

## My Break Free From Stigma

By Sara Breidenstein

Stigma: defined by Webster's dictionary as *a mark of shame or discredit*.

The burdening stigma that society places on individuals living with a mental illness is real and it can come with a variety of negative consequences for the individuals that it impacts. Individuals living with a mental illness face this stigma every day in one form or another and it can be extremely detrimental to their mental health along with their overall well-being.

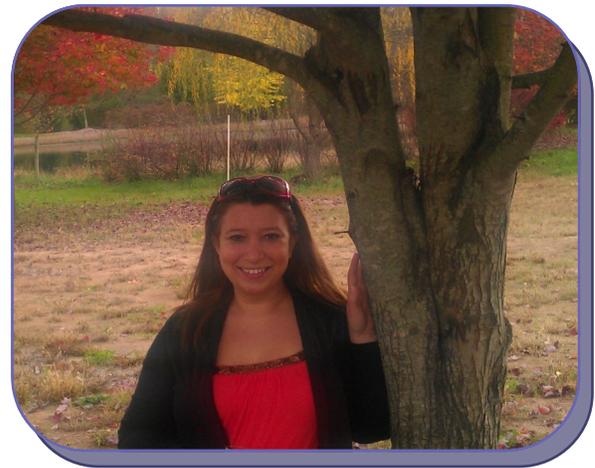
Stigma drives individuals living with a mental illness to live in silence, shame and fear. Stigma steers individuals away from receiving the treatment that they need due to shame and embarrassment.

Realistically speaking, no one should ever feel shamed or at fault for having a mental illness. Additionally, no one should feel scared or ashamed to receive treatment for their mental illness. Stigma is extremely hurtful and damaging to individuals living with a mental illness and can have long term effects on individuals.

*“Realistically speaking, no one should ever feel shamed or at fault for having a mental illness.”*

I personally have been living with a mental illness for 13 years. I was diagnosed with Bipolar Disorder at the age of 15. I have faced stigma first-hand a number of times over the years. As a result of stigma, I have historically

found myself to be extremely ashamed of the fact that I have a mental illness. I never told anyone that I have Bipolar Disorder unless I absolutely had to. It even steered me from receiving the best possible treatment for my illness.



Sara Breidenstein

For so many years I had not been completely honest with my psychiatrist for fear of being judged and I was therefore not receiving the necessary medications to treat all of my symptoms.

I finally began to break free from the stigma in the very beginning of 2012, after living with Bipolar for 12 years. During the prior months, I had experienced an onset of psychotic symptoms during an already extremely stressful time in my life. I allowed myself to go through this alone instead of engaging my friends and family for help or even just to lend me an ear.

After finally opening up fully to my psychiatrist and coming through this rough patch in my life, I realized that no one should ever have to deal with their mental illness alone and nobody should ever feel scared to discuss their symptoms with their psychiatrist. As a society, we would not expect an individual with cancer to go through it alone and the same should go for individuals living with a mental illness. After this experience, I spent time processing the fact that I had allowed myself to go through a time of extreme need in my life, alone.

*Continued on page 2*

No one should feel alone in their mental illness. I thought about what I could do personally about this issue and then acted on those ideas.

First, I started a blog. The purpose of this blog is to fight stigma, raise awareness of mental illness and provide individuals with a mental illness and their families a sense of belonging and encouragement.

(<https://nodifferentthanyou.blogspot.com>)

Second, I started a subsequent Facebook page with the same purpose as the blog.

([www.facebook.com/nodifferentthanyou](http://www.facebook.com/nodifferentthanyou))

Third, I stood up and said "I have Bipolar Disorder and I am no different than you." I did this personally among my friends and loved ones and I did it publicly by telling my story on my blog, on my Facebook page and through various other means.

Finally, I joined NAMI and I signed up for the 2012 Maryland NAMIWalks which took place last May. Last year's walk was the first of many for me. I plan to continue to participate in this walk every year for many years to come.



The walk in Baltimore last year, was such an amazing and inspiring experience. It was truly inspirational and heartwarming to witness so many individuals and organizations from different walks of life gathered together in the same place to show support for the cause, raise awareness of mental illness and fight the stigma of mental illness. I felt very proud to have been able to take part and I look forward to



participating in the walk again this year.

As an individual living with a mental illness, fighting the stigma attached to mental illness is a huge passion of mine. It is something that I hold near and dear to my heart. NAMI Maryland and local affiliates

hold the same passion and they have shown much dedication to this cause through many different efforts, including the annual Maryland NAMIWalks!

I encourage you to join NAMI Maryland in the walk this year in Baltimore on May 18th at the Inner Harbor! I hope to see you there!

*Get involved with Maryland  
NAMIWalks to  
Stomp Out Stigma!*

*11:00 am on May 18 at Baltimore's  
Inner Harbor*

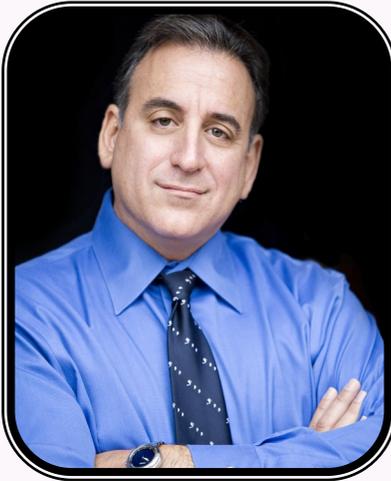
**NAMIWalks raises much needed money to fund state and local NAMI education and support programs right here in Maryland.**

**All the funds collected by Walkers will be used to fund NAMI programs provided free of charge to thousands of individuals and families across the state.**

**There is no registration fee! Get your coworkers, family, friends, and local businesses to sponsor you or join your team! Together we can stomp out the stigma of mental illness.**

**SIGN UP TO TODAY AT  
[WWW.NAMIWALKS.ORG/MARYLAND](http://WWW.NAMIWALKS.ORG/MARYLAND)  
or call NAMI Maryland at 410-884-8691**

## Don't Be Afraid to Say: "You Need Help"



By Mark S. Komrad M.D.

Though none of us yet know much of Adam Lanza's backstory, it doesn't take a mental health professional to suspect that a man who killed his mother before killing so many children and adults was likely suffering from a severe mental disorder. Newtown and other high profile events, like the shooting in the Aurora movie theater, has unfortunately given the public an exaggerated association between mental illness and violence. In fact, research has shown that, as a group, people with psychiatric disorders are no more likely than others to engage in serious violence. The figures are the same for the general population: only about 2% do. However, those with significant mental illness are five times likelier to be victims of violence. This is largely related to victimization of the homeless mentally ill. The tiniest fraction of gun-related violence is committed by people

with mental illness. On the other hand, mental disorders commonly result in many everyday calamities which break up families, degrade productivity and have widespread impact on public health: lost jobs, divorce, traffic accidents, school drop outs, and self-medicating with addictive substances, to name just a few of the more common consequences.

Although mental illness very rarely results in violence, let alone such heinous behavior, the fact is that so many of those who could benefit from state-of-the-art treatment do not receive it, for a variety of reasons. For example, some fear the implications of facing a condition that might limit the power of will to control thoughts, feelings or behaviors. Some are intimidated by the stigma of mental illness. Or, as with other medical conditions, financial limitations might make treatment difficult to obtain.

However, the possibility of preventing the social consequences of mental illness starts with getting people in the door of treatment first. That can be the hardest part. I have spent 25 years as a psychiatrist brainstorming with people who consult me about how to get a loved one into treatment. It is close family and friends who are often in the best position to urge a troubled person to get professional help. Yet that opportunity is commonly missed. We can feel that it is impolite or insulting to approach this awkward topic. We are too easily put off or intimidated by the resistance and rejection we may encounter (e.g., "I'm not crazy!"). We give up far too easily.

Persuading a loved one to get needed treatment may take more than one approach. It might start with delicately and strategically discussing your own pain that the troubled person may be causing and your sense of helplessness in the face of his behavior or mood. This effort to persuade requires overcoming the fear of being rebuffed and bravely persisting in the message.

Many people have succeeded in creative ways, like the woman who asked her husband for a unique Christmas gift. She told him, "There is a gift I want that would be more precious to me than anything you could buy in a store: your seeing a psychiatrist — just one time — to talk about your depression. I only want to know if it's possible for you to feel better." It worked. He gave her the gift she wanted and was persuaded at that appointment to give treatment a try.

Serious conversations need to be pursued at the right time, a special time: not in a sudden, aggressive way; not when the troubled other is drinking; not at family gatherings when people want to appear at their best. If private and personal conversations are not fruitful, you might need to call on key allies for help, such as the person's primary care provider, clergy, coach or influential family members.

*Continued on page 7*

## How to Respond to the Sandy Hook Elementary School Tragedy

*As Americans, we must embrace a sustained effort to ensure solutions to our mental health crisis.*

This is a horrific tragedy. Along with other Americans, our hearts go out to all the families who have lost loved ones. It's hard now to think of any good that might come from this situation. However, if there is a silver lining, it could be that it forces us as Americans to face this crisis we have in our country, to confront the stereotypes we embrace, to take steps to learn more about mental illness and what we can do to ensure that people have the care and treatment they need. Violent tragedies should not have to occur before the country realizes that mental health care must be a priority.

***We must prioritize the promotion and availability of early intervention, treatment services and supports for individuals and families.*** We must intervene earlier and ensure that essential mental health services and treatment are available at the earliest stages. We must demand:

- Ease of access to mental health professionals;
- Earlier and more assessable treatment; and
- Access to effective treatments and strategies.

***Family education and support must be available to those in need.*** Families affected by mental illness need our help. Millions of Americans face the day-to-day reality of caring for a family member living with mental illness. It can be overwhelming.

- The reality is that when families get support—outcomes in all areas are improved.
- Families don't always know where to go to get help or how to cope.
- Education and support programs for families affected by mental illness have the power to change lives for the better.

### What to say when talking about the Sandy Hook tragedy and mental illness

- At this time, other than speculation, there's no real information about a diagnosis, whether Adam Lanza was known to the mental health system, whether he or his family tried to get help or any other possibilities.
- We do know that mental illness exists in every state, every city and every neighborhood of the U.S. One in four adults—nearly 60 million Americans—experiences a mental health disorder in a given year. One in 17 lives with serious mental illness, and one in 10 children lives with a serious mental or emotional disorder.
- Yet fewer than one-third of adults and one-half of children with a diagnosed mental disorder receive mental health services in a given year.

***We know that it is generally very difficult for people to access early intervention and early treatment services for many reasons:***

- There is a lack of knowledge in the community about mental illness and how to get mental health care.
- The pervasive stigma, or rather social stereotypes, that prevail towards mental illness serve as a deterrent for people to seek help when they need it.
- Families sometimes don't know to get help for loved ones manifesting symptoms of possible mental illness, or where to go.
- When individuals or families seek help and services, these services are frequently not available. This situation has grown worse in recent years with budget cuts, narrowing of eligibility criteria for services, limits on what services are available, etc.



We do know the U.S. Surgeon General determined over a decade ago that "the overall contribution of mental disorders to the total level of violence in society is exceptionally small." When violence does occur, it is usually because something has gone terribly wrong in the mental health care system. Either something has fallen short or something hasn't happened at all.

*The following six issues must be addressed in order to improve access to effective mental health care:*

- 1. Improve early identification and intervention in mental health care.** Too often, what in hindsight are clear signs of the need for mental health care are not identified until after a crisis happens. It is well documented that timely mental health treatment can prevent crises and foster recovery. The Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT) mandate has not been effectively implemented in most states for young people with mental health conditions. Similarly private insurance policies often do not support early identification and intervention services. Routine mental health screening should become part of standard practice so mental health conditions are identified early when they can most effectively be treated.
- 2. Provide training to school personnel, law enforcement, families and members of the community on how to identify and respond to youth and adults experiencing mental health crises.** Many times, those in a position to help do not know what to do when a child or adult manifests the early signs and symptoms of mental illness. Education and training for school personnel, law enforcement professionals, families and other community members exist, including Mental Health First Aid, NAMI's Parents and Teachers as Allies, NAMI's Family-to-Family, Crisis Intervention Team (CIT) programs for law enforcement and more. Implementing these programs represents significant progress in promoting increased awareness and capacity to help those living with mental illnesses.
- 3. Implement school-based mental health services and supports.** Drop-out rates among students classified as Emotionally Disturbed (ED) under the Individuals with Disabilities Education Act (IDEA) are alarmingly high, over 50%. With effective school-based mental health services and supports and coordination with the community mental health system, many of these students could stay in school and earn an academic degree and a more promising future. Yet, school-based mental health services continue to be cut in far too many schools. Enactment of the Mental Health in Schools Act (HR 751) would represent a positive first step.
- 4. Increase the qualified mental health workforce.** Throughout the nation, there are critical shortages in the availability of qualified mental health professionals. In many areas, children and adults are placed on long waiting lists to access mental health services. Many county and regional mental health agencies have sharply narrowed their criteria for service eligibility because of the lack of qualified mental health professionals. The costs to our nation in increased emergency room use, commitment to inpatient facilities, and incarceration in juvenile and criminal justice facilities are enormous. Strategies for increasing the number of qualified mental health professionals, including providers of peer and family services and supports, must be an integral part of fixing our nation's broken mental health system.
- 5. Fully implement key provisions of the Affordable Care Act, including mental health and addictions parity requirements.** Passage of the Affordable Care Act (ACA) was a seminal achievement in improving health and mental health care in this country. One critical step for improving mental health care in America is to issue final regulations defining the scope of the Wellstone and Domenici Mental Health and Addictions Parity Act. Without final regulations, there is a lack of clarity on the requirements for a number of the most complex provisions included in the mental health parity law which threatens to undermine the intent of the law.
- 6. Protect federal funding of Medicaid.** Youth and adults with mental illnesses are among the largest, most important class of Medicaid beneficiaries. Forty-eight percent of all public mental health services in America are funded through Medicaid. Reductions in federal funding of Medicaid would have a devastating impact on people with mental illnesses, many of whom rely on this vital safety net program in both maintaining and working toward recovery and independence.

## NAMI Maryland Advocacy Update

The 2013 Maryland General Assembly session has been an energized and heavily debated one, with issues surrounding mental health running the gamut. NAMI Maryland has been deeply involved in these critical conversations, working to be a strong voice for our members and their families. We have also aided in drafting legislation addressing important services for police training on mental health issues

There are many things you can do to weigh in and advocate for family members and friends in Maryland who are living with mental illness. Lawmakers *do respond* to contact from their constituents, and you are in the best position to raise their awareness on issues that affect the mental health community. The simple act of contacting an elected official with your support for an issue does make a difference!

Go to [www.namimd.org/advocacy](http://www.namimd.org/advocacy) and click on Legislative Advocacy to see a full list of issues NAMI Maryland is tracking this session, as well as talking points you can use when talking to decision makers.

Let your elected officials know how you feel about mental health issues. Share your experiences with them so they can make informed decisions. You can make a difference!

### Make a difference with advocacy here in Maryland!

#### ► Tell your story!

The personal experiences of NAMI members makes a difference when talking to decision makers. Go to [www.namimd.org/share\\_your\\_story](http://www.namimd.org/share_your_story)

#### ► Respond to Action Alerts.

The collective voices of advocates can influence legislators' decisions. Sign up on [www.namimd.org](http://www.namimd.org) to stay in touch!

#### ► Advocacy Training

Advocacy training is an ongoing process. NAMI Maryland has training opportunities on how to be an advocate.

Email [info@namimd.org](mailto:info@namimd.org) to tell your story, ask to be added to action alerts, and learn the latest information on advocacy training.

## Meet Derrick Richardson, NAMI Maryland's Policy and Advocacy Director

One of NAMI Maryland's strategic goals is to increase awareness of NAMI in Annapolis among legislative stakeholders. We have been able to do this by hiring Derrick Richardson as NAMI Maryland's first Policy and Advocacy Director.

Derrick Richardson is a skilled executive with 13 years of experience in government relations, public policy, political affairs, grassroots advocacy, and nonprofit management. Derrick has worked with federal, state and local officials on policy matters including economic development, transportation, energy, education, health care, and poverty. In addition, Derrick completed 11 years of service in the Army National Guard and Reserves; including two rotations to Panama.

Prior to his current role with NAMI Maryland, Derrick served as Director for Domestic Policy with the Evangelical Lutheran Church in America (ELCA) in their Washington, D.C. office. Derrick led the church's legislative efforts with Congress, federal agencies and the Executive Branch on domestic policy priorities including poverty and hunger, health care, housing, and tax

policy. During his tenure, Derrick lobbied on the Super Committee and Sequestration, FY13 Appropriations, and Farm Bill Reauthorization.

Before joining the ELCA, Derrick held several high-level roles advancing legislative efforts for key governmental and nongovernmental entities including as Legislative & Budget Director with the New York City Council; Senior Manager for State and Regional Affairs with the Center for American Progress (CAP) in Washington, D.C.; Director of Public Policy with the Birmingham Regional Chamber of Commerce in Birmingham, AL; and as Co-Founder & Principal with Epps, Richardson & Associates – a Maryland based consulting firm.

Derrick holds a Master degree in Urban Policy (cum laude) and a Bachelor degree in Political Science. He also completed Army Communication's School at Ft. Gordon, GA with Honors. Derrick resides in Prince George's County, MD.

If you would like to join us in making your voice heard through advocacy efforts, please contact Derrick at [derrickrichardson@namimd.org](mailto:derrickrichardson@namimd.org) or call 410-884-8691.

The problems may appear dire enough that it becomes necessary to push harder, using the power of your relationship. In counseling families about a troubled relative who has been refusing to get needed help, I have found that the greatest resource is often untapped: the power of family to steer, even to coerce, family members toward entering treatment. Sometimes the situation becomes more acute and dire. Perhaps the person is threatening suicide, or has said or written things that sound like he is contemplating violence, or she has behaved in overtly violent ways that seem to be caused by emotional illness of some sort. Then, systems to mobilize psychiatric evaluation on an involuntary basis are available. The police can explain the procedures if you call.

When you see someone in emotional trouble that goes beyond the ability of your attention and kindness to help, when you feel that more professional expertise is needed, do not remain silent. Do not avoid the subject, or let it go for fear that you might be meddling. Alone, or with the help of others, you need to say to him or her: "You need help."

**Dr. Mark S. Komrad, a psychiatrist on the teaching faculty of Sheppard Pratt and Johns Hopkins hospitals, is the author of "You Need Help: A Step-by-Step Guide to Convince a Loved One to Get Counseling." Website: [www.youneedhelpbook.com](http://www.youneedhelpbook.com)**

**To buy Dr. Komrad's book visit the NAMI Maryland**

## NAMI Maryland Training Update

In February 2013, we held a NAMI Maryland Peer-to-Peer Training for the first time in Aberdeen, Maryland (Harford County). We are working in partnership with the Core Service Agency of Harford County to hold a NAMI Peer-to-Peer course there this spring. This will mark the first time NAMI Harford County has offered a NAMI Peer-to-Peer course for members of their community living with mental illness.

### The spring will be full of trainings!

In April, we will be having a NAMI Family-to-Family Training in Waldorf, MD, a NAMI Connection Training in Baltimore, MD, and an In Our Own Voice Presenter Training in Rockville, MD. In May we will be holding a NAMI Peer-to-Peer Mentor Training and a NAMI Basics Teacher Training.

In June, we will be holding a NAMI Family Support Group Facilitator Recertification training in Baltimore.

**For more information about NAMI programs go to [www.namimd.org/nami\\_programs](http://www.namimd.org/nami_programs)**



### Local NAMI Maryland Affiliates

|                           |              |
|---------------------------|--------------|
| NAMI Anne Arundel.....    | 443-569-3498 |
| NAMI Carroll.....         | 410-857-3650 |
| NAMI Cecil.....           | 443-955-4963 |
| NAMI Frederick.....       | 240-379-6186 |
| NAMI Harford.....         | 410-879-8570 |
| NAMI Howard.....          | 410-772-9300 |
| NAMI Lower Shore.....     | 443-229-2744 |
| NAMI Metro Baltimore..... | 410-435-2600 |
| NAMI Montgomery.....      | 301-949-5852 |
| NAMI Prince George's..... | 301-429-0970 |
| NAMI Southern MD.....     | 301-737-1988 |
| NAMI Washington.....      | 301-824-7725 |

Make sure you get notices of NAMI Maryland's new educational teleconferences. The topics should be of interest to YOU!

Email your contact information to [info@namimd.org](mailto:info@namimd.org) and put "NAMI Maryland email list" in the subject line, and tell us how you heard about NAMI.

### Donate to NAMI MD through your workplace giving campaign:

**8568-** The United Way  
**4186-** The United Way of Central MD  
**80114-** CFC of the Chesapeake Bay Area  
**5697-** Combined Charity Campaign for Baltimore City  
**4900-** MD Charity Campaign

**Other Campaigns?** Call our office.

**Does your employer have a grant or matching gift program? Let us know!**

**CONNECTIONS** is published quarterly by NAMI Maryland—National Alliance on Mental Illness of Maryland. Letters, articles, and responses are welcomed and encouraged.

NAMI Maryland reserves the right to edit all submitted materials.

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Website: www.namimd.org



**SAVE THE DATE!**  
**Coming May 18, 2013 to  
Baltimore's Inner Harbor**

All the funds collected by Walkers will be used to fund NAMI's programs right here in Maryland.

There is no registration fee! Get your coworkers, family, friends, and local businesses to sponsor you or join a team! Together we can stomp out the stigma of mental illness.

**SIGN UP AT  
WWW.NAMIWALKS.ORG/Maryland**

Contribute to NAMI Maryland so that we can continue our mission to improve the quality of life for person diagnosed with mental illnesses and their families.

I want to make a difference by:

- Volunteering (Skills/Interests) \_\_\_\_\_
- Making a contribution (circle one) \$500 \$250 \$100 \$50 \$35  
other \$ \_\_\_\_\_
- Making a monthly contribution (we will contact you with details)
- In memory of    In honor of    on the occasion of \_\_\_\_\_

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