

Saratoga County Citizens' Committee for Mental Health Newsletter

Fall 2007

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"Citizen of the Year" Award Honors Geri Rosebrook



Peggy Lounsbury presents Geri Rosebrook with the SCCCMH Citizen of the Year Award at the Annual Dinner on May 9, 2007.

Celebrating the tireless efforts of Geri Rosebrook as one of the earliest founders and co-president of the Saratoga NAMI (National Alliance for the Mentally Ill), the SCCCMH honored her with "2007 Citizen of the Year" award during the Annual Dinner held at Longfellow's Inn and Restaurant on May 9, 2007. The Saratoga County Citizens' Committee for Mental Health Chairperson Peggy Lounsbury presented Ms. Rosebrook with the prestigious award. The SCCCMH Board of Directors unanimously agreed to recognize her twenty plus years of dedicated advocacy on the behalf of the mentally ill in Saratoga County and in New York State. Over her tenure with NAMI, Geri spoke to local community groups on numerous occasions explaining what mental illness is and how to

help improve mental health services. Ms. Rosebrook's unflinching efforts to improve available services and help create a vital family support group greatly increased understanding of mental illness. It is through her efforts that the foundations were laid so that the needs of the mental health community today benefit so many people



whose lives are touched by mental health issues. Thank you Geri Rosebrook!

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Where do you turn for quick and easy access to human services? United Way of the Greater Capital Region has developed a knowledgeable and friendly database. When you dial 2-1-1 you will talk to a specialist who can refer you to the right people for needs such as: Child or elderly care, rent assistance, financial or legal counseling, healthcare, job training opportunities, and food assistance, mental health needs, crisis counseling. This new service is available 24 hours a day, 7 days a week. 2-1-1 is a free and confidential service that is multi-lingual, including Spanish and it is easy to use. You will receive referrals to the right services you need.

What is the difference between 2-1-1 and 9-1-1? 2-1-1 complements 9-1-1 by fielding calls about non-public safety needs, such as food and shelter. This ensures that emergent situations are properly answered. 2-1-1 saves time and is also available at anytime at www.211ny.org. This new service is affiliated with the national 2-1-1 initiatives and is co-sponsored by United Ways of New York State and the New York State Alliance of Information and Referral Systems (NY AIRS). Financial support for this initiative comes from public – private partnerships that include federal, state and local government funding streams. Unlike 9-1-1, 2-1-1 call centers coordinate existing services, saving taxpayers time and money.

If you're looking to donate your time or money, 2-1-1 New York can direct you to the appropriate agency. For further questions or information contact SOHEILA HEXEMER at shexemar@211neny.org or 518.462.6531.

Guest Editorial

Submitted by Mark Porteus

An alternative to primarily professional directed and administered mental health treatment programs, and one answer to the difficulties some former clients face when returned to independent community life, are found in an approach seldom employed in the public mental health system in this state. Thirty years ago, I was in a then newly formed psychiatric rehabilitation program in an Upstate state psychiatric center. This residential program was sole occupant of a separate building, a former student nurses' dormitory, and was termed a quarter-way house. The program's structure and much of its content, drew upon the work and writings of Dr. George Fairweather, an American psychologist, who developed what he called the "lodge system", a group-based treatment and living arrangement in which group members were answerable to one another, counseled one another in group meetings, and were individually and collectively responsible for group self-governance, all this under the usually unobtrusive supervision of a professional. The intent was to forge a group identity and cohesiveness with which the entire group could move as a self-sustaining social and economic unit into community life when ready. The end result was envisioned with our unit keeping ourselves mentally healthy and being financially self-supporting. Unfortunately, in the shuffle of institutional politics, we were finally released individually and not, as originally intended as a group.

In the nearly one year we were together as a group in this psychiatric rehabilitation program, the members revealed surprising strengths under the pressure of dealing not only with their own personal difficulties, but also with the challenges of living in close community with others in similar straits
(continued on page 6, see Editorial Continued)



Helping the Bipolar Child: Home – School - Community

by Andrea DeGeorgio

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Ninety-two professionals and parents attended this year's Fall Youth Conference held on October 27th 2007 at the Knights of Columbus in Saratoga Springs. As in prior years, the conference was jointly sponsored by the SCCCMH and the Youth Services Team of the Saratoga County Mental Health Clinic. We were very fortunate to have Candida Fink, MD as presenter of this timely topic. Dr. Fink specializes in child and adolescent psychiatry. Her expertise is in pediatric bipolar disorder, autism and mental health issues in school settings. Dr. Fink is co-author of the book "The Ups Downs of Raising a Bipolar Child" and "Bipolar Disorder for Dummies".

The well-attended conference "Helping the Bipolar Child - Home – School – Community" shared valuable insight and information for the participants. Dr. Fink is deeply concerned about the steep rise in bipolar diagnoses in children over the past 15 years. While many doctors believe the increase is due to improved awareness and sharper diagnostic skills, others' like Dr. Fink believe that what is being labeled as bipolar disorder in children is not the same illness as bipolar disorder in adults. While children with bipolar disorder often do not exhibit the classic periods of major depression with periods of mania as seen in adults. The cycles of the children may last hours, compared to the cycles adults experience that may last days or weeks. Dr. Fink believes that most of these children do not actually have bipolar disorder. While there may be no question that these children have a mental health problem, misdiagnosis can result in ignoring other considerations like fetal alcohol syndrome, learning disabilities, anxiety, etc. Also, misdiagnosis may also expose these children to high risk medications inappropriately.

The group also learned about some of the ways to deal with the challenges that arise for families and schools when addressing the needs of children and teens diagnosed with bipolar disorder. Dr. Fink assured the group that bipolar disorder can effectively be successfully treated and need not limit a child's well being or accomplishments. A thorough assessment is key to properly diagnosing childhood bipolar disorder, as it shares symptoms with other mental health disorders. Dr. Fink strongly recommends that only a professional should be consulted for a complete assessment to be performed. Effective treatment includes all aspects of a child's life that comprise him or herself, family, school and community. According to Dr. Fink, it is vital to build not only the child's skills in managing symptoms but paramount for the family to learn these skills to enhance the child's success with treatment. Programs like "collaborative Problem Solving" developed by Ross Greene, PhD and Stuart Ablon, PhD are showing real promise in helping families and educators identify and address "skill deficits" in emotional and behavioral functioning. For more information on this approach, Dr. Fink suggested looking on line at:

www.thinkkids.org .

Dr. Fink is hopeful that as understanding of the childhood bipolar disorder increases, more effective treatment approaches for children with complex mental health issues will be developed.

More resources: Depression and Bipolar Support Alliance: www.dballiance.org ; Child and Adolescent Bipolar Support Foundation: www.bpkids.org; Dr. Fink's website: www.candidafinkmd.medem.com.



NAMI launches Veterans Resource Center

November 2007 NAMI newsletter

This week, NAMI launched its [Veterans Resource Center](#), an online portal to mental health resources for America's veterans, active duty service members, and their families. In conjunction with this launch, NAMI is providing you with a unique opportunity to honor those who have served and continue to serve our country.

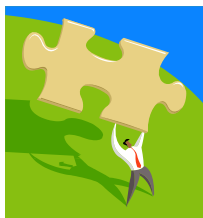
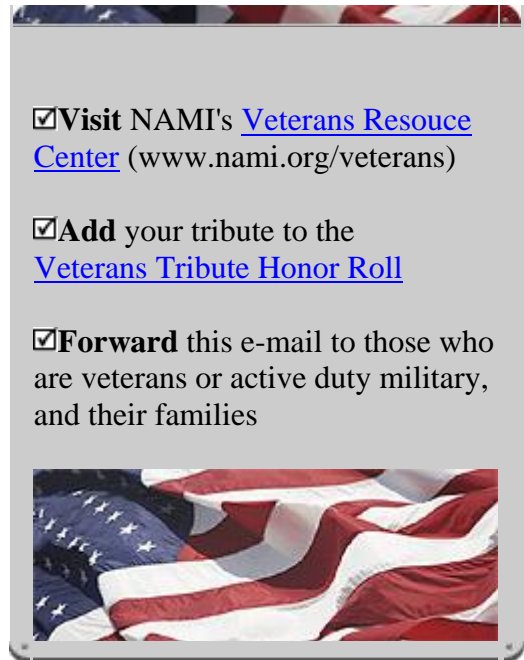
As a nation at war, many of our veterans who are returning from active duty face a second war at home, confronting profound mental health problems that challenge their lives and the lives of their families.

Consider these grim statistics:

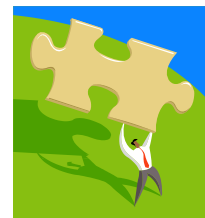
- Almost **1 in 3** veterans returning from Afghanistan and Iraq confront mental health problems.
- In 2006, the suicide rate in the Army reached its **highest level** in 26 years.
- Approximately 30% of veterans treated in the Veterans health system suffer from depressive symptoms, **two to three times** the rate of the general population.
- More Vietnam veterans have now **died from suicide** than were killed directly during the war in the 1960s and 70s.
- Approximately **40%** of homeless veterans have mental illnesses. Approximately 57% of this group are African American or Hispanic veterans.

In an effort to respond to these issues, NAMI's Veterans Resource Center features a growing compilation of fact sheets, self-help information, online discussion groups, research and policy updates, and links to government agencies and other private organizations. NAMI has made the Center a priority to meet a growing need.

One of the special features of the Veterans Resource Center is the [Veterans Tribute Honor Roll](#). This is a way you can support NAMI's work on behalf of veterans.



Keep Connected



SCCCMH 2007-2008 Membership Drive

In order to carry out our mission, the SCCCMH must represent a large number of consumers and professionals. Therefore, our members are very important. To join SCCCMH complete a membership form and mail to:

SCCCMH, P.O. Box 820, Saratoga Springs, NY 12866

The membership donation is on a pay-what-you-can basis. SCCCMH is a charitable, non-profit organization and donations are tax deductible. Members receive the SCCCMH Newsletter and their support assists the SCCCMH to achieve our mission.

Also, if you are a member of SCCCMH and you are interested in serving on the Board of Directors, contact Peggy Lounsbury, Chairman, at 518.583.8371 or e-mail plounsbury@saratogacare.org

Chairperson's Message

By Peggy Lounsbury

The SCCCMH has an aggressive plan for this fiscal year. Our goals are:

- Assist in the development of mental health services by providing two grant funding to agencies and organizations that provide direct services.
- Develop the Public Relations Function of the SCCCMH to increase visibility.
- Advocate for improved mental health care and services by lobbying county government to ensure funding for mental health services in Saratoga County.
- Sponsor two meetings of the Saratoga County Mental Health Network for Professionals and Advocates.
- Investigate the feasibility of a SCCCMH web site and the role this website would have to assist mental health causes in Saratoga County.

This is the time of year that we conduct our membership drive. In order to effectively advocate for the needs of people with mental health problems and achieve our goals, the SCCCMH must have strength by having as many members as possible. So, please consider rejoining the SCCCMH, and if possible, provide financial support. Encourage others to join. Feel free to copy and distribute the membership form enclosed in this newsletter, or contact me at plounsbury@saratogacare.org or 583-8371 to request a form.

Editorial continued

by Mark Porteus

and to the degree they were capable of administering to one another. A relative few remained intransigent throughout.

The absolute necessity of taking medicine on time and as prescribed was relentlessly drilled into us. Problem solving was a skill taught and emphasized the entire course of our stay. Because of that emphasis, many of us learned, despite severe impairments including developmental combined with mental illness, in some cases, to navigate the minutiae of life in the local community, the local mental health system, work and personal relationships. Because the load was on the client's shoulders, to a surprising degree most learned to help themselves as well as others. The intensive program cultivated interdependence among members and a capacity to arrive at reasonable decisions communally and individually. The self-directed group meetings with no staff present were effective behavior changing instruments. The members could plainly call a spade a spade in a way no professional ever could.

As it was, we were released individually into the local community. A year's immersion in a progressive rehabilitation program that was by the standards of the time, left us feeling over prepared for release. In many respects,



*This publication was prepared with
the assistance of Four Winds –
Saratoga
www.fourwindshospital.com*

(continued from page 5) mired in the attitudes of the 1940s toward the mentally ill. Although this was not uniformly true of all elements in the community's population, by and large, the community was noted for its social conservatism and rigidity of class divisions. What might have been the benefits to individual group members, as well as to the community, Federal and State tax payers, we had been released as a group prepared to share a common residence and prepared to work together in a common business enterprise.

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the Voice of
Saratoga County
Mental Health
Community.
Join SCCCMH
Today!***

The obvious benefits could have resulted in its participants receiving mutual support and reassurances from each other in daily life and at work. The group members could monitor each other for signs of emotional difficulties, as well as indications of relapse, long before they got out of hand. Secondly, the community stood to benefit from a close-knit group of former patients living and working collectively by having an absence of those demands on the community's social services and other community services financed by public and charitable monies. Federal and State taxpayers would have benefited by reduced demand for public funds in the form of public assistance or disability support payments. Unlike the usual scenario with these mentally ill group members would have PAID taxes.

During the group's year together, decisions were made by consensus. We argued common problems until we arrived at a common agreement. People contributed according to their ability, no one was written off. We coaxed each other into a reasonable semblance of normality in that one-year's time. Had we remained together as a group after discharge, it would not necessarily been a rose garden, but, as the saying goes, there is safety in numbers and a cohesive supportive group of familiars under some degree of limited professional supervision would likely have provided a sort of a safety net. This "net" would be more effective than the fragmented mental health system that the community did not supply at that time. Certainly, working together in a collective business enterprise would have been an answer to the often-common problem for the mentally ill: employment. Mental health care and after care in Saratoga County is far superior to what it was, thirty years ago, and still is, in the community whereof I write, but I set down this experience and observations on it, with the thought that it is, in some cases, a yet relevant treatment model.

Newsletter Corner

Yes, you may have noticed something new in the format of our newsletter. The Committee collaborated in revamping the newsletter. Our new look is clean and fresh with a style that is easier on the eyes. Please feel free to share your thoughts about our new look! Our membership is always welcome to submit articles and opinions – about any mental health issue. Our goal is to express, educate and serve as a forum that invites discussion about local issues and concerns dealing with mental health happenings within our communities. Through these activities, the Committee continues to strive in meeting its other goals that include advocacy for the mentally ill while increasing the awareness of the needs of these individuals and their families with mental illness.

The deadline for submitting articles for the next edition of the newsletter in the Spring is March 10, 2008.



16th Annual Interagency Awareness Day

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This year's annual gathering of human service providers was held at the National Museum of Dance located on 99 South Broadway in Saratoga Springs on November 7th. The event successfully hosted over 90 agencies from Warren, Washington and Saratoga counties. Members of the public as well as the participating agencies enjoyed a perfect opportunity for networking while showcasing their organization's available services. The Saratoga County Citizens Committee for Mental Health took full advantage of the day to learn about what types of human services are offered. Improving access to information is a key goal for our SCCCMH board. We hope to encourage collaborative efforts among the many organizations that contributed to the day's events. Special thanks are offered to the Inspirational Life Coach Speaker Merci Miglino. Her presentation "Looking on the Bright Side" shared how humor can help change a person's perspective from feeling "burned out" to one of how to become a more positive and upbeat force in your own life as well as those who you touch along the way.

The planning committee for this special event is looking for additional members to help organize and plan for next year's annual Interagency Awareness Day. Anyone interested can contact the IAD planning committee chair, Lisa Millis at Cornell Cooperative Extension 885-8995.

SCCCMH Grants Are Available

The Saratoga County Citizen's Committee for Mental Health (SCCCMH), annually awards monetary grants up to \$1,000 to agencies, programs and individuals in Saratoga County that provide services to the mentally ill. The grants are distributed in December, March and June of each year. For more information and an application, please contact Caroline Russell Smith at 857-9361. Applications for the next award cycle are due December 1st, 2007. However, applications can be submitted anytime. SCCCMH does not fund salary support, general operating costs, multi-year or sustaining project support, administrative fees or indirect project costs.

Past grants awarded include: \$940 to the Domestic Violence and Rape Center to expand its support groups, \$1,000 to the Capital District Association for Eating Disorders for training groups leaders, \$950 to the Angel Names Association for a lending library and a projector to expand educational programs and \$1,000 to the Saratoga Mental Health Clinic for conference room equipment.

Boy Scout Eagle Project: One Way To Assist Non-Profit Organizations

Area Boy Scouts complete Eagle Scout projects to help the community and to develop leadership skills. If your non-profit organization has a project that requires money and manpower, this may be a wonderful opportunity to get this done. For more information, contact Peggy Lounsbury.

SCCCMH Newsletter is the official publication of the Saratoga County Citizens' Committee for Mental Health, P.O. Box 820, Saratoga Springs, NY 12866. The views expressed in this newsletter represent the opinions of the authors and do not represent the official position or opinions of the SCCCMH unless specifically stated. The SCCCMH reserves the right to decide on the content of the newsletter, and also reserves the right to review, revise, shorten or deny articles submitted for publication.

SARATOGA COUNTY



CITIZENS COMMITTEE
FOR MENTAL HEALTH

*For more information
about the SCCCMH,
contact Peggy Lounsbury,
Chairperson,
at 518-583-8371*

*The Saratoga County Citizens' Committee for Mental Health (SCCCMH) is a non-profit, charitable organization that **distributes grant money** to agencies and programs in Saratoga County so they can enrich existing programs or expand services for people with mental illness. The SCCCMH also provides affordable **educational opportunities** for professionals and consumers, **advocates** for improved mental health care and services; and is committed to **increasing public awareness** of the needs of people with mental illness.*

**Saratoga County Citizens
Committee for Mental Health**

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