

COURSE DISCUSSION GUIDELINES

- **We are peers.** This course is being taught from the perspective of a peer, and not that of a medical professional. Talk to your doctors and decide for yourself your best options for recovery.
- **Share the air.** Everyone who wishes to share has an opportunity to do so. No one person should monopolize course time.
- **One person speaks at a time.** Each person should be allowed to speak free from interruption and side conversations.
- **What is said here stays here.** This is the essential principle of confidentiality, and **MUST** be respected by all.
- **Differences of opinion are o.k.** We are ALL entitled to our own point of view.
- **We are all equal.** Accept cultural, linguistic, social and racial differences and promote their acceptance.
- **Use “I” language.** Because we do not participate in this course as credentialed professionals, we do not INSTRUCT or ADVISE. We however do share from our own personal experiences. We are unique individuals, and only we know what is best for our own health (along with our doctor’s recommendations). Example: “In my experience, I have found...”
- **It’s o.k. not to share.** People do not have to share if they do not wish to.
- **It’s everyone’s responsibility to make this course a safe place to learn and share.** We respect confidentiality, treat each other with respect and kindness, and show compassion.

REAL STORIES OF LIVING SUCCESSFULLY

The stories below are real. Collected through DBSA's "Share Your Story" website, these individuals continue to Live Successfully with Depression or Bipolar Disorder. As you're reading these stories, consider the following questions.

- What do you think is the key to this person's recovery? Why?
 - Can you see similarities in this person's story and your own? How are they different?
 - What can you learn from these stories? How can those lessons be applied to your life?
-

Alice

Life Has Meaning Now

I was diagnosed with depression about 3 1/2 years ago. I had a hard time at first understanding that it wasn't just something that I could change myself. I needed help. It took many times of trial and error with my medication.

On three different occasions I just thought I was fine and stopped taking my medication. On each occasion, after about a month, I would relapse with my depression. Each time it would get deeper and deeper and harder to get out of. I finally realized how much treatment really helped me. Now, I have been taking my medication for about nine months. I still have some problems because I don't really have any one to talk to or share my feelings with. But, I feel like life actually has a meaning now. I don't feel like it is such a waste. It is nice to have this confidence that I never had before.



Joe

Getting help and finding hope.

Before I got help, I had been depressed for as long as I can remember. I'm only 18 years old, but even when I was a child, I can remember never feeling right. I never felt that I was worth anything. I was always extremely quiet. I was able to make friends at school, but socially, I lacked the ability to interact with others as easily as my peers. I always remember feeling sad, worthless, and like it wouldn't have mattered if I was never born.

A few months ago, a friend recommended that I schedule an appointment with a psychiatrist. It was easier than I thought. I was put on an antidepressant and within a month I started noticing changes.

I no longer put myself down constantly, I don't cry for no apparent reason, I'm finally able to talk to an attractive girl, rather than just wish I could. I'm not hesitant to go out and try new things, and enjoy my life. At last I finally feel right.

I guess I'm writing this to urge any other people my age, or older, or younger, who feel how I did, to go and get help. You have nothing to lose, and I'm sure you will be happy with the results. It's easier than you think. There are so many ways to help you feel better, and I'm glad I made the choices that I did. Hopefully this will help some of you out there get on the path to a happier life.

Becky

Young and Recovering

As a teenager, I was an over-achieving, intelligent, talented and active girl. But there was another side of me that very much affected my life. I was also a self-loathing, angry, confused, acid-mouthed monster. I had major problems with my family, friends and boyfriends, and my father's major depressive illness didn't help my situation.



My pattern of ups and downs continued into my college years full-force. I began my freshman year at one of the largest schools in the nation with a scholarship, which I promptly lost. This was followed by several more years of drug abuse, massive amounts of drinking, many unexplained illnesses and ailments, extreme impulsiveness in dealing with money and sexual relationships as well as self-mutilation and several hospital visits after attempting to solve my problems by taking my own life. I was sick and tired of being sick and tired and not knowing how I would feel tomorrow, next week or next year. I spent my normal periods in fear of my next bout of depression or what I didn't yet know was mania.

I had been treated for depression since adolescence, but at college a doctor diagnosed me with bipolar II disorder, and strangely enough, just having this diagnosis started turning things around for me. I had an answer to why I felt the way I did, why I did some the things I did. It made me feel that maybe I wasn't some horrible, faulted individual but someone who had a serious, valid medical illness.

Since then, I have started turning myself around. I moved back home for support, started a new school where I have been inducted into an honors program and have worked at the same part-time job for more than eight months, which is a record for me!

Although I feel far from cured, I feel more in control of my own life. Now, at 22 years old, I take my medication every day without fail, especially because I fear the way I am without it. I am studying for a new career and looking toward my future.

Matt

Getting Help for Myself

I don't need help; I help people. Or so I thought.



I had been depressed on and off for two years before I could bring myself to see a therapist. She was “not my style,” so to speak. So I stopped going after my second visit. I was embarrassed, ashamed, and felt like less of a person.

I had been in the fire service for 10 years at that point. Like I said, I help people, not the other way around. And I was tough. I was a tough fire guy. I couldn’t admit I needed help, because that’s a weakness, right?

I dealt with the depression on my own for another agonizing year. Depression was easy for me to hide, from everyone but myself.

I felt so bad I went to my physician. He prescribed some medication that threw me into a manic episode. I ended up taking a month off from work, not by choice. That was the best and worst month of my life. At the time, it was great. I looked back at the path of destruction I left and was glad I was still alive and not in jail.

My first psychiatrist told me, “Don’t worry, you are not half as crazy as most of my patients!” I left and never went back to her. I dealt with my mental illness on a short term basis – when I felt bad, I went and saw the doctors. When I felt good, I stopped going. Doctors were expensive, even with insurance, and they were a constant reminder that I have a mental illness.

This short-term approach cost me way too much. My life is too important to continue that way. I have too much going to throw it all away again.

A long-term illness requires a long-term solution. I have found an excellent therapist; and now I am dedicated to looking for the right meds and the right psychiatrist. I believe I will find them.

Asking for help is not a weakness. I am stronger now than I have ever been.



Depression and Bipolar
Support Alliance

LIVING SUCCESSFULLY
*Community Education Program on
Living with a Mood Disorder*

Mackenzie

There is always hope

My brother is 21, and he has bipolar disorder. He's been having a hard time dealing with this illness. After 4 years he's been fighting it, and still hasn't accepted that he has it. I talk to him often (I live relatively far away) and his voice sounds different every day. My dad says he's "fine," meaning, he's still there.

It's been a rough road, and it's not over yet. Every day is a challenge for both of them. I believe there is some hope, and that he will deal with this. All I can do is pray. My dad says there is nothing I can do for my brother – that he forgets about me five minutes after we get off the phone. He hears voices, is paranoid, constantly suicidal, and always scared. He's had 6 or 7 suicide attempts. A lot of times he can't even get himself out of bed to go to the bathroom.

Still, I believe that he will make it. He is going through therapy, that is hope. His entire family would drop anything at any time to help him, and he knows this. That is hope. Through all the pain, anger, tears, desperation and trauma, there is hope. I can't give up. If I give up, what message am I sending him? If you give up, you've already lost.

Hope is rare, hope is precious, and if you can't give anything to a family member who has this illness, you can still give them hope. They will find their way, and hope will lead them. Hope may not make it any easier, but it gets you through the day.



Depression

It’s Not Just in Your Head

Everyone, at various times in life, feels sad. This is normal. Sometimes sadness

comes from things that happen in your life: you move to a different city and leave behind friends, you lose your job or a loved one dies. But what’s the difference between “normal” feelings of sadness and the feelings caused by clinical depression?

How to Recognize Depression

Depression is not a character flaw or sign of personal weakness. You can’t make yourself well by trying to “snap out of it” or “lighten up.” And you can’t catch it from someone else, although it can run in families. To understand what depression is, it’s important to recognize the symptoms:

- Prolonged sadness or unexplained crying spells
- Significant changes in appetite and sleep patterns
- Irritability, anger, agitation
- Worry, anxiety
- Pessimism, indifference
- Loss of energy, persistent lethargy
- Unexplained aches and pains
- Feelings of guilt, worthlessness and/or hopelessness
- Inability to concentrate, indecisiveness
- Inability to take pleasure in former interests, social withdrawal
- Excessive consumption of alcohol or use of chemical substances
- Recurring thoughts of death or suicide

If you or someone you know has thoughts of death or suicide, contact a medical professional, clergy member, loved one or friend *immediately*.

If you experience five or more of these symptoms for more than two weeks or if any of these symptoms interfere with work or family activities, contact your doctor for a thorough examination. This includes a complete physical exam and a review of your family’s history of illness. Do not try to diagnose yourself. Only a health care professional can determine if you have depression.

Bipolar Disorder

More Than A Mood Swing

Bipolar disorder is a treatable medical illness marked by extreme changes in mood, thought, energy and behavior. It is also known as *manic depression* because a person’s mood can alternate between *mania* and *depression*. This change in mood or “mood swing” can last for hours, days, weeks or even months.

How to Recognize Mania

Unlike people with clinical (unipolar) depression, most people who have bipolar disorder talk about experiencing the “highs” and “lows” of the illness. The “highs” are periods of mania or intense bursts of energy or euphoria, which include some or all of the following symptoms:

- Increased physical and mental activity and energy
- Heightened mood, exaggerated optimism and self-confidence
- Excessive irritability, aggressive behavior
- Decreased need for sleep without experiencing fatigue
- Grandiose delusions, inflated sense of self-importance
- Racing speech, racing thoughts, flight of ideas
- Impulsiveness, poor judgment, distractibility
- Reckless behavior such as spending sprees, rash business decisions, erratic driving and sexual indiscretions
- In the most severe cases, delusions and hallucinations

Bipolar disorder affects more than two and a half million adult Americans. Like depression and other serious illnesses, bipolar disorder can also have an impact on spouses, family members, friends and people in the workplace. It usually begins in late adolescence (often appearing as depression during teen years) although it can start in early childhood or as late as the 40s and 50s. An equal number of men and women develop this illness and it is found among all ages, races, ethnic groups and social classes. The illness tends to run in families and is inherited in many cases.

Mood swings that come with bipolar disorder can be severe, ranging from extremes in energy to deep despair. The severity of the mood swings and the way they disrupt normal activities are what make bipolar mood episodes different from ordinary mood changes.



Treatment

Sometimes it’s hard to ask for help. If you or someone you know has a mood disorder, you may be feeling especially vulnerable, and talking to someone about it may be the last thing you want to do. But finding the right treatment is the first step in becoming an active manager of an illness like depression or bipolar disorder. Finding the right treatment starts with finding the right mental health professional.

Psychotherapy

Psychotherapy or “talk therapy” is an important part of treatment for many people. It can sometimes work alone in cases of mild to moderate depression. A good therapist can help you modify behavioral or emotional patterns that contribute to your illness. People with bipolar disorder and/or chronic depression usually benefit from a combination of medication and talk therapy.

Medication

The choice to take medication is entirely yours, but know that many people with mood disorders have significantly improved their lives because they’ve adhered to a treatment plan that includes medication. Though medication does not guarantee all your problems will be solved, the right one can improve your ability to cope with life’s problems and restore your sense of judgment.

Alternative Treatments

DBSA recognizes that dietary supplements and other alternative treatments that are advertised to have a positive effect on depression or bipolar disorder regularly enter the marketplace. DBSA does not endorse or discourage the use of these treatments. However, be aware that alternative treatments may have side effects or interact with prescribed medications, so read labels carefully and discuss them with your doctor or pharmacist before taking them.

Living with Depression or Bipolar Disorder

As with other chronic illnesses such as diabetes, heart disease or asthma, people with mood disorders should see themselves as managers of their illness. Depression and bipolar disorder are *treatable*, but they are not yet curable. For many people, depression and bipolar disorder are chronic illnesses. If severe depressive and/or manic episodes reappear at some point in your life, don’t panic. Your experience with previous episodes puts you one giant step ahead in the process of recognizing symptoms and getting help. By continuing your treatment plan, you can greatly reduce your chances of having symptoms recur.

The Value of DBSA Support Groups

With a grassroots network of more than 1,000 DBSA support groups, no one with depression or bipolar disorder needs to feel alone or ashamed. DBSA may offer one or more support groups in your community. Each group has a professional advisor and appointed facilitators. Members are people living with depression or bipolar disorder and their loved ones. As an addition to treatment, DBSA support groups:

- Can help increase treatment adherence and may help people avoid hospitalization.
- Provide a place for mutual acceptance, understanding and self-discovery.
- Help people understand that mood disorders do not define who they are.
- Give people the opportunity to benefit from the experiences of those who have “been there.”

Take the next step toward wellness for you or someone you love. Contact DBSA to locate the group nearest you. If there is no DBSA support group in your community, DBSA can help you start one. Just give us a call at (800) 826-3632, write to us at 730 N. Franklin St., Suite 501, Chicago, IL 60610-7224 or visit www.DBSAlliance.org.

Become a Friend of DBSA

Yes, I want to make a difference. Enclosed is my gift of:

☐ \$100 ☐ \$50 ☐ \$20 ☐ Other \$ _____

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- ☐ I wish my gift to remain anonymous.
- ☐ Please send me _____ donation envelopes to share.
- ☐ Please send me information on including DBSA in my will.
- ☐ I have enclosed my company's matching gift form.
- ☐ I'd like to receive more information about mood disorders.
- ☐ Please send all correspondence in a confidential envelope.

If you would like to make your gift a Memorial or Honorary tribute, please complete the following:

- ☐ In memory of/in honor of (circle one) _____ PRINT NAME
- ☐ Please notify the following recipient of my gift:

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Please send this form with payment to: DBSA
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Questions? Call (800) 826-3632 or (312) 642-0049

Credit card payments (Visa, MasterCard or Discover) may be faxed to (312) 642-7243.

Secure online donations may be made at www.DBSAlliance.org.

DBSA is a not-for-profit 501(c)(3) Illinois corporation. All donations are tax deductible based on federal and state IRS regulations. Consult your tax advisor for details. All information is held in strict confidence and will never be shared with other organizations. *Thank you for your gift!*

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Suicide Prevention

If you are having suicidal thoughts, it is important to recognize these thoughts for what they are: expressions of a treatable medical illness. Don't let embarrassment stand in the way of vital communication with your doctor, family and friends; *take immediate action*. You can take important first steps to manage these symptoms.

- Tell your mental health professional immediately.
- Tell a trusted family member, friend or other support person.
- Regularly schedule health care appointments.
- Instruct a close supporter to take your credit cards, checkbook, and car keys when suicidal feelings become persistent.
- Make sure guns, other weapons and old medications are not available.
- Keep pictures of your favorite people visible at all times.
- For help in a crisis, call the National Hopeline Network at (800) 442-HOPE.

Develop a Wellness Lifestyle

Keep the following in mind as you discover your own ways to reduce symptoms and maintain wellness:

- Regularly talk to your counselor, doctor or other health care professional.
- Share talking and listening time with a friend.
- Do exercises that help you relax, focus and reduce stress.
- Participate in fun, affirming and creative activities.
- Record your thoughts and feelings in a journal.
- Create a daily planning calendar.
- Avoid drugs and alcohol.
- Allow yourself to be exposed to light.
- Improve your diet. Avoid caffeine, sugar and heavily salted foods.
- Change the stimulation in your environment.
- Attend a local DBSA support group regularly.

DBSA

We've been there.
We can help.

Depression and Bipolar
Support Alliance

The Depression and Bipolar Support Alliance (DBSA) is the leading patient-directed national organization focusing on the most prevalent mental illnesses. The organization fosters an environment of understanding about the impact and management of these life-threatening illnesses by providing up-to-date, scientifically-based tools and information written in language the general public can understand. DBSA supports research to promote more timely diagnosis, develop more effective and tolerable treatments and discover a cure. The organization works to ensure that people living with mood disorders are treated equitably.

Assisted by a Scientific Advisory Board comprised of the leading researchers and clinicians in the field of mood disorders, DBSA has more than 1,000 peer-run support groups across the country. Nearly two million people request and receive information and assistance each year. DBSA's mission is to improve the lives of people living with mood disorders.

Depression and Bipolar Support Alliance

(Previously National Depressive and Manic-Depressive Association)
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Website: www.DBSAlliance.org

Visit our updated, interactive website for important information,
breaking news, chapter connections, advocacy help and much more.

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DBSA does not endorse or recommend the use of any specific treatments or medications for mood disorders. For advice about specific treatments or medications, individuals should consult their physicians and/or mental health professionals.

Introduction to Depression and Bipolar Disorder



Depression and Bipolar
Support Alliance

We've been there. We can help.

Myths and Facts about Depression and Bipolar Disorder

Depression and bipolar disorder are just states of mind. A person just needs to “think positive” and they will go away.

MYTH

Depression and bipolar disorder (also known as manic depression) are real, treatable illnesses that affect the brain. They can’t be overcome by “snapping out of it.” Asking someone to “think positive” is like asking someone with diabetes to change his or her blood sugar level by thinking about it. People with mood disorders can feel better with the right treatment.

FACT

Treatment is a cop-out for people who are too weak to cope with day-to-day life.

MYTH

Seeking treatment is a smart choice that takes strength. Mood disorders are *not* flaws or weaknesses. Seeking treatment means a person has the courage to look for a way to feel better.

FACT

Talk therapy is just whining about problems. It doesn’t help.

MYTH

Talk therapy has been tested clinically and found to be effective. In some cases it works as well as medication. Good talk therapy helps change behaviors that can make a person’s moods less stable.

FACT

Medications that treat mood disorders are habit-forming. They can change a person’s personality. A person can’t be “clean and sober” while taking medication.

MYTH

When properly prescribed and used, medications are not addictive and do not change a person’s true personality. Medications help a person’s mood become more stable and even. They are not “happy pills” and should not be compared to street drugs. They do not cloud a person’s judgment or give a false sense of courage.

FACT

People with mood disorders can not get better.

MYTH

When correctly diagnosed and treated, a person with depression or bipolar disorder can live a stable and healthy life. Millions of people already do.

FACT

Symptoms of depression or bipolar disorder in young children or elderly adults are normal. They are just a part of growing up or growing old.

MYTH

Severe mood changes in young children or older adults should be taken seriously. Recent studies have shown that children may be affected by mood disorders as young as infancy. Older adults are also at a high risk for depression. Younger and older people should be given complete physical examinations and treated according to their individual needs.

FACT

People with bipolar disorder or depression are dangerous.

MYTH

Research shows that people with mental illness do not commit significantly more violent acts than people in the general population. However, people with mental illness are twice as likely to be victims of violence.

FACT

People with depression or bipolar disorder should not have children.

MYTH

People who have been treated for mood disorders can parent as well as anyone else. They are also more likely to recognize symptoms, treat their children early, and understand their children’s struggles if their children have mood disorders.

FACT

People with depression or bipolar disorder are not stable enough to hold positions of authority in fields like law enforcement or government.

MYTH

People with mood disorders can and do hold positions of authority everywhere. When properly treated, a person’s mood disorder does not have to affect job performance.

FACT

Suicide is not a problem in the United States. Only a small number of people take their own lives.

MYTH

Suicide is a significant problem that needs to be addressed. Suicide deaths in the U.S. outnumber homicide deaths three to two. Each year, over 30,000 people in the U.S. take their own lives. More than 90% of these people are believed to have had a mental disorder.

FACT