

## RECOGNIZING MENTAL HEALTH MAINTENANCE

By Heather Paul, R. Psych

As research has shown, many symptoms of thyroid dysfunction can mimic psychological disorders. Depression symptoms may include depressed mood, fatigue, weight gain, reduced sexual desire and trouble concentrating. Anxiety symptoms may include nervousness, rapid heartbeat, excessive sweating, weight loss and sleep problems. This revelation has impacted me both personally and professionally.

I am in the business of mental health. I have been a licensed psychologist for over 25 years. Over this time I have collaborated with many clients with a diagnosis of depression and/or anxiety. Treatments have included psycho-therapy, development of coping skills, use of activities such as exercise, mindfulness, meditation, hypnotherapy, healthy eating and sleeping regimes, and the use of medication recommended by a medical doctor. These options are often quite beneficial in the management of depression and anxiety symptoms. I continued to obtain professional development training in treatment options, eager to learn about the latest form of therapy and how to apply what I have learned to my practice.

I am a person who tries to “practice what they preach” – thus I have been an advocate for work-life balance and self-care. I learned to set boundaries in my personal life, learned to re-adjust my daily routine when life changes happened, (moving to a new community, changing jobs or the arrival of children) and to have moments that fed my individual needs as well. I enjoyed reading and took classes in sewing, quilting and painting. I enjoy volunteering and would often include the whole family in activities that taught valuable lessons to my children.

One of the occupational hazards of the psychotherapy profession is not being aware of the presence of depressive or anxious symptoms in your own life. The adage “Physician – heal thyself” comes to mind. I am grateful that my practice of self-care allowed me to reflect and recognize that I was experiencing symptoms of depression following a particular series of life changes in a short period of time.

I had always been a good sleeper. Even as a teenager I was not a person who could stay up late. I would often come home after school and have a nap before suppertime. My mother was the same, so no-one really noticed it was a strange thing to do. Fatigue was often in my life, so much that I cannot tell you how many times I was tested for iron deficiency. Results would be sometimes yes, sometimes no. Weight issues in my teen years became my obsession. No matter what I did – including abstaining from eating – changed my weight. I was a fairly active person – exercised twice a day and swam three times a week to counter the effects of scoliosis.

So, when in my early 30’s I noticed the extreme fatigue, slow, depressed mood, and loss of interest in any activity, I went to my family doctor to ask that she “send me to someone like me”. Depression does not suddenly demonstrate itself. It is slow, almost unnoticeable. By the time it has taken hold, the behaviours and symptoms are almost second nature – you do not notice the changes unless you step back and think about it. Most people who have depression can carry about the day, doing what they always do. However the effort and toll the activities take on one’s physical and emotional strength is heavy – often leading to the crash in the privacy of your own home. This is how I felt – I was able to get through the day, but once home after my workday, activity became less, my stamina lessened and my interests in anything became non-existent.



Depression and anxiety has been in my family on both sides for many generations. I wasn’t surprised I was feeling this way given the genetic odds. I felt I was lucky enough to recognize it, and to seek help.

But my doctor had other ideas. While she agreed my symptoms could be indicative of depression, she also asked me about my tolerance for heat and cold – *always cold*; weight fluctuation – *could not lose weight*; appetite - *never felt hungry but did eat meals*; nails and hair – *always brittle and losing lots of hair*; sleep – *in bed by 9:00 PM, sleep soundly, still tired in afternoons*. These were not new symptoms – they were the story of my existence.

I had a family story of all of my symptoms – depression – check; overweight extended family; family members always cold and tired – could sleep on a bed of nails, always had sweaters on, even in summer. (I was cold in Jamaica in July). We often jokingly referred to all of these as the Family Trend.

By now I guess you know how my request for a referral to a psychologist went. It didn’t. Blood work, CT Scan and further nuclear imaging identified Hashimoto’s Hyperthyroidism. It was so severe my doctor suggested I mention it to my family, given we all had the “family traits”. My sister and mother were diagnosed immediately with hypothyroidism. I received treatment, including surgery. For the past twenty-five years I have been actively involved in my treatment.

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Going through this experience is one of the best professional development opportunities I ever had. I researched Thyroid Dysfunction and was very fortunate to have a member of the Executive of Thyroid Foundation of Canada living in my community. She provided me with valuable information that I was able to learn from and to pass on to my clients.

I was able to incorporate what I learned into my practice. Any referrals I received from physicians, I asked that T4 and TSH levels be assessed. During my initial sessions, I include a list of questions reflecting possible thyroid dysfunction so I can consult with the client's family physician. These changes to my practice have led to some clients receiving a diagnosis of thyroid dysfunction from their family doctor. As well it has helped to target psychotherapy and treatment options when we know thyroid dysfunction is or is not an underlying issue. Even those patients who are referred and already have a diagnosis of thyroid dysfunction, my asking the questions help to understand presenting psychological symptoms with a wider lens.

Of course, a separate diagnosis of depression or anxiety can also be present. Regardless if your symptoms are the result of thyroid dysfunction or depression or anxiety or a combination of both, there are things you can do to improve your quality of life. I would encourage you to discuss these options with your physician. By collaborating with them, you can then decide if these suggestions may be beneficial.

First and foremost is to understand the diagnosis – there are physiological components in thyroid disorders as well as in depression and anxiety. Therefore there will be some times that no matter how dedicated we are to adhering to a healthy living routine, our bodies will let us know that we are not in total control. But that is OK because we know we are doing our part.

Once you know how the symptoms impact your life, carefully adjust your activities to allow you to provide the gradual re-introduction of what you wish to accomplish, while providing a window that allows you to re-group. For example, rather than returning to the gym or a volunteer group three times per

week, pick one time per week for a couple of weeks. This allows you to tweak what works for you. Take a moment to relish the fact that you are back at the gym or involved with your volunteering, rather than being disappointed that you are not back to where you once were. It is OK to be gradual – remember, many things changed gradually, so you will need time to re-group and organize.

If eating patterns have included less than healthy choices, consider taking one meal or snack at a time to make the changes. For example, breakfast can be a good place to start as it can set the tone for the day. Check with a dietician to review what would work best for you. Dieticians can offer many choices that are quick and easy and fill your nutritional needs.

Consider meditative activities such as Yoga, Mindfulness or Meditation. Resting the mind is a skill that can be learned and it promotes overall relaxation and a sense of well-being. Mindfulness helps us stay focused on what is happening in the moment and encourages a sense of inner contentment and awareness. There are many forms of Yoga, however all can provide physical and emotional benefits.

Psychotherapy is also an effective tool that can help us stay grounded and true to ourselves. Ask the counsellor if they are familiar with thyroid disorders. There are many models of psychotherapy (i.e. Cognitive Behavioral Therapy (CBT), Interpersonal Therapy (IPT), Dialectical Behaviour Therapy (DBT)). One size does not fit all, so you can research and find a method that you are comfortable with.

Mental health maintenance is important to our overall general health. This is especially true when there is thyroid dysfunction. When we have the information that is relevant to us and the willingness to explore options, we are actively engaged in managing the impact our diagnosis is having on our quality of life. Including activities that support our mental health helps us to accomplish our goals and improve our sense of wellbeing.



## CHECK YOUR NECK FUNDRAISER SASKATCHEWAN

Past President Donna Miniely held her 6th annual Check-Your- Neck fundraiser. The coin canisters were placed in a number of liquor stores in the Regina SK area. This year's total amount collected was \$380.25. Over the past 6 years, this event has raised close to **\$5,000**.

We hope to expand this fundraiser to other locations and provinces. If you would like to host a Check Your Neck in your area, please contact us at: [info@thyroid.ca](mailto:info@thyroid.ca) or 1-800-267-8822.