



NAMI Frederick County

National Alliance on Mental Illness

Find Help. Find Hope.

August 2013

Dear NAMI Friends,

Our NAMI Frederick annual meeting was held on Monday, July 1st. Both the general membership and the current board came together. It was especially rewarding to have a number of non-board members and spouses attending, expressing their interest and support of NAMI's efforts in Frederick County. You will find details of our efforts to support the NAMI mission throughout this newsletter.

I would like to acknowledge the contributions of several of our stalwart members who have completed two consecutive 2-year terms on the Frederick NAMI Board of Directors. While these members are retiring from the board, they will continue to serve in other ways. For this we are grateful! I hope you noticed their photograph and recognition in the *Frederick News Post* on July 6th. We thank the following retiring board members:



Gerry Blessing, NAMI Frederick President with Jane Kohlheyer, DeDe Pucino, and Curt Kohlheyer

DeDe Pucino ~Vice President and advocate for our youth and young adults. Dede continues to volunteer completing many administrative tasks.

Jane Kohlheyer~Secretary, membership records manager, and family support group facilitator. Jane continues to work with NAMI as Newsletter Co-Editor.

Curt Kohlheyer~ Support Group Coordinator and co-facilitator of two family member support groups . Curt continues to support NAMI Frederick by co-facilitating a monthly support group.

We welcome new NAMI Frederick board member Mark Brown. Mark will serve as our NAMI Frederick Secretary. We have a number of volunteer positions and board member slots left unfilled. Can you help? Some positions in need of volunteers include: a support group coordinator, support group facilitators, assistant webmaster, and a membership coordinator. For more information, please contact Volunteer Coordinator Kathy Van Arnum at kathy.vanarnum@namifcmd.org or myself, Gerry Blessing at gerry.blessing@namifrederick.org. Do well and support your community.

HELP WANTED!

Position: Volunteer Assistant Webmaster

Where: Work from home on your computer

Duties: Help maintain the NAMI Frederick website and send out email blasts

Time: A couple of hours each month

Training provided by our webmaster, Daryl Bruner.
Contact Daryl at daryl.bruner@namifcmd.org



Sincerely,

Gerry Blessing

Gerry Blessing

NAMI Frederick President

NAMIWalk Successful



NAMI Frederick members Mary Lou Blessing and Linda Coyle walk with the crowd at Baltimore's Inner harbor.

Thank you to everyone who helped with the annual *NAMIWalk*! The event was held at Baltimore's Inner Harbor on May 18, 2013 and our affiliate's efforts were led by our NAMIWalk Coordinator, Lori Dempsey. *NAMIWalks* are held each May in various cities throughout our nation to raise awareness about mental illness and to raise funds. By supporting NAMI, you have helped make a difference in the lives of persons living with mental illnesses, as well as help their families and friends.

The money raised at the *NAMIWalk* enables NAMI Frederick County to offer education, support groups, the website, brochures and our newsletter--all free of charge to the local community.

Mental illness does not discriminate. It can affect persons of any age, race, or socioeconomic status. By participating in the *NAMIWalk*, you have helped to "stomp out the stigma" that is associated with mental illness.

So, thanks again to everyone who helped make this year's event a

success! We appreciate your compassionate support and we hope that you will continue to partner with NAMI Frederick in our commitment to raise awareness and to help individuals and families affected by mental illness.



Sarah Dempsey makes a balloon animal for a child at the NAMI Frederick tent while Lori Dempsey, NAMI Frederick Walk Coordinator chats with Mary Lou Blessing.

2013 NAMI Maryland Education Conference

October 17-19

Thursday, Friday, and Saturday
Conference Center at Sheppard-Pratt in
Towson, Maryland

For more info, contact Ashley Haynes at NAMI Maryland
410-884-8691 or namimdevents@namimd.org



NAMI Frederick Connection Recovery Support Group plans to start meeting again in late August 2013 in Frederick. Please look for NAMI Frederick email blasts announcing the meeting time and location and check the NAMI Frederick event calendar on the website at www.namifrederick.org.

For specific information about NAMI Connection Recovery Support Group visit www.nami.org/template.cfm?section=NAMI_Connection



NAMI Frederick has two **Family and Friends Support Group** meetings each month. Family and Friends Support Groups are for adult family and friends of persons with a mental illness. We ask that consumers (persons with mental illness) not attend these meetings, per NAMI policy. One can attend either or both meetings without any advance notice to us. All of our activities and support groups are free. For more information, please email supportgroups@namifcmd.org.

Monthly Family Support Group Meeting Times and Locations

➤ Good Shepherd Lutheran Church
1415 West 7th Street
(next to the McDonald's on 7th Street)
7:00-8:30 PM on the first Thursday of each month

➤ All Saints Episcopal Church
106 West Church Street
6:30-8:00 PM on the third Wednesday of each month

It was a predictable annual meeting for NAMI Frederick, but it was also warm and real. People seemed devoted to their cause. Even those retiring from positions had good information and humor. Then, sitting in my metal folding chair, I heard a metallic *clink*. My earring had fallen and, I guess, bounced off the chair as it dropped to the floor. Feeling self-conscious, I looked around but didn't see it. I gave up for a bit as the meeting progressed but started to look again. Mary Lou, on my left, realized what was going on. Suddenly she pointed: "Under your purse," my new best friend whispered. Relieved, I retrieved the earring.

The experience could have been embarrassing, but it was funny. It was a friendly and personal way to return to Frederick NAMI.



Ever feel like something's missing...something more than an earring? I had worked since the age of 18 and had an undergraduate degree, but it was not special enough. Expertise was my desire. I wanted to go back to school and find some depth.

However, I knew I'd have to give up some things: dog sports, church activities, free time, NAMI. At NAMI I was on the board, produced a bimonthly newsletter, and ran weekly "Connection" group meetings. I also did an occasional In Our Own Voice program, something I really enjoyed. Despite the fullness of my life with NAMI, my full-time office manager job, and other activities, I decided to enter a master's in information technology (IT) program at Hood College, four miles from my home.

I started school in August of 2009 and began to make friends at Hood College in my program, but I missed my NAMI colleagues. Someone else was handling the newsletter and the Connection program was down to twice a month, especially as two out of three of my co-leaders had also started school. I eased out of NAMI, but now and then in the next four

Homecoming

By Susan T. Holt

years, NAMI newsletters would arrive in the mail. I wasn't sure if I wanted to read them or not. After all, there was nothing I could do to connect without maybe getting NAMI members' hopes up that I was back, ready to participate.

"With the connections that were happening, I felt a hunger being met—either mine or that of the world we were fighting—the trials experienced by people affected by mental illness. Here it was safe, surrounded by people who understood."

I remember the April newsletter that came out in my fourth year of school. It was the year I graduated, 2013. I kept the newsletter by my bed for weeks, and I would pick it up and peruse it, remembering the good work we had done, and that my NAMI colleagues were still doing, at NAMI Frederick.

My last class—Network and Internet Security—was three credits in five fun-packed (!) weeks—starting May of that year. I couldn't believe the chapter assignments, quizzes, online discussions, and weekly presentations would ever be over. When the coursework did end at midnight on Thursday, June 27, it took me a couple of days to decompress, and then I rejoiced—announcing my feat on Facebook and at Joys and Concerns in church that Sunday. Then, on Monday, I showed up at the NAMI Frederick annual meeting. It's hard to walk into a room with even semi-strangers, but I put on a welcome face and introduced myself to the new folks as well as routing out a few very familiar faces. Crowds can be a challenge, but I felt successful with this venture.

I was glad to be present there. After the meeting, I talked to old friends and new ones. With the connections that were happening, I felt a hunger being met—either mine or that of the world we were fighting—the trials experienced by people affected by mental illness. Here it was safe, surrounded by people who understood. I might be called a consumer, but I was a person coming alive. This evening I had heard about activities that had meaning for me: fund-raising, informational gatherings, raising of awareness, and just being together and understanding...everything. Something wasn't missing; it was fulfilled.

So now it's five full days since I finished my coursework for my master's in IT and my cybersecurity certificate. I am realizing that I have a whole new life in front of me. I need to email my Hood adviser. A great guy—when I told him that I had a schizoaffective disorder, he said: "So? You handle it; don't you?" With respect to an upcoming job change, I need to feel peppy and ready for life...the way I felt at the NAMI annual meeting. The email will need to reflect that.

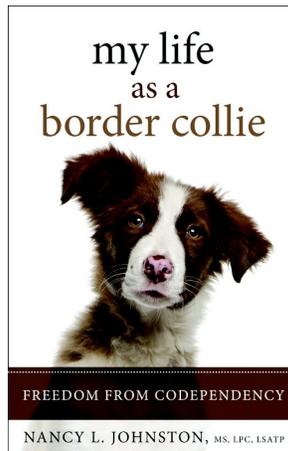
In the meantime, my NAMI re-entry is accomplished. That matters to me. It's icing on my master's degree that I can come back newly self-assured. The real people with real concerns who are fun to be with are again a part of my life. I've proved my intellect, but I still have what I had before my Hood education—and even more, because of a burgeoning confidence that's crept in.

I will continue with NAMI. Also, I will write that email and say I'm ready for life—my new job. Now I have some expertise, some depth, and I owe it to the world's hunger and my potential deep gladness to come alive and make more of myself with my newfound skills, knowledge, and self-reliance. I've made more of myself, and I've also come back to what I already was. I've found myself, and nothing need be missing anymore.

A Lesson in Codependency

By Dede Pucino

And it came to pass, as it always does, that my child grew into a young adult. In the eyes of the law at 18, she was free to make her own choices and to keep me at a firm arm's length in all matters, including her mental health care. Panic...worry...frustration...anger... more worry...fear...guilt...worry again... where do I put all this useless energy? How do I manage this? And then she left, at 20 that happens. Do I chase her down, call the police, bribe for her return...and then what? Who am I in this free fall? I was desperate.... When one is desperate what else is there to do, but grab a coffee and lurk in the self-help isle of *Barnes and Noble*....after years in the Psychology isle, it dawned on me that the only one I could really help or change or maybe save might just be me. And so my eyes fell on *My Life as a Border Collie: Freedom from Codependency* by Nancy L. Johnston. A while back, I had begun to read Melody Beattie's *Codependent No More*, but was crushed under its weight. I wasn't ready to consider the codependency angle. The face of a sweet dog drew me into taking a chance on codependency again. Through this wonderful, light hearted, but very direct little book, I was finally able to see where my behaviors limited my daughter's growth. My vigilance, fueled by fear, aided in keeping her from embracing life...real life...not the altered, ever vigilant to relapse, ordered life I had designed to help her. I could finally see, through the sweet story of a dog and her owner, the gifts that I brought to this world and



how, if left unchecked, they could turn into behaviors that can go terribly wrong for those I love and try so hard to care for and keep safe. I needed to learn to tame my vigilance so my child could embrace her own path. This book gave me a tender perspective that I hadn't tried to see. It opened the door for healing. The book is a fun and yet very insightful story of Daisy, the border collie and her loved one, the author. Through stories and reflections, the characteristics of the border collie and her codependent owner are compared and contrasted. It may sound hokey, but it is such a delightful book which I discovered at just the right time.

The author combines characteristics of a border collie: highly intelligent, alert, responsive, hardworking (sound like anyone you know?), athletic, loyal, tenacious, sensitive, very active, affectionate, eager to learn, eager to please, thrives on human companionship and the defining features of codependency, external focusing, self-sacrificing, interpersonal control and emotional suppression into 12 chapters entitled Smart, Devoted, Hardworking, Serving, People Pleasing, Sensitive, Adaptable, Herding, Reactive, Tenacious, Delighted and Big Hearted. Each chapter follows the same format: characteristic described, tales told, and lessons learned. Each can stand alone, but make sure you read them all. It is not a *how to*...more like an *Ah Ha!* You know, the kind of story that has you nodding your head while talking to yourself as memories surface. It is not a book that smashes your spirit with guilt, just gentle nudges that made me pause and reflect. It was time!!

BOOK DRIVE

We are quickly coming up on our fall Family to Family class. If you have taken the Family to Family class, perhaps you remember the book lending table. If you haven't taken the class, please do! Borrowing books only adds to the wealth of information taught and shared during the class! It has been a long time since we have gotten new books for the table. If you have books that helped you on your journey and are willing to donate them, please consider contributing them to the Family to Family lending library. NAMI Frederick will have drop off nights during the month of September. You can also drop off book donations at the NAMI office located at 4 East Church Street anytime (use the mail slot if possible). All donations will be greatly appreciated.

Book Drop Off Nights

Monday, September 2nd from 6:30-8:00 PM at the NAMI Office, 4 East Church Street, Frederick. There is a parking garage across the street from the office.

Thursday, September 5th, from 7:00-8:30 PM at Good Shepherd Lutheran Church, 1415 W. 7th Street, Frederick

Wednesday, September 21st from 6:30-8:00 PM at All Saints Episcopal Church, 106 West Church Street, Frederick

Good advice for everyone...

Your actions and choices can help you maintain good mental health. According to J. Anderson, Jr., M.D. and Russ Federman, Ph.D., who co-wrote the book *Facing Bipolar*, people should aim to control four key areas of their lives:

The Four S's:

Create **Structure**

Manage **Stress**

Get good **Sleep**

Learn to **Self-Monitor**

You Are Not Alone

By Mike Neely

Do you struggle to relate to and support a loved one with depression, obsessive-compulsive disorder, bipolar disorder, or some other form of mental illness? Coping with day-to-day mood swings, hostility, paranoia, or other symptoms can become debilitating. And to compound the situation, you may struggle alone, unwilling to risk sharing your circumstances with family, friends or co-workers. As alone and alienated as you might feel, you are not alone—far from it. This becomes clear when finally, out of desperation, you attend a NAMI education program or support group. You learn that others in your community have struggles which in some ways parallel your own.

According to a survey conducted by the Centers for Disease Control in 2004, an estimated 25 percent of adults in the U.S. reported having a mental illness in the previous year. Lifetime prevalence rates of mental illness in the U.S. were around 50 percent in 2004 (presumably, not much different today). That means that, in a family of four, at least one member is likely to be living with a mental illness.

Having something in common gives families living with mental illness the opportunity to reach out and support each other. This opportunity is the foundation of NAMI's Family to Family course. **Family to Family is a free, 12-week course led by trained instructors, who convey helpful information and techniques for dealing with a loved one's mental illness.** The course delves into causes of, and treatments for virtually all major mental illnesses, such as depression, bipolar disorder, schizophrenia, obsessive-compulsive disorder, and other mental illnesses. It empathizes the genetically based physiological reasons for these illnesses, and that a wealth of treatments exist, which are constantly expanding through ongoing research. Practical exercises instill and reinforce communication and crisis management techniques. To date, over 300,000 family members have benefitted from this national program.

Here is what one participant in the Family to Family course had to say about his experience:

"My wife and I are a middle-aged, middle-class couple who, 20-some years ago, bore the most wonderful possible son. While he was in the womb, we would wonder together, 'Who will this person be'? We envisioned his becoming a doctor, or scientist, or something befitting his incredible talents. When he was born, we walked on air. Little did we know that just a few short years later, we would be walking on eggshells, trying to prevent another huge tantrum. Through middle school, and then "live-away" high school, we felt like we were dying as we realized how deeply troubled and disabled our son was. Eventually we came to realize that this was our new life. One of the worst aspects was feeling that somehow we had caused it—or at least made it worse.

Through our participation in the Family-to-Family class, we came to see more clearly that our son's illness was not and is not our fault. Just as a diabetic suffers from an insulin imbalance, our son suffers from imbalances in critical hormones, such as serotonin and dopamine. It is still painful to see him suffer, and to accept the profound loss of what might have been. But the truth is that I now truly love my son more than I ever have before. Feeling less guilt and having a more realistic perspective on his illness is enabling me to better relate to him, and help him in positive ways."

Participants aren't alone in raving over the effectiveness of the Family to Family program. According to Dr. Peter Weiden, author of Breakthroughs in Antipsychotic Medications, "Family members who take the NAMI Family-to-Family course are better equipped to work with mental health clinicians in a collaborative manner. My bottom-line recommendation? Take this course. It will help you learn to cope."



FOR WHOM: Adult loved ones and caregivers of persons living with mental illness

WHAT: NAMI Frederick's Family to Family Education Program

WHEN: Mondays 6:30 – 9:00 PM , September 9-November 25

WHERE: All Saints Episcopal Church, 6 West Church Street, Frederick

COST: NONE!

CONTACT: Mike Neely at mike@neely.net or call 301-802-4496



NAMI Frederick Fall Community Education Meetings

Presentations are free and open to the public.

NAMI Frederick will host two free educational meetings this fall. One meeting will focus specifically on mental health concerns in children and adolescents while the other meeting will target issues that are more relevant to adults.

The following presenters are scheduled for our fall season.

Tuesday, September 17th
(Location to Be Determined)

Dr. Erin Berman

**Signs, Symptoms and Treatment
for
Anxiety in Children and Adolescents**

Dr. Erin D. Berman is a Clinical Psychologist at the National Institute of Mental Health in Bethesda, Maryland. She received her clinical psychology doctoral degree from Rosalind Franklin University / The Chicago Medical School. Her clinical training continued with attending the Boston Consortium of Clinical Psychology where she was a Harvard Medical School Fellowship recipient. She completed post-doctoral respecialization in child and adolescent Anxiety Disorders at Temple University. Her main area of interest continues to be in cognitive behavioral interventions for children, adolescents, and adults with Anxiety Disorders.

Topics to be discussed:

- Common signs and symptoms of anxiety in youth
- Understanding cognitive-behavioral treatments and medication
- What parents can do to help a child who is struggling with anxiety
- Information about current research at NIMH for children and adolescents with anxiety.



Tuesday, October 15th
(Location to Be Determined)

Dr. Alicia Lucksted

**Fighting Internalized Stigma's
Impact on Families and Consumer**

Dr. Alicia Lucksted's professional work focuses on applied research towards improving public mental health services for people with serious mental illnesses, self-help interventions among mental health consumers and their family members, qualitative methods in mental health services research, the welfare of gay, lesbian, bi, and transgender people in the mental health system, and consumer views of mental health services. She is a Phi Beta Kappa graduate of the University of Michigan and received her Ph.D. from the Clinical/Community Psychology program at University of Maryland College Park in 1997. She completed a Post Doctoral Fellowship at the Center for Mental Health Policy and Services Research at the University of Pennsylvania before coming to the University of Maryland Baltimore Center for Mental Health Services Research in 1998, where she is an assistant professor of Psychiatry on the research faculty.

Please check the NAMI Frederick website at www.namifcmd.org for the time and location of our fall community education meetings.

Depression

By Jane Kohlheyer

We all have days where we feel down or sad. For most people, these feelings usually pass within a day or two. But when a person has depression, it is more serious and requires treatment. According to the World Health Organization, 350 million people globally are living with depression, and it is estimated that by the year 2020 depression will be the leading disability worldwide.

Depression is a mood disorder. There are several types of depression, some more serious than others. **Major Depression** is described as a severe mood state that causes a major change in how a person functions day-to-day as compared to how the person functioned prior to the illness. Major Depression impacts a person's mood, thoughts, and physical health.

The Primary Symptoms of Major Depression

- Persistent depressed mood
- Change in appetite or weight (up or down)
- Fatigue, loss of energy
- Lack of interest or pleasure in activities that were enjoyed
- Sleep disturbances (too much, or not able to sleep)
- Difficulty concentrating, trouble making decisions
- Feeling agitated or feeling physically slowed down
- Other persistent physical symptoms (chronic pain, headaches, digestive problems)
- Recurrent thoughts of death or suicide

For a diagnosis of Major Depression, a person would experience several or most of these symptoms at the same time for a period of more than two weeks. A person with Major Depression may experience only one or two major depressive episodes in a lifetime, but more often that person will have multiple episodes. Major Depression is highly treatable and may include psychotherapy, medication, electroconvulsive therapy, or a combination of these. With the proper treatment, most people find relief from their symptoms and can return to normal activities.

Dysthymic Depression, also called **Dysthymia**, is a mild but chronic form of depression. A person with Dysthymia has less severe symptoms, but symptoms persist long-term—generally two years or longer. Often, an adult living with Dysthymia seems overly critical and incapable of having fun. They might be described as “gloomy” or constantly complaining. Dysthymia often begins in childhood or adolescence. In children

The Primary Symptoms of Dysthymia

- Depressed mood
- Hopelessness
- Lack of energy, fatigue, loss of interest in daily activities
- Irritability or excessive anger
- Difficulty concentrating, trouble making decisions
- Avoidance of social activities
- Sleep disturbances
- Change in appetite (poor appetite or overeating)

with Dysthymia, behavior or academic problems at school, poor self-esteem, irritability, and poor social skills may be the symptoms that one would notice. Generally, a person diagnosed with Dysthymia will experience symptoms that come and go, and the intensity of symptoms can vary over a period of years. But typically symptoms don't disappear for more than two months at a time. For an adult diagnosis of Dysthymia, a depressed mood must be present most of the day for two years or more. For a child, a depressed mood or irritability must be present most of the day for at least one year. Persons with Dysthymia may also experience one or more episodes of Major Depression throughout their lives. The two main treatments for Dysthymia are medications and psychotherapy. The age of the person and severity of symptoms are two of the factors doctors would consider when deciding the best course of treatment.

Some other types of depression include: **Seasonal Affective Disorder (SAD)** – depression during winter months; **Postpartum Depression** – depression that is much more serious than the “baby blues”; **Atypical Depression** – moods worsen or improve in direct response to events; **Situational Depression** – short-term depression due to a loss, an event, or a major life change. All of these types of depression are generally treated with psychotherapy, but medication may also be prescribed in some cases.

There is no single cause of depression. Some depression tends to run in families and other depressive episodes may occur due to a stressful situation or a trigger. It is believed that genetics and the environment both play a role in depression. Research has also found that there are correlations between depression and physical health. For example, a chronic illness such as cardiovascular disease can lead to depression and vice-versa. According to the National Institute of Mental Health (NIMH), women are 70% more likely than men to experience depression during their lifetime. While women who are experiencing depression tend to have more classic symptoms, men are more likely to

continued next page...

Sources: World Health Organization
www.who.int/mediacentre/factsheets/fs369/en/

National Institute of Mental Illness (NIMH)
www.nimh.nih.gov/health/topics/depression

The Kim Foundation
www.thekimfoundation.org

National Alliance on Mental Illness (NAMI)
www.nami.org

Mayo Clinic
www.mayoclinic.org/mood-disorders

be frustrated, irritable, and in some cases even abusive when they are depressed. Men are also more likely to turn to alcohol or drugs when depressed.

Just like other mental illnesses, scientific research has firmly established that depression is a biological brain disorder. Approximately 25 million Americans will have an episode of depression this year. Depression affects more Americans than cancer, AIDS, and heart disease. People with depression can't just "snap out of it." They need our patience and understanding. There are many good medications available for the treatment of depression and, generally speaking, the earlier a person can begin treatment, the better the outcome. If you know someone who might have depression, please talk to them and encourage them to seek treatment.

Dealing with Dysthymia

By: Sabrina Kearney, Mrs. Frederick County 2013

Everyone has their *moments*. Due to my constant battle with dysthymic disorder, I definitely get to have more than my share of them. The ones that affect me the most are the sad moments, the hopeless moments, the irritable moments, the unmotivated moments, and my personal favorite... the *it's not worth it to leave the house* moments. However, six years after being diagnosed, I'm starting to see a light at the end of the tunnel.

How it Began

In the fall of 2007, I finally got an answer to questions that had been burning inside of me for over 3 years. What is wrong with me? Why don't I care about anything anymore? Why am I just going through the motions? Why don't I feel like eating or sleeping? Why am I so irritable and annoyed with being around others? My list of "why's" seemed never ending. The next thing I knew I was in a therapist's office (where I had no interest in being) and was being told about my condition and how I was having trouble dealing with the associated symptoms. My response to this information regarding my mental illness was anything but receptive. "I'm not crazy!" "You don't know anything about me!" "You have no idea what you are talking about!" At that point, I was in blatant denial and overwhelming outrage over the whole situation. As a result, I would not seek any further treatment for over a year.

Moving Forward

Since then, countless hours of therapy, several different medications, two hospital stays, and two outpatient programs have helped me to establish something that resembles solid footing. I now have a firm understanding of myself, my condition, how it affects me personally, how it affects those around me, and how it affects my

interactions with others. That understanding is the key to my survival. I often hear people mention how you should try to take things one day at a time, but for me that can get a little overwhelming sometimes. I often find that I have to take things an hour or so at a time to get through and/or avoid upsetting situations that can magnify my symptoms.

Where I Stand

Luckily though, I now have the perfect (at least perfect for me) amount of coping skills and support system members to help me get through my days. I'm slowly building a little confidence and self-acceptance. Although I had to take some periodic short-term disability leave over the years, I am currently able to continue working full-time while managing my symptoms. I still have trouble shopping at crowded stores, but I don't avoid the experience completely like I used to. Overall, despite my daily *moments*, I'm in a much better place than I was when this whole ordeal started.

Paying it Forward

So last year, with my newly introduced self-confidence, I decided that I would enter a beauty pageant. Now this is something that is nowhere near being in my comfort zone, but I signed up anyway. As nice as it would be to win something like that, winning was never my motivation for participating. I wanted to prove to myself that I could do it despite my various mental and emotional challenges. So now I'll be representing Frederick County at the Mrs. Maryland America Pageant this upcoming fall. With my local title, I am using "meet and greet" events to try to pass on valuable mental health awareness information to county residents, state officials, and anyone else who cares to listen. This summer I'll be training to be a speaker for In

"It's hard for me to admit it, but I let my condition control me for a very long time. After I decided to seek treatment, I slowly learned how I can take steps to get back in the driver's seat of my life."

Our Own Voice (IOOV). I think that is the most positive thing about where I am in my recovery. I finally feel comfortable enough about me and my situation to be able to share my experience with others.

The Takeaway

For me dealing with chronic depression (dysthymia) has been a constant struggle for control. It's hard for me to admit it, but I let my condition control me for a very long time. After I decided to seek treatment, I slowly learned how I can take steps to get back in the driver's seat of my life. There's no guarantee of who has the steering wheel at any given time, but I don't have as much trouble taking it back when I need to. So in the end, things for me are better than they've ever been yet nowhere near where they should be based on our general concept of the ideal life. Surprisingly, however, I care less and less about what's ideal every day. I fully embrace me and all of my mental flaws and look forward to meeting each new day with a subtle mix of anticipation and apprehension.

Food for Thought

By John Browning

Fads come and go and, currently, the gluten free diet is in vogue. Many people who cannot tolerate gluten in their diet are diagnosed with Celiac Disease (CD). It is an immune-mediated inflammation of the small bowel caused by sensitivity to wheat, barley, and rye that affects nutrient absorption, occurring in 0.5 to 1.0 percent of the population. Over the last 70 years, a number of doctors and researchers have studied a possible link between CD and other illnesses, including brain disorders.

As early as WWII, a Dutch pediatrician, Dr. Willem K. Dicke, first recognized an association between the consumption of bread and cereals and relapsing diarrhea in some of his young patients. This observation was corroborated when, during periods of food shortage in WWII, these patients improved once bread was replaced by non-cereal containing foods.

Over the years, there have been numerous studies conducted relating to a possible link between Celiac Disease and mental illness. Initially, children were thought to be the sole bearers of CD, to be outgrown by adolescence. Therefore, a number of studies have been conducted involving children. One study that was conducted compared the psychological profiles of children suffering from CD who also were experiencing emotional and behavioral problems with children who did not have CD and were considered healthy controls emotionally. The results in the study showed that children who had CD had increased rates of anxiety, depression, and behavior problems, as compared to the healthy control subjects. In a similar study done in Finland of adolescent psychiatric outpatients, researchers found that depression and disruptive behavioral disorders were more common among those patients that had CD.

At the turn of the century, a study was conducted involving adult patients diagnosed with schizophrenia. The objective was to compare patients with chronic schizophrenia and prevalence of celiac-specific anti-endomysial (a known antibody marker in the digestive tract for CD) antibodies and disease related variables to patients with no known CD or gastrointestinal tract problems. The study involved 50 patients diagnosed with schizophrenia, between the ages of 18-50. This study concluded an unlikely association between gluten sensitivity and schizophrenia. Additionally, other studies concluded that an association between Celiac Disease and mental illness proved negative. But years later, other researchers looked into this past research—but without the inflammatory variable—and their findings were quite different. Based on initial findings, gluten withdrawal resulted in a drastic reduction in symptoms associated with schizophrenia in a number of patients.

Another study looked at women with CD who met the threshold suggesting depression and eating disorders. The study concluded that an increase in psychosocial care and dietary changes were clinically relevant, decreasing symptomatic depression and eating disorders.

Older populations who are diagnosed with a mental illness and have consumed gluten for decades with no previous CD diagnosis are currently being studied. In addition, other conditions such as arthritis, dermatitis, and diabetes are all being studied. Some researchers have proposed the likelihood of multiple food allergies being correlated with behavioral disturbances.

New research is being added to the equation every day and it is most intriguing to look at the possible link between Celiac Disease and behavioral disorders. Who would have thought that a simple observation of children by a doctor during WWII would lead to decades of research? The hunger for knowledge continues.



Bridges of Hope is a three-part PowerPoint presentation, about 30 minutes in length, with testimonial and discussion woven into the presentation. The entire presentation usually takes about an hour. The purpose of *Bridges of Hope* is to educate clergy and congregations about mental illness so that they can create stronger safety nets and welcoming communities of faith for people living with serious mental illness.

The three parts of *Bridges of Hope* include:

Section I – What is mental illness? How does it impact individuals, families, and communities?

Section II – How can the faith community help families touched by mental illness?

Section III – Who is NAMI and what does NAMI have to offer to faith communities?

If you are interested in having a *Bridges of Hope* presentation at your place of worship, please email either Kathy Van Arnum at kathy.vanarnum@namifcmd.org or Lori Dempsey at lori.dempsey@namifcmd.org.

Bridges of Hope is presented by trained volunteers and is free of charge.

**There are Two Ways to Join NAMI or
Renew Your Annual Membership**

1. Join online at www.namifcmd.org and pay with a credit card.
2. Mail a check to NAMI of Frederick County, **4 East Church Street, Frederick, MD 21701**. Please include this form.

Name _____

Address _____

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_____ Individual/Business Membership \$35.00 Annually

_____ Limited Income Membership \$3.00 Annually

www.namifcmd.org

To find out more about current volunteer opportunities with NAMI Frederick email Kathy Van Arnum at kathy.vanarnum@namifrederick.org.

