



# Get the Net Working !



Peer Networking Group of CNY, Inc.



## From the Director

It is October already! Time flies when we are having fun. I would like to take this "director's note" to address an article in the September newsletter. For that matter, I would like to address the general philosophy regarding PNG's distributions, of any kind. PNG does not take a specific stance on issues such as medication, treatment, methods of recovery, etc. The Peer Networking Group, as it has been explained to me, is a place for people with views and backgrounds of all kinds to come together, to exchange information from all fields of thought. It is a place to meet people in order to "empower one another and work in equal Partnership with providers, policy makers and concerned citi-

zens". As an individual who sees equal partnership as also meaning equal voice, I feel it is my obligation, as director, to provide information from all groups equally.

You as empowered and capable individuals are in charge of your own views, lives and perspectives. I strongly feel it would be doing an injustice to supply readers with information from only one side of a "fence". So, please keep this in mind, as you read e-mails and newsletters, of which I do my best not to let my own personal views get in the way. I feel it is my obligation to attempt to remain as objective as possible, in the material that I share. I welcome opinions and reader contributions, even if that contribu-

tion is in response to specific materials. I will not take it personally; I WANT to hear what you have to say, and what you feel you would like to know more about. We are an extremely diverse collection of individuals; not everyone is going to agree with everyone, and that is why the Peer Networking Group is so amazing. There is controversy within the people who attend PNG meetings and receive the newsletter; I will not ignore that. The fact remains that we continue to come together in attempt to learn from others, and exchange what we each have to offer the PNG. While many of us do not see eye to eye we can respect each others feelings and what they bring to the PNG table.

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Partnership • Empowerment

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*I submit that an individual who breaks a law that conscience tells him is unjust, and who willingly accepts the penalty of imprisonment in order to arouse the conscience of the community over its injustice, is in reality expressing the highest respect for the law.*

*Martin Luther King Jr.*

The purpose of this newsletter is informational only. Peer Networking Group of CNY, Inc. does not necessarily endorse, promote or support any information presented

## About World Mental Health Day

World Mental Health Day was observed for the first time on 10 October 1992. It was started as an annual activity of the World Federation for Mental Health by the then Deputy Secretary General Richard Hunter. The day is officially commemorated every year on October 10th.

At the beginning the Day had no specific theme. Its aims were general ones of promoting mental health advocacy and educating the public on relevant issues. In the first three years one of the central activities to mark the Day was a two-hour telecast broadcast globally through the US information agency satellite system from studios in Tallahassee, Florida. WFMH Board members participated from the studio, with live telephone participation from Australia, Chile, England and Zambia and pre-taped segments from Geneva, Atlanta and Mexico City. In the first such telecast we realized that we were

indeed reaching far afield, because there was an unanticipated and unscheduled telephone call-in from Swaziland, where a group of WFMH members had gathered to view to the program. And that year the very first of many feed-back reports came from Peru.

In 1994, at the suggestion of then Secretary General Eugene Brody, a theme for the Day was used for the first time. It was "Improving the Quality of Mental Health Services Throughout the World." Feedback reports were received from 27 countries soon after that campaign, with notable national campaigns in Australia and in England. In many countries WFMH Board members were instrumental in arranging events. Within three years, the Day had become a

valuable occasion for interested government departments, organizations and committed individuals to arrange programs to focus on aspects of mental health care.

In 1995 a broad range of international events was reported to the WFMH Secretariat from around the world, ranging from a month-long series of events in Egypt, to a conference held by the French Federation for Mental Health at the Ministry of Health, to a community celebration in the tiny Micronesian Islands in the Pacific. In the United Kingdom, where there was a large national program, we also noted the poignant event at the site of the old London mental hospital which gave us the word "bedlam," where many volunteers, school children and young people with learning difficulties planted spring bulbs. In 1995 we took particular note of the help offered by the Pan American Health Organization. PAHO arranged for the translation of the planning kit material into Spanish, and made 300 copies of the Spanish version available for distribution to its contacts in South America. Inspired by PAHO's initiative, the Federation later arranged for the translation and printing of the planning kit in French and Spanish, and this year for the first time it was made available in Arabic through the interest of the Social Development Office in Kuwait. Since that time, the Federation has chosen a theme to be promoted in its planning kit each year. The themes we have used are:

1996 Women and Mental Health  
1997 Children and Mental Health  
1998 Mental Health and Human Rights  
1999 Mental Health and Ageing  
2000-2001 Mental Health and Work  
2002 The Effects of Trauma and Violence on Children & Adolescents  
2003 Emotional and Behavioural Disorders of Children & Adolescents  
2004 The Relationship Between Physical & Mental Health: co-occurring disorders  
2005 Mental and Physical Health Across the Life Span  
2006 Building Awareness - Reducing Risk: Mental Illness & Suicide

We would like to stress that this isn't simply a one day event. The preparations go on for months beforehand and this is truly a long-term educational effort. In some countries the program stretches over several days, or a week, or even in some cases a month. And in some places preparations for the following year start almost as soon as the current year's event is over. Reports come to us from around the world at varying rates throughout the entire year following the 10 October events. We are well aware of the large national campaigns that take place in countries ranging from Norway to Australia and New Zealand. But we particularly like the smaller activities that take place in many countries and show a special commitment. We like the support in the tiny Pacific island of Palau, where the government prints a mental health day message on government pay stubs for that week.

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also amazed to learn about World Mental Health Day banners in Kathmandu than about the posters in London. We are surprised when the first report after 10 October arrives from Benin in West Africa. Who would expect to find a small but varied beforehand and this is truly a long-term educational effort. In some countries the program stretches over several days, or a week, or even in some cases a month. And in some places preparations for the following year start almost as soon as the current year's event is over. Reports come to us from around the world at varying rates throughout the entire year following the 10 October events. We are well aware of the large national campaigns that take place in countries ranging from Norway to Australia and New Zealand. But we particularly like the smaller activities that take place in many countries and show a special commitment. We like the support in the tiny Pacific island of Palau, where the government prints a mental health day message on government pay stubs for that week. also amazed to learn about World Mental Health Day banners in Kathmandu than about the posters in London. We are surprised when the first report after 10 October arrives from Benin in West Africa. Who would expect to find a small but varied program of activities in Turkmenistan? And least likely of all - we were impressed to learn that a committed mental health nurse called Michael Kamau organizes a whole week of activities and educational events in the huge Kakuma refugee camp in northern Kenya. It is the small events as well as the large campaigns that give World Mental Health Day its global reach.

## "Opinion"

### *My Response---a point of view*

I have been thinking a lot about the PNG article I read called, "Going Green From the Inside Out! Safely Taper Off SSRI Antidepressants". It has ignited a spark within me and I feel that I must comment. I am very passionate about my views regarding mental health recovery and treatment because of my life experiences. I feel that I have a multi-dimensional perspective in the arena of mental health services. I am a peer who has survived and thrived within the mental health system. There are ways in which I have been helped and ways in which I have been hurt both personally and professionally within this system, but I cannot ignore the successes of my treatment just because I long to belong to the "peer movement" or desire to gain "more holistic" approaches for my health and wellness. The fact is that I am a survivor of trauma and mental illness. Yes, I do have a diagnosis. It is Bipolar Disorder. It has been both a blessing and a curse. In my profession I speak out about the trauma of recovery in the hopes of helping others, but in my personal life I wish I could divorce myself from it. I don't like taking pills everyday. In fact, once I wrote a poem entitled, "Counting Swallows". A line of it questions, "is my sanity really hinging on 900 milligrams a day?" It has been 15 years of dealing with such feelings and questions. I have tried many approaches in this time. I stayed on medicines, I've went off, I've relapsed, and I have recovered so many times.

I have learned in such hard ways what things work and what things hurt in my recovery. I used to think I could will myself well. If only, I ate all the right things, if only I did the right things like exercise, massage, avoid stress, then I would be well. Maybe if I took all the right herbs, dotted all my P's and Q's I could dispel this terrible disorder of my mind, body, and spirit. Well, sadly, I learned that bipolar is about much more than the choices I make for recovery. It is also biochemical and has its own cycles. Often even when I felt "I was doing everything right! I relapsed. Mental illness is not just a test of will. It is multi-faceted. This is not to say that I don't believe in

other treatment methods and holistic approaches, but I am not convinced that these have to take precedence over taking psychiatric medications. Throughout history people have argued their points of view. There have been many philosophies. What history tends to show is that no one thing can hold the key to any solution. For example, age old arguments about "is it heredity or is it the environment? Or, is it science or is it religion? The answers to these life questions has never held a simple solution. It doesn't even matter what these questions relate to, because we can see that the answer is not going to be 100% one way or the other. Life is multi-faceted therefore our struggles with our health are going to be multi-faceted. Ignoring the existence of mental illness is not going to make it disappear. Whether I choose to admit I have bipolar disorder or not, it's still there. I've went through major periods of denial, but the fact stands, that I had to accept it before I could move forward to getting better. I hate labels, I hate it when my diagnosis is used against me, but accepting "bipolar" as a guide is different than the stigma of the label. When I use it as a "guide" for me to check in with myself and moods and what I need next, it becomes very useful and I am more successful in my treatment.

My father was diagnosed with terminal cancer and it has spread to nearly every organ of his body. Nobody likes the label "Cancer". He doesn't want it either, but it doesn't mean that he doesn't have it. In fact knowing that he does have it and getting check ups helps him in knowing what he needs to know to live the rest of his life.

I don't see mental health diagnosis and recovery any different. Yes, there are some bad doctors out there (for lack of a better word) and yes there are some bad things being done to people in the care of psychiatric hospitals, etc, but they aren't ALL bad. There are medications that are going to work and some that don't.

In learning what works for you, please be aware that there are peer movements that seem to be against all medications, all psychiatry, and against all hospitals.

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**Note from director  
from page 1**

I would like to apologize for individuals who did not receive a hard copy of the newsletter for September; the printer malfunctioned last month. We have remedied the problem, however, we are still asking those who feel they need a hard-copy of the newsletter to contact Tina by e-mail, phone or mail. Please see the back of the newsletter for further contact information.

PNG would also like to announce that we are offering scholarships to interested individuals, who would like to attend conferences, events, and trainings. It is the hope of PNG to assist people in attending meetings, trainings, and conferences, which they would not otherwise be able to attend, without financial aid. Individuals are responsible for obtaining transportation to and from the events. A request for assistance with the cost of transportation can be made, but is not guaranteed. The scholarships will be awarded based on need. There is up to a \$300 limit per individual. There are a limited number of scholarships to be given; so please apply soon. PNG will be

awarding scholarships until the last day of 2007. If it is something people are interested in, and take advantage of, we may be able continue this annually. The scholarships need to be turned in, accompanied with the completed application for the event/training/conference. Please see the scholarship form in the center of the newsletter, for further information on the obligations of the individuals who attend. There will also be a post-event survey to be completed by awardees.

I am also happy to announce that PNG will be reimbursing individuals, beginning in October, with Centro Bus tokens. If you attend a PNG meeting, and used the Centro bus, you can sign the log and be given bus tokens in return. We are not giving cash reimbursement; we are reimbursing with bus tokens for you to use in the future. We will also reimburse those who use the bus system, who would like to come in to PNG to volunteer.

Also, in the center of the Newsletter, is a PNG Board Application. Interested applicants please submit to the contact numbers/addresses on the back of the newsletter. The next

PNG Board Meeting will be held at 2:00 PM on October 11<sup>th</sup>, and there will be an open portion of the Meeting, in the beginning, for approximately 15-20 minutes for the discussion various board issues. The meeting will take place in the auditorium. If you would like to be a part of the PNG Board, perhaps it would be a good time to attend and view for yourself, how the PNG Board operates. If you have a particular issue that you feel needs to be presented, please make a formal request to be put on the agenda by 10/8. You can send this request attention Ed Livingston, at the PNG contact information provided on the back of the newsletter. Initial elections are planned to take place on 10/11/07 at the closed session of the Board Meeting. If you would like to be placed on the Ballot, interested individuals must return their applications to Tina Swatkowski at PNG by 10/8/07 at 3PM and can be sent via fax, e-mail or US mail. Thank you all and have a beautiful October.

*Len*

## Peer Networking Group Scholarship Protocol

Please submit: (one month before the event)

- PNG Scholarship form Conference/event application (completed)
- An event brochure

After the Event:

- Please submit the PNG Post-Event Survey
- Please submit a short article for the newsletter

AND /OR

- A presentation summary (for you to present, with a date that you desire to present)

# Peer Networking Group of CNY, Inc.

## Conference/Event/Training

### Scholarship Form

Please submit at least a month prior to event to Jennifer Kinzie @ Peer Networking Group, Inc. 800 South Wilbur Ave, Syracuse NY 13204. Call 315-473-9960 Fax: 315-473-0568 E-mail: [pngdirector@centralny.twcbc.com](mailto:pngdirector@centralny.twcbc.com)

Name: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

County of Residence: \_\_\_\_\_

Agency of Employment (if any) \_\_\_\_\_

Date and Title of Conference/Event/Training: \_\_\_\_\_

Why are you interested in attending: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How do you plan to share this information with other people in and around Central NY?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I would like to (circle one) **present at a PNG meeting** or **write an article for the newsletter** or **both present and write**.

As a recipient of a scholarship:

I agree to present and/or write an article for the PNG newsletter.

I agree to share this information with other people in my community. I agree to complete a post-conference survey.

I agree to bring materials to the Peer Networking Group for the library and attendees of the Peer Networking Group meetings.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Community Service Awards Luncheon Set for Dec. 6

Each year we take time to recognize the amazing work done by local individuals and organizations in support of mental health. We hope you can join us for our 2007 awards event! It will be held as a casual holiday luncheon on **Thursday, December 6, noon -2 p.m.**, at the Horizons room on the top floor of the Renaissance Syracuse Hotel on East Genesee Street. We are now seeking your nominations for MHA's Community Service awards. The nomination deadline is **Oct. 24**. *Anyone can submit a nomination for the following awards. Recipients must live, work, or volunteer in Onondaga County.*

### **Award Nominations:**

Please call 315-445-5606 \* 200 or send an e-mail to : request@mha-oc.org to obtain a nomination form. Nomination deadline: Wed., Oct. 24

### **MHA Community Service Awards Luncheon**

Thursday, December 6, 2007

Noon to 2 p.m.

Horizons Room (Top Floor)

Renaissance Syracuse Hotel

710 E. Genesee Street, Syracuse

Tickets: \$25

Table of eight: \$160

Sponsorship packages available!

Ticket purchase deadline: Friday, Nov. 30

### **Youth Community Service**

**Award:** Honors a youth who spends significant time serving as a volunteer to improve the well-being of Onondaga County residents. Volunteerism not limited to mental health-related services. Teachers, coaches, volunteer coordinators clergy, family members, with a youth's volunteer work are

encouraged to make nominations. Eligibility: nominees must be (a) residents of Onondaga county, (b) currently between 12 and 18 years of age, and © engaged in none or more volunteer community services.

**Dr. Jerome Wayne Award:** Recognizes the work of a local pioneer in mental health care, education, or advocacy. For example, an individual who has implemented a new idea/process that improves mental health service, support, or education; successfully advocated for social, legal, political, or policy change that improve the mental health of Onondaga county residents; or has created or expanded a mental health-related service; or has innovative research in the mental health field.

**Individual Advocate of the Year Award:** Honors an individual who works to improve the quality or accessibility of local mental health services; advocate for mental health-related social, legal, political, or policy change; or advocates for individual recipients of mental health services.

### **Volunteer of the Year:**

Recognizes outstanding individual volunteer work in support of mental health in any capacity. For example, an individual who has had donated many hours or who has volunteered for many years in support of mental health services; who has demonstrated extraordinary Volunteered for many years in support of mental health services; who has demonstrated extraordinary

compassion or special effort in providing volunteer services; who has done exceptional work in recruiting and training others as volunteers.

**Mental Health Professional of the Year:** Given to a professional in any field for extraordinary efforts to promote the mental health of Onondaga county residents. For example, an individual who devotes many hours to providing services or education that supports/ provides outstanding quality of service; provides an innovative service; or who increases the accessibility of services to the under-served.

For more information please call 315-445-5606 ext. 200 or e-mail requests@mha-oc.org

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We are happy to announce the 2007 NYAPRS recipients: Jessie Prince, Pilot Tansy, Terry Maes, Kim Cavanaugh, Ron Bickford

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### **Opinion**

#### **From page 3**

This is only one movement. There are others to choose from. Live and try your own methods, just be weary of simple solutions.

Education, advocacy, and empowerment are the jobs we take on as peers. We have to realize that we as peers can offer a view, a window into our experience, but it's only a window, and it's not the only view.

By Kimberly A. Cavanagh

## How to Move to a Natural Foods Diet

There is an enormous amount of useful information in this article. But please do not be intimidated into thinking that everything has to be changed at once.

An excellent way to start the process is to perform the following steps:

1. Locate Natural Foods / Health Foods stores in your area.
2. Purchase Natural Foods cookbooks and begin experimenting. (See [Holistic Healing Web Page/Amazon.Com bookstore](#).)
3. Purchase other books on Natural Foods Diet and Chinese/Ayurvedic Nutrition. (See [Holistic Healing Web Page/Amazon.Com bookstore](#).)
4. Ask at local Natural Foods stores about cooking classes.

If you have difficulty making changes over time, don't worry about it. Try committing experimenting with one of the [Inner Healing & Transformation](#) techniques discussed on this web page. These techniques (especially the body-oriented and inner peace-oriented techniques) can be enormously helpful in reducing cravings and/or addressing eating disorders over time.

### Techniques & Resources

#### Natural Foods Diet

What follows is a description of a natural foods diet that you can make progress towards. Please go at your own pace.

#### Common Ingredients

Vegetables (Cooked and Salads),

Whole grains, Fish, Fowl, and other meat, Legumes (beans), Sea Vegetables, Fruits Nuts, Seeds, Dairy & Eggs (Small amounts or none), Herbal teas and coffee substitutes, Juices Herbs, spices, sea salt, tamari, unrefined sesame oil/sesame oil (excellent source for essential fatty acids), virgin olive oil, natural sweeteners (maple syrup, rice syrup, barley malt, stevia, etc.), Spring water for cooking and drinking The bulk of the diet consists of a wide variety of foods within the following main categories:Vegetables, whole grains, fish, fowl, or other meat, legumes, sea vegetables, freshly made juices, herbal teas, and coffee substitutes

#### Helpful Tips

While it can be counterproductive to create "dietary rules," here are some general tips that many people have found helpful **Variety**

Try to eat a variety of foods within each main category listed above, especially vegetables. In addition, try to get a wide variety of cooked green, leafy vegetables such as collard greens, beet greens, mustard greens, etc. An enormous variety of very tasty meals can be made with a little bit of practice and some good cookbooks. Please see the [Holistic Healing Web Page/Amazon.Com bookstore](#) for some cookbook titles.

#### Balance of Foods

There are many conflicting opinions on what the best balance of foods are for people. Most people now agree that a diet that is balanced for one person may be intolerable for another. Some people have enormous success with a traditional natural foods diet as presented by authors such as

Dr. Dean Ornish or Annamarie Colbin, while others have more success with a different way of balancing one's diet such as that prescribed by Dr. Barry Sears in his book, "Enter The Zone." (Note: I believe that there is too much artificial, junk food allowed in the Zone Diet and that staying on it for \*years\* may not be healthy, but the ideas about macronutrient balance may be very helpful to many people.)

What works for you may take a little bit of experimenting. I suggest that you look eat each of the ideas for balancing types of foods and find out what works best for you through experimentation. But keep in mind the following two very important points:

Whatever balance of foods you choose, you can still have the majority of your diet made up of natural, healthy foods; and

Your food needs will likely change over time. For example, for several years you may start out eating a small percentage of whole grains and more meat and fat as described by Barry Sears, but over time as your health improves using nutrition and other possible healing techniques (e.g., Tai Chi, Yoga, Herbalism, Acupuncture, Bioenergetics, Meditation, Qigong, etc.), you may find it more beneficial to move towards a natural foods diet as described by Annamarie Colbin. In addition, as your health improves you may find the ability to eat foods that you could not tolerate years earlier because they caused wild insulin swings or because of allergic and intolerance reactions. The following examples dietary percentages are meant to give you a general idea of what a balanced diet might look like for one person. These percentages would vary widely depending upon several circumstances.

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## **Natural Food**

### **From Page 7**

20-40% whole grains  
20-30% vegetables  
10-15% legumes  
0-10% sea vegetables  
5-15% fish or other meat  
5-10% fruits (mostly in the warmer months)  
10-15% herbal teas, coffee substitutes, freshly-made juices, Spring water, etc.  
0-10% Organic dairy, ghee & eggs  
5-10% other (spices -- ginger, tumeric, etc., seeds, nuts, cooking oils, etc.)

Some people have difficulty digesting whole grains. If that is the case, try using soba (buckwheat) noodles (which can be purchased at a Natural Foods store or Japanese grocery store) to see if that helps. For others, eating too much grain causes them to crave large amounts of carbohydrates. In these cases, increase the use of vegetables and meat with the knowledge that you may find it beneficial to begin adding more whole grains to your diet several months or years later as your health and condition allows.

As an example, many persons with chronic immune system disorders, carbohydrate cravings, excess weight and other conditions feel much better if they start off with a diet that includes fewer carbohydrates and more protein in the form of fish and chicken:

10-20% meat (mostly a variety of fish + a small to moderate amount of "organic" fowl or red meat)  
20-40% vegetables (including green, leafy vegetables)  
5-15% sea vegetables  
10-15% herbal teas, and coffee substitutes, and other healthy beverages (see below)  
5-15% grains and/or buckwheat (soba) or udon noodles

(chewed very well)  
5-10% legumes  
0-10% dairy and eggs  
5-10% other (e.g., fruit if tolerated -- separate from meal)  
Forcing large amounts of whole grains in your system if it cannot handle it is **not** a good idea. Over a long period of time and as the body heals using a healthy diet and other important techniques, it is preferable to gradually add more whole grains into the diet. You will have to find out what your body needs and tolerates with some experimentation.

I suggest reading some of the books listed in the resource section by Annamarie Colbin, Dr. Dean Ornish, and Dr. Barry Sears. Please try not to get overly caught up in all of the theories. The important thing is to take the steps necessary to find what works best for you and keep open to future changes as you condition changes.

### **Essential Fatty Acids**

While avoiding a high saturated fat diet can be beneficial, there are some essential fats that are extremely important for healing and maintaining good health. There are two Essential Fatty Acids (EFAs), linoleic acid (LA) and alpha-linoleic acid (LNA). The body takes these EFAs and makes other useful substances from them. Some foods contain derivatives of these EFAs and other fatty acids that can also be beneficial.

### **Some signs of linoleic acid (LA) deficiency include:**

Eczema, loss of hair, behavioral problems, susceptibility to infections, failure of wound healing, arthritic conditions, heart and circulatory problem, growth retardation

### **Some signs of alpha-linoleic acid (LNA) deficiency include:**

Weakness, motor incoordination, tingling in the extremities, behavioral changes, growth retardation, vision impairment, behavioral changes I strongly encourage regular ingestion of small amounts of foods that contain these EFAs and their derivatives. You do not have to eat large amounts of these foods, simply include them as a regular part of your cooking and food plan.

Good sources of linoleic acid (LA) include: Sesame seed oil, Safflower seed oil, Sunflower seed oil, Hemp seed oil  
Good sources of alpha-linoleic acid (LNA) include:

Flax seed oil and ground flax seeds, Hemp seed oil, Soybean oil (organic) (small amounts of LNA)  
Some fish such as salmon, mackerel, herring, ect. contain LNA derivatives, EPA & DHA, which have numerous positive health benefits.  
Farmed fish (sometimes found in Natural Food stores) have less EPA & DHA than fresh, wild fish but the wild fish may have more pollutants.  
Some people find it beneficial to ingest small amounts of these fish on a regular basis.

Seed oils should be purchased from a Natural Foods store and should be "unrefined" and preferably pressed at low temperatures. (Read the label.) Opaque (non-transparent) bottles are preferable because heat and light can begin to slowly destroy the EFAs. I try to stay away from canola oil unless because it is usually genetically-engineered and treated with chemicals (even when found in health food stores).

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Soybean oil has only small amounts of LNA, but can be healthy as long as the organic varieties are used (since the non-organic varieties are often genetically-engineered). Seed oils with large amounts of LNAs (e.g., Flax, Hemp) can go bad very quickly, so these can often be found in the refrigerated section of Natural Food stores in opaque bottles. Look for ones that have been pressed recently.

"Alternative Medicine Digest." You can read the article online at: <http://www.alternativemedicine.com/digest/issue06/i06-a08.shtml>

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#### October Presenters

At 10 A.M. Roger Huges will be presenting "Soft Skill". Soft Skills are attitude communication. Eye contact, teamwork, listening, body language tell how we use them to self advocate for our self to get the system to work for us.

In the afternoon our 2007 **New York Association of Psychiatric Rehabilitation Services** (NYAPRS) recipients will be presenting on their trip to NYAPRS on Oct. 3rd.

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*" Aim high, Aim for the impossible. Do not worry what others say! Have the conviction in your dreams, in your thoughts. Soon you will realize you have made your dreams possible."*

Written in 2007 by Siddharth Elhence --- India

## NRA, Democrats Team Up To Pass Gun Bill

### After Virginia Tech Shootings, House Passes Bill To Strengthen National Background Check System

WASHINGTON, June 13, 2007

(CBS/AP) After 52 years in Congress, John Dingell knows it sometimes takes a "rather curious alliance," such as between the National Rifle Association and the House's most fervent gun control advocate, to move legislation.

That's what took place

Wednesday when the House, by voice vote, passed a gun control bill that Rep. Dingell, D-Mich., helped broker between the NRA and Rep. Carolyn McCarthy, D-N.Y.

With the NRA on board, the bill, which fixes flaws in the national gun background check system that allowed the Virginia Tech shooter to buy guns despite his mental health problems, has a good chance of becoming the first major gun control law in more than a decade.

"We'll work with anyone, if you protect the rights of law-abiding people under the second amendment and you target people that shouldn't have guns," NRA chief Wayne LaPierre told **CBS News Correspondent Sharyl Atkisson**

"As the Virginia Tech shooting reminded us, there is an urgent national need to improve the background check system" to keep guns out of the hands of those barred from buying them, House Speaker Nancy Pelosi said. The measure would require states to automate their lists of convicted criminals and the mentally ill who are prohibited under a 1968 law from buying firearms, and report those lists to the FBI's National Instant Criminal Background Check System,

or NICS. Seung-Hui Cho, who in April killed 32 students and faculty at Virginia Tech before taking his own life, had been ordered to undergo outpatient mental health treatment and should have been barred from buying the two guns he used in the rampage. But the state of Virginia never forwarded this information to the national background check system.

The House action came as a panel ordered by President Bush to investigate the Virginia Tech shootings issued its findings, including a recommendation that legal and financial barriers to NICS submissions be addressed. Mr. Bush, in a statement, said the report made clear that better information sharing between federal and state authorities "is essential in helping to keep guns out of the wrong hands and to punish those who break the law." He said he was "closely following legislative efforts to strengthen the instant background check system."

The panel also urged federal agencies to expand programs to prevent school violence and said the Health and Human Services Department should focus on college students in its mental health public education campaign. Virginia Tech President Charles Steger said the report disclosed "the deep complexities of the issues facing college campuses today" and would advance government scrutiny of issues related to safety vs. personal freedoms.

**Continued on page 8**



## **NRA From page 7**

The House bill next moves to the Senate, where gun control advocate Sen. Charles Schumer, D-N.Y., says he is talking to NRA ally Sen. Larry Craig, R-Idaho, and there is a "very strong" chance of passage.

"When the NRA and I agree on legislation, you know that it's going to get through, become law and do some good," says Schumer.

The legislation requires state and federal agencies to transmit all relevant disqualifying records to the NICS database. It also provides \$250 million a year over the next three years to help states meet those goals and it imposes penalties — including cuts in federal grants under an anti-crime law — on states that fail to meet benchmarks for automating their systems and supplying information to the NICS.

Virginia's Democratic Gov. Tim Kaine said Wednesday that in ordering state executive branch agencies to upgrade background check reporting last month he found that Virginia was one of only 22 states reporting any mental health information to the NICS. He said the House bill was "significant action to honor the memories of the victims who lost their lives at Virginia Tech." Millions of criminal records are not accessible by NICS," said McCarthy, sponsor of the bill.

"I came to Congress in 1997, in the wake of my own personal tragedy, to help prevent gun violence," said McCarthy, who ran for office after her husband was gunned down on a Long Island commuter train in 1993. "Ten years later, I am more committed than ever to this cause." McCarthy has been among the leaders in the largely futile

efforts to legislate gun controls during the past dozen years of GOP control. The last major gun control bill, to ban some assault weapons, passed in 1994, the last year of a Democratic majority. In 1996, domestic violence offenders were added to the list of those barred from buying guns. However, a 1999 effort to close the gun show loophole on background checks after the Columbine school shootings was unsuccessful.

The NRA worked closely with Dingell, a gun rights proponent and senior House member, in crafting the new bill. The NRA insisted it was not gun control legislation because it does nothing to restrict legal rights to buy guns.

The NRA has supported the NICS since its inception in 1993, said Wayne LaPierre, the organization's executive vice president. "We've always been vigilant about protecting the rights of law-abiding citizens to purchase guns, and equally vigilant about keeping the guns out of the hands of criminals and the mentally defective and people who shouldn't have them."

The NRA did win concessions.

The bill would automatically restore the purchasing rights of veterans who were diagnosed with mental problems as part of the process of obtaining disability benefits. LaPierre said the Clinton administration put about 80,000 such veterans into the background check system.

It also outlines an appeals process for those who feel

That wasn't enough for the Gun Owners of America, which said on its Web page that it was the only national pro-gun organization to oppose the promoting growth in traditional industries such as agriculture and manufacturing, as well as in new and emerging technologies; the need for capital investments in Upstate's infrastructure and key economic development projects; helping families pay for college and encouraging young New Yorkers to remain in Upstate following graduation; reducing energy and health care costs; and promoting Upstate's outstanding historic, environmental, and cultural resources. The forums will also highlight the need for the enactment of the Senate Majority's omnibus Upstate Now legislation, which represents the only comprehensive job creation and economic growth plan to be introduced in Albany this year. The 10-point Upstate Now plan (S.5953) would invest a total of more than \$3.7 billion into economic development initiatives over the next three years, including new tax relief and incentives, new and existing capital investments and private sector matching funds.

The Upstate Now plan would: reduce taxes, energy and health care costs for employers; provide Upstate with a 21st century economic infrastructure; strengthen small businesses, manufacturing, agriculture, tourism and other key industries; make Upstate an international leader in new and emerging technologies; revitalize downtowns and local communities throughout the region; support clean, renewable energy initiatives; strengthen our workforce; and enact sweeping reforms to make the Upstate region more business-friendly and economically competitive.

***Continued on page 12***



## Women who have their ovaries removed before menopause run a heightened risk of developing dementia or other mental problems later in life

*Associated Press - August 29, 2007*

NEW YORK - Women who have their ovaries removed before menopause run a heightened risk of developing dementia or other mental problems later in life - unless they take estrogen until age 50, a new study suggests.

Experts said the research needs to be confirmed by further study, but the findings suggest another issue for premenopausal women and their doctors to discuss as they consider ovary removal.

And if they decide to go ahead with surgery, they need to consider the risks and benefits of taking estrogen to age 50, said Dr. Walter Rocca, a Mayo Clinic neurologist and lead study author.

Hormone therapy has been linked to a greater risk of dementia and heart attacks when given to women after age 65. But recent research indicates that when given before menopause or just afterward, it does not raise heart attack risk and may protect against dementia.

The study did not include women who had ovaries removed as part of cancer treatment, and Rocca said the results do not apply to such women. The work was published Wednesday in the online edition of the journal *Neurology*.

Ovaries produce estrogen. Rocca said the likeliest explanation of the study results is that removing ovaries causes a sudden deficiency of that hormone, which in turn affects the brain.

Hundreds of thousands of women have their ovaries removed each year in the United States. In women around age 45, approaching menopause, ovaries are often removed during hysterectomies as a precaution against developing ovar-

ian cancer. In addition, some women at unusually high risk of developing ovarian cancer have ovaries removed without hysterectomies, as do others who have ovarian problems like endometriosis.

Women younger than 45 often take estrogen after ovary removal because of symptoms like hot flashes and concerns about developing osteoporosis, noted Dr. Nancy Chescheir of Vanderbilt University. But older women who have the surgery are less likely to start estrogen therapy, said Chescheir, who did not participate in the new study. The new study found the risk of later mental impairment was higher when the surgery was done at younger ages.

The research examined the fates of women who had one or both ovaries removed from 1950-87, and compared them to other women. Interviewers spoke with either the women themselves or somebody who knew them, asking about signs of memory impairment and any diagnosis of dementia or Alzheimer's disease. Overall, the study found impairment or dementia in 150 of 1,489 women who had had ovaries removed, versus 98 of 1,472 women who had not. That indicates nearly a 50 percent increase in risk.

A second study, which included about 2,300 women who had the surgery and about 2,400 who had not, found about a 70 percent increased risk for Parkinson's disease symptoms like tremors.

Still, that outcome was far less common than mental impairment, and experts said the evidence behind it was weaker than that provided in the mental-impairment paper. The Parkinson paper finding is "not quite ready for prime time" in terms of affecting patient care, said Dr. JoAnn Manson, chief of preventive medicine at Harvard's Brigham and Women's Hospital.

She was not involved with either study. The mental-impairment paper suggests that a premenopausal woman without a family history of ovarian cancer who has to decide on whether to have her ovaries removed should ask her doctor whether that step is really necessary, she said.

"It's very reasonable and important to have that conversation with her doctor," Manson said.

Chescheir noted that estrogen therapy carries its own risks, such as a higher rate of blood clots and breast cancer, but that ovary-removal patients younger than 50 may want to have a serious discussion of that option after surgery.

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On the Net:

Neurology journal: <http://www.neurology.org>

*Traveling there was really boring so I headed for the ditch. It was a rough ride but I met more interesting people there.*

*Neil Young*



## ***NRA from page 10***

The meeting will be held at the SUNYIT Campus, Kunsela Hall, Route 49-Edic Road Exit, in Marcy. For additional details, individuals may contact Senator Griffo's Office at 315-793-9072, or Senator Alesi's Office at 585-223-1800. Additional hearings are scheduled for October 2nd in Buffalo and October 3rd in Rochester. Other hearings will be announced in the future.

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## **CMHS national GAINS Center 2008 Conference**

*Creating More Effective Services*  
March 18-20, 2008  
Washington, DC

**Call For Presentations:** The 2008 CMHS National GAINS Center Conference, *Creating More Effective Services*, is now accepting proposals that promote this theme. The focus of all presentations will be services for people with mental illness who are in contact with the justice system.

**Presentations:** In keeping with the theme of *Creating More Effective Services*, we are seeking presentations that focus on programs and practices that are innovative and creative, especially those that have solid empirical data supporting their effectiveness.

**Papers** 15-minute papers will be grouped by general topic or overall focus— ONE PRESENTER PER PAPER (may list up to three additional authors for program book).

**Panels/ Workshops** Group presentations will focus on one topic or program. Sessions will be 75 or 90 minutes in length, with FOUR PANELISTS MAXIMUM. Consumer participation is greatly encouraged.

**Posters** Highlight your promising programs or research during our Poster Session. Meet representatives from national organizations

addressing co-occurring disorders and justice involvement.

**Videos** 10– to 30– minute documentaries or independent film projects that illustrate key issues in the delivery of appropriate and comprehensive mental health and substance abuse services for people in contact with the justice system will be featured.

### **Resource Center**

This conference is your forum to : promote your organization; develop awareness; and distribute information to mental health and criminal justice professionals, policymakers, administrators, researchers, consumers, and family members. Take advantage of this opportunity to display your organization's innovative and promising programs for organization's innovative and promising programs for **FREE**. For more information. Please contact the Center at 800-311-4246 ext. 280 or nthomas@prainc.com.

### **Information for Presenter**

Presenter /authors are responsible for their own transportation and accommodation cost and must register to attend the conference. Note: There is no registration fee.

### **Important Dates**

Completed applications for all submissions are due by **OCTOBER 15, 2007**. Presenters will be notified of acceptance by November 30, 2007.

### **Submissions Must Include**

- Presentation Title ( including videos) 12 words or less
- Type of Presentation (paper, panel, poster, or video)
- Presenting Author Name / Degree (for paper session)
- Lead Presenter Name / Degree (for panel/ workshop)
- Additional Author (s) / Presenter (s) Name/ Degree
- Title/ Department/ Affiliation
- Full Address

- Phone/ Fax/ E-mail
- All Submissions: submit a 250 – word maximum narrative and a 75– word summary, indicating at least two goals/ objectives for the presentation.

Submit requested information for each presenter and list presenters in the order you wish them to appear in the program.

### **Submit your application**

Online:

[www.gainscenter.samhsa.gov](http://www.gainscenter.samhsa.gov)

Fax: 518-439-7612

Mail: Attn. Noel Thomas, Conference Coordinator

CMHS national GAINS Center  
345 Delaware Avenue  
Delmar, NY 12054

### **Reservations**

The conference will be held at the Hyatt Regency on Capitol Hill. Please visit the CMHS National GAINS Center website for lodging information:  
[www.gainscenter.samhsa.gov](http://www.gainscenter.samhsa.gov).

### **Additional Information**

For more information about presentations, submissions, and guidelines, please contact Noel Thomas at 800-311-4246 ext. 280 or nthomas@prainc.com.

*The CMHS National GAINS Center for Systemic change for Justice-Involved People with Mental Illness is a resource and technical assistance center for planning and coordination among the mental health, substance abuse, and criminal justice systems. The CMHS GAINS Center focuses on the application of science to services and the documentation and promotion of evidence-based and promising practices in program development. The CMHS GAINS Center is funded by the Substance Abuse and Mental Health Services Administration's Center for Mental Health Services and is operated by Policy research Associates, Inc., of Delmar, NY.*



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## Monsters and goblins and ghosts. Oh, my!

Are you wondering why pint-sized ghouls and goblins are wandering the streets and ringing strangers' doorbells; why your significant other is pestering you to dress up as [Sonny](#) to her [Cher](#) at a masquerade ball; why goosebumps and shivers are in the air; and why chocolates seem to come only in miniature sizes this time of year? Well, when digging for the roots of the modern Halloween, there are three words to keep in mind: [Samhain](#). The [Celts](#) of modern-day Ireland and the UK two and a half millennia ago braced themselves for winter with this festival, which is pronounced "sowen," literally means "summer's end" and falls on November 1. It heralds the beginning of the dark, cold half of the year. (Its counterpart was [Beltane](#), which kicked off the warm, light half of the year on May 1.) The harvest was gathered in to protect against the wintry blast of the faeries' breath, and Samhain was an occasion for thanksgiving, sacrifices, divination and prayers. In each home the hearth-fire was extinguished the night before and relit on Samhain from the central bonfires of the priestly [Druids](#). [Pomona](#). She is the Roman goddess of fruit trees and the symbol of abundance. There was a festival dedicated to her worship at the end of autumn, around the time of the big harvest. When the Romans arrived in Britain, in the first century, they melded their customs with those of the Celts whom they conquered. [Feralia](#). This is the ancient Roman festival of the dead, which was held on February 21 with prayers and sacrifices on behalf of the deceased. The customs of this day were also blended by the Romans with those of Samhain. Feralia was superseded in the Christian Church by [All Saints Day](#), also

known as All Hallow's Day or Hallowmas, observed on May 13. In the eighth century, [Pope Gregory III](#) changed the date to November 1 (though it is still marked in spring-time, on the Sunday after [Pentecost](#), by the Eastern Orthodox Church). All Saint's Day was followed by [All Soul's Day](#), established by [Saint Odilo of Cluny](#) on November 2 to remember the souls awaiting release from [Purgatory](#). Halloween is a contraction for "Hallow's even" — the evening of All Hallow's Day, i.e., October 31. The customs that are the modern face of Halloween are deeply rooted in the mists of history as well: [Jack-o'-lantern](#). Originally a turnip, this carved vegetable with a candle inside was used by a poor Irish soul named Jack to light his way as he wandered for eternity, denied entrance to both Heaven and Hell — Heaven because of his habitual stinginess and Hell because he had, while still alive, forced the devil into a pact that would spare Jack from ever going to Hell. Boy, did he live (or rather die) to regret it! The Irish brought this custom to the US in the 1840s but found it more convenient to use pumpkins than their traditional turnip, rutabaga or gourd. [Bobbing for apples](#). Bobbing for apples on Halloween (the time of the apple harvest) may have been inspired by the Celtic fables about heroes who journeyed across water seeking the magical apple tree on the mythical isle of [Avalon](#). There is a more accepted theory: that the Celts (taking a leaf from the Romans who worshipped Pomona, the goddess of fruit and abundance) played a parlor game on Samhain in which unmarried people would try to bite into an apple in water or on a string; the first to succeed was thought to be the first to marry. [Trick or](#)

[treating](#). This resembles the All Soul's Day practice called "going a-souling" in which poor people would beg door-to-door. In exchange for a gift of soulcakes, the soulers would promise to say a prayer for the dead. It's possible, though, that the practice developed independently in the US in the 20th century, especially the part where children threaten a trick if they don't get a treat. (This may have been around the time manufacturers came up with fun-sized candy bars.) [Costumes](#). The Celts wore disguises, usually made of animal skins, during their Samhain celebrations, possibly to conceal themselves from the spirits who were afoot at the time. So those Catwoman and Spiderman outfits may be most true to the ancient roots of the practice. [Ghost stories](#). The Celts believed that during Samhain, the boundaries between this world and the otherworld became blurred and the spirits of those who had departed walked the earth. Those beliefs survive to this day in the form of ghost stories and divinations: asking for helpful hints or guides to the future from those who have second sight.



## Peer Networking Group of CNY, Inc.

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### OUR MISSION STATEMENT

The Peer Networking Group of Central New York, Inc. is an organization of persons with mental health diagnoses who come together to empower one another and work in equal partnership with providers, policy makers and concerned citizens. We seek to make the system of services the most responsive and respectful of our needs and gifts.

## Reader Contributions

The back page of the PNG Newsletter, is reserved for "Reader Contributions" Please submit your poems, stories, and opinions to Tina for consideration to be placed in a PNG newsletter!

Thank you  
Jen

*I want freedom for the full expression of my personality.*

*Mahatma Gandhi*

### Spoke to me

It was Manannan Mac Lir  
That came and spoke to me  
He said bonnie little lass  
Let your heart fly so free  
Open the hand built cage  
Live upon this pretty day  
For life is meant to be full  
Throw all your cares away  
Forget what other men have said  
And dance along the tide

For you are so beautiful  
With your heart open wide

He didn't touch me with words

He surrounded me with love  
And kindred souls who know  
How to rise so high above

I know I'll never be the same

'cause I crossed the golden door

I sigh oh so completely

As I wander along the shore

Elizabeth A. Patience

09/24/07