



# MESSAGES

A Publication of MEG's Gift Inc.

MAY 2016



## IN THIS ISSUE

Welcome to our first issue of MESSAGES, a newsletter of MEG's Gift, Inc. MEG's Gift is a not-for-profit public charity committed to positively impact mental health care in the Rochester community through financial support, education and advocacy. The charity was founded in 2014 by members of the Garbach Family to channel their grief following the loss of their beloved daughter and sister, Meg. Since her death in February 2014, family members have grieved in their own personal ways. However, in ways they remember Meg and want her to be remembered, they share similar thoughts and feelings. They do not want the way Megan died to define who she was and how she lived. She was compassionate and loving and saw the goodness in others. Since her death, they have heard countless stories about her empathy and sensitivity in the form of a smile, a kind word, a hug, a helping hand when it was most needed. They experienced much of the same from Meg. They talk of their sadness in knowing that she struggled, at times, to love herself in the same way she loved others. They have come to understand, and are working to accept, that it was major depression, a mental illness, that limited her capacity for self-love. It is no coincidence that to make sense of her death and promote her legacy of giving that her family decided to embark on a cause that promotes mental health awareness, advocates care for persons with mental illness, and supports organizations that serve them.

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Fund-raising activities to support mental health awareness and services in the Rochester community were our focus in the first year of operation. With the publication of MESSAGES, we can now stay in touch with family and friends who have supported us and also reach out to others in the community to let them know who we are and what we do. In this inaugural issue, we include information about our annual golf tournament and auction slated for August 13 and other fund-raising activities. We introduce you to the Veterans Outreach Center which has been selected as the principle beneficiary of MEG's Gift funds in 2016. In *Depression is More than Sadness*, Drs. Bufano and Dvorin examine the symptoms, causes and treatments of mental illness that afflicts 15.7 million adults and is the leading cause of disability in the U.S. And in her reflections about Meg, Kathy Garbach speaks to us poignantly from a mother's perspective about the impact of Meg's depression on her and how she copes with life since her death.

We are excited about this opportunity to communicate with you through MESSAGES. Please share this with family and friends and let us know what you think. Send your comments to [info@megsgift.org](mailto:info@megsgift.org).



MEG'S GIFT BOARD OF TRUSTEES (FROM LEFT TO RIGHT): TIM GARBACH, THERESA (GARBACH) MCCORMACK, MARIA GARBACH, KATIE (GARBACH) SCALZO, RAY GARBACH AND KATHY GARBACH

## Second Annual Golf Tournament Plans in Full Swing

Long before the azaleas began to bloom at Augusta National, home to the Masters, planning for the 2016 MEG's Gift Golf Tournament was well underway. It is scheduled for Saturday, August 13. Based on the popularity of last year's event that attracted 232 golfers, the tournament will again be played on two Rochester area courses according to Kristie Kunzer and Theresa McCormack, Tournament Coordinators. "We'll return to Shadow Lake Golf Club in Penfield," said Kristie, "but, with the closing of Shadow Pines, our second venue will move to Greystone Golf Club." Greystone is a popular Scottish links course with tall native grasses and pot bunkers located in Walworth. The dinner following golf will be at Shadow Lake. Tickets are \$130 per golfer at Shadow Lake and \$150 at Greystone. Cost includes lunch at each course, greens fees, complimentary drinks on the course, dinner and a t-shirt. Dinner only tickets can be purchased for \$45. Early reservation for golf is encouraged in order to play on the preferred course.

According to Tim Garbach, tournament sponsorships are available at the same levels as last year. Gold (\$5,000) and Silver (\$2,500) sponsors are entitled to 2-foursome and 1-foursome packages, respectively, along with



course preference, golf shirts, lunch and dinner for each golfer and name/logo recognition on the course. Bronze (\$1,000) sponsors receive golf, lunch, dinner, and shirts for two along with name/logo recognition. Angel (\$500) sponsors get one golf ticket and name/logo displays on the course. The Environmental (\$200) sponsors will have name/logo attached to eco-friendly receptacles on the course and also receive a t-shirt. Friends of Meg (\$100) sponsors receive a t-shirt. All sponsors will be recognized in the organization's website. In addition to these designated sponsorship levels, donations in any amount are welcome. Contact Tim Garbach ([tgarbach@livefit.com](mailto:tgarbach@livefit.com)) for more information about becoming a sponsor.

Registration for golf or dinner and sponsorship can be done by mail at MEG's Gift, P.O. Box 876, Penfield N.Y. 14526, or on-line at [www.megsgift.org](http://www.megsgift.org)



### **AUCTION DONATIONS SOUGHT**

MEG's Gift will once again hold an auction in conjunction with the annual golf tournament on August 13 at Shadow Lake Golf Club in Penfield. According to Liz Messina, Auction Coordinator, "we are hoping to have a great selection of goods and services for purchase." Approximately 160 items were in the silent auction last year and another four major gifts were available during the live auction. Liz and her team are currently reaching out to individual artisans as well as local restaurants, spas, boutiques, and retail establishments for donations. Vacation packages and sports memorabilia are typically popular items. The silent auction will begin to accept bids at 4 PM and the live auction will occur in the early evening. For more information about the auction and to make a donation, please contact Liz Messina at [donate@megsgift.org](mailto:donate@megsgift.org).

# Funds to Benefit Veterans Outreach Center

MEG's Gift has selected the Veterans Outreach Center (VOC) in Rochester to be the primary beneficiary of its 2016 fund-raising initiatives.

Founded in 1973 by returning Vietnam Veterans, it is the oldest not-for-profit organization in the country with a primary mission of serving veterans. Todd Baxter, Executive Director, explained that "there is a sea of good will (in our community) with many great agencies out there taking care of veterans." He added that it can become "overwhelming" for some veterans to negotiate the system. "We see ourselves as a cog in the veteran service community to be a one-stop shop," he stated. "We don't do everything, but we know all our friends that do and we want to point them in the right direction... and with a warm hand off." That hand-off will be easier with a robust new software system being planned that will link the VOC with its partner agencies and provide a mechanism whereby veterans will be pre-determined as eligible for the services of many agencies.

A range of services provided by VOC staff, staff of affiliated agencies, and several volunteers address a wide variety of needs of veterans and their families. Job training and employment services prepare veterans for the labor market. Last year over 400 individuals were placed in jobs at an average hourly rate of \$14. A program to prevent homelessness through temporary assistance with rent and utility payment and guidance to sustain permanent housing serves over 800 families across Western New York each year. Some programs target mental health challenges faced by veterans who come for help. This aligns well with the mission of MEG's Gift. One of VOC's core services is creative arts therapy that combines traditional psychotherapeutic techniques with the creative process using various forms of visual art and music to address post-traumatic stress disorder, depression and other types of mental illness. Substance abuse and mental health counseling are key components in the long-term residential services for



VETERANS OUTREACH CENTER  
447 SOUTH AVE, ROCHESTER, NY

homeless male veterans at homes operated by the agency.

The VOC depends on private donations to balance its budget of 4.2 million dollars annually. In speaking about this financial challenge, Mr. Baxter shared his "frustration" that at a time in our history when so many people are doing good things for veterans, "there are systems and people out there that abuse veterans... don't provide the services (they are expected to provide). They raise funds and (then) use them illegitimately." He referenced the scandal in the Wounded Warriors Program as an unfortunate example of such abuse. His concern is that it can compromise the integrity of the

good work that is being done by not-for-profit organizations like the VOC and potentially negatively impact public support. He encourages donors to "vet the organization well" before giving.

And that is exactly what MEG's Gift did before selecting the Veterans Outreach Center as a beneficiary of its funds. "It's overwhelming, humbling," Mr. Baxter said. "You reached out to us...It's powerful when people believe in you...have so much faith and trust in what you are doing. It brings tears to our eyes."

For more information about the Veterans Outreach Center, go to [www.veteransoutreachcenter.org](http://www.veteransoutreachcenter.org).



TODD BAXTER  
EXECUTIVE DIRECTOR,  
VETERANS OUTREACH  
CENTER

# Me, Meg and My Life Without Her: A Mother's Story

by Kathy Garbach

I saw this quote. I don't know who the author is... and yet I feel it describes me.

“The hardest thing I've ever had  
To hear was that my child died.  
The hardest thing I've ever done  
Is to live every day since that moment.”

My daughter, Megan, died on February 17th 2014. She lost her battle with depression. Some days I feel as if I've been enveloped with waves from a tsunami...floods of sadness....totally drowning.

When I reflect on how Megan died, I tell myself that it was so unlike Meg. And then I wonder: How did she have the strength? .... How was she so “brave?” And then I stop to think about all the pain she must have endured for so long and her need to be rid of that dreadful pain.

But, she masked it—mainly by her gorgeous, bright smile. Her dad always said that Meg had a smile that could light up a room. She'd come over for visits, trying always to be up for me. Toward the end, several months before she died, she would seek comfort and help in talking with me and then would say, “Enough about me...How are you Mom?”

At Mass on the Sunday before she died I turned to her at the Sign of Peace—not knowing it would be my last kiss. I hugged her and said: “You will find peace honey.” “Will I?” she asked. Little did I know that she would find her peace the very next day.

A friend came to visit me shortly after Megan's death. She knows something about a mother's pain, having lost her daughter. She said, “Kathy, now you are part of my club—mothers who bury their child.” She went on, “For nine months you carried Megan below your heart. And now forever you carry her in your heart.” Yes, she does live in my heart—and is always on my mind ...the first thought in the morning, and all day long. I talk to her at bedtime when I say my prayers and almost every hour during the night I wake up saying and thinking her name.

Meggie would always say, “Mom, don't ever leave me.” But she left me.

At her funeral Mass we sang, “Do not be afraid.... I am with you....I have called you each by name.... Come and follow me.... I will bring you home...I love you and you are mine.” I kept saying to myself, “ No God, you gave her to Ray and me – and then I realized..., no, God gave her to us on loan...this beautiful 27 year old girl wasn't ours

...She has always been Yours. And then I think—oh my gosh, how blessed that we had 27 years with this child—a child of God who is now one of his angels.

There are dark days when I think about Meg and those “final minutes” on Feb. 17<sup>th</sup> – Meg's need to get out of her pain. And then, I picture BRIGHTNESS as I close my eyes and envision her running up winding steps, wearing a lovely white, flowing dress and turning to me with her most beautiful smile... “I am OK Mom—I'm free—free of pain.”

Over 1000 people came to the funeral home when Megan died. The church was packed for her Funeral Mass. Eighty cars were in the procession to the cemetery. Hundreds of beautiful cards and notes expressed condolences. Over 80 floral pieces were received – Oh, did they know how much Meg loved flowers, and the beauty of God's creation? There were many touching stories about Megan's giving heart: sitting with a boy on the school bus that nobody would sit with; making peanut butter and jelly sandwiches and handing them out to the homeless in downtown Albany; donating countless pints of blood and the Red Cross telling me of the lives she helped save or change. So many donations given to the Lamberton Conservatory in Meg's memory that there is now a chair in the Conservatory and a bench in Highland Park, both with Meg's name and a plaque that reads: “Her smile mirrors her soul.” What a beautiful tribute to her. But as I witnessed this outpouring of love for Megan, met the people who experienced her kindness, read their letters, heard their stories, I knew something they did not know: Megan did not see herself as others did. How sad. It breaks my heart. *(Continued on next page)*



My life- a life without Megan's smile so present to me- goes on. Her home that she so beautifully decorated was sold. Meg's fiancé, Mark, took a job in Florida. Chris, her dearest friend at work, passed away; she was the last person to spend time with Megan on the day she died. Her dad left his job and changed careers. Her sister, Maria, moved to Michigan. Boomer, our 15 year old black lab died. Grandchildren keep growing and thriving - and inspiring. Anthony, the oldest at 8, and with wisdom beyond his years, says he talks to Aunt Meg all the time and "she answers me" (even in the bathroom at school!) He told his mother once when she was lamenting the fact that she hadn't had a dream or "heard from Megan" that "Maybe, Mom, you're not listening."

Anthony is not the only one who "feels" the connection with Megan. Her brother, Tim, leaving the house the night before her funeral, said- to her picture on the wall- "good night, Meg" and the light in the room flickered at that very moment. A dear friend, while vacationing in Australia where Meg lived for several months, tells the story of experiencing her presence in a rainforest there. Oddly enough, Meggie's favorite country songs seem to be airing at precisely the moment I am talking or thinking about her. Butterflies are always fluttering around her memory garden at home and at family gatherings, they mysteriously join the party. Coincidences? No, I think not. I prefer to call them "God-incidences".... a heavenly message - a sign- that Megan is at peace and wants us to be at peace also.

In her book, *Prayers for Difficult Times*, Ellyn Sanna wrote: "When parents die, their children are called orphans; when a spouse dies, the remaining partner is a widow or widower; but when a child dies, the English language has no word for the parents who are left behind. This is the loss for which even our language is unprepared." I feel like I'm still watching "life from a distance." I go into stores, especially at holiday times, and I think: Why are all these people so happy? Don't they know I am sad? --Don't they know my daughter died? My grief, my missing Meg--why don't they notice me? Nothing will ever be the same.

I wanted to be with Megan. At times I feel like I have died from a broken heart. Thankfully, I have FAITH in God—belief that someday I will be with her. That sustains me. I talk with the most wonderful psychologist every Wednesday. She has been my lifeline. Beautiful inside and out, I know she is someone Meggie would have loved. I have four beautiful children on earth and nine beautiful grandchildren...and a wonderful husband. He is my ROCK. All of us are grieving the loss of our Megan...and all in different ways, yet supporting one another. We are blessed to be surrounded by our wonderful family, friends, a strong Church community and countless others who have reached out to us through MEG's Gift. We have seen the face of Christ in so many beautiful people who have joined with us in remembering Megan and in carrying out her legacy of love, compassion and caring for others. For me, I do my best- one day at a time. It's hard. ♦

## SUPPORT THE EVENTS OF OUR COMMUNITY PARTNERS

ST. JOSEPH'S NEIGHBORHOOD CENTER, THE BENEFICIARY OF 2015 MEG'S GIFT FUNDRAISING, IS HOLDING ITS 22ND ANNUAL PARTY AND AUCTION- HEAVEN AND HELL, HALO'S AND HORNS-ON JUNE 1, 2016 STARTING AT 5:30 P.M. AT TEMPLE B'RITH KODESH, 2131 ELMWOOD AVENUE, ROCHESTER. FEE OF \$45 PER PERSON INCLUDES HEARTY AND HEAVENLY HORS D'OEUVRES, GRAZING STATIONS, DESSERTS, BEVERAGES, MUSIC AND AN AUCTION OF MORE THAN 150 ITEMS. ALL PROCEEDS WILL DIRECTLY BENEFIT THE CENTER'S HEALTH CARE PROGRAMS. FOR RESERVATIONS, SPONSORSHIP OPPORTUNITIES OR MORE INFORMATION, CALL 585-325-5260.

EAST HOUSE CORPORATION IS CELEBRATING ITS 50TH ANNIVERSARY YEAR WITH TWO MAJOR EVENTS. VISIT EASTHOUSE.ORG OR CALL 585.238.4800 FOR RESERVATIONS.

**HOPE & RECOVERY LUNCHEON**, SEPTEMBER 30 AT 11:30 A.M., JOSEPH A. FLOREANO ROCHESTER RIVERSIDE CONVENTION CENTER, ROCHESTER. KEYNOTE SPEAKER IS RICHARD DREYFUSS, ACADEMY AWARD-WINNING ACTOR AND MENTAL HEALTH ADVOCATE. SEATS ARE \$75. VIP SEATS, WHICH LEND AN OPPORTUNITY TO MEET MR. DREYFUSS ARE \$175. A TABLE OF 10 IS \$1,000. THIS IS THE AGENCY'S PREMIER EVENT TO HELP FUND RESIDENTIAL AND RECOVERY SERVICES FOR INDIVIDUALS WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS. MEG'S GIFT IS PLEASED TO BE A HOPE SPONSOR FOR THIS EVENT.

**RECOVERY IN THE 21ST CENTURY: REALIZING RECOVERY THROUGH COLLABORATION AND COMMUNITY**, OCTOBER 27, 8:00 A.M.-5:00 P.M., DOUBLE TREE HOTEL, 1111 JEFFERSON AVE. IN HENRIETTA. THE CONFERENCE IS FOCUSED ON THE COLLABORATIVE NATURE OF RECOVERY AND NEW DEVELOPMENTS IN THE FIELD THAT ARE RESHAPING OUR UNDERSTANDING OF SUPPORTING HEALTHY AND FULFILLING LIVES FOR INDIVIDUALS LIVING WITH MENTAL HEALTH AND SUBSTANCE USE DISORDERS. INDIVIDUALS IN RECOVERY, THEIR FAMILIES, PEERS, MEDICAL AND SOCIAL SERVICES PROFESSIONALS, POLICY MAKERS, FUNDERS AND ALL INTERESTED MEMBERS OF THE COMMUNITY ARE INVITED TO ATTEND. KEYNOTE SPEAKER IS DR. JORGE R. PETIT, COMMUNITY PSYCHIATRIST AND REGIONAL SENIOR VICE PRESIDENT FOR NEW YORK STATE FOR BEACON HEALTH OPTIONS. COST IS \$100 PER PERSON. THERESA (GARBACH) MCCORMACK OF MEG'S GIFT WILL BE A PANELIST IN THE PLENARY SESSION TO END THE CONFERENCE.

# Depression Is More Than Sadness

by Douglas Bufano, Ph.D. and Stephen Dvorin M.D.

## Portrait of Depression

Ellen looks sad. You see it in her face, her eyes especially. They have lost their sparkle. And even when there is reason to be cheerful, her expression doesn't change. But that isn't what concerns you the most. No, it is what you call her "opting out" that is more alarming. She doesn't call or text and sometimes ignores your efforts to reach out. You haven't seen her at the gym in weeks; this is so unlike her, the "workout queen," you used to call her. Everyone misses her energy. She was the first to find out what was happening around town on the weekends, spread the word, and start the planning for your group. That doesn't happen anymore. You found out from some of her other friends that she has been taking days off from work. She loved her job and was good at it. You stopped by her place last Saturday afternoon; she answered the door in her robe, looked like she had just woken up, and didn't have much to say. What she did offer is that she is not much interested in doing the things that you suggested and she asked that you not worry about her. You made one last pitch to get her moving. "Let's go out to dinner," you said with enthusiasm; and you'd be happy to wait for her to get ready. "Don't have the energy for that, and really not hungry," she responded. You left her house perplexed and more concerned than ever before. She has been your best friend since you moved to town- so welcoming and helpful. What is going on with Ellen? What caused this change in her? What can I do?

This story of Ellen is intended to shed light on what clinical depression looks like from the vantage point of the person suffering and from those who care about that person. Depression is more than sadness. It involves clear-cut changes in emotions, thoughts and behaviors, and it hurts. The transition is difficult for family and friends to watch.

## Diagnosing Depression

Using criteria of the American Psychiatric Association (APA), diagnosing major depression requires the presence of either depressed mood (e.g., feeling sad, empty, hopeless, "down in the dumps") or loss of interest or pleasure in all, or almost all, activities that were previously part of one's life. These symptoms must be present nearly every day, and for most of the day, for at least two weeks. To complete the diagnosis, mental health practitioners assess other symptoms that must be present: changes in eating and appetite, sleep, motor activity (speeded up or slowed down), and fatigue. Diminished ability to think, concentrate and make decisions is also part of the assessment along with feelings of worthlessness and guilt, and thoughts of being better off dead or ending one's life. When these symptoms cause clinically significant distress or

impairment in social, occupational, or other important areas of functioning and are not attributable to another physical or mental illness or the use of drugs or medications, one can confidently speak about the existence of a major depressive disorder and treat accordingly. The severity of the disorder is based on the number of symptoms present, the severity of the symptoms and the degree of impairment.



## Depression Affects Many

According to a report issued by the Substance Abuse and Mental Health Services Administration, *Behavioral Health Trends in the United States: Results from the 2014 National Survey on Drug Use and Health*,

6.6 percent of adults aged 18 or older

(15.7 million people) had at least one major depression episode, like Ellen's, in the past year, and two-thirds of them will be severely impaired. The US Centers for Disease Control report that 16% of all people will experience a major depressive episode at some point in their lifetime. The incidence (new cases) of depression peaks when people are in their 20's and there are marked differences by age group. For example, the prevalence among persons, like Ellen, in the 18- to 29-year old age range is threefold higher than among persons in the 60 and older group. Females experience higher rates of depression than males.

## Causes of Depression

Causes of depression are multiple and complex. The prevailing view, according to the National Institute of Mental Health (NIMH), is that many factors may play a role in depression, including genetics, brain biology and chemistry, and life events such as trauma, loss of a loved one, a difficult relationship, an early childhood experience, or any stressful situation. Often, a combination of factors is involved. The APA reports that the course of major depression is variable. Depression tends to recur. Most people experience a period of remission (two or more months with none, or only a few, symptoms) and some may go for years before experiencing another discreet episode.

## Depression is Treatable

Depression is treatable in most cases by licensed professionals with training in one of several mental health disciplines such as psychiatry, psychology, mental health counseling, clinical social work and psychiatric nursing. The scope of practice (what is legally and ethically allowed) differs by profession. For example, only psychiatrists and some psychiatric nurses can prescribe medications. Treatment always begins with some form of an evaluation to determine the nature of the problem in order to propose a treatment plan. Mental health practitioners who are not trained in medicine or nursing must be satisfied that there are no other health conditions to explain the presenting symptoms; when in doubt, they are expected to obtain medical clearance before proceeding. *(Continued on next page)*

The National Guideline Clearinghouse of the US Department of Health and Human Services has published guidelines for the treatment of depression. Anti-depressant medications or psychotherapy ("talk therapy") is typically recommended for individuals with mild to moderate depression. The combination of medication and psychotherapy is strongly recommended for persons with severe or chronic depression.

Clinical mood episodes vary in severity. Psychotherapy and antidepressant medications are equally effective for mild to moderate depressive episodes. Treatment recommendations will be influenced by access to care, provider skills, and patient/client preference, among other factors. For the most severe depressive episodes, antidepressant medication is recommended. There are many antidepressant medications available. They are all equally effective, take two to four weeks to work, and target one or more neurotransmitters (serotonin, norepinephrine, dopamine). Side effects vary. Currently, the most frequently recommended antidepressant medications enhance serotonin activity (e.g. fluoxetine/Prozac®, paroxetine/Paxil®, escitalopram/Lexapro®), enhance dopamine and norepinephrine (bupropion/Wellbutrin®), or enhance serotonin and norepinephrine (venlafaxine/Effexor®, duloxetine/Cymbalta®). Antipsychotic medications are added for those persons who experience hallucinations or delusions during their depressive episodes.

While there are several psychotherapeutic approaches used to treat depression, cognitive-behavioral therapy (CBT) and interpersonal therapy (IPT) are considered evidenced-based therapies, meaning that they have been extensively researched for their effectiveness in reducing symptoms of depression. CBT challenges the distorted thinking that is so often found during periods of acute depression when individuals have a negative view of themselves (worthless, inadequate, and unlovable), their environment (overwhelming and full of obstacles) and their future (feeling hopeless and whatever they do will be insufficient to change the unsatisfying course of their life). IPT works from the premise that symptoms of depression are highly connected to interpersonal distress. That distress may come from grief due to the loss of a loved one, interpersonal disputes, a difficult life transition or deficits in the quality or quantity of interpersonal relationships. With guidance from the therapist, the individual chooses the most relevant focus area that gives rise to symptoms and engages in strategies aimed at better understanding, changing or coping with the troubling situation. In all forms of psychotherapy, treatment effectiveness is enhanced when the therapist builds a working alliance with the person suffering with depression and maintains optimism in the face of the person's negative and pessimistic mind-set.

Medications and psychotherapy are often combined. Most persons who are clinically depressed will feel better with treatment. For those who do not improve, treatment plans can be altered (e.g. focus of psychotherapy, medication changes). For that small number of people whose symptoms are particularly unrelenting and persistent, there are additional interventions such as r-TMS (repetitive transcranial stimulation) and ECT (electroconvulsive therapy). Because depression can recur, psychotherapy and medication

interventions offer long term protection for those with repeated episodes.

Despite the effectiveness of treatment, the 2012 National Survey on Drug Use and Health indicated that approximately 40% of males and 28% of females did not receive any treatment for a major depressive episode experienced in the past year. Of those who did receive care, nearly 60% received it from their primary care provider. In this same survey, reasons offered for not receiving mental health services (for depression and all other forms of mental illness) included affordability of care and not knowing where to go for care along with other reasons such as fear of others finding out, negative impact on job, and concern about confidentiality. These latter reasons represent fear of judgment by others of being weak or unstable. This is the core of stigma. Unfortunately, negative attitudes and beliefs toward people who have a mental illness are common.

### Summary

Depression is a debilitating illness that affects many people. Its causes are often complex and are best understood within a biological, psychological and social context. Importantly, depression is effectively treated with medication and/or psychotherapy that can reduce the symptoms and return people to previous levels of wellness. Barriers to treatment are both systemic and personal. Personal barriers are often associated with stigma that is evident from the negative attitude (actual or assumed) that is coming from others. Others' judgments almost always stem from a lack of understanding rather than from information based on the facts. It is the intent of this article to provide facts about depression and its treatment that will offer some measure of understanding and hope for persons who are depressed, like Ellen, and for those who care about them. ♦

[About the Authors: Dr. Bufano is a Licensed Mental Health Counselor, counselor educator, and former Vice President of East House Corporation. Dr. Dvorin is a Psychiatrist, Clinical Associate Professor in the Department of Psychiatry of the University of Rochester School of Medicine and Dentistry, and former Medical Director of Strong Ties Community Support Program. Both are current faculty members in the Mental Health Counseling Program at St. John Fisher College.]





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MESSAGES STAFF ♦ EDITOR: DOUGLAS BUFANO ♦ DESIGN: ALYSE FERRANTI

## ENTERTAINER SELECTED FOR TOURNAMENT DINNER

Dinner guests at MEG's Gift Golf Tournament on August 13 at Shadow Lake Golf Club will be entertained by Chris Wilson. A Brockport native, Wilson is a singer/songwriter/acoustic guitarist in the folk genre. He was a featured artist on MTV's "The Cut," and went on to win the "Viewers Choice Award" for his performance in the finals of the show in 1999. Since then he has recorded several CD's, has performed around the country and is popular at local venues. Check out his website at [www.chriswilson.us](http://www.chriswilson.us) and sample his music.

## MEG's Gift Upcoming Yolickity Fundraising Event

When: Monday, June 20 – Sunday July 3

Time: 11:30 AM – 10:00 PM

Location: 944 Hard Road in Webster



CODE WORD: "MEG"

Purchase delicious frozen treats, mention "MEG" to the cashier and MEG's Gift will earn 20% of the net proceeds!

*"I love you from the top, middle and bottom of my heart."*

...A familiar closing to messages from our Meg

