasn't good enough. I hate to think of what befalls people without money. Medicare and Medicaid do pay for some services, but there are huge problems financing appropriate services.

Clearly, this is not just a story about my aunt and me. The issues that defeated us are among the major issues that most older adults who are disabled by severe mental illness and their families routinely encounter. And it is clear—isn't it—that these are cross-system issues, straddling the mental health, health and aging systems. And isn't it clear as well that these are family issues as well as issues for individuals? Family members provide 80% of the care for people with disabilities. They do the bulk of the job, but they



**Michael B. Friedman, LMSW**

need—and deserve—help to do it.

We have made some progress in New York State towards getting the service systems to work together. But there is so much more to do and so little time to do it before the elder boom hits in force. We really have to move faster.

*Michael B. Friedman is the Director of the Center for Policy and Advocacy of the Mental Health Associations of New York City and Westchester. He is also the Chairperson of the Geriatric Mental Health Alliance. The opinions expressed in this essay are his own and do not necessarily reflect the opinions of the MHAs or the Alliance. To contact Mr. Friedman, e-mail: center@mhaofnyc.org. □*

**Family Support Center from page 26**

from psychiatric disorders.

**Barriers to Finding Services**

Programs like the Family Support & Education Center are unique. It would be simple if the answer to the question "How do I find family mental health services?" was "ask your relative's therapist, or doctor, or case manager." Unfortunately, it is not common practice for clinicians to suggest concrete ways for families to find support for their own needs. Indeed, so focused are clinicians on their relationship with their patients that they often minimize the critical role the family plays in the support of that individual in the community. This is also true of case managers and staff in residential programs. Many of these providers have no idea of the time, money, energy and other

resources families expend on their relatives. Most often the person receiving services does not communicate their reliance on their families.

Mental illness is a family issue. Unfortunately this obvious fact of life is not sufficiently addressed in conventional service design which conceptualizes the client as the person receiving the services. In fact, advocating for the client often cannot be separated from working with the family. We feel that it is imperative that service providers approach the person to be served in the context of his or her family. By giving family concerns attention, you legitimize family needs, acknowledge their stress, and ultimately become more helpful to the client.

*The Family Support and Education Center is located at 420 East Genesee Street, Syracuse, New York and can be reached at (315) 478-4151 □*

**Peace in The Family from page 27**

much we have received and how little given in return. As we see how much we receive daily, anger naturally subsides. If each person feels satisfied with what they have given, self respect increases, and all aspects of one's present life improves as well. Once we make peace with ourselves and our family, there is no end to what is possible for us now.

*Dr. Shoshanna, is founder and director of Peaceful Harbor, Center for Discovering and Developing Peace of Mind.*

*A psychologist, certified divorce mediator, family mediator, speaker, trainer and award winning author, Dr. Shoshanna brings East and West together in providing creative and holistic ways of making peace and finding fair and healing solutions. Her most recent book is The Anger Diet, (30 Days to Stress Free Living), McMeel was awarded the best book of the year (Spirituality and Health Magazine). Subscribe to her free E-zine or reach her at [www.brendashoshanna.com](http://www.brendashoshanna.com). Contact her at [topspeak@yahoo.com](mailto:topspeak@yahoo.com). and at (212) 288-0028. □*

**NYC Empowers from page 15**

Families on the Move of New York City, which advocates both for the rights of children and families who are challenged with emotional and behavioral issues -- and for their full participation in the decisions that affect them.

Data indicates that CCSI improves children's mental health and school performance. For example, Columbia University researchers who are conducting an ongoing evaluation of 200 of the initiative's families and youth found the youth were less impaired at 18 months than when they first engaged with CCSI. In addition after 12 months, the percentage of youths failing most or all of their school subjects decreased by one-third.

In the Columbia study, most youth reported they are getting along better with family members after CCSI involvement.

Families also report feeling less stress and tiredness caused by their child's mental health problems 18 months after initial involvement with CCSI.

DOHMH also funds and oversees family support services that provide information, referrals, support and advocacy to families in NYC whose children have mental health challenges. After receiving input from families and providers, DOHMH will revamp these services, with an eye toward buttressing CCSI's efforts.

The federal grant that funds CCSI runs out next year. Our next challenge is to ensure that the successes achieved become a self-sustaining, permanent part of our vision for New York City's future.

*Myla Harrison, MD, is Assistant Commissioner for Child and Adolescent Services in the Division of Mental Hygiene at the New York City Department of Health and Mental Hygiene. □*

**Prevent Poisoning from page 12**

When medications are hard to get to, people often do not take them as they should, and sometimes they do not take them at all. However, if medications are out in the open, children can get to them and bad things can happen. We need a balance. Lock up all medications not just those from your doctor, especially over-the-counter medications. Over-the-counter does not mean safe; it only means that they can be purchased without a prescription. Aspirin, acetaminophen (Tylenol(R)) and even vitamins can be lethal in overdose situations. So, all over-the-counter medications should be kept in the "child proof bottles" they are sold in; stored in a locked box which is kept in a secure location out of sight and out of a child's reach. Only take out medications out of the lock box for one or two days at a time. Do not leave medication bottles out to remind you to take medications.

There are better, safer ways to remind yourself, for example, leaving a note on the bathroom mirror.

If potentially dangerous substances are ingested, assume that there is a poisoning emergency. Call the Poison Control Center at 1-800-222-1222. You will be directed automatically to the local center where professionals can tell you what to do. Over 70% of poison exposure cases are managed simply by phone. However, if the person has fallen asleep, collapsed or having trouble breathing, they may need hospitalization. Call 911 immediately. When you go to the hospital, bring the bottle of the medication and any remaining pills or substances with you. This will help the doctor decide the amount taken, the seriousness of the problem and the treatments that may be started. If you do not have the bottle or know what was taken try to describe the substance. Color, shape, size, texture, taste and purpose of the pills or substance are all helpful. □

**Your Medication from page 12**

how the body will break down (metabolize) the medication. Some medications will be digested just like food if they are swallowed. This will not help with an illness. Sometimes, medications have special coatings so that they dissolve in different parts of the digestive system at different times. This allows medications to avoid digestion in the stomach and to be available for a longer period of time. Most time release medications work this way. Sometimes medications must be taken with or without food. This has something to do with decreasing side effects of the medication and increasing the amount of medication that gets into the body. The reasons medications are sometimes taken several times a day is that medications must be at a certain level or concentration for them to work properly.

Sometimes this can only happen by taking the pills several times a day. If they are taken too often, the blood levels will get too high and the pills will run out early and you will probably get sick again. You might also have a lot of side effects. If the pills are not taken on time, they will simply not work properly and you may get sick again or stay sick. You should always, always, always take your pills for the entire time that they are prescribed, even if you feel better. While it is understandable that people might stop pills, it is almost always a mistake. Feeling better is not the same as being better. If you have an infection you feel better when the bacteria in your system decreases. You will be better when it is gone. To get it to be gone you need to take all your medications exactly as your doctor tells you to do and for as long as you are told to take them. □

**Substance Abuse from page 7**

Treatment Services, and contains many other important facts about adolescent substance abuse, treatment and treatment admissions patterns.

The full report is available at <http://oas.samhsa.gov/2k7/youthFacts/youth.cfm>. Copies may be obtained free of charge by calling SAMHSA's Health Information

Network at 1-877-SAMHSA-7 (1-877-726-4727). For related publications and information, visit <http://www.samhsa.gov>

*SAMHSA is a public health agency within the Department of Health and Human Services. The agency is responsible for improving the accountability, capacity and effectiveness of the nation's substance abuse prevention, addictions treatment, and mental health services delivery system. □*



# NAMI's Programs Bring Hope to Families

**By Ann Loretan, MA**  
**Co-President**  
**NAMI Westchester**

**A**s I write this, the fires in California are still burning, and like everyone else, my heart goes out to those who have lost their homes, or suffered injuries in this tragedy. Because I work for NAMI (National Alliance on Mental Illness of Westchester), the devastating fires remind me of the damages wrought by mental illness on families. Whoever we are, mental illness almost always takes us by surprise, upends our lives, and leaves nothing the same.

The experience of mental illness is catastrophic, not only for the ill person, but also for each member of the family. If an ill family member needs to be hospitalized, all involved experience isolation, shame, anger, and confusion. Parents feel they have somehow failed their child. Siblings fear that "it" may happen to them. Spouses question themselves. Adult children put their lives and emotions on hold as they care for a parent.

Indeed, the experience of mental illness brings unexpected and unbidden life-changes to everyone affected by brain disorders.

NAMI Westchester is an education and advocacy organization founded by families of people with mental illness. One of our key programs is called "Family to Family", a 12-week course that educates and empowers family members. The course was developed by Dr. Joyce Burland, and was originally offered in Vermont under the name, "Journey of Hope." Over 100,000 people have completed the course in the U.S., Canada, and Mexico.

The "ticket" to NAMI's Family to Family course is that one be a family member or close friend of someone with a serious mental illness. There is no charge for the twelve week course, except for the requirement that one show up for each class. Most people arrive at the first class feeling exhausted and alone, yet hungry for anything that can help. The teachers hand them thick notebooks and reading assignments, tell them that the classes will last for two and a half-hours, and will be crammed with information. (Amazingly,

despite this, they return!)

Because this is a peer-based program, the two teachers are trained family members of individuals with mental illness. They follow a curriculum that includes the medical, psychological and social effects of serious brain disorders. There are stages that families go through on the way to acceptance and empowerment. Complex information about the illness is presented as a "feast of facts" in which participants can select the information that is relevant to them. Coping skills, self-care, and community resources are key presentations. One of the highlights of the course is a presentation of "In Our Own Voice", another NAMI program in which consumers of mental health services speak about their experiences of illness and healing.

We think of the classes as a compassionate learning environment. Members reach out to each other with information and concern. Whatever their backgrounds, they become a community based on shared experiences and understanding. As individuals they become stronger, yet gentler with themselves and others. Best of all, they become allies with their ill


loved one in a common understanding of the forces of the illness.

In speaking of his mother's participation in Family to Family, Garth House, a writer from Ohio, said, "Her understanding of serious brain disorders gained through the program has helped me better accept and understand my own illness and permitted me to let go of the shame and guilt that haunted me for so many years."


Yes, mental illness can be compared to a natural disaster, but there is so much more that can occur. Through Family to Family, people learn that healing, change, hope and community are still possibilities – even in the face of catastrophe. I have taught this class for several years, and I currently direct this and other family education programs. After all this time, I can honestly say that I have more hope than ever for the healing of those with mental illness and their loved ones.

The Family to Family Course is offered two times a year in various locations in Westchester. It is also offered in Spanish as "De Familia a Familia". For more information, call NAMI Westchester at (914) 592-5458, or find us online at [www.namiwestchester.org](http://www.namiwestchester.org). □

## Give the Gift of Hope: A Subscription to Mental Health News




**Our Unique Approach  
to Child and  
Adolescent Treatment**



Children and adolescents are treated in distinct, age-appropriate programs with the treatment milieu focused on each age group's developmental issues. Programs include:


- **5-8 years old:** provides a nurturing, therapeutic, home-like environment
- **9-12 years old:** focuses on developing social skills and mastering impulse control
- **12-14 years old:** provides a balanced nurturing and structured environment, promoting healthy communication
- **15-17 years old:** focuses on empowering adolescents through peer support and feedback



Each unit, led by a multidisciplinary clinical team, mirrors a school setting that promotes shared competencies and encourages bonding. Family/caregivers are a primary focus within all age groups and we encourage their active participation. Four Winds' on-grounds school works closely with the home school district to assist the child/adolescent in a smooth transition back to the classroom.

**For Information and Referrals**  
**Call 1-800-528-6624**  
**24 Hours a Day • 7 Days a Week**

800 Cross River Rd • Katonah, NY 10536 • [www.fourwindshospital.com](http://www.fourwindshospital.com)



**National Alliance on Mental Illness of Westchester, Inc.**

**The nation's largest grassroots organization dedicated to  
improving the lives of those affected by mental illness.**

**NAMI offers**

- ❖ **Family support and education on mental illness**
- ❖ **By family members, in English and Spanish**
  - **Family to Family Education Program**
  - **Familia a Familia Programa Educativo**
- ❖ **Public advocacy and education by consumers**
  - **In Our Own Voice: Living With Mental Illness**
- ❖ **Support Groups for Family Members**
- ❖ **Monthly Speaker Forum**
- ❖ **Newsletter**
- ❖ **Telephone Support**

**(914) 592-5458**

[namiwestchester@juno.com](mailto:namiwestchester@juno.com) [www.namiwestchester.org](http://www.namiwestchester.org)

### ***Families as Partners from page 11***

health and educational systems, policies and regulations that impact on their children's education and emotional health.

Parents provide mutual aid for one another and engage in a valuable exchange of resources. Parent advocates from NSC&FGC are available to assist parents who need additional support in accessing resources, for example.

#### **Enriching the Program**

The close relationship that the school based intensive support collaborative has established with parents of the students who attend the program has demonstrated that students definitely have a better response to the program when their parents/family are actively involved. Issues that may arise during the school year are settled on a more immediate basis when the family is actively involved. This keeps less serious issues from becoming serious ones.

Developing a good working relationship with parents is a key protective factor that can mitigate against high levels of risk. Partnership with parents also serves to reinforce and support the development of assets in their children. Students experience greater success because their parents/family understand and participate in the achievement of the academic and therapeutic goals of the program.

A good partnership with parents mod-



**Andrew Malekoff, LCSW, CASAC**

els healthy communication for the student, demonstrating that adults can get along and work together for their interest. Good working partnerships serve as a counterforce and as an important means to prevent relationships that can be characterized by unhealthy communication.

Healthy communication by all adults in the school community and parents is a must for school-based mental health programs. We cannot afford to replicate dysfunctional patterns of communication that

tissue of mice that showed vulnerability to stress. In both cases, the researchers found higher-than-average BDNF protein in the brain's reward areas, offering a potential biological explanation of the link between stress and depression.

"The fact that we could increase these animals' ability to adapt to stress by blocking BDNF and its signals means that it may be possible to develop compounds that improve resilience. This is a great opportunity to explore potential ways of increasing stress-resistance in people faced with situations that might otherwise result in post-traumatic stress disorder, for example," said Nestler.

"But it doesn't happen in a vacuum. Blocking BDNF at certain stages in the process could perturb other systems in negative ways. The key is to identify safe ways of enhancing this protective resilience machinery," Nestler added. □

### ***Becoming A Reality from page 4***

The regions of New York, Long, Island, Connecticut, and New Jersey have very active and involved autism communities, and host some of the country's major centers for autism treatment and research. One of the goals of the development phase of the project is to meet with the regions many agencies that serve the autism community. Preliminary meetings have been held with the Orange and Westchester County Offices of Mental Health, the YAI National Institute for People with Disabilities, Westchester ARC, and the NYU Child Study Center. Future meetings are planned with CO-SAC in NJ and with The Seaver Center at Mount Sinai Hospital, the Yale Center at

Greenwich Hospital, and LIJ's Autism Center on Long Island. Many more meetings are needed and anticipated throughout the region. "We started with three parent advocates, stated Minot, Judy Omidvaran, from Westchester, Carey Zuckerman, President of The Manhattan Autism Society, and Theresa Pirraglia also of Westchester and Founder of FECA: The Foundation for Educating Children with Autism." "They are so involved in advocacy and for finding answers to the causes of autism. Their help has been invaluable to us in networking with other leaders of this vibrant and committed community." Anyone interested in the project is urged to fill out the flyer on page 5 or to call David Minot at (570) 629-5960. □

too many of our students have experience throughout their short lives. This requires a commitment from all who are involved on the treatment team, including top administrative staff.

#### **The Parent's Role in Program Evaluation**

Consumer satisfaction surveys are completed by parents. The survey enables parents to give voice to their experiences and opinions about the program. These surveys are collated and analyzed as a means of evaluating the program and then modifying it as needed.

Parents are encouraged to voice their satisfaction with the aspects of the program they find most helpful to them and to their sons/daughters. They are also encouraged to suggest ways the program could be improved.

#### **Celebrating Your Child**

ISP provides multiple opportunities for parents and family members to celebrate their children and support their strengths and assets. Concerts, plays, art shows, and other special events offer opportunities for parents to celebrate what their children have to offer.

Sad events can also provide this opportunity. In the ISP high school, after the death of student who had a chronic medical condition, the students planned a memorial and invited their deceased

classmate's family. They sang, planted trees, and dedicated a bench in his memory. The memorial was a moving event that allowed all students involved to express their humanity and provide the grieving parents and siblings with a lasting memory of the kind of school community to which their son and brother had belonged.

#### **In Conclusion**

A strong partnership is especially critical when working with students with a history of serious emotional disturbance. For many of these students ISP is the last chance for them to stay at home and in the community. They can evoke strong feeling in the educational and mental health staff. Sometimes the power of what they generate can lead to a splitting of staff, family and other collaborating systems. A strong team approach, anchored in a group structure enables us to prevent the splitting that divides instead of unites staff, parents, and students.

Most staff in ISP will say it is a privilege to work in the program. They will also tell you that it is one of the hardest things they've done in their professional careers.

For a Guide to the Development of School-Based Mental Health Partnerships, edited by Andrew Malekoff and Mehri Fyzel, go to the following link on the world wide web: [http://www.northshorechildguidance.org/SpecEdTechManual%20\(1\).pdf](http://www.northshorechildguidance.org/SpecEdTechManual%20(1).pdf) □

### ***Partners in Dignity from page 16***

demand for services as the program becomes more widely known, and sustainability. To date, Partners In Dignity services have been delivered free of charge, supported largely by philanthropic funding from UJA-Federation of New York. As more and more individuals come to us with concomitant mental health issues, F-E-G-S will look to deliver some of its end of life services under the auspices of its network of licensed behavioral health clinics.

For more information about F-E-G-S's Partners in Dignity program, call (516) 496-7550.

### ***Culture Change from page 18***

*and enter an in-patient program. He returned to New York recently and came to the program to say hello and report on his progress. He feels the program helped him and his family get on the right track and he is optimistic about getting a job."*

*Joe Ferguson, Kay Hosny, Sofya Shalmiyev, co-leaders, Project COPE Multi-family group*

Implementing the McFarlane model of Family Psychoed in three of our programs lead to a survey of how we involve families in all our programs. We are now more keenly aware of the benefits for our consumers, their families and our programs when we partner families. At Riverdale Manor, an adult home where F.E.G.S. operates a psychosocial rehabilitation program,

*Established in 1934, F-E-G-S provides services in: employment, skills training, career development, education/youth development; behavioral health; family services; developmental day treatment, rehabilitation, and residential services; and home care. F-E-G-S services reach more than 125,000 individuals a year at more than 350 locations throughout New York City and on Long Island.*

*\*Names of clients depicted in the vignettes above have been changed to protect the identity of those served. □*

case management, and a mental health clinic, our regular Family Night is looked forward to by staff, clients and families alike. In our Bronx Intensive Psychiatric Rehab Treatment Program for young adults the kids planned their own activities for a hugely successful Family Night.

Just like any culture change, it takes time but it also takes the commitment of every level of an organization. FECS Behavioral Health Programs have made Family Psychoeducation programming an integral part of three of our programs. We know what it takes and we have seen the benefits. We are now working on integrating the model all over.

*For more information about F.E.G.S. Health and Human Services Behavioral Health and Behavioral Health Residential Programs call Ellen Stoller at 212-366-8038. □*



# Subscribe to MHNews

**Yes!** I want to receive each Quarterly issue by Mail

- ☐ Consumer/Survivor/Ex-Patient (\$20/year)
- ☐ Student (\$30/year) School/Program \_\_\_\_\_
- ☐ Individual/Family (\$40/year)
- ☐ Group - 50 Copies Each Issue (\$300/year)

*Order a Gift Subscription for A Friend - Give a Gift of Hope  
all subscribers receive both of our award-winning publications at no additional cost*

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Include your Check Payable to:  
Mental Health News Education, Inc.**

*cut out this coupon and mail it with your check to:*

**Mental Health News  
16 Cascade Drive, Effort, PA 18330**

**Phone: (570) 629-5960 E-mail: mhnmail@aol.com**

# Advertise in MHNews

- \* 25% Savings - Book 3 Get 1 Free!
- ☐ Business Card - 4 issues (\$320)
  - ☐ Eighth Page (1 issue \$300 - 4 issues\* \$900)
  - ☐ Quarter Page (1 issue \$500 - 4 issues\* \$1,500)
  - ☐ Half Page (1 issue \$750 - 4 issues\* \$2,250)
  - ☐ Full Page (1 issue \$1,000 - 4 issues\* \$3,000)
  - ☐ Inside Covers & Back Page (please call)
  - ☐ Special Multi-page Supplements (please call)
  - ☐ Corporate Sponsorship (please call)

Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Include your Check Payable to:  
Mental Health News Education, Inc.**

*cut out this coupon and mail it with your check to:*

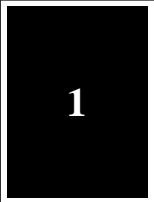
**Mental Health News  
16 Cascade Drive, Effort, PA 18330**

**Phone: (570) 629-5960 E-mail: mhnmail@aol.com**

*Promote Your Vital Programs and Services for the Mental Health Community  
And Reach Our 120,000 Readers  
Advertise in Both Mental Health News and Salud Mental and Save 38%*

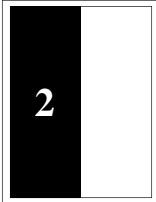
# Deadline Calendar & Ad Size Specifications

<u>Deadline</u>	<u>Release Date</u>
February 1, 2008	April 2008 (spring issue)
May 1, 2008	July 2008 (summer issue)
August 1, 2008	October 2008 (fall issue)
November 1, 2008	January 2009 (winter issue)



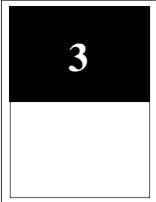
1

Full Page  
\$1,000



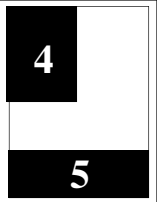
2

Half Vertical  
\$750



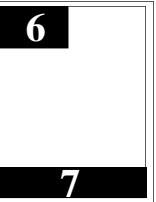
3

Half Horizontal  
\$750



4

Quarter V & H  
\$500



6

Eighth V & H  
\$300

<u>Ad Sizes - In Inches</u>	<u>Width</u>	<u>Height</u>
Full Page (1)	10.375	12.9
Half Vertical (2)	5.088	12.9
Half Horizontal (3)	10.375	6.3
Quarter Vertical (4)	5.088	6.3
Quarter Horizontal (5)	10.375	3.05
Eighth Vertical (6)	5.088	3.05
Eighth Horizontal (7)	10.375	1.425



# MENTAL HEALTH NEWS

*recovery from mental illness is possible  
but it takes a community of support*

*Mental Health News provides a vital link  
to that community of support  
and helps to open the door to recovery*

*learn how Mental Health News can help  
provide mental health education to your  
community...it's easy and affordable*

*call us today at: (570) 629-5960  
visit our website at [www.mhnews.org](http://www.mhnews.org)*