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When
you
need it
most
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Mental Illness — flaws in chemistry, not character...

BY NAMI OF SULLIVAN COUNTY



METRO CREATIVE SERVICES PHOTO

The term “mental illness” is almost a misnomer, because it seems to imply that the illness is “all in the mind,” when in fact, it’s in the brain — an organ of the body, susceptible to illness the same way the heart, lungs, kidneys, pancreas are susceptible to illness.

Yet, mental illness affects more people than heart disease, lung disease and Cancer, combined. They affect the way people think, feel and relate to others — and while public awareness has come a long way in the past couple of decades, even in this day and age, there remains a terrible stigma associated with having a mental illness.

Stigma keeps people from seeking

treatment, from talking about and getting support and education, and blankets individuals and their families with unwarranted blame and shame, that we don’t normally see associated with other illnesses.

One in four families has a loved one diagnosed with a psychiatric illness. Depression, Bipolar Disorder, Schizophrenia, Anxiety Disorders and PTSD are neurobiological brain disorders as real as any other physical illness. Mental illnesses are flaws in chemistry, not character.

NAMI is the National Alliance on Mental Illness. The Sullivan County affiliate has been providing advocacy and education in our area since 1983. Primarily a family support and advocacy organization, NAMI Sullivan offers Sharing and Caring Family Support Groups twice monthly, on the third and fourth Tuesday evening of each month from 6:30–8:00 p.m., NAMI Connection Peer Support Groups meet twice monthly, on the first and third Monday of each month from 5:30–7 p.m. and the Suicide Bereavement Group meets the first Wednesday evening of each month from 6:30–8:00 p.m.

The meetings are held at 20 Crystal Street in Monticello in the NAMI Sullivan Conference Room and all are available virtually as well via ZOOM. All programs are free of charge, confidential and a safe place

to share.

NAMI Sullivan also offers social and recreational and advocacy programs for people living with mental illness in our area. The Compeer (companion/peer) program matches community volunteers with adults living with mental illness in one-to-one friendships.

Through each other, they both become better people. Caring men and women are always needed and hours are flexible to suit your availability. A few hours each month of your friendship can make a difference in someone’s life.

Over the next few months in the **Sullivan County Democrat**, there will be articles featuring more information about individual diagnoses and how to get help if you or someone you love is living with a psychiatric diagnosis. Mental Illness is not curable — neither is Diabetes or Epilepsy — but it is treatable. Treatment works. Medication, talk therapy and a host of other resources are available.

While NAMI Sullivan County doesn’t directly provide any clinical services, we can put you in touch with local resources and arm you with knowledge and support.

If you or someone you love has been diagnosed with a mental illness, you are not alone. NAMI Sullivan County, NY can help. Find us online at nami-sullivan.org or phone (845) 794-1029.

Health & Wellness

‘Tips on how to get and stay healthy this Spring’

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Is it Urgent or Emergent?

BY GARNET HEALTH • PHOTOGRAPHY BY FRED STABBERT III

Coughing, sneezing, fever, vomiting, wheezing, stomach pains, headache... there's no doubt viruses abound even as winter rolls into spring. And so do falls, sprains and broken bones as the weather warms up and outdoor activities increase. When you or a loved one is injured or sick, it's natural to think your local emergency department (ED) is the first place you should go. But often, a trip to an urgent care center will meet your needs and give you the same quality of care!

Choosing urgent care over an ED, when appropriate, can help keep ED volumes down, which will shorten wait times and ensure everyone gets the care they need quickly and safely. So how do you decide?

In some instances, you will know

right away if you or a family member needs immediate medical attention. But other times, it may not be so clear. You can always call your primary care provider (or your child's pediatrician) first. They can assess what is going on to determine where you should go, or if the ailment can possibly be treated at home.

Call 9-1-1

Let's get the obvious out of the way first. Sometimes an injury or illness is so severe, immediate action is needed. Don't try to manage the situation yourself. Instead, call 9-1-1 for immediate care and safe transport to the hospital. When to call 9-1-1:

- Breathing stops or a person is turning blue
- Broken bone sticking out

through the skin

- Choking
- Ingestion of an unknown amount of medicine
- Loss of consciousness after a fall
- Seizure
- Serious allergic reaction
- Uncontrollable bleeding from a large cut/injury
- Any instance where you think someone's condition is life-threatening

Emergency Department

An ED is open 24/7. Trips should be reserved for life-threatening or very serious illnesses and injuries. When people use the ED for routine exams, conditions or illnesses that are not serious—such as headache, fever, coughs, minor cuts, sprains, etc.—it creates lon-

ger wait times. Additionally, patients with more serious conditions and symptoms will be seen

first, so you could be waiting for some time. Go to the ED for:

- Acute abdominal pain
- Children under 3 months of age who need immediate care
- Extreme pain, especially if the cause is unknown
- Eye injuries
- Falls with injury or while taking blood thinners
- High fevers
- Intestinal bleeding
- Loss of consciousness or vision
- Persistent chest pain (especially radiating to arm or jaw, with sweating, vomiting or shortness of breath)
- Repeated vomiting

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- Seizures without a previous diagnosis of epilepsy
- Severe burns
- Severe heart palpitations
- Sudden severe head pain or injury
- Sudden testicular pain or swelling
- Suspected poisoning or drug overdose
- Traumatic injury
- Vaginal bleeding with pregnancy
- Weakness or paralysis
- Other conditions that appear to be serious

Urgent Care

Urgent care hours usually extend beyond the hours of a doctor's office, allowing you to seek care earlier in the morning, into the evenings and on weekends without an appointment. At an

CONTINUED ON PAGE 6H



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Garnet Health Medical Center – Catskills, 68 Harris Bushville Road, Harris, NY 12742

Designated Stroke Center
Garnet Health Medical Center – Catskills, 8881 Route 97, Callicoon, NY 12723

Garnet Health Urgent Care locations:

707 East Main Street, Middletown, NY 10940 (Outpatient Services Building)

38 Concord Road, Monticello, NY 12701

102 Clowes Avenue, Goshen, NY 10924

You can find hours, phone numbers and directions at garnethealth.org.

CONTINUED FROM PAGE 5H

urgent care center, you can get treatment for an injury or illness that shouldn't wait but isn't life-threatening. Things like stitches, sprains, coughing, fever, minor injuries and X-rays can all be treated at an urgent care location. Wait times can vary season

to season. For example, urgent care wait times increase during flu season. Visit an urgent care center for:

- Allergic reactions
- Animal and bug bites
- Broken bones
- Cuts that may need stitches
- Coughs, congestion and sinus

problems

- Earaches or infections
- Mild fevers
- Minor burns
- Neck and back pain
- Painful urination
- Pink eye or other minor eye problems
- Rashes

- Severe flu or cold symptoms
- Sprains and strains
- Throat pain
- Vomiting

Understanding whether to visit the emergency department or an urgent care center now can help when things happen later, and you need to decide quickly what to do.

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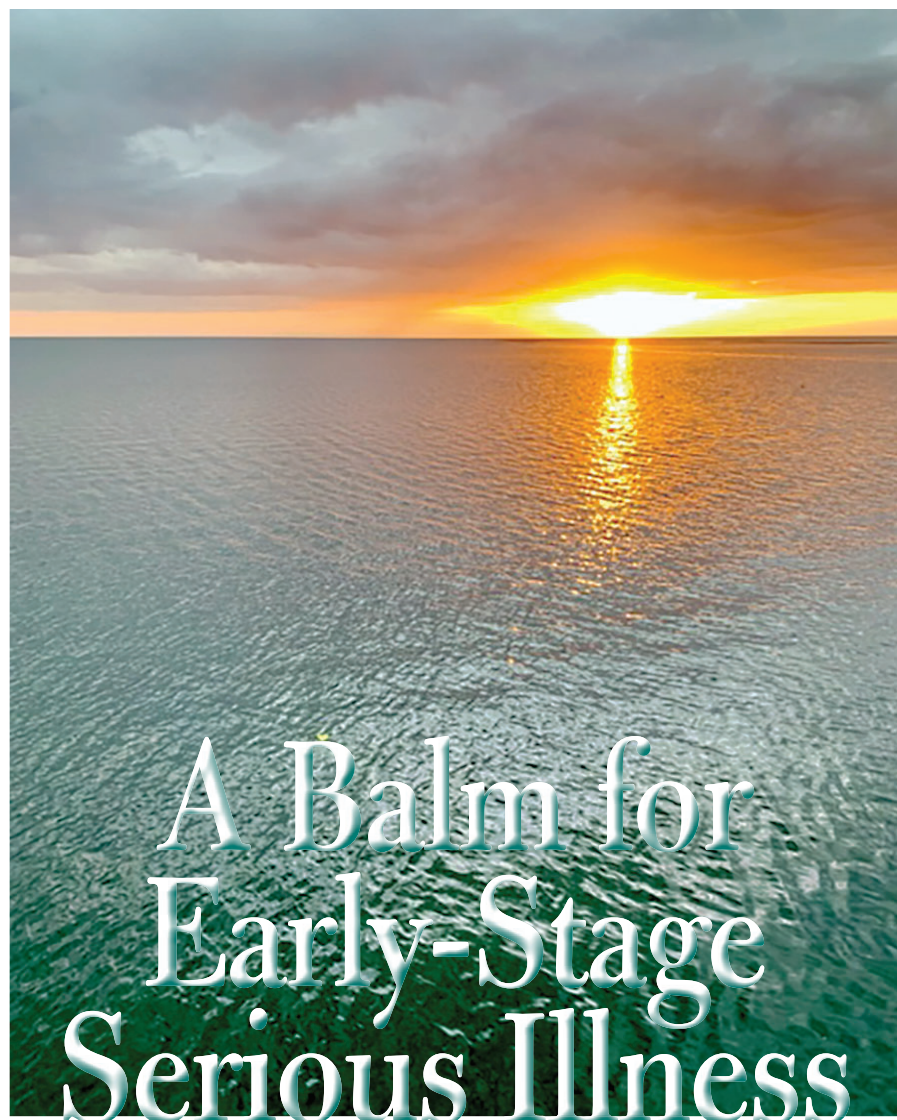


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A Balm for Early-Stage Serious Illness

Be a buddy. Accept one.

STORY AND PHOTO BY WILLOW BAUM

If you or a loved one has ever received difficult news from a doctor, you know that it's a squirrely time of contradictions.

There is often shock and fear about the road ahead — and also relief. Unlike living in a purgatory of medical testing, now you know what you're up against. You're back in a position of power to learn about this disease, make plans, and take action.

You try to stay optimistic. You focus on a fix or a cure or at least on managing symptoms and trying to slow disease progression.

Other days, you doubt your life will ever go back to normal. You imagine future losses that haven't occurred yet. "Anticipatory grief" weighs heavy on the heart.

Diagnosis of an early-stage,

serious illness is a time when emotions run deep and swing. There is much to be done — multiplying doctor appointments, medication adjustments, and managing everyday affairs when you may be feeling lousy.

Few of us do our best thinking in this state. Companionship helps.

If you are ill, don't think "burden." Think interdependence.

US culture applauds independence. Taking care of ourselves is viewed as a strength. It's not surprising that if you've been diagnosed with a serious, life-limiting illness, you may be thinking:

- I don't want to burden my friends or family.
- My loved ones need to live their lives.
- What could 'my people' do

from so far away anyway?

Please, tell that inner voice to shush.

Blue Zones® — which are distinct pockets of the world such as Sardinia, Italy, Okinawa, Japan and Loma Linda, California where people live exceptionally longer (100+) and in relatively better health — teach us that inter-dependence is key. Especially through hardship, social connections, ideally across diverse age groups, provide much-needed emotional support and intellectual stimulation. A circle of friends, neighbors, fellow members of a volunteer, hobby or faith-based organization or family need not be large. Most important is to have at least one reliable person to trust and bounce ideas off on the regular.

If you can be a buddy, support can come in many forms.

If you love someone who is navigating a serious, life-limiting illness — maybe cancer or dementia or frailty that comes with getting up in years — don't wait for an invitation to support them.

Most of us are socialized to shun needing, wanting, or accepting "help." Consequently, we're terrible at asking for support. We may not even be in touch with ourselves to know what might be helpful. A few tips:

Don't necessarily take "No, thank you" for an answer.

Above all, you want to respect the agency of the person you want to support but keep in mind they may believe they are "burdening" you. Ironically, this belief does burden you: it puts the responsibility on you to be on the lookout for simple ways to provide welcomed emotional and practical support — and then get your person's consent before acting.

Be creative. Knowing this person, what kind of care and comfort might they uniquely appreciate? If they are a "savory person," don't bring them cupcakes. Consider the full color palette of human needs: physical, emotional, social, cultural, spiritual, intellectual, and financial. Even if you live far away, surely there is something you can do. Just a simple

weekly phone call may be a big emotional boost.

Think continuity. Having a compassionate companion ride shotgun on one's medical odyssey can be tremendously useful and result in better health outcomes. Don't just drive your person to the doctor's. Go in with them — even if only by conference call.

Bring your notepad. Before the appointment ask your person about their goals and priorities for life and medical care. Offer to create a written agenda starting with their goals. Ask your person in advance if they want you to ask your physician potentially unnerving questions (e.g., what is the trajectory of this illness?). Be in it together.

Respect autonomy. If your loved one asks you to get the car detailed, you may think or even let fly, That's not important. You're probably not going to be driving much anyway. Check yourself. Do you want someone telling you what's important and not for you? If there's no real harm done to having the car detailed and

the gesture would bring comfort, just take care of it. Here's the thing: it's not about the car. When big things feel out of control, it's human to try to control the smaller things we can.

Share the care. Lending a hand, no matter how big or small, to a person with a life-limiting condition — and also to their primary caregiver(s) — can help you get on the inside of a situation usefully and anticipate and plan for emergent needs. Consequently, you will be in a better position to tap resources and enlist support from others if needed.

Sooner or later, life's trials catch up with each of us. It's better with a buddy. Relying on each other counteracts isolation, supports better decision-making, and reduces fear and anxiety. As inter-dependence asks us to confront our vulnerabilities, we grow in purpose and spirit.

WILLOW BAUM writes creative non-fiction and is a consultant to family caregivers and an end-of-life planner at FriendForTheEnd.com.

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This program is a partnership between CCE Sullivan and Office for the Aging of Sullivan County, and is supported in part by grant funding from the NYS Office for the Aging's **Cornell Cooperative Extension** Caregiver Program, NYS Department of Health.

Caregiver Resource Center

March is Developmental Disability Awareness Month

BY AKILAH SUTPHIN, CHILDREN AND FAMILY SERVICES PROGRAM MANAGER AND FAMILY PEER ADVOCATE, ACTION TOWARD INDEPENDENCE

March is Developmental Disabilities Awareness Month (DDAM). Action Toward Independence (ATI) raises awareness of the importance of inclusion for individuals with disabilities within the community.

Developmental disabilities, as defined by the Centers for Disease Control encompass impairments in physical, learning, language, or behavior areas that impact daily functioning and persist throughout a person's life.

While most developmental disabilities begin before birth, some may occur postnatally due to various factors. During the month of March, the National Association of Councils on Developmental Disabilities (NACDD) and its



METRO CREATIVE SERVICES PHOTO

Everyone, regardless of disability, is entitled to a happy and fulfilling life.

partners recognize the valuable contributions individuals with developmental disabilities make to community diversity and

strength. The focus of this year's DDAM campaign is "A World of Opportunities," which aims to address existing barriers that hinder

individuals with developmental disabilities in their daily lives.

People with disabilities encounter various barriers, including social obstacles like stereotypes, discrimination and stigmas that impede their access to opportunities. Communication barriers also exist as individuals with intellectual disabilities may struggle to express their needs, leading to misunderstandings and unmet needs, difficulty reading signs or being unheard. Lack of knowledge and understanding can result in judgment and neglect towards individuals with disabilities, perpetuating discrimination and disrespect.

ATI's mission aligns with NACDD's goal of fostering an inclusive community where everyone can thrive. By offering services and programs, including information and referral services introducing individuals to the Office

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for People with Developmental Disabilities (OPWDD), ATI works to eliminate barriers and empower individuals with disabilities to engage fully in the community. OPWDD, the leading agency coordinating services for New Yorkers with developmental disabilities, covers a range of conditions such as intellectual disabilities, autism spectrum disorders, Down Syndrome and more.

Eligibility for OPWDD services involves undergoing an assessment process called the Front Door. It is important for individuals with developmental disabilities to register with OPWDD because these services can assist them in living in their family home, independently in the community, or in a community residence with others. OPWDD can also aid in finding employment, engaging in community activities and establishing relationships. OPWDD offers services for people of all age groups. For families with young children with developmental disabilities, OPWDD services can include Family Support Services

like in-home care, respite services, after-school programs, and more.

ATI offers three forms of Family Support Services for children and youth enrolled with OPWDD or in the eligibility process:

- Social Skills Group for elementary and middle school youth to enhance coping skills, learn and maintain appropriate boundaries, and foster healthy relationships.
- Life Skills Group for teens and young adults provides valuable lessons on topics such as work readiness, money management, food preparation, positive interpersonal skills, and more.
- Parenting Support offers parents and caregivers a supportive platform to exchange experiences in parenting a child with disabilities. Parents can gain valuable information and helpful strategies in parenting from the group facilitators as well as guest speakers.

If you or someone you know is interested in learning more about ATI's programs and the OPWDD process, please call 845-794-4228 to schedule a meeting with an advocate for more information.



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Medicare math!

BY MEIR HOROWITZ

One of the hotly debated topics on the internet is choosing between a Medicare Supplement — aka “Medigap” — or a Medicare Advantage plan.

There are definitely situations in which a Supplement is the vehicle of choice, such as chronic illness, someone in need of ongoing intensive therapy or a person entering a nursing home- where the Supplement allows 100 days of coverage compared to only 20 from Medicare Advantage.

Although both Medicare Supplements and Medicare Advantage plans are often offered by the same carriers, there is a major difference in their business models.

A Supplement is an insurance policy that uses a traditional formula based on its claims experience to determine the premium it charges its members. The policy covers the unpaid balance of a Medicare approved service. A classic example is a doctor’s visit. Medicare Part B will pay

80% of the allowable charge; the Supplement picks up the remaining 20%. However, the Supplement has a monthly premium. Here in Sullivan County, the most comprehensive one, Plan G costs \$266.50 each month. In addition, you will have to meet the Part B annual deductible of \$240.

By contrast, a Medicare Advantage plan derives its income directly from CMS (Center for Medicare Services). Medicare gives a very significant amount to the insurance company for each member enrolled. In exchange, the insurer acts in Medicare’s place-handling claims and day to day operation.

That’s why TV, radio and direct mail are flooded with ads during Annual Enrollment. Each new member is worth a great deal of money- even though the member is usually NOT paying a premium to the carrier.

To see how the two methods compare, here are the numbers
MED SUPP (Plan G in Sullivan

County)

\$266.50 x 12= \$3198 PLUS \$240 = \$3438

Then you have to factor in the cost of a Part D prescription plan- an average of \$40 monthly. So, we are looking at an annual cost for health care of \$4000.

Over 10 years that’s \$40,000.

A Medicare Advantage plan, by contrast, has NO premium and includes a Part D at no additional cost. Granted, you will have copays for each service - although almost most plans have eliminated a charge for your PCP (Primary Care Physician). The big potential expense is a hospital stay. The average per diem charge currently is about \$350 for the first 6 days. So, you are looking at \$2100 - plus your copays for other services.

Even if you had two awful years- Heaven forbid! - over a 10 year span the difference in out-of-pocket costs in comparing the two options puts Medicare Advantage way ahead!!

As a Medicare professional, I



CONTRIBUTED PHOTO

Meir Horowitz

have a primary responsibility to serve the needs of my clients. As I tell each new one “I have a contract with the insurance company, but I work for YOU!” Ultimately, the choice is an individual one. We can help you review your options and make an informed decision.

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And now you can find us on Facebook at Mainly Medicare https://www.facebook.com/MHFB123/

5 Things You Should Know About Hospice

- 1** Hospice care is individualized, end-of-life care. It provides physical, emotional, and spiritual care for both the patient and their family, with compassion, dignity, and respect.
- 2** Hospice care is a basic human right. It is covered by Medicare, Medicaid, and most Commercial Insurance.
- 3** Hospice care is available in a variety of settings. Including at-home, skilled nursing facilities, hospitals, assisted living facilities, and The Kaplan Family Hospice Residence in Newburgh, NY.
- 4** Caregiving can be overwhelming. Hospice helps - from running errands, so caregivers can spend time with loved ones, to spending time with patients, so caregivers can take care of themselves.
- 5** Hospice benefits more than the patient. Up to 13 months of bereavement support is available, for free, for family members, including children. This is available for all community members.

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NEWS NOTES IN HEALTHCARE

Center for Discovery names Donald W. Landry as new board member

The Center for Discovery (TCFD) today announced that Donald W. Landry, MD, PhD, has been elected to its Board of Directors. His appointment is effective March 1st.

Dr. Landry served as the Physician-in-Chief at NewYork-Presbyterian/Columbia University Irving Medical Center and Chair of the Department of Medicine at the Vagelos College of Physicians and Surgeons from 2007 through 2023.

Dr. Landry completed his PhD in Organic Chemistry at Harvard University with Nobel Laureate R.B. Woodward in 1979 and received his MD from the Columbia University Vagelos College of Physicians and Surgeons in 1983.

He joined the Columbia faculty in 1985 as an Instructor, and rose to full Professor of Medicine in 2004.

Dr. Landry was the founding director of the Division of Experimental Therapeutics, which brings synthetic organic chemists to the Department of Medicine, and served as director of the Division of Nephrology, where he started the sub-specialty of ICU nephrology. He is currently the President of the American Academy of Sciences and Letters.



Donald W. Landry, MD, PHD

Dr. Landry's contributions to our healthcare institutions and to the field of medicine have inspired students around the globe and provided the kind of leadership for which Columbia and NewYork-Presbyterian became recognized around the world. For nearly four decades, Dr. Landry has conducted exceptional pioneering research and forged new medical approaches to

intractable health challenges.

"We are delighted to welcome Dr. Landry to the Board. We are grateful for his interest in our work and his willingness to serve. It is an honor to have a scientist and physician of Dr. Landry's stature join our board. I am confident our devoted staff and the many individuals we care for at The Center for Discovery will benefit greatly from his service," said TCFD Board Chair, Edward C. Sweeney.

Improving Communities through Care and Compassion

SULLIVAN COUNTY — New Hope Community believes it is essential to bring more visibility to the incredible value of all people with intellectual and developmental disabilities (I/DD).

We know that together we are stronger, kinder, more creative, more "human" when our diverse selves

celebrate each person's uniqueness.

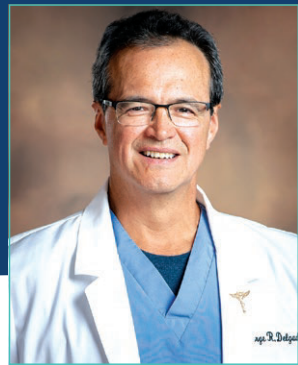
So, when we were contacted about filming a segment for public television entitled "Improving Communities through Care and Compassion" we jumped at the opportunity to share a story about our people, our passion, and our commitment to empowering a positive life experience – within New Hope Community and our community at large.

In March, New Hope Community will debut on Viewpoint, a televised series hosted by actor Dennis Quaid.

The episode highlights our person-centered approach to empowering people with I/DD and will be broadcast on public television stations in all 50 states for a full year – reaching an estimated 60 million households through the program's run.

Additionally, a corporate identity segment will be emailed to a targeted one million regional members, and a

CONTINUED ON PAGE 14H



Dr. Jorge R. Delgado

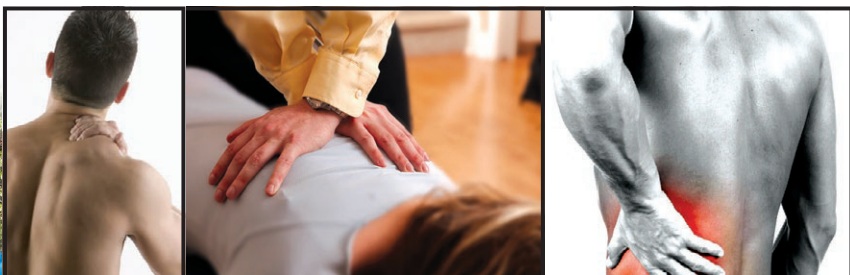
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Have you heard about the Catskill Edible Garden Project?

The Catskill Edible Garden Project (CEGP) works with schools to design edible gardens as living, outdoor educational and gathering spaces. These projects offer "hands on" experience and exposure to food and agriculture as important aspects of our community and culture. The gardens help children learn about food and where it comes from, adopt healthy habits and reconnect with and explore their place in nature.

CEGP is a partnership between Sullivan 180, Catskill Mountainkeeper and Cornell Cooperative Extension Sullivan County.



Interested in getting involved with your school's edible garden? Connect with us! Contact Carmela at Carmela@Sullivan180.org.



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NOTES IN HEALTHCARE

CONTINUED FROM PAGE 13H

one-minute educational “commercial” will air during primetime hours on Channel, Lifetime, CNN Headline News, Learning Channel, History Channel, Bloomberg and CNBC.

The segment showcases how New Hope Community is building neighbor-to-neighbor relationships and nurturing collaborative partnerships that recognize the unique value of all of us while fostering choice and independence.

This piece gives viewers a glimpse of our programs and initiatives through the eyes of those who participate, demonstrating their talents, independence and growth.

Included are Hope Farm, a three-acre organic farm where our residents play a vital role in the cultivation of 12,000 pounds of fresh produce each year; the Stables at McCoy Meadow horse barn where equine therapy and care is thoroughly enjoyed; Andrew’s Garden, a 1.5 acre-sensory garden providing tranquility and serenity;

and the Annual Community Outreach Dinner, where for six years we’ve provided hundreds of free hot meals to community families in need.

Beautifully, this segment provides the I/DD community with a chance to see themselves on screen; sparking a pride in who they are and all they are accomplishing. Tara, who is a Hope Farm assistant, explains the work she does to help grow more than 55 different crops.

Walter, who was a beloved member of our community, lives on through his interview discussing his impactful work on New Hope Community’s Board of Directors.

Collectively, we are a richly woven tapestry that celebrates the contribution of each unique color and thread.

How wonderful to have the opportunity to showcase people with I/DD and to share the reality that all people have the power to improve communities through care and compassion. It is a responsibility and privilege that New Hope Community will always hold dear.

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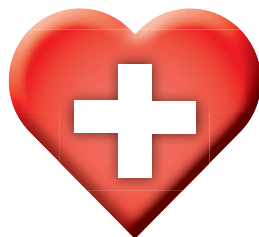
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The Center is a partnership between CCE Sullivan and Office for the Aging of Sullivan County.
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