Message from SARDAA, CEO

Dear Friend,

Thank you to everyone around the world who Shined A Light On Psychosis on Schizophrenia Awareness Day, May 24, with groups assembling, meditating, showing their signs and lighting up the world to change the perception of what psychosis is and start showing respect and dignify people who experience psychosis.

SARDAA is working to change the paradigm of how we treat people living with neuro-psychiatric brain illnesses. Our white paper has been submitted to the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) and we have advocates in high places on
the committee to present and support our efforts to reclassify schizophrenia spectrum disorders. We have also submitted a letter to the World Health Organization (WHO) regarding changes to the ICD-11.

What difference does it make to reclassify? If you or your loved one has become involved with the criminal justice system due to behavior stemming from neurological brain symptoms you likely realize that the legal system regards schizophrenia as a psychological disorder and disregards the fact that schizophrenia is a neurological brain illness that requires TREATMENT not incarceration. Incarceration delays treatment, increases stress, and isolation magnifies psychosis, all leading to further decompensation and acute illness. That is only one reason, there are many others: comprehensive evaluation and appropriate treatment, increased access to hospital beds, treatment instead of incarceration, true parity, increased research, social change as clinicians, patients and family receive respect and dignity and with appropriate treatment individuals will have the opportunity for fruitful lives.

Please, be sure to contact your representatives in Washington, D.C. The Hearing Voices of Support Psychosis: Changing Perceptions Through Art & Science experiential exhibit will be there for them to experience on June 27, 28 and 29, 2018 in The Rayburn Office Building Foyer. Help us change their perception of psychosis, the people affected and the value of research and treatment. This is an unprecedented opportunity, help us reach as many decision makers as possible. Participants can take as much time as they can spare, even 5 minutes will be effective. But they will stay longer to visit all of the cones and take time to talk with diagnosed individuals, family members and clinicians. The Neurological Legislative Briefing is on June 28 at Noon in Rayburn 2103 and requires a RSVP: sardaabriefing@gmail.com.

Thank you for all of the amazing things you do!

Warmest regards,
Linda Stalters, MSN, APRN (ret)
Chief Executive Officer
Schizophrenia And Related Disorders Alliance of America
Message from FFS, Family and Friends, Coordinator

I wish to express my appreciation for having found SARDAA and the support and guidance it offers. I have always wanted to focus my attention and energies solely on the challenges of Schizophrenia, it being a disorder unto itself in my opinion, thus deserving of special attention. SARDAA has met this need in me and I believe many others. I have also been grateful for other support.
resources which have been increasingly available since the early 80s when I found myself on this special path in life. I admire SARDAA's sincere commitment and comprehensive efforts to help those whose lives are touched. Concerning self-help, **which I totally believe in**, I attended an annual music benefit which was refreshing. Strengths await us in self-care. In the words of J.J. Virgin “Don’t wish for it to be easier, make yourself stronger”, wise counsel from one who’s been there as a family care partner, granted not regarding Schizophrenia. I hope that families and friends will commit to taking this self-renewing time for themselves....daily.

With Heart,  
Mary Ross

The Friend and Family, FFS phone support group is on Tuesdays at 7 pm ET. Given the time zone difference of three hours between East and West coasts it is challenging to meet everyone's needs, so we would like to establishing a second group for the west coast callers. If you, or anyone you know, would be so committed to starting such a group please contact CEO Linda Stalters at linda.stalters@sardaa.org....much gratitude.

Message from SA Staff Supporter

SARDAA and SA Events
By Sandy Dimiterchik

Thank you to everybody who submitted or updated their personal recovery stories. Over 10 stories were sent to us. Zach was the winner of the randomly drawn $50 Starbucks gift card. We are still in the process of printing the new Blue Books.

We are starting a new conference call group named Students or Early Intervention of Psychosis SA Group, to be held the second Wednesday of each month at 7 PM Eastern Time. These calls will start June 13, 2018. By students, we mean anyone enrolled in a class or training program. By Early Intervention we mean someone who is fairly new to experiencing psychosis.

Have you read a good book about schizophrenia or a related disorder – bipolar disorder, schizoaffective disorder, depression with psychosis, or experience with psychosis? Send me an email at sandy.dimiterchik@sardaa.org or call me at 832-439-1586 and I will see if the book can be reviewed in the newsletter.

We also are looking for submissions to the newsletter. This includes articles on recovery, what SA means to you, poetry or short stories, or artwork. Submit the work to Angel.White@sardaa.org or info@sardaa.org.
Consultant 360 podcast: Anosognosia: Shut Up, Listen, and Win
Xavier Amador, PhD, is Founder of the LEAP Institute, Co-Founder of the LEAP Foundation, an internationally renowned clinical psychologist, and a leader in his field. Published in partnership with SARDAA.

LISTEN HERE

"Healing" sculpture, by David Mandiberg. Whose meaning was similar to what the Global Vigil and Meditation was about. It is cast aluminum and was done about 20 years ago.

Shine A Light on Psychosis in Maryland

Shine A Light on Psychosis Meditation in UK

If you didn’t have the opportunity to take 7 minutes to enjoy this, please take the time by visiting: Here
Personal Story of SA Members

Joanne Verbanic, The Founder of SA
In 1970, I experienced my first psychotic break with symptoms of hearing voices, delusions, hallucinations and paranoia. I was under a great deal of stress that contributed to the breakdown. I was taken by ambulance to the state hospital because the voices were telling me to kill myself, and I attempted suicide. For some reason I was transferred to a private psychiatric hospital. I was totally out of reality.

I received medication and 18 electroshock treatments. My mother thought she had lost me. I stayed the length the insurance would allow me (45 days) and the doctor recommended I go to the state hospital for long term care, but I chose to go home because I had two young sons at home.

The next year it happened again. I had another so-called nervous breakdown and was hospitalized for thirty days. I continued individual psychotherapy and medication and I started improving in my recovery. Prior to my breakdown, I worked seven years at Modern Finance Corporation as a clerk. I was getting divorced, so I needed a better position. I applied to Ford Motor Credit Co. as a cashier and thirty days later I was hired. I thought my troubles were over and that it would never happen again. In fourteen years I had five hospitalizations, however I had five promotions. Ford Motor Credit was not aware of my schizophrenia, but they did not stigmatize me when they knew I was in a psychiatric hospital.

I wanted to help the less fortunate people with schizophrenia. I started to do volunteer work in 1984 and was asked to go public to help erase stigma. I appeared on national TV and radio with Dr. E. Fuller Torrey and have spoken around the country to educate the public.

In July of 1985 I founded Schizophrenia Alliance. With the help of other caring people, we now have over 175 groups nationally and some internationally. I have made a lifetime commitment to helping the mentally ill with all my heart and soul. I will continue in this endeavor as long as I live.

(Joanne fulfilled her lifelong mission until the day she died on May 7, 2015)

We welcome your message/art from SA Members for inclusion in the newsletter. Please submit your message to: info@sardaa.org or mail to SARDAA PO Box 941222, Houston, TX 77094-8222 for consideration for next month's newsletter.

Your story might be included in a SARDAA newsletter and might be published in a future edition of the SA Blue Book.
Phone Support Groups

SA Conference Call Groups
Only for individuals diagnosed
Sundays - 7 pm Eastern Time
Mondays - 4 pm Eastern Time
Thursdays - 7 pm Eastern Time
Fridays - 7 pm Eastern Time
*New Time Beginning June 2nd: Saturdays - 1 pm Eastern Time

*Beginning June 13, 2018
Students or Early Intervention of Psychosis SA Conference Call Group
Second Wednesday of each month - 7 PM Eastern Time

Spirit of SA Conference Call
For SA Leaders and Potential Leaders
First Wednesday of Each Month - 7 pm Eastern Time

Family and Friends Support Group
Help for people with Schizophrenia and Related Disorders

Now it is easy to record details and specifics about symptoms, medication, moods, and more. Choose what you want to track, and see all the information you need to help you or your loved one who is living with schizophrenia and related disorders.

Get the Schizophrenia Health Storylines™ Mobile App Today! The mobile app is FREE for all users on iOS and Android devices. There is also a web version available, accessible through the browser of any desktop computer or mobile device.

Download the app today! We hope that you benefit the same way she does!
An interaction between gene expression in the placenta and obstetric or neonatal complications may increase schizophrenia risk, new research suggests. Investigators found that the expression of schizophrenia risk genes is particularly enriched in the placenta from male offspring, which may explain the higher incidence of the disease in men.

The results underline the importance of the placenta in schizophrenia risk and perhaps in risk for other male-dominated disorders, such as autism and attention-deficit/hyperactivity disorder, Daniel R. Weinberger, MD, director and CEO, Lieber Institute for Brain Development, and professor of neurology, psychiatry, and neuroscience, Johns Hopkins University School of Medicine, Baltimore, Maryland, told Medscape Medical News.

"It's clear that the placenta, at a basic molecular level, mediates some genetic risk for developmental behavioral disorders," Weinberg said.  

**Twenty percent of schizophrenia may be treatment-resistant from onset**  
December 16, 2016  
About 30% of people with schizophrenia do not have adequate response to antipsychotic medications other than clozapine. Treatment-resistant psychosis has no well-established predictors although early-onset psychosis and prolonged duration of untreated psychosis may be risk factors. The Genetics and Psychosis study based in South London, UK, enrolled 283 patients with schizophrenia-spectrum disorders in their first episode who underwent assessments including the Positive and Negative Syndrome Scale, Global Assessment of Functioning, and the Weschler Adult Intelligence Scale. The cohort had follow-up investigations 5 years after first assessment by means of the WHO Life Chart Schedule, intended for documenting the longitudinal course of schizophrenia.
Patients were determined to have treatment-resistant schizophrenia (TRS) if they were either treated with clozapine or failed to respond to 2 consecutive, adequate trials of non-clozapine antipsychotics. Remission of psychosis was defined as absence of overt psychotic symptoms for 6 months or more. The investigators classified the TRS as either early-onset or late-onset. Early onset TRS occurred when no remission occurred at any time whereas late-onset occurred when resistance developed after an interval of remission.

**Sleep-dependent Learning May Be Impaired In Schizophrenia**
by Lorraine L. Janeczko
May 21, 2018
NEW YORK (Reuters Health) - People with schizophrenia are known to have sleep abnormalities, and they may also have impaired sleep-dependent learning for some cognitive tasks, researchers report.

"An important cognitive deficit in schizophrenia involves failures in sleep-dependent memory consolidation. These failures in the normal strengthening and possibly the integration of new memories can produce profound cognitive deficits," said Dr. Robert Stickgold of Beth Israel Deaconess Medical Center and Harvard Medical School, in Boston.

"But these failures, and hence deficits, do not extend to all forms of sleep-dependent processing," Dr. Stickgold told Reuters Health by email. "We were surprised by the selective nature of these deficits, with the sparing of overnight improvement on a visual discrimination task. The deficits in sleep-dependent memory consolidation in schizophrenia are still only poorly understood, and their extent, in terms of what forms of this consolidation are affected, is still unknown."

**Integrated Care Model Found to Reduce Racial/Ethnic Disparities in Mental Health Care, American Psychiatric Association**
May 3, 2018
Interventions that used a model of integrated care reduced the disparity between racial/ethnic minorities and whites obtaining mental health care for the first time, according to a review published yesterday in Psychiatric Services in Advance. Between 2004 and 2012, the gulf between whites and racial/ethnic groups in accessing mental health care widened in the United States, wrote Su Yeon Lee-Tauler, Ph.D., of the Uniformed Services University of the Health Sciences and Johns Hopkins University Bloomberg School of Public Health and colleagues.

**It's Time to Reclassify Schizophrenia, My Healios**
by Kathy Day
May 8, 2018
Those of us who have family members diagnosed with schizophrenia know that this is a brain illness and not a behavioral disorder. We know this because we've already tried everything we're told to do and nothing helps. Except
meds. Meds can help. Meds don’t manage behaviors, though. Meds can help the underlying brain disorder that causes what appears to be behaviors. We all know that schizophrenia is not a behavioral disorder.

**The Largest Health Disparity We Don’t Talk About, New York Times, JAMA Psychiatry**  
by Dhruv Khullar  
May 30, 2018  
Patients with schizophrenia are at a greater risk of dying at any given age than the population at large, and this disparity has been increasing.

I didn’t think our relationship would last, but neither did I think it would end so soon.  
My patient had struggled with bipolar disorder his entire life, and his illness dominated our years together. He had, in a fit of hopelessness, tried to take his life with a fistful of pills. He had, in an episode of mania, driven his car into a tree. But the reason I now held his death certificate — his sister and mother in tears by his bed — was more pedestrian: a ruptured plaque in his coronary artery. A heart attack.

**Early Intervention Services Superior to Treatment as Usual for Early-Phase Psychosis**  
by Laurel Ranger  
May 21, 2018  
Early intervention services are associated with better outcomes than treatment as usual in early-phase psychosis, according to a meta-analysis published in JAMA Psychiatry.

Treatment outcomes in schizophrenia are disappointing, and the disorder is associated with a high degree of disability and substantial personal and societal costs. Median recovery is only 13.5%, and individuals with schizophrenia die on average 15 to 20 years earlier than the general population. Patients with early-phase disease generally respond better to treatment, and there has been a focus on early identification and optimized intervention. Early intervention service programs endeavor to reduce symptoms of psychosis, improve functional outcomes, and decrease long-term disability.

**The Cutting Edge of Schizophrenia Research: VR as Treatment for Psychosis**  
by Joshua Hwang  
April 30, 2018  
While the treatment of psychosis is not typically thought of as “cutting edge,” research into the use of virtual reality (VR) as therapy for psychosis shows promise. VR, which can allow patients to talk to an avatar of their hallucinations, explore locations that give them anxiety, and practice talking to others in a variety of threatening or non-threatening situations, gives patients the chance to work through their own fears in a no-risk environment. Research thus far has been targeted at improving function, and studies have been
conducted to examine methods for improving cognition, social skills, job interview skills, and to augment cognitive behavioral therapy (CBT) in schizophrenia or other mental disorders with psychosis.

New York University School of Medicine Study
New York University School of Medicine is recruiting 18-30 year old participants who have been diagnosed with schizophrenia or bipolar disorder and psychosis in the last five years.

Donate to SARDAA

Brain Campaign:

I will change my language from Behavioral or Mental disorder to Brain disorder.
I will educate others to change their language from mental illnesses to brain illness.
I will not use stigmatizing, discriminatory or derogatory language related to brain disorders.
I will encourage my peers, family members, and colleagues to advocate when they see discriminatory language or practices in the media or in public.
I will advocate that people with brain disorders have equal and comprehensive health care.
I will treat all people with brain disorders with respect and compassion.

Help Support Schizophrenia and Related Disorders Alliance of America

Amazon donates to Schizophrenia & Related Disorders Alliance. Shop for great deals at smile.amazon.com/ch/33-1213657

Easy steps to support Schizophrenia and Related Disorders Alliance of America through Amazon Smile:

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Select Schizophrenia and Related Disorders Alliance of America
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Shop and checkout as you would on Amazon. No extra cost is passed on to you, but Amazon will automatically donate 0.5% of your purchases to Schizophrenia and Related Disorders Alliance of America.

Please share with your friends and family to join you to support Schizophrenia and Related Disorders Alliance of America!

By choosing Schizophrenia and Related Disorders Alliance of America as your charity on smile.amazon.com, Amazon will donate 0.5% of your eligible purchases to Schizophrenia and Related Disorders Alliance of America.

Please take a moment to find out how you can help support SARDAA, not only today but every day - at no extra cost to you!!

IT'S SO SIMPLE: just bookmark this link http://smile.amazon.com/ch/33-1213657, start shopping and support us every time you shop.

Shop with PayPal and choose SARDAA to Donate with PayPal Giving Fund to help support SARDAA.

Texas and Louisiana Friends:
Re-Enroll Your Kroger Plus Cards

You can support SARDAA without spending a penny! Register Schizophrenia and Related Disorders on your Kroger Plus Card and they will donate a percentage to SARDAA each time you use your card.

Please register online at www.krogercommunityrewards.com
Link to: Schizophrenia and Related Disorders–Kroger Plus Card 90425

Help Change Lives -- Donate Now

Thank you to those who already made a donation. Every contribution makes a difference.

Sincerely,
Jordan Helwig, Creative Designer
Angel White, Editor