



Director's Letter

TEAMING UP FOR MENTAL HEALTH

Dear Friends,

As 2008 begins, we are very excited to be launching two new outreach and education initiatives. These projects represent a major, cooperative effort by local agencies, health care providers, and businesses to improve mental health in our community. Critical funding is being provided by **Excellus BlueCross BlueShield** and **Community Foundation of Central New York**.

In our last newsletter, I discussed some of the unmet mental health needs of veterans, in particular, those returning from the Iraq War. Combat veterans can suffer from a range of mental health issues originating with combat experience, such as post-traumatic stress disorder, anxiety, major depression, and readjustment difficulties. According to the Journal of the American Medical Association, 30% of returning Iraq War veterans will need to access mental health services. Veterans are experiencing increasingly high rates of depression, substance abuse and suicide. The military and civilian health care systems are not currently able to fully meet the demand for services.

This past December, **Excellus** granted \$60,000 to the Mental Health Association to fund the 3-year Mental Health Education and Outreach Initiative for Onondaga County veterans, their families, community and government agencies, and mental health service providers. Collaborating partners include the **Onondaga County Department of Mental Health, Prevention Network, the Mental Health Association of New York State, the Veteran's Administration Hospital in Syracuse, and Syracuse University's Maxwell Graduate School.**

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Public Awareness Campaign Launched

Change Your Mind. Mental Health Matters!

That's the message that's been popping up all over Central New York, thanks to the launching of MHA's new public awareness campaign. Our goal is to raise awareness about mental health issues, dispel myths, and reduce the painful stigma that can prevent people from seeking help. From November through January, twelve different rotating billboard locations have reached an audience of over 150,000.

Throughout the year, you will see and hear a variety of messages, including mental health myths and facts, in local newspapers, and on radio and television. The campaign will encourage people to seek resources when needed, and reach out to under-served groups such as youth, elderly, veterans, and minorities. The seed money for this campaign was provided by the **M&T Foundation**, with funding support from **Excellus BlueCross BlueShield** and **Senator John A. DeFrancisco**. Technical assistance was received from **United Way of Central New York**.



**Nick Pirro Chairs
Twentieth Anniversary
MEN WHO COOK
on April 25 at
the Hotel Syracuse!**

See page 3 and newsletter insert for more details!

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The initiative's objective is to strengthen and help coordinate mental health services for veterans in Onondaga County via the following activities:

- Identify the mental health needs of veterans in Onondaga County
- Gather relevant information about available resources
- Educate veterans, clinicians and the general public about mental health care for veterans
- Advocate for necessary mental health resources and services
- Provide access to mental health services through confidential information & referral
- Create a replicable model for veterans education and outreach

The focus for the first year will be on establishing a task force of key stakeholders and partners to identify local needs and gather information about resources and treatment. MHA will also begin training of our own staff to address mental health needs of veterans through our phone and website Information & Referral service. At the end of 2008, we will host a conference for educators, service providers, and veterans agencies to share the findings of the task force.

If you would like more information about this project please send an e-mail to: requests@mha-oc.org. We welcome your interest and involvement!

INCREASING ACCESS BY BUILDING RESOURCES

The **Central New York Community Foundation** granted \$13,750 to assist MHA in building its Information & Referral program, Mental Health Connections. Over 11,000 people contact the program via its phone and website services annually. Through program usage and resources statistics, we are able to identify populations, trends, and short-falls in local mental health resources.

In 1999, the US Surgeon General stated that nearly two-thirds of all people with diagnosable mental illnesses do not seek treatment and that the poor and under-served populations have tremendous difficulty obtaining appropriate mental health care. As mental health problems are experienced by about 20% of the population, including children,

this means there are potentially thousands of people in Onondaga County alone not receiving the help they need. A comprehensive, easy to use referral service is an essential step to addressing this problem.

MHA will use the Community Foundation grant, along with funding from the **Onondaga County Department of Mental Health, New York State, Excellus BlueCross BlueShield, and United Way of Central New York**, to strengthen its capacity to coordinate mental health services for Onondaga County residents. We plan to hire a research associate for a one-year appointment to research local mental health services, encourage discussion between agency personnel and mental health providers, and work with MHA staff to expand and update referral resources. Based on our prior usage statistics, we are especially looking to add resources for geriatric, disabled, minority, and rural populations, providers who accept Medicaid, new services, and self-help and support groups for individuals on waiting lists for services.

Accurate and relevant data collection can be used to educate clinicians, agencies, and policy makers. It provides factual evidence to advocate for resources for the under-served, and helps guide the creation of media campaigns and education programs to raise awareness of services and reduce stigma.

The veterans outreach and information & referral initiatives are designed to complement each other, encourage community collaboration, and better serve the needs of individuals and families in our county.



Stephen Butler, Executive Director

Children 1st! Spring Course Dates

Children 1st! is a 6-hour, certified course for parents who are separating or divorcing. The classes are led by experienced therapists and attorneys, and are held on Saturdays from 9 a.m. – 3:30 p.m. Upcoming dates are:

March 15, April 5

May 17, or June 7

To get more details or to register, call
(315) 445-5606, ext. 204.



Former County Executive Nick Pirro serves his specialty Meatballs at Men Who Cook XIII in 2001.

For tickets to Men Who Cook or other information, please see the flyer in this newsletter, visit

www.menwhocookmha.org
or call (315) 422-9400.

MHA Anger Management Program

Acknowledging, Accepting, & Alleviating Anger

This educational program for adults meets in Syracuse on six consecutive Thursday evenings from 6:30 p.m. to 8:00 p.m.

Call 445-5606, ext. 204 for fee information, start dates, and other details.



20th Anniversary Fundraiser is April 25 at the Hotel Syracuse!

It's been two decades since the first Men Who Cook event was held at the Galleries in Syracuse! Back in 1988, a group of thirty professional and businessmen became chefs for a day to benefit the Mental Health Association of Onondaga County. Twenty years later, that group has grown to over one hundred Central New York men representing a variety of businesses and professions—doctors, politicians, educators, manufacturers, salesmen, reporters, florists, engineers, authors, attorneys, entertainers—you name it!

Former Onondaga County Executive **Nicholas Pirro** was one of that very first group of chefs, and has served up his famous meatball dish every year since! He is serving as Honorary Chair for the event's platinum anniversary, to recognize his twenty years of volunteering.

Men Who Cook returns to the Hotel Syracuse on **Friday, April 25**, from 5:30 p. m. – 8:00 p. m.. Patrons can enjoy all the traditional aspects of the fundraiser – samples of dozens of international appetizers, entrees, and desserts, live music, and the good-natured Best Dish & Best Table competition. The silent auction introduced last year is back too, this time with food-related goodies and services from Central New York companies.

For tickets or more details, see the enclosed flyer or visit www.menwhocookMHA.org!



2007 Community Service Awards Presented

Over 200 people attended the Mental Health Association's 2007 Community Service Awards Holiday Luncheon on December 6. Established in 1989, the recognition event honors local individuals and organizations who have been exceptional advocates and supporters of mental health. Guests and honorees dined in the picturesque Horizons Room at the top floor of the Renaissance Hotel in Syracuse, while listening to beautiful holiday piano music performed by **Sheila Austin** of Skaneateles.

Congratulations to our 2007 Honorees!

YOUTH COMMUNITY SERVICE AWARD

Ethan Lunkenheimer, Cato-Meridian High School
Mia Caitlin Legg, Christian Brothers Academy

COMMUNITY SERVICE AWARD

Linda McCrystal, Director
Fabius Pompey Outreach

MHA BOARD PRESIDENT'S AWARD

Sally Attridge, MHA Board Secretary &
Co-founder of Anorexia/Bulimia Support

INDIVIDUAL ADVOCATE OF THE YEAR

Gregg Phillips, Sales Representative
Atlas Health Care Linen Services & Founder of
Depression and Bipolar Support Alliance of CNY

INDIVIDUAL ANGEL OF THE YEAR AWARD

Sarah Dam, FSA, EA, Vice President-Harbridge,
Chief Actuary, BPA-Harbridge

CORPORATE ANGEL OF THE YEAR

BPA-Harbridge

LIFETIME ACHIEVEMENT AWARD

Ona Cohn Bregman, LCSW

MENTAL HEALTH PROFESSIONAL OF THE YEAR

Deborah Welch, Director of Mental Health
Services, St. Joseph's Hospital Health Center

DR. JEROME WAYNE AWARD

Centre Syracuse (John Wohlers, Ph.D,
Joel Richman, Ph.D., & Ronald C. Fish, Ph.D.)



Deborah Welch
2007 Mental Health
Professional of the Year



Sarah Dam
2007 Individual Angel of the Year



Mia Legg
2007 Youth Community Service Award



Ona Cohn Bregman, LCSW (I)
2007 Lifetime Achievement Award
presented by **Mitzi Wolf, AAMFT, CSW,**
MHA Board member

Advocacy News

LEGISLATION BANNING SOLITARY CONFINEMENT FOR INMATES WITH PSYCHIATRIC DISABILITIES

by Bob Corliss, Director of Forensics Services
Mental Health Association in New York State, Inc.

After several months of starts and stops, the State Senate and Assembly came together on Tuesday, January 15, 2008 and gave final passage to legislation which bans the use of solitary confinement for inmates with serious psychiatric disabilities and instead establishes specialized residential mental health treatment units for such persons in state correctional facilities. The legislation will now go to the Governor where it is expected that Governor Spitzer will sign the bill in short order. Final legislative action follows up on a three way agreement reached in the summer on this bill between the Senate, Assembly and Governor Spitzer.

This legislation is the result of over five years of advocacy efforts undertaken by a coalition of mental health, criminal justice, religious and human rights organizations, as well as an array of ex-prisoners and family members of confined persons. Such folks banded together and convinced the legislature that the practice of locking up inmates with serious psychiatric disorders in the SHUs (special housing units) for months, and even years constituted a form of cruel and unusual punishment.

Two years ago, the Mental Health Alternatives to Solitary Confinement (MHASC) coalition produced a booklet, entitled "Stories from the SHU", which graphically described the effects of solitary confinement on psychiatrically disabled inmates, including the heightened incidence of suicide and self harm. The number of persons with a serious psychiatric disorder in special housing units in New York State has been estimated to be about 25% of all inmates in special housing which is more than double the percentage of persons with serious mental illnesses in the overall prison population.

Over time, coalition members attracted the support of Assemblyman Jeffrion Aubry, Chair of the Corrections Committee in the Assembly and Senator Michael Nozzolio, Chair of the Senate Committee on Crime Victims, Crime and Corrections who introduced and shepherded legislation in both houses to provide treatment rather than punishment and to "Boot the SHU", which became the mantra for the coalition. Passage in both houses might never have occurred without the strong leadership of both Assemblyman Aubry and Senator Nozzolio.

Along the way, the determined efforts of coalition members drew editorial support from 13 newspapers across the state who repeatedly called upon the Legislature to pass the Aubry-Nozzolio bill and for the Governor to sign such legislation. Thousands of names on petitions were also forwarded and a grassroots drive to write and call legislators

continued over the last two years. In so many ways, the coalition helped to educate persons around the state about the hidden, but toxic practice of locking up inmates with serious psychiatric disorders for months and years.

The legislation passed in New York State is indeed historic in its scope and because it is not the result of state or federal litigation, which is often the driving force for such reform. Under this legislation, all inmates who may face the penalty of confinement in SHU because of misbehavior will be assessed by mental health staff. Those who meet mental health criteria will be transferred to a residential mental health treatment unit where they will be afforded intensive treatment provided by State Office of Mental Health staff rather than be subjected to the isolation and deprivation of solitary confinement. The bill requires that inmates will get at least four hours a day of therapeutic programming or treatment.

The legislation also provides additional training to correction officers and requires that the Commission on the Quality of Care (CQC) monitor and oversee the implementation of the legislation. According to Assembly staff, \$12 million will be appropriated in this year's budget to begin implementation. The legislation allows the Department of Correctional Services and the Office of Mental Health up to four years to fully comply with all provisions of the legislation.

Finding the Right Psychotherapy

By: **C. Deborah Cross, MD, President**
New York State Psychiatric Association

*reprinted with permission, Mental Health News,
www.mhnews.org (Part 1 of 2)*

Psychotherapy is a unique intervention which provides the possibility of significant personal growth and change for those who undertake the hard work involved. The type of psychotherapy chosen should be based on the therapist's orientation and training, the patient's symptoms and diagnosis and the ability of the patient and the therapist to develop a therapeutic alliance in which to affect the most positive outcome for the patient.

Patients are often concerned about whether their therapist will be a man or woman or from their own cultural and racial background. These issues are important since human experience is shaped by these factors. However, the emotional issues dealt with in psychotherapy are often extremely similar across racial, cultural and gender lines. Of utmost importance is the development between the patient and the therapist of a trusting and caring relationship which will allow the healing power of psychotherapy to be experienced.

"Psychotherapy" defines a number of different approaches employed by mental health professionals in providing

FINDING THE RIGHT PSYCHOTHERAPY, FROM PAGE 5

services to their patients and clients and was originally called the “talking cure”. It is aimed at changing behavior through verbal interactions. A general definition states that it is primarily a verbal interchange between two individuals in which one is designated an expert and the other a help-seeker, with the goal of identifying characteristic patterns of behavior that are causing symptoms and problems in living. Psychotherapy also occurs within a group setting, and in couples and family meetings.

GENERAL CHARACTERISTICS

Essential elements of psychotherapy across all settings include a focus on verbal interactions, with the therapist providing opportunities for the patient(s) to talk about their difficulties. Psychotherapy is not an ordinary relationship, since a mutual sharing of thoughts and feelings is not expected, that is the therapist will not generally divulge much information about his/her life, likes, dislikes, etc.. The psychotherapy relationship is not a friendship in which two people share a conversation. Instead, a psychotherapy session focuses on helping the patient/client discover what difficulties are occurring in his/her life and developing ways to change or cope with these difficulties.

General non-specific characteristics are also present in all psychotherapies and include the development of the therapeutic alliance between the therapist and the patient, which is a major component in a successful therapy. The trust and confidence which the patient develops in the therapist allows him/her to work on recalling painful emotions and events; the therapist provides an organizing rationale for seemingly unrelated symptoms and events and the patient is then able to begin the process of therapeutic change and growth.

The integration of medication and psychotherapy allows the patient to gain the most benefit from the experience of psychotherapy. For example, when a patient is depressed often the depression is so overwhelming that the patient is unable to muster the necessary physical and psychological energy needed to participate in the psychotherapy. The use of antidepressant medication in combination with psychotherapy provides the most optimal way of addressing the symptoms associated with Major Depression.

PSYCHOANALYSIS

Given the basic concept of what psychotherapy is and is not, numerous ways of meeting this goal have developed. Initially, psychoanalysis was the only technique. Psychoanalysis, though still utilized today, is much less visible than in the past, primarily because of the length of time needed, 4 to 5 sessions a week for 3 to 6 years!

PSYCHODYNAMIC PSYCHOTHERAPY

Many of the techniques used by the psychoanalyst are also used in what is commonly psychodynamic (or psychoanalytically oriented) psychotherapy which can be both long or

short term. The focus is on the here and now, though psychological defenses and coping styles are still examined. The therapist’s role is to help the patient understand various conflicts in his/her current life. Psychodynamic psychotherapy forms the basis for most psychotherapies, and most patients are usually treated with some variation of it.

A number of brief psychodynamic psychotherapies have been developed over the last 30 years with some commonalities such as limited focus and goals, limited time, selection criteria and increased therapist activity.

With the growth of managed care in the last 20 years, there has been increased focus on brief psychotherapies and specifically the concept of “brief, intermittent therapy throughout the life cycle”. This concept has emerged as a way to enable patients to access therapy when changes in their life situation (e.g., marriage, birth of child, death of parent) disrupt or interfere with their normal coping skills and abilities.

COGNITIVE PSYCHOTHERAPIES

Many of the more recent brief psychotherapies are linked with cognitive approaches. One such psychotherapy is Interpersonal Psychotherapy (IPT) developed by Klerman and others in the 1980s. IPT’s goal is to improve interpersonal communications and skills, test perceptions and clarify feelings. IPT is generally used for depressive symptoms.

Other cognitive psychotherapies include Beck’s Cognitive Behavioral Therapy (CBT) and Linehan’s Dialectical Behavior Therapy (DBT). Beck’s CBT is short term and focuses on symptom reduction. The therapist is active and directive. Homework is part of the therapy and the therapist teaches the patient self help techniques to practice between sessions. One of the primary concepts Beck uses is that of cognitive distortion, in other words the patient does not think about events in his/her life in a rational way. CBT can be used to treat depression, panic disorder, obsessive-compulsive disorder, paranoid personality disorder and somatoform disorder. Sessions are structured and problem oriented with a focus on cognitive restructuring of such automatic thoughts, assumptions and core beliefs.

Linehan’s DBT was initially developed for the treatment of Borderline Personality Disorder, but has also been found to be useful in the treatment of depression, anxiety, anger, impulsivity, and eating disorders. The focus is on helping people to move beyond bouncing back and forth from one extreme of emotions and actions to another. Linehan developed 4 skill modules to help the patient reach what she calls “wisemind” in which the patient blends the rational and emotional states of mind. Her 4 skill modules are: mindfulness, interpersonal effectiveness, distress tolerance and emotional regulation.

The next issue of Insights will include the remainder of this article: Supportive Psychotherapy, Group Psychotherapy, and Picking the Right Psychotherapy.



How You Can Help!

All donors are considered Mental Health Association members! Our members provide funding that fuels the growth of our agency to help those we serve.

We know you also possess a wide variety of talent and experience! If you have a skill that may contribute to MHA's goals, as well as some time to donate, please contact us at (315) 445-5606. We would love your input in any area, such as programming, needs identification, outreach, technology, research, advocacy, or fundraising projects.

To join MHA or renew your membership, please use the form on the back cover of this newsletter.

We thank our members who have joined or renewed since August 2007:

Individual

FRIENDS

Renewing

Betty Carlisle

Alice Honig

Lynn M. Trickey

Eugene S. Warnell

Dorothy Wehmann

SUPPORTERS

New

Diana Cramer

Renewing

Connie Marion

Richard J. Pratt

Dene A. Sarason

Barbara Stratton

FAMILY

New

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Thomas Lazzaro

PROVIDER

Renewing

Onondaga Case Management

COMMUNITY CALENDAR

March 13

Working Effectively with Resistant and Burned-Out Parents:

One day seminar presented by Cross Country Education; Course Director **Rhonda A. Lettington, MS, LBSW, ACADC, NCC**; for mental health professionals, social workers, school guidance counselors, teachers, occupational therapists, & parents; Dates: 3/11 Buffalo; 3/12 Rochester; 3/13 Syracuse; 3/26 Albany; (800) 397-0180; \$150/\$179; www.CrossCountryEducation.com

April 6

23rd Annual Schizophrenia Conference:

Understanding Causes and Promoting Recovery: for professionals, families, and consumers; Columbia Medical Center, NYC; \$10 consumers & family; \$25-\$50 professionals; (212) 781-6047 cmc@columbia.edu; <http://columbiacmc.org>

April 25

Men Who Cook XX

5:30-8:00 p.m., Hotel Syracuse, MHA fundraiser featuring 100 businessmen "chefs for a day", Best Dish competition, & silent auction; \$45 in advance; See page 3 of this newsletter; (315) 422-9400

May 1-31

Mental Health Month

May 1-4

Children's Mental Health Awareness Week

May 3

AFSP Survivor Outreach Program Training

8:00 am - 4:00 pm.; Hampton Inn, Route 31, Clay; Training for outreach volunteers; Nomination form required. For more info on the CNY Chapter of the American Foundation for Suicide Prevention, call (315) 695-2201; National organization: www.afsp.org

MHA Insights is a publication of the Mental Health Association of Onondaga County, Inc.



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**The Mission of the Mental Health Association is to
promote mental health in the community through
advocacy, education, and access to mental health services.**



It's always a good time to become a member of MHA or renew your membership!

MHA Membership/Renewal Form



- I would like to join the Mental Health Association of Onondaga County.
- Please renew my membership.

Name _____
Address _____
City _____ State _____ Zip _____
E-mail _____

(Optional) Please designate my gift to the following MHA program:

- Apply where it's needed most
- Children 1st! Parent Education Program
- Anger Management
- Anorexia/Bulimia Parent/Partner Program
- Community Companions
- Information & Referral
- Mental Health Education & Advocacy

- Payment enclosed (Please make check or money order payable to: Mental Health Association of Onondaga Co.)
- Charge my (circle one) VISA MC

Credit Card #: _____ Expiration Date: _____

Signature (required): _____ Total Amount Charged or Enclosed: \$ _____

Please mail this form with your check or money order to: MHA, 6493 Ridings Rd, Suite 112, Syracuse, NY 13206

Your contributions are tax-deductible to the extent allowable by law.

Thank you for your support!

Membership Levels	
INDIVIDUAL	
__ \$250+	Advocate
__ \$100+	Benefactor
__ \$ 50+	Family
__ \$ 30+	Supporter
__ Friend \$	_____
PROFESSIONAL/BUSINESS	
__ \$500+	Benefactor
__ \$250+	Provider
__ \$100+	Leader
__ \$ 50+	Partner
__ Friend \$	_____