



NAMI

Sacramento Newsletter

National Alliance on Mental Illness

Sacramento's Voice on Mental Illness

November 2009: Issue No. 7.10

General Meeting

Monday, November 9

Mary Susan Hansen, M.D., clinical professor of psychiatry at University of California, San Francisco and past President of San Francisco Center for Psychoanalysis will speak on Relapse Awareness and Recovery Strategies. The purpose of the presentation is to help consumers, caregivers and family members understand relapse in schizophrenia. The program offers useful tips to help prevent or minimize relapse and provides strategies to help individuals get through difficult periods and stay on course with their recovery. Dr. Hansen will cover topics including: what is relapse?; identifying relapse triggers and early warning signs; developing a relapse reduction plan; the importance of family and treatment team involvement. This program is sponsored by Janssen Pharmaceuticals.

Please Note: No General Meeting or Newsletter in December

Meeting Location

SMUD Headquarters Auditorium
6201 S Street, Sacramento 95817

Time

General Meetings start at 7:30 p.m.



Contact Us

NAMI Sacramento
3440 Viking Drive, suite 125
Sacramento CA 95827
(916) 364-1642

NAMI Sacramento e-mail address:
office@namisacramento.org

Website: www.namisacramento.org

Introducing Mary Ann Bennett, New County Mental Health Director

by Ed Fishbein

The worst budget crisis in decades was hardly the ideal time to take charge of Sacramento County's mental health system. But for Mary Ann Bennett, who became acting director in April, it has been a time of innovation as well as painful retrenchment.

Bennett discussed the predicaments she faces, the policies she's overseen, and the background she brings to both challenges, in an e-mail interview with the NAMI Sacramento newsletter.

She has worked in Sacramento County for 30 years, the bulk of that with the County's Executive's Office, and the Criminal Justice Cabinet, where the heads of Sacramento's law enforcement and justice agencies review and revise their policies. Those experiences gave her an intimate knowledge of the county's budget. It also led her to develop a strong belief that the most effective services are those that are most integrated - like the now-disbanded Mental Health Court, which sought to address the mental illness at the root of many nonviolent crimes.

Bennett's experience of mental illness

goes beyond the administrative, however. "I am a family member," she wrote. Her husband was diagnosed with bipolar II in 2005, and died of the effects of the illness two years later.

"I have taken the NAMI Family-to-Family class, and did a lot of reading on the subject prior to this assignment," she wrote. "I find that the job has a very real personal meaning to me in that I hope my work will make a contribution to the well-being and recovery of others."

That passion doubtless makes this year's budget carnage particularly difficult for Bennett. But it has also fueled a range of innovations to ease its impact.

Bennett has no illusions about the size of the challenge. The budget cuts have had a "significant and devastating" impact on mental health services, she wrote. NAMI Sacramento members are no doubt familiar with many of these changes.

The capacity of the Mental Health Treatment Center has been cut from 100 beds to 50. Its adult crisis stabilization unit has closed. Its staff has been reduced

➔ *continued on page 4*

NORTHERN CALIFORNIA NAMIWalk

Volunteer Information Meeting

If you think you might be interested in learning more about our exciting plans to make our first NAMIWalk a success, please join us for a special information meeting.

November 4, 2009

7:00 - 8:30 p.m.

Sierra Vista Hospital Gymnasium

8001 Bruceville Road - Sacramento CA 95823

RSVP to Dawn at (916) 364-1642

Light refreshments will be served.



National Alliance on Mental Illness



Support Groups

Depression and Bipolar Support Alliance (DBSA)

2nd and 4th Wednesday each month from 7:30 - 9:00 p.m. Sutter Center for Psychiatry, 7700 Folsom Blvd., Sacramento

See: www.dbsasacramento.org. Contact: Andrea Hillerman at andrea@mhasc.org or (916) 366-4601; or Marilyn Hillerman at marilynhillerman@yahoo.com or (916) 648-1358.

Dual Recovery Anonymous

Every Monday from 7:00 - 8:00 p.m. "The Effort" 1820 J Street Sacramento, CA 95814. A 12-step self-help program to help those with a dual diagnosis to recover from chemical dependency and psychiatric illness in a community of respect and support.

Call "The Effort" at (916) 325-5556 or Doug Smith at (916) 534-2609.

Early Psychosis Family Support Group

For families with a member who has a newly diagnosed brain disease. Imaging and Research Center Conference Room, UCD Med, Center, 4701 X Street, Sacramento.

Call Jane Du Bet at (916) 734-2964.

Emotions Anonymous

For people working toward recovery from emotional difficulties. Tuesdays from 6:30 p.m. - 7:30 p.m. Call number below for location. Thursdays from 7:00 - 8:30 p.m. Lutheran Church of the Good Shepherd, 1615 Morse Ave., Sacramento. Meet in the choir room.

Contact (916) 366-0699 or see : allone.com/12/ea/

NAMI Connections Recovery Support Group

A recovery support group for adults with mental illness regardless of diagnosis. Held every Sunday from 7:00 p.m. - 8:30 pm at Sutter Center for Psychiatry, 7700 Folsom Blvd., Sacramento. No pre-registration.

NAMI Family Support Groups:

Natomas

Held on the second Thursday of each month from 6:30 - 8:30 p.m. Natomas Service Center, 3291 Truxel Road #26 (corner of

Truxel and San Juan), Sacramento 95833.

Call facilitator Pat Pavone at (916) 397-7831 for more information.

Elk Grove

Fourth Wednesday of each month from 6:45 p.m. to 8:15 p.m. Sierra Vista Hospital, 8001 Bruceville Road, Sacramento 95823. Call facilitator Caroline Caton at (916) 204-4512 for more information.

Obsessive-Compulsive Support Meeting

Every Monday from 7:00 - 9:00 p.m. Sutter Center for Psychiatry, 7700 Folsom Blvd., Sacramento.

Call Jim (916) 223-6541 or Steve at (916) 456-8239.

OCD Kids Sacramento

For kids 18 and under and their families. Meetings also attended by a therapist experienced in treating OCD. 1st Sunday of the month from 2:00 p.m. - 4:00 p.m. at Kaiser Permanente Point West Clinic,

1650 Response Road, Sacramento 95815.

See: www.ocdkids.com

Recovery, Inc., Self-Help Mental Health Meetings

Promotes a cognitive-behavioral approach to managing symptoms and changing attitudes and behavior. Groups meet weekly.

Contact: www.recovery-inc.com or call (916) 483-5616 for meeting locations.

Sacramento Borderline Personality Disorder Non-BP Support Group

For people who have a family member or friend who suffers from Borderline Personality Disorder. Second Tuesday of each month from 7:00 - 9:00 p.m. Call Lee Gassaway at (916) 421-7354 or contact www.meetup.com.

Social Skills Group

For teens and adults who feel socially awkward or shy. Sponsored by Fall Creek Counseling, 5900 Coyle Ave. suite D, Carmichael, CA 95608.

Contact: www.sacramentopsychology.com
Call Dr. Debra Moore at (916) 344-0900

Women's PTSD and Anxiety Support Group

Call Nancy Kilgore at (916) 256-9963 or email: highestgood2000@yahoo.com.

NAMI Sacramento does not necessarily endorse the organizations and groups listed above. This information is offered as a convenience to our newsletter readers.

Go to NAMI Sacramento's web site at www.namisacramento.org for an extensive list of resources and crisis help available in the Sacramento area.

Important Notice

NAMI programs should not be used to replace the specialized training and professional judgment of mental health professionals. We cannot, and will not, assume the role of a physician or therapist.

NAMI cannot be held responsible for the use of the information we provide. Please always consult a trained mental health professional before making any decision regarding treatment of yourself or others.

Educational Meetings

Family to Family Education Classes

Offered twice a year, spring and fall.

☎ www.namisacramento.org

For the current class schedule see the Sacramento NAMI web site or call (916) 364-1642.

Peer to Peer Education Classes

☎ www.namisacramento.org

The NAMI Peer-to-Peer education course is a nine-week experiential recovery course for any person with serious mental illness.

General Interest Meetings

Sacramento Mental Health Board Meeting

Held the 1st Wednesday of each month at 7:00 p.m. Sacramento Mental Health Treatment Center (Media Room), 2150 Stockton Blvd., Sacramento.

NAMI Sacramento Board of Director's Meeting

3rd Monday of each month at 6:30 p.m. conference Room 1B, 3331 Power Inn Road, suite 140, Sacramento, CA 95826.



Message From The President



NAMI Sacramento Board President, Pat Pavone

First, I would like to apologize to the members who were offended by the inclusion in the October newsletter of the article on the health reform advocacy group called "Change That Works." I was approached by Wanda Mikuni, the group's local organizer, and asked if she could address our group at a General Meeting or put an article in the newsletter. I told her that I thought an article would be ok if it generally outlined the key issues in the national healthcare debate, specifically with regard to mental health. The article we received was more partisan in nature than we expected, but I felt that it was primarily a call for volunteers and thus would be ok for inclusion in the newsletter. It was never intended as an indication that NAMI Sacramento had taken a position on any of the proposals currently being debated in the U.S. Congress and I regret that a few of our members felt strongly that the inclusion of this article implied an endorsement of a specific plan and was inappropriate. At the moment, there really is not specific plan that has been presented to the public for consideration and comment and I assure you that we will refrain from entertaining this topic in future newsletters until we have a very specific proposal that has been analyzed thoroughly by the NAMI governing bodies at the National, State and local levels.

Second, I would like to take a moment to thank some of the regular contributors to our newsletter. Without their support, there would be no newsletter.

Linda Ellis (RN, BSN, MN), Director of Nursing for Turning Point Community Programs, writes a monthly article for our newsletter on many health topics, not just those related to mental health. She

helps to remind us that a holistic approach to good health is essential for both consumers and caregivers.

Dr. Robin Zasio, Licensed Clinical Psychologist and owner of the Anxiety Treatment Center, also writes a monthly feature called "The Doctor's Corner" and answers some of the many questions that we get from our members and others in the community about access to care and the benefits and risks of various treatment options.

Ed Fishbein, Freelance Journalist, often writes our headline articles about contemporary mental health issues of concern to our membership. Ed has researched some tough issues for us and we appreciate his continuing support.

Finally, I would like to thank **Belinda Beckett** who is our Newsletter Editor. Belinda has the task of scheduling all of the issues, setting the monthly deadlines, compiling and editing the various articles that are written, and coordinating the printing and distribution. Belinda has done an extraordinary job in this role, along with the many other things that she does as a NAMI Sacramento Board member. On that note, I am sure that Belinda would like me to mention that if you have any interest in writing for the newsletter, submitting photos or helping with its production, please contact her at Belinda@namisacramento.org.

With gratitude,

Pat Pavone

November Newsletter

We welcome submissions to the newsletter. The due date for the January newsletter will be December 13. Please send submissions to Belinda Beckett at nimabima@aol.com. Submissions may be edited.

Donate to NAMI Sacramento Through CSECC/ United Way

The California State Employees Charitable Campaign (CSECC) and the private sector United Way Campaign are underway. This is NAMI Sacramento's second year as an official certified partnership agency. You may even see one of our volunteers at your workplace spreading the word about the work of NAMI Sacramento. You can support us by choosing our name from the list of certified nonprofit organizations and agencies. Please help NAMI alleviate the suffering caused by mental illness by including us in your United Way/CSECC giving. Select agency number **16962** to donate to NAMI Sacramento.



Wanted: Volunteers for New NAMI Program

There is a new NAMI program called NAMI Basics, which addresses family members of children and adolescents living with mental illnesses. It is a six week education course taught by trained teachers who are the parent or other caregivers of individuals who developed the symptoms of mental illness prior to the age of 13 years. It is not currently being offered in this area. However, we are hoping to have a training somewhere in the Central Valley or Bay Area sometime in the next few months.

We need volunteers to train as teachers for this program. The training takes 2 1/2 days.

If you are interested, please call Lynn Cathy at (916) 647-6931 or email Lmcathy@surewest.net. Once we have teachers in place, we will announce the course in a future newsletter.





Bennett, continued from page 1

by nearly 40 employees. As a result, many of the people who in the past would be treated there are now deposited in emergency rooms.

The Regional Support Teams - which provided many mentally ill people with the day-to-day medication and therapy that kept them out of crisis - suffered comparable cuts. Before the budget reductions, Bennett said, each of the four RSTs had over 2,000 clients. Now, they're limited to 900.

Many assume that these numbers mean that the mental health system has effectively ground to a halt. Bennett disagrees - thanks in part to the innovation that the budget crisis spawned.

While Bennett rejects the notion that the care the mentally ill receive in emergency rooms is necessarily inferior to what they would get in the Treatment Center, the department is working on a pilot telemedicine project to close whatever gap does exist. It allows ER personnel to contact Treatment Center psychiatrists for consultation and assessment. It's now being tested at UC Dais, and Bennett anticipates it being available to other area hospitals in the near future.

Filling the void left by the cutbacks in the Regional Support Teams would seem to be even more difficult. But Bennett says that the RSTs have been able to refer most clients to other treatment. "Most were transferred to programs within the Mental Health Plan and are receiving comprehensive services."

Bennett can't say with certainty that all RST clients have been covered. "We don't know what's fallen through the cracks," she said. "But the providers are reporting that they aren't seeing a devastating impact."

It would be nice to report that Bennett sees an imminent end to the funding shortfall that led to this situation. But, she writes that, "My sense is that we are not done yet." She expects further revenue losses as the economy continues to struggle. "Until the state budget is balanced and stable," she writes, "we will inevitably be impacted."

If a new era of fiscal stability ever does begin, Bennett knows what she'd like the mental health system to do with it.

"There would be an emphasis on prevention and early intervention programs and services," she wrote. Beyond that, "I think it is important to have measureable outcomes, so we know what is most effective."

In planning those policies, Bennett also aspires "to lead the effort to have more consumer and family member involvement as we plan for the future."

"And finally," she wrote, "I want to see education of the community in order to reduce the stigma around mental illness."

Governor Vetoes State Mental Health Parity Bill

On October 12, Governor Schwarzenegger's office released the following statement explaining his veto of AB 244 (Beall) Mental Health Parity. This bill would have required health care service plan contracts which provide hospital, medical, or surgical coverage, and health insurance policies issued, amended or renewed on or after January 1, 2010 to provide coverage for the diagnosis and treatment of mental illness of a person of any age under the terms and conditions applied to other medical conditions.

To the Members of the California State Assembly:

I am returning Assembly Bill 244 without my signature. I have vetoed similar measures twice before. The addition of a new mandate, especially one of this magnitude, will only serve to significantly increase the overall cost of health care. This, like other mandates, also increases cost in an environment in which health coverage is increasingly expensive. California has over 40 mandates on its health care service plans and health insurance policies. While these mandates are well-intentioned, the costs associated with the cumulative effect of these mandates mean that these costs are passed through to the purchaser and consumer. I continue to have serious concerns about the rising costs of healthcare and must weigh the

potential benefits of a mandate with the comprehensive costs to the entire delivery system - and for that reason, I cannot support this bill.

Sincerely,
Arnold Schwarzenegger

Spanish Family to Family (A Familia de Familia) Coming in Spring 2010

We would like to start A Familia de Familia class in Spring 2010. We have two bilingual teachers ready to teach the class. If you would like to attend a Spanish version of Family to Family please contact Lynn Cathy at Lmcathy@surewest.net or the NAMI Sacramento office at (916) 364-1642. Unfortunately, neither Lynn nor the NAMI office staff is bilingual, but the class will be, so please sign up if you are interested!

Volunteer Corner

NAMI Sacramento is currently recruiting volunteers for the following positions:

- Family support group leader
- Family-to-Family class teachers, English and Spanish speakers wanted!
- NAMI Walk planning committee member
- Family-to-Family Class coordinator

Training and guidance will be provided for all of these volunteer positions. If you can help, please contact Pat Pavone at pavone@surewest.net or (916) 359-2366.





Family Caregivers: Jugglers Extraordinaire



By Linda Ellis,
RN, BSN, MN

Director of Nursing

Turning Point
Community
Programs

If you are caring for someone with a severe and persistent mental illness (SPMI), have you noticed that you are expected to be a juggler, constantly juggling work and family life? As a result, maybe you have felt anxious, depressed, or physically ill as you often overlook your own needs. Chances are that you have experienced what is called caregiver stress at some point in time. And maybe you are in the midst of it right now.

According to the *National Alliance for Caregiving*, as a family caregiver, you are responsible for the physical, emotional and often financial support of another person who is unable to care for him/herself due to illness, injury or disability. The alliance noted in 2005 that most caregivers (83%) are related to the care recipient who may be a family member, life partner, neighbor, or friend. In 2004, *The National Family Caregivers Association* (NFCA) listed California as the state having the largest number of caregivers totaling almost 3.5 million, albeit not all of these caregivers were caring for individuals with SPMI.

It is not uncommon for caregivers, compassionate by nature, to put undue stress on themselves and take sole responsibility for the well-being of the person for whom they are caring (American National Red Cross). In a study done in 2002 headed by Cannuscio, it was found that family caregivers who provide care 36 or more hours weekly are more likely than non-caregivers to experience symptoms of depression or anxiety. Also, Dr. Lefley at the University of Miami - School of Medicine reports that more than one-third of SPMI adults live mostly with aging parents. The parents, concerned about who will care for their son or daughter who, in most cases, will outlive them, experience stress due to an

uncertain future for their son or daughter.

Caregivers are often so busy caring for the needs of their loved ones that they don't see the signs that they are heading down a slippery slope themselves. While not an exhaustive list, some of the signs of stress include problems in the following areas: (1) Physical (headaches, muscle strain, grinding teeth, racing heart); (2) Eating (weight loss or gain, upset stomach); (3) Sleeping (fatigue, difficulty falling asleep, restless sleep); (4) Use of alcohol or pills to sleep, stay awake, or relax; (5) Emotional (feeling resentment and anger toward person being cared for, feeling guilty, no pleasure in activities, overwhelmed, agitation or irritability, socially isolative from friends and family); and (6) Thinking (difficulty focusing or concentrating, forgetfulness).

Some strategies identified by the Red Cross, that you can put into place to either prevent an emotional crisis or a breakdown include the following: (1) Take a break! (2) Surround yourself with a support system of family and friends...and use them; (3) Consider taking classes (yoga, meditation) and engaging in stress-reduction and coping techniques; (4) Take care of yourself by eating right, resting, and exercising to reduce stress and going to your own primary care provider for regular check-ups; (5) Continue to participate in religious or spiritual activities, as well as recreational activities, sports, hobbies or simply spending time with friends; and (6) Do not hide your emotions. Talk to professionals or clergy about your feelings or join a support group.

The NAMI Family Support Groups are an important resource for families who live with SPMI in their daily lives. Knowing that others, within a support group, have the same experience is a relief to families who may have never spoken about mental illness to neighbors, friends, and, often, not even to their relatives. Learning that others have been able to work out some of the problems associated with mental illness can inspire new hope in the families who attend a support group. (www.namisacramento.org.)

NAMI Sacramento sponsors two fam-

ily support groups: (1) North Sacramento - Natomas Area, second Thursday of every month from 6:30-8:00 p.m. at the Natomas Service Center and (2) South Sacramento - Elk Grove Area, fourth Wednesday of every month from 7:00-8:30 p.m. at Sierra Vista Hospital. These support groups are open to anyone in the community that is a family member of someone with a serious mental illness; they are free of charge. For more details (including location information and directions), please go to the NAMI Sacramento website at www.namisacramento.org and click on "Support Groups."

By identifying the signs of stress early, you can take the necessary steps to relieve the stress level and safeguard your own health and well-being as you successfully juggle those balls in the air while supporting your loved one. The key word is BALANCE!

Shop Online and Support NAMI Sacramento

NAMI Sacramento participates in a program that allows you to give financial support to NAMI while you shop online - at no cost to you!

Goodshop.com is a completely easy and painless way to help NAMI while shopping online. Go to www.goodshop.com. Type "NAMI Sacramento" in the box asking for the name of the charity you wish to support. Choose the store from the dropdown box - there are over 700 of them including Amazon, Macy's, Nordstrom, Sears, Eddie Bauer, Home Depot, and Flowers.com to name a few. You will be immediately connected with that store's website - where you shop and order just as usual. That's all there is to it. You don't need to register or give any information. Goodshop will automatically donate a small percentage of what you spend to NAMI Sacramento.



Economic Downturn Taking Toll on Americans' Mental Health

from NAMI National, October 6, 2009

A new national survey shows the economic downturn is taking a toll on the mental health of Americans. Individuals who are unemployed are four times as likely as those with jobs to report symptoms consistent with severe mental illness.

Americans who experienced involuntary changes in their employment status, such as pay cuts or reduced hours, also are twice as likely to have these symptoms, even though they are employed full time.

The survey was conducted for Mental Health America and the National Alliance on Mental Illness in collaboration with the Depression is Real Coalition. The results come from telephone interviews of 1,002 adults nationwide from September 17-20.

"This survey clearly shows that economic difficulties are placing the public's mental health at serious risk and we need affirmative action to address these medical problems," said David L. Shern, Ph.D., president and CEO of Mental Health America. "Individuals confronting these problems should seek help for their problems – talk to their doctor, trusted friend or advisor or mental health professional."

"Unemployment today stands at almost 10 percent. Nationwide, we face a mental health crisis as well as an economic crisis," said Michael J. Fitzpatrick, M.S.W., executive director of the National Alliance on Mental Illness. "There is no shame in seeking help to overcome unemployment or a medical illness. For the sake of all our loved ones, it's important to learn to recognize symptoms of depression and other mental illnesses. Screening helps. Talk with a doctor about any concerns."

Other key findings of the survey:

- Thirteen percent of unemployed individuals report that they have thought of harming themselves which is four times more than reported by persons with full time work.
- People who are unemployed are approximately six times as likely to have difficulty meeting household expenses –

22 percent report great difficulty paying their utilities and almost half have significant difficulty in obtaining healthcare further compounding their situation.

- People who are unemployed are also twice as likely to report concern with their mental health or use of alcohol or drugs within the last six months than individuals working full time.
- Of those who have not spoken to a health professional about these concerns, 42 percent cited cost or lack of insurance coverage as the main reason.
- Nearly 20 percent of the sample reported that they had experienced a forced change (e.g. Pay cuts, reduced hours) in their employment during the last year.
- Although most of these individuals are employed, individuals with a forced change in employment are twice as likely to report symptoms consistent with severe mental illness than would be expected. They are also five times more likely to report feeling hopeless most or all of the time than individuals who hadn't experienced a forced change.

Study: Public Housing Costs Less than life on the Street

by Rick Orlov and Troy Anderson, staff writers, San Gabriel Valley Tribune.com, October 12, 2009

It would cost taxpayers less to provide public housing for Los Angeles' vast homeless population than to let them wander the streets as transients, according to a report released today by the United Way of Greater Los Angeles.

The survey of four individuals found that it cost taxpayers \$107,032 to provide housing and other benefits to a homeless person for two years, compared with \$187,288 for someone living in the street.

Costs for a more unsettled lifestyle soared because of more frequent visits to hospitals and mental health clinics and

more frequent arrests and time spent in jail - bills also picked up by the public.

"I think it is something we always believed, but this proves that it is not cheaper to leave people out on the streets," said Elise Buik, president and CEO of the United Way's Los Angeles chapter. "There has been this perception that it would cost too much to provide housing, and this shows that is not the case."

The study was launched in 2007 in cooperation with USC's Center for Community Health Studies and Housing.

Tony Bell, a spokesman for county Supervisor Michael D. Antonovich, questioned the value of spending money on housing if the bigger issue of mental illness is not addressed.

"Putting those folks, the mentally ill, into housing is nothing but warehousing them without treatment," Bell said. "It's a revolving door without the requisite mental health treatment."

Daniel Flaming, president of The Economic Roundtable in Los Angeles, said the government could save money by addressing the particular needs of the homeless before their problems become debilitating.

"One issue we need to be paying attention to is how to meet the needs of chronically homeless people who live on the streets," Flaming said. "On the other hand, there is also a need to intervene earlier before people become that disabled."

The United Way study is part of a 10-year program called Creating Pathways Out of Poverty, which was launched in 2007 to tackle the homeless problem.



Gluten and Mental Health

by *Trudy Scott, Certified Nutritionist*

A 2002 Polish study by Potocki, titled “Psychiatric Symptoms and Celiac Disease” states that celiac disease “should be taken into consideration in patients with psychiatric disorders particularly if they are not responsive to psychopharmacological therapy, because withdrawal of gluten from the diet usually results in disappearance of symptoms”. There are many studies supporting the mood and gluten connection – anxiety, social phobia, depression and schizophrenia.

We typically don’t associate anxiety, depression and other mental health conditions with gluten. When we hear of someone having problems with eating wheat and the other common gluten-containing grains (like rye and barley) we immediately think of ‘classic’ celiac disease. Here we see digestive problems, often diarrhea or constipation, abdominal pain, gas and bloating. However, more research and clinical experience is now showing that gluten-sensitivity and/or celiac disease can manifest in many other ways. Brain disorders are one such manifestation – the condition is named ‘silent’ celiac when there are no digestive symptoms. Gluten intolerance is also associated with many other serious health problems, some of which include arthritis, fatigue, fibromyalgia, a skin condition called dermatitis herpetiformis, epilepsy, colon cancer and thyroid abnormalities.

I assess all my clients for gluten intolerance and many have seen dramatic improvements on a gluten-free diet. The easiest and most affordable test is a two-week gluten elimination trial (and see how you feel) and then provoke or challenge with gluten (and see how you feel). The two week trial will mean zero consumption of food containing wheat, rye, barley, spelt, kamut, triticale or oats. Oats must also be excluded as they are frequently contaminated with gluten during processing. It really is best that you eat home-made, real, whole foods (always, but especially during the trial) as gluten is so often “hidden” in many processed foods. Watch for ingredients like hydrolyzed protein, textured vegetable protein

and all derivatives of wheat, oats, rye and barley (including barley malt, modified starch, most soy sauces and natural flavoring). Other less obvious sources are the glue on envelopes, and fillers in medications and supplements.

Rice, corn and buckwheat are acceptable, as are the wonderful ancient grains like quinoa and amaranth. You can find gluten-free-everything – pasta, crackers, you-name-it – made from rice, bean, potato, coconut and corn flour. There are also many wonderful recipe books but some call for margarine, soy milk and excessive sugar – so make substitutions as needed. There are also many great online resources for information as well as gluten-free mixes for homemade baking. However, rather than simply replacing the problem grain with another grain, consider incorporating more vegetables into your diet. Starchy vegetables like sweet potato and squashes are a wonderfully nutritious source of carbohydrates.

Once you have removed the gluten from your diet and seen improvements in your mood and other symptoms (digestive or otherwise), add it back after 2 weeks and see if it affects you adversely. You will add back some gluten-containing food at breakfast and lunch on the fifteenth day and observe for adverse effects over the course of the next 3 days, as reactions may be delayed. This test is often more powerful for my clients than any lab test. I’ve seen symptoms ranging from severe mood swings to terrible anxiety to stomach aches to general aches and pains to fatigue and brain fog (and all of the above in some very sensitive individuals).

Celiac disease and gluten intolerance is a huge topic. There are whole books on the subject (a great one is “Dangerous Grains” by James Braly), as well as many great recipe books, so please do more research on the subject. For references for this article and further resources, please email me at trudyscottcn@yahoo.com.

I’d like to close with this: celiac disease/gluten intolerance is just one of many “nutritional” components that can

affect mental health. Others include: food allergies, blood sugar swings, nutrient deficiencies (such as zinc and vitamin B6), fatty acid deficiencies and digestive problems. And of course, neurotransmitter and hormone imbalances so often play a huge role. Each of us is biochemically unique and all of these factors must be assessed and considered.

Trudy Scott submitted this article for publication in the NAMI Sacramento newsletter. She is Vice-President of the National Association of Nutrition Professionals and a member of The Alliance for Addiction Solutions and The Anxiety Disorders Association of America. The focus of her nutrition practice, located in Folsom, is how and why to eat whole foods, women’s health issues, and finding natural solutions for anxiety.

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NAMI Sacramento Membership Form

Please join us! Join others in your community dedicated to improving the lives of people with mental illness in the Sacramento area. Become part of our grassroots revolution and make a difference! Either detach and mail in the membership form below, or join online at www.namisacramento.org/membership. Collecting this information helps us to serve our members better. Your information is treated confidentially and will never be shared outside of NAMI. Please print clearly.

Name: _____ Address/City/Zip: _____

(circle one)

Home/Work/Cell Phone: _____ Email: _____

(check one)

Your relation to the consumer:

- I'm a consumer
- Family member
- Friend
- None, just interested

Ethnicity:

- Asian
- African/Black
- Hispanic/Latino
- Caucasian/White
- Other
- Decline to state

If you are a consumer, please enter your primary diagnosis:

- ADHD
- PTSD
- Bipolar disorder
- Schizophrenia
- Dual diagnosis
- Unknown
- Major depression
- Other
- OCD
- Decline to state
- Panic disorder

If you are the consumer's family member, please enter your family relation to the consumer:

Membership type:

- Consumer, \$17
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