

MHA NEWSLETTER

How Managing My Nutrition Improved My Mental Health

After three months of my diagnosis of having Bipolar II disorder I decided to join a group therapy that was specifically for people that have mood disorders. In the first session of this therapy we learned the importance of nutrition and diet.

I was confused about the relevance of nutrition and why we were taking the time to learn about it instead of sharing about our struggles. I had no idea that the impact nutrition has on people that have Bipolar Disorder and other mood disorders was so vast. The therapist leading the group session started off by explaining the Ketogenic Diet, a diet that consists of eating high protein, under 20-50 carbs, and no sugar. She went on to explain why this diet is beneficial for people that have Bipolar Disorder, the main reason being that the Keto Diet has been shown to help symptoms of epilepsy.

Considering that people who have Bipolar Disorder take medication that is also used to treat epilepsy, it has been shown that the Diet also helps regulate moods. Along with, seizures and mania look similar in the brain, the Ketogenic Diet also helps to decrease symptoms of mania. Learning all of this in my first session of Group Therapy was a lot to take in, however, I was immediately sold on the Ketogenic way of eating—I was also desperate for a way to regulate my moods.

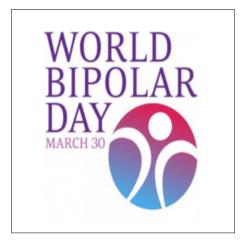
I did some research to see what foods were good and also not good to eat. I slowly eased myself on this diet, trying to avoid the 'Keto flu', and after a few days of eating 100% according to the guidelines I felt significantly better about myself. My moods also started to level out more and for the first time in months I finally felt in control of my moods. At first I wasn't sure if I was feeling better because of the diet or because I had started exercising daily as well.

One day after my routine exercise, I decided to have a bowl of ice cream, which is extremely high in sugar and I instantly got hit with negative emotions. I started feeling poorly about myself along with feelings of sadness. These feelings lasted the rest of the night. After that slip up with the ice cream I realized there was a direct correlation between my eating and my moods.

When I ate on the Ketogenic diet I felt up beat and motivated, without crossing over into mania. When I ate sugary junk food I felt gross, upset with myself, and completely out of control with my mood. When eating foods with high carbs, I would take 3-4 hour naps during the day, resulting with feelings of depression when I would wake up. Even eating extremely sugary foods created feelings of mania.

Once I realized how much of an effect nutrition had on my mental health, I was willing to sacrifice the unhealthy foods for the stabilization of my moods. Eating on the Keto diet helps me feel in control of my moods, it also helps me see warning signs of a possible mood swing, based on something I eat. Nutrition has been a helpful tool in the process of understanding my diagnosis and how to treat it.

~Sydney Batt. To read this article on the International Bipolar Foundation website, click here.







Kurt's Korner

Eating Disorders Overview

"An eating disorder develops because someone believes that losing weight will help them to cope with whatever life is throwing at them," Dr. Kate Middleton (Director of Anorexia and Bulimia Care – a charity for those who suffer with eating disorders) calls the root belief of those suffering from eating disorders. For many, eating disorders develop as a coping mechanism... a sense of control in a world that seems utterly out of control.

Individuals suffering from eating disorders generally become obsessed with food and body weight. The core belief most individuals with eating disorders share is that things would be better if they changed their eating habits. This simple but dangerous belief often leads to the individual developing one of the types of eating disorders. There are three major eating disorders recognized today.

In this article, we will briefly review each.

The first is anorexia nervosa: commonly referred to as "anorexia." Anorexia is a Greek term that literally means "a lack of desire to eat." Nervosa is a Greek term suggesting that it has something to do with the sufferer's mind. However, the Greek is misleading. It's not the lack of desire to eat enough, but rather, an individual's refusal to eat enough. According to the NIMH, anorexia is a mental illness, "characterized by emaciation, a relentless pursuit of thinness and unwillingness to maintain a normal or healthy weight, a distortion of body image and intense fear of gaining weight, a lack of menstruation among girls and women, and extremely disturbed eating behavior." The root belief typically forces anorexics to starve themselves or keep to poor, regimented eating habits. Anywhere from 0.5 - 3.7 percent of American women will suffer from anorexia in their lifetime (men far less).

The second major category of eating disorders is bulimia nervosa – "bulimia." Bulimia is Greek for "hunger of an ox," which, again, is misleading. The NIMH states that bulimia is a mental illness, "characterized by recurrent and frequent episodes of eating unusually large amounts of food (e.g., binge-eating), and feeling a lack of control over the eating." Bulimics typically purge many of the meals they do eat through induced vomiting, laxatives, or excessive exercise. Bulimia is often carried on for years without being noticed, since most bulimics are near normal body weight. Bulimia is more common than anorexia: 1.1 - 4.2% of American women will experience bulimia at some point in their lifetime (less for men). Bulimia tends to consist of eating and purging, whereas anorexia tends to consist of not eating.

The final major eating-disorder is binge-eating disorder. Binge-eating disorder is a mental illness, "characterized by recurrent binge-eating episodes during which a person feels a loss of control over his or her eating." The bingeing is not followed by purging as in bulimia. And it is the complete opposite of anorexia, since binge-eaters seek food rather than avoid food. However, like bulimics and anorexics, binge-eaters typically dislike their body. Individuals with binge-eating disorder tend to be overweight, unlike individuals suffering from bulimia or anorexia. Binge-eating episodes are usually triggered as an attempt to cope with a stressor in life.

Not all individuals with eating disorders fit well into one of these basic categories. There is as much variation in the realm of eating disorders as in any part of the human experience. All other eating disorders fall under "Unspecified Eating Disorders," or, "Other Specified Eating Disorders" in the DSM V. Although they are very different, the common dominator of the development of all eating disorders, as Dr. Middleton noted, remains control over eating – or the lack thereof – as a coping mechanism.

Kurt Warner, LMSW, Vice President, MHA Board of Directors and Community Housing Manager at Catholic Charities of Cortland County



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Changing Your Diet Can Help Tamp Down Depression, Boost Mood

There's fresh evidence that eating a healthy diet, one that includes plenty of fruits and vegetables and limits highly processed foods, can help reduce symptoms of depression. A randomized controlled trial published in the journal PLOS ONE finds that symptoms of depression dropped significantly among a group of young adults after they followed a Mediterranean-style pattern of eating for three weeks. Participants saw their depression "score" fall from the "moderate" range down to the "normal" range, and they reported lower levels of anxiety and stress too.

Alternatively, the depression scores among the control group of participants—who didn't change their diets—didn't budge. These participants continued to eat a diet higher in refined carbohydrates, processed foods and sugary foods and beverages. Their depression scores remained in the "moderate severity" range. "We were quite surprised by the findings," researcher Heather Francis, a lecturer in clinical neuropsychology at Macquarie University in Sydney, Australia, told NPR via email. "I think the next step is to demonstrate the physiological mechanism underlying how diet can improve depression symptoms," Francis said.

Scientists are learning more about how a poor diet can increase inflammation, and this can be one risk factor for depression. "Highly processed foods increase inflammation," Francis said. What's more, "if we don't consume enough nutrient-dense foods, then this can lead to insufficiencies in nutrients, which also increases inflammation," she said.

In this study, participants in the "healthy eating" arm of the study ate about six more servings of fruits and vegetables per week, compared with the control group. Participants "who had a greater increase in fruit and vegetable intake showed the greatest improvement in depression symptoms," Francis said. Participants were also instructed to increase consumption of whole grains to a recommended three servings per day, as well as three servings per day of protein from lean meats, poultry, eggs, tofu and beans. In addition, they were told to get three servings of fish per week. As for dairy, the recommendation was three servings per day, unsweetened. Participants were also instructed to consume three tablespoons of nuts and seeds per day, as well as two tablespoons of olive oil per day, and were advised to add in spices, including turmeric and cinnamon.

One of the shortcomings of nutrition science is that it often relies on asking people to recall what they ate in the past. Given our flawed memories, these measures can be unreliable. But this study included a clever way to validate how many fruits and vegetables people consumed. Using a device called a spectrophotometer, the participants had their palms scanned. The device can detect the degree of yellowness in your skin, which correlates with your intake of carotenoids, which you get from eating fruits and vegetables.

The new study adds to a growing body of research that supports the connection between diet and mental health. "We have a highly consistent and extensive evidence base from around the globe linking healthier diets to reduced depression risk," says Felice Jacka, a professor of nutritional and epidemiological psychiatry at Deakin University's Food & Mood Centre in Australia.

"We need further mechanistic studies to understand *how* diet influences mental and brain health," notes Jacka. In addition to inflammation, there's also some preliminary evidence from animal studies suggesting that the gut microbiome can affect brain functioning and, therefore, mental health — for example, by altering levels of the neurotransmitter serotonin, which is largely synthesized by gut bacteria. More studies are needed to understand those connections in humans and to be able to develop targeted interventions for individuals with different mental illnesses, notes Jacka. Even so, mental health doctors should consider assessing their patients' diet and lifestyle as a routine part of care, says Drew Ramsey, a psychiatrist at Columbia University. "We need to talk to mental health patients about what they eat," Ramsey says. "When people make efforts to care for themselves and adhere to a belief system they feel is good for them, their mental health is going to improve."

~Allison Aubrey & Rhitu Chatterjee. To read this article in its entirety on npr.org, click here.











A HOW-TO GUIDE FOR PARENTS & TEACHERS

FREE DINNER & CHILDCARE INCLUDED

This workshop series taught by counselor, Karen Dudgeon, LCSW, is for any adult with an adolescent in their lives. Participants will receive a free copy of the book, <u>Brainstorm: The Power and Purpose of the Teenage Brain</u>, by attending any individual session, but we hope you attend all five.

Pre-registration strongly encouraged.

5:00-5:30pm: Light dinner for participants and their children 5:30-7:30pm: Workshop



February 27

HOMER INTERMEDIATE SCHOOL - AUDITORIUM Understanding Your Pre-Teen / Teenager 2

March 5

HOMER INTERMEDIATE SCHOOL - AUDITORIUM The Many Pressures Facing Today's Kids Part I 3

March 12

HOMER INTERMEDIATE SCHOOL - AUDITORIUM The Many Pressures Facing Today's Kids Part II



March 19

CORTLAND JUNIOR SENIOR HIGH SCHOOL - LGI ROOM The Many Pressures Facing Today's Kids Part III 5

March 26

CORTLAND JUNIOR SENIOR
HIGH SCHOOL - LGI ROOM
Care and Feeding of Healthy
Pre-Teens/Teens



CARE COMPASS

Sponsored by Care Compass Network and Seven Valleys Health Coalition.

For more info or to register:

(607) 756-4198

www.sevenvalleyshealth.org

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School Meal Participation Contributes to Positive Mental Health Outcomes

Recently, the Food Research & Action Center recognized National Children's Mental Health Awareness Day, a day that brings attention to the importance of mental health in child development. Food security strongly influences positive mental health outcomes in children and teens, and schools can ensure that students have access to the nutritious food they need to learn and thrive.

Studies show that food insecurity is correlated with unfavorable mental health and behavioral outcomes among children and teens. For example, food insecurity is associated with apathy, lack of motivation, and lower levels of engagement in the classroom. Children struggling with food insecurity also are more likely to experience anxiety and irritability, and teens face a higher risk of developing depression, bipolar disorder, and suicidal tendencies. Children who come from food-insecure households also are more likely to have impaired social skills, and difficulty forming interpersonal relationships, and are seven times more likely than their peers to be involved in physical altercations.

To minimize these and other negative mental health outcomes associated with food insecurity, schools should ensure that they are maximizing participation in the federal Child Nutrition Programs and other support programs. The School Breakfast Program has been shown to improve student behavior and school attendance rates. Children who eat school breakfast also have reductions in hyperactivity, anxiety, and depression. The rate of disciplinary infractions often increases during the final week of the month (when Supplemental Nutrition Assistance Program, or SNAP, benefits typically are depleted), but research has found that students are less likely to experience that surge when they attend schools that provide afterschool meals.

The research is clear: hungry children experience many negative mental and behavioral outcomes, but the federal nutrition programs can alleviate these issues. For more information, check out, The Connections Between Food Insecurity, the Federal Child Nutrition Programs, and Student Behavior.

COMMUNITY EVENTS AND SUPPORT

Food for Thought—Youth Substance Use Trends Wednesday, March 11, Noon–1:00 PM

New location: TC3 Cortland Ext Ctr, 157 Main St, Cortland

Cortland County Youth Substance Use Trends

Presented by Matt Whitman, Director & Margaret Thon,

Epidemiologist, CACTC. Results of the annual youth development survey and how data can be used will be discussed

RSVP required to lbarbin@fcscortland.org

Cortland LGBTQ Resource Center Support Groups

Men's Group—Wednesday, March 18, 6:00-8:00 PM Youth (K-8th grade)—Monday, March 23, 5:30-7:30 PM GEAR Teens—Thursday, March 5, 6:00-8:00 PM 165 Main St Suite B

For more information: (607) 756-8970

Caregivers Support Group
Thursday, March 25, 3:00-4:00 PM
Conf Rm B, Basement of GCMC, 134 Homer Ave, Cortland

For those who provide support for someone aged 60 or older. *For more info:* Caregivers Resource Center (607) 753-5060.

Family Support Group

Tuesday, March 3, 7:00-8:30 pm Monday, March 16, 1:30-3:00 pm 108 N Cayuga St, Suite 2, Ithaca

For adult family and friends of individuals living with a mental illness.

For more info: namifingerlakes.org

607 Healing Hearts

Monday, March 16, 6:00-8:00 PM 165 Main St, Cortland

Grief support group for parents/guardians who have experienced the death of an adult child.

For more info: 607healinghearts@gmail.com

<u>Understanding Alzheimer's and Dementia</u> Thursday, March 12, 12:00 -1:00 PM, Rm 302, COB

Covers the basics of Alzheimer's and dementia. For more info or to register: (607) 753-5060

If you have an upcoming community event or article you would like considered for inclusion in the MHA Newsletter, send your submission to kristin@sevenvalleyshealth.org by the 14th of the month prior, or subscribe to the newsletter via email.

Disclaimer: The information presented here does not constitute professional medical advice. Individuals respond to treatment for mental health conditions in different ways, and treatment plans often need adjustment over time. Patients should work closely with their doctor and other health professionals in order to achieve optimal control of symptoms.