

Haven Herald



(Untitled)

My name is mental illness
I have been around since man was created
Many different names have been given to me
In the past - Loony, Nutter, Village Idiot, and so forth
were used by society.
To describe WHO I AM
In modern times - I have become sophisticated.
I am now labelled Depressive, Manic, Obsessive, Schizophrenic.
By people who have not lived with me.
To know me, and my capabilities.
You have a life that you think you own.
But I would like to remind you.
When I strike I pay no regard to who you are.
Or what you have achieved in society.
I take you Rich or Poor.
I take you Young or Old.
I take you Beautiful or Ugly
Regardless of colour or creed

*Excerpt from poem published by the Association for Pastoral Care
in Mental Health Newsletter.*

Letter from the Executive Director

In the fall, we move to a different pace of life. It is a time when we return to “normal” with school and work schedules, but it is also a time when we anticipate what is to come. In the fall, Haven is in a planning and scheduling mode, as we work on setting up our fall programs.

The struggle with grief has its own timeline and no season can alter the pain or the process, yet the change of season, does move us forward to new challenges and opportunities.

This edition of the newsletter will focus on mental illness. After much thought, we determined that this topic has enormous significance, especially with all the attention it is receiving in the media.

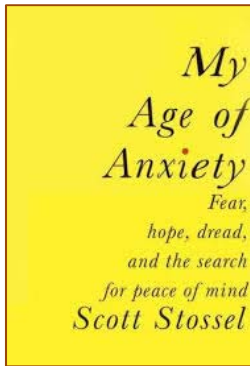
We sometimes lose sight of the suffering of the individuals and their families who are struggling and trying to cope with a very difficult situation. This is our small attempt to give a compassionate voice to this issue.

Jill Bellacicco

**World Mental Health Day
October 10, 2014**

**Haven is committed to the emotional support of the bereaved,
and to the seriously ill, the dying, and their families and friends.**

My Age of Anxiety – Fear, hope, dread, and the search for peace of mind by Scott Stossel



Author Scott Stossel writes with honesty and humor about the almost unimaginable level of anxiety he has lived with since childhood. In this meticulously researched book, he also covers—in almost exhaustive detail—the history and science of anxiety disorders and treatments. It seems really two books, intertwined, one intimately personal and the other academically rigorous.

The author shares his own and his family’s history of anxiety—his grandfather (who, before being institutionalized, was for 20 years Dean of Harvard College), his mother, his sister, and now both his children. He documents famous individuals who suffered various levels of anxiety, including Cicero, Charles Darwin, Sigmund Freud, Mahatma Gandhi and many present day performers and sports figures.

Stossel chronicles his own treatment history and the many drugs and therapies he has tried. He recounts the “discovery,” development and marketing of psychiatric medications. He gives details on the often controversial (sometimes arbitrary), expansion of the DSM (Diagnostic and Statistical Manual of Mental Disorders) from its first incarnation after World War II to the latest edition.

This book is not casual summer reading, but it is a fascinating and a comprehensive “must read” for anyone who suffers with anxiety or wants to know more on the subject. Stossel humanizes the mass of data he covers by balancing it on the framework of his very personal story. The result is an informative, engaging and touching narrative.

Review by Linda Torezan

What Worked for Me by Joni Greene

Both of my grandmothers died before I was born, or so I was told. My mother would talk about her mother, but my father never talked about his mother, Mary. When I was fifteen, my grandmother Mary was dying, and we were going to visit her in the hospital. My first reaction was “Wow! I have a grandmother and I am going to meet her.” Unfortunately, she died before I had a chance to see her.

Mary had lived in a state mental hospital for thirty-five years. Her exact diagnosis is unclear; however, emotional outbursts and violent behavior toward others led to the decision to institutionalize her. Sadly, she was given a prefrontal lobotomy, a procedure that left her in a catatonic state and took away her ability to recognize her husband or any of her six children. Eventually, they stopped going to see her.

Once this family secret was exposed, the questions I had about my grandmother, while I was growing up were answered. I understood why we never visited her grave, why her name was never mentioned, and why I was not allowed to open the steamer trunk in my grandfather’s bedroom.

I thought when the truth of my grandmother’s life was out in the open, the family would talk about her, but that did not happen. Years later, at a family gathering, I decided to ask what they could tell me about my grandmother. The response at first was dead silence, but finally, the two older children, one being my father, told a few stories; the other children were too young to remember her living at home. The memories of growing up without a mother were too painful for them, so they chose to keep that door closed forever.

The journey of finding out about my grandmother has been long and difficult, but along the way I met people who knew her, saw how and where she lived, found letters she wrote, and gathered stories and information about her. One part of the puzzle is incomplete, however, and that is what caused her illness about which I can only speculate. But I am grateful that my grandfather made the decision to keep his family together, creating a bond that lasted his children’s lifetimes and beyond to the next generation.

The Reality of Mental Illness

by Jill Bellacicco



When I think of mental illness, what comes to mind is that even though each situation is unique, the struggle to deal with it is similar. The search for understanding, when no logic can be found, creates a world that is both confusing and overwhelming. At Haven we see families whose loved ones have lost the struggle with mental illness to suicide, but we also see hope in the determination of those families to raise awareness and understanding as they move forward. When we better understand mental illness, we can educate and lift the stigma that has surrounded illnesses of the brain.

The circumstances of illness and the path to recovery can be both harrowing and surprising. Like any chronic, serious illness, treatment is necessary, but until we begin to accept a high level of treatment for brain illnesses the way we do for heart or cancer patients, significant change will not occur. I recently read an excellent book titled *The Center Cannot Hold* in which the author, Elyn Saks, who suffers from schizophrenia, describes her thoughts in the midst of a psychotic break, “I didn’t want a hospital, I didn’t want drugs, I just wanted help.” “Help” for those at this level of pain may require a long and difficult journey, and, like any chronic illness, the end result may not be recovery, but it is worth the effort.

An illness of the brain is a significant medical condition that requires treatment. It is not a temporary circumstance and should not be sensationalized, as it sometimes is in the media. It is part of the human condition with 450 million people suffering worldwide. The illnesses of the brain, which include major depression, schizophrenia, bipolar spectrum disorders, personality disorders, anxiety disorders, and substance-use disorders, can have debilitating symptoms. Extreme behaviors often associated with these illnesses are obvious to others but not to the individual experiencing them. The illnesses can cause significant trauma to the individual and the family and friends who are trying to care for them. Compliance with treatment is the only path to recovery, and this, unfortunately, does not always happen. The symptoms should not be ignored, but people with illness are sometimes very good at covering up their distress. Psychosis or a suicide attempt can be a turning point for diagnosis and treatment. Understanding what you are dealing with and getting appropriate help are critical pieces in beginning treatment. Treatment can include medication, psychotherapy and lifestyle changes to include better structure with work, exercise and diet. Reducing stress and setting realistic expectations are critical to staying in recovery. Obstacles and stigma continue to exist and availability of good treatment is a constant concern. Stabilization can take years, especially if treatment is sporadic.

The families of the mentally ill are challenged to educate themselves and work out a plan with their afflicted family member for when the situation becomes acute. Decisions that are agreed to ahead of time can be implemented when there is a crisis. Important tools for this process include an advance medical directive and a signed power of attorney. Such documents can save time as they allow a trusted family member to make appropriate decisions. The Supreme Court’s decision in 1975 to restrict involuntary commitment by family members, unless the individual is a threat to themselves or others, has made it more challenging to get appropriate help for seriously ill people who are not violent. The law was intended to protect the mentally ill, but it can be an obstacle to necessary treatment.

Mental illness, undoubtedly, is exhausting and difficult to treat, but many people with these illnesses are living very productive lives. Acceptance, support and love from family and friends are crucial. Availability and affordability of care is an ongoing challenge, but isolation and lack of treatment will only delay recovery. As a society we need to look at illness for what it is regardless of what part of the body is affected. We have a choice to do more for all those who are suffering. There really is no alternative.



HOW HAVEN IS FUNDED

Haven is classified by the Internal Revenue Service as a 501(c)(3) nonprofit organization. It is funded mainly by donations from individuals in the community who wish to support our work and by those who donate in memory of a loved one. Donations are tax deductible. If you are interested in making a donation, please contact Haven at (703) 941-7000 or at havenofnova@verizon.net

Haven of Northern Virginia, Inc.

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Fall Schedule

Six-week General Bereavement Support Group

Tuesdays, September 23 – October 28, 2014
7:30 – 9:00 p.m.

Six-week Suicide Loss Support Group

Wednesdays, September 24 – October 29, 2014
7:30 – 9:00 p.m.

Six-week Widow/Widower Support Group

Saturdays, September 27 – November 1, 2014
Afternoon Time(s) to be Determined

Teen Bereavement Workshop

Thursday, October 9, 2014
7:00 – 9:00 p.m.

Call or email Haven to register for the groups or workshops.

Haven also offers individual support by phone and in person; please call to schedule an appointment. For immediate support without an appointment, a volunteer is available on a walk-in basis Monday through Friday between 10:30 a.m. and 1:00 p.m.

Contact Information

Haven of Northern Virginia
4606 Ravensworth Road
Annandale, Virginia 22003
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Fax: (703) 941-7003
E-mail: havenofnova@verizon.net

Hours of Operation

Monday through Friday
9:30 a.m. – 2:30 p.m.
www.havenofnova.org

Messages may be left on our
voicemail after hours

Drop-in Suicide Loss Support Group
1st and 3rd Saturdays of each month
11:00 a.m. to 12:30 p.m.