this zine is here for you.

with love,
the zine team at

NAMI Metropolitan Baltimore
Throughout the Zine, click on underlined text to access more information.

Brrr it’s cold out and feels a *little* like March 2020 again as we find ourselves navigating new territories with the Omicron variant. On the bright side, one thing keeping our hearts warm is our sense of community, and knowing that if we make an effort to connect with people, we can create positive change! Read on to see how you can be a part of it.

Nova Getz, Sam Jesner, Evan Boardman, Katie Zhu, Naomi Rafi, Finn Batt

The Zine Team
KEEPING YOURSELF SAFE

- wear a mask
- social distance
- quarantine
- think about others
- get vaccinated

Share your mental health story at bit.ly/hearsmystory
Stand With Us & Advocate For:

Early Intervention & Treatment Access

Better Access to Mental Healthcare Coverage

Reducing Racial Health Disparities

Strengthening Maryland's Mental Health Crisis Response

Sign up at: bit.ly/namimdadvocacyday22
**M E N T A L  H E A L T H**

**IN THE MEDIA**

**FROM THE EDITORS**

1. **The Day It Rained in Southern California**
   by Stella Cole

   This song explores the connection between nature, and what it means to hide...and finally unveil your true self and emotions.

2. **Fantastic Fungi**
   film

   This movie explores the incredible ways that this often overlooked species of plant contribute to society in major ways! Reconnect with nature from the comfort of your own home with this fun documentary on Netflix.
The Mask You Live In film

The Mask You Live In showcases the experience of boys and young men as they struggle to stay true to themselves while navigating America’s definition of masculinity.

Unthinkable: Trauma, Truth, and the Trials of American Democracy by Jamie Raskin

Congressman Jamie Raskin lost his son to suicide just a week before the events of January 6th. Learn about how he channels the despair his son felt for the world towards carving a new way forward for the nation in this moving memoir.

What if it Works? film

Follow the budding love between an engineer with debilitating OCD who likes to drive fast cars and a street artist and dog walker with dissociative identity disorder (DID). The movie handles both of these disorders with grace and mostly accuracy that is rarely seen in media. They do use outdated language for DID. For a full list of content warnings, check out Does the Dog Die.
Early into 2020, amidst shutdowns and school closures, people began to wonder how the news of the world, learning from home, and missing out on key milestones would impact child development. In mid-2020, NAMI Metro Baltimore convened a Youth Program Advisory Council to discuss what measures schools and other youth serving organizations could take to help support youth mental health. A common trend came up during the meetings: grief, despair, change, and uncertainty would have an unprecedented effect on young peoples' psyches.

In late 2021, we were just beginning to see as kids returned to schools, how their mental health has been impacted, and how it’s impacting classroom dynamics. Data from the Children’s Hospital Association showed that there were over 47,000 mental health visits to emergency departments "at 38 children’s hospitals around the country - nearly 40% higher than the same period in 2020 (NPR, CHA)."

But aside from hospitalizations, the challenges within the classroom and at schools in general are evident. Many students, particularly those in younger grades, are having trouble readjusting to in-person interactions after a year of not having the social emotional development that they would have had prior to the pandemic. Incidents of more fights breaking out, or even aggression towards school staff have been reported at a higher frequency in some school districts. To make matters worse, this is also happening at a time when access to mental health care is particularly hard to come by, with mental health practitioner shortages and inpatient and outpatient units booked very far out.

**So what can we do about it?**

We can ALL learn how to identify early symptoms of mental health conditions, and how to start conversations with people about mental health. It's also so critical to end stigma around mental illness so people get the support they need. Reach out to NAMI Metro Baltimore at info@namibaltimore.org to learn about how you can host one of our free educational presentations.
Psilocybin is a compound found in “magic mushrooms” and is responsible for the fungi’s mind-altering effects when ingested. This compound was first derived in its basic form by a Swiss chemist, Albert Hofmann, in the late 1950s, and for the next decade, research into the potential therapeutic effects of psilocybin was conducted across the United States. In 1970, however, psilocybin was made illegal and put atop the list of most criminalized drugs (those that carry the highest sentences for unlawful use), stopping all ongoing and future research. This classification is known as Schedule 1 and is reserved for those drugs that the government has deemed to have a high potential for abuse and serve no legitimate medical purpose. It includes substances such as heroin, bath salts, cannabis, and several others. It was only in 2000 that a group of researchers received the first regulatory approval of psilocybin in the United States since the substance’s criminalization in the 70s (although psilocybin remained illegal and kept its Schedule 1 classification). Six years later, those same researchers published a landmark paper titled “Psilocybin can occasion mystical-type experiences having substantial and sustained personal meaning and spiritual significance,” which helped solidify the potential for therapeutic uses of psilocybin in controlled trials. During this time, that small group of researchers founded the Johns Hopkins Center for Psychedelic and Consciousness Research and began accepting private donations to fund more research.
In rapid succession, from 2014 to 2016, the Center published research showing that ingestion of psilocybin in combination with cognitive behavioral therapy significantly reduced smokers’ dependence on tobacco products and that it eased existential anxiety in people with terminal cancer. Most recently, in the fall of 2021, the Center was awarded a nearly 4-million-dollar grant from the National Institute of Health (NIH). This large grant is not just impressive for its size, but it is historic as it shows government support for research into a Schedule 1 drug. Although this does not mean that psilocybin is deemed wholly safe for consumption, it is crucial that the government has opened the door for research, and indicates, seemingly in contradiction with their own laws, that there may be potential therapeutic benefits to psilocybin. It may be that psilocybin follows its fellow Schedule 1 neighbor, cannabis, in the long, tricky route to widespread medical legalization.

For more up to date information on research, visit [www.hopkinspsychedelic.org](http://www.hopkinspsychedelic.org).

*NAMI Metro Baltimore does not endorse or encourage the use of any specific medications. Be sure to consult with your doctor if you are exploring treatment options.

**Volunteer with NAMI**

NAMI Metropolitan Baltimore's peer volunteers support the lives of people impacted by mental illness. We're always seeking volunteers to lead support groups, teach classes, share informational de-stigmatizing presentations, and much more!

To apply, visit [bit.ly/volunteernmb](http://bit.ly/volunteernmb) or email volunteer@namibaltimore.org
Mental illness is legally a disability. But when was the last time you heard a mental health activist call themselves disabled? Why are disability activists separate from mental health activists? Many disabilities cause mental health symptoms like depression, anxiety, suicidality, attention problems, and executive function problems. So it's not that disability activists aren't fighting for access to mental health services and wider acceptance of mental illness. Instead the separation lies more in the ableism of the mental illness community. The same internalized ableism that makes people living with mental illness feel uncomfortable labeling themselves as disabled also may end up making them try to separate from the disability community in order to feel better about themselves and appeal to able-bodied people. I recently participated in a peer mental illness support group where the participants tried to convince someone that their physical symptoms were psychosomatic representations of their mental illness. Meanwhile I was desperately trying to acknowledge that this person was describing symptoms of a cluster of under diagnosed chronic disorders. How often have you heard “Mental illness should be taken just as seriously as physical illness” or “Depression is just as real as cancer”? These statements are largely useless because 1. As anyone with chronic physical illnesses can tell you, physical illness isn’t taken seriously and 2. These statements enforce the divide between mental illness and physical disability, feeding into ableism rather than uniting the disabled community. Despite chronic physical health problems often causing or being connected to mental health problems, the mental health community is often hostile to physical illness. This hostility shows up in lack of accessibility from wheelchair access, chairs that can hold fat people, image descriptions, asl interpreters, and many more needs.
I often feel like I have to compartmentalize myself in mental health spaces, only presenting my mental health symptoms without acknowledging my physical symptoms. But disentangling those parts is difficult. Whether depression is caused by a chemical imbalance or by chronic pain or by poor blood circulation, the resulting depressive symptoms are still the same. Whether one is struggling to make meals because ADHD stands in their way or they can’t stand up long enough to cook, both people still don’t have meals. And while understanding the source of the problem can be helpful for finding a solution, recognizing the universal nature of these problems increases the compassion and space we can hold for people with a different source. Take some time to reflect on how you feel about disabled people, whether you separate disability from mental illness, and why. Check out creators and organizations that educate about and fight for disability rights like Project LETS or Disability Rights Maryland. And let us all make sure we are making mental health spaces welcoming to our fellow community members with physical disabilities.
The Mental Health of My Love Languages

love language different ways people receive and express love in relationships platonically or romantically.

The five love languages are:

1. words of affirmation
2. quality time
3. physical touch
4. acts of service
5. receiving gifts

love verb \\
ˈləv \\
: to hold dear : CHERISH

Written By Naomi Gail Rafi
Each person has a set of preferred love languages when receiving/expressing love.

Did you know that understanding your love languages can help you better learn how to take care of your mental health?

When we are mentally healthy we are able to treat ourselves with the type of love we need when we fail to show up for ourselves, it can manifest in self-sabotage & depriving ourselves from the love languages we deserve :’(

Understanding and speaking your own love language to yourself can help you figure out which mental health coping strategies work best for you and how you function!

CONSIDERING QUESTIONS LIKE THESE:

my love languages and how i recieve love?
my love languages and what i need interpersonally?
my love languages and personalized self care?
my love languages and ways i self sabotage?
my love languages and how i receive love?
my love languages and which people do speak my love?
my love languages and use for personal growth journey?
Now you try! Use this space to journal about your love languages!

How do my love languages relate to my mental health and wellness?
Keep going, you're on a roll!

leave some notes for your future self.

thanks for reading and take care of yourself,

NAMI Metro Baltimore
NAMI Metro Baltimore offers free support groups to anyone seeking mental health support.

Check out our schedule below!

**NAMI Connection Peer Support Group**
For anyone living with a mental health condition ages 18+
Meets Saturdays 10:30 AM - 12:00 PM & 1st and 3rd Wednesdays 6:00 PM - 7:30 PM

**NAMI Young Adult Connection Peer Support Group**
For anyone living with a mental health condition ages 18 - 39
Meets 2nd and 4th Wednesdays 6:00 PM - 7:30 PM

**NAMI Family Support Group**
For anyone with a family member who has a mental health condition ages 18+
Meets every Thursday 7:00 PM - 8:30 PM

**JANUARY CLASSES ARE NOW ENROLLING!**
visit bit.ly/nmbeducation to learn more and enroll

(410) 435-2600, 9-5, M-F
www.namibaltimore.org