Family and Friends' Guide to Recovery from Depression and Bipolar Disorder

DBSA

Depression and Bipolar
Support Alliance

We've been there. We can help.

When a friend or family member has an episode of depression or bipolar disorder (manic depression), you might be unsure about what you can do to help. You might wonder how you should treat the person. You may not want to talk about the person's illness, or feel guilty, angry or confused. All of these feelings are normal.

There are ways you can help friends or family members throughout their recovery while empowering them to make their own choices.

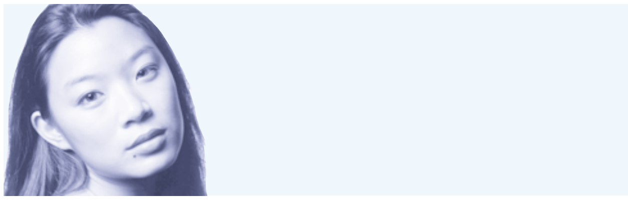
Overcoming Stigma

You and your loved one may have been told that depression and bipolar disorder are weaknesses or character flaws. This is not true. These illnesses are real and treatable, like diabetes or asthma. Your loved one may feel like he or she has failed. **Mental illness is not a failure and it is not anyone's fault.**

The Five Stages of Recovery*

It can be helpful to view recovery as a process with five stages. People go through these stages at different speeds. Recovery from an illness like depression or bipolar disorder, like the illness itself, has ups and downs. Friends and family who are supportive and dependable can make a big difference in a person's ability to cope within each of these stages.

1. Handling the Impact of the Illness
2. Feeling like Life is Limited
3. Realizing and Believing Change is Possible
4. Commitment to Change
5. Actions for Change



1. Handling the Impact of the Illness:

Being overwhelmed and confused by the illness.

An episode of mania or depression, especially one that causes major problems with relationships, money, employment or other areas of life, can be devastating for everyone involved. A person who needs to be hospitalized may leave the hospital feeling confused, ashamed, overwhelmed, and unsure about what to do next.

What friends and family can do:

- Offer emotional support and understanding.
- Help with health care and other responsibilities.
- Offer to help them talk with or find health care providers.
- Keep brief notes of symptoms, treatment, progress, side effects and setbacks in a journal or Personal Calendar.
- Be patient and accepting.

Your loved one's illness is not your fault or theirs. It is a real illness that can be successfully treated. Resist the urge to try to fix everything all at once. Be supportive, but know that your loved one is ultimately responsible for his or her own treatment and lifestyle choices.

---

* Developed by Ike Powell, The Empowerment Project. For information, visit www.peersupport.org/selfdeterm.htm or e-mail ikpwll@aol.com

2. Feeling like Life is Limited:

Believing life will never be the same.

At this stage, people take a hard look at the ways their illness has affected their lives. They may not believe their lives can ever change or improve. It is important that friends, families and health care providers help by working to instill hope and rebuild a positive self-image.

What friends and family can do:

- Believe in the person's ability to get well.
- Tell them they have the ability to get well with time and patience. Instill hope by focusing on their strengths.
- Work to separate the symptoms of the illness from the person's true personality. Help the person rebuild a positive self-image.
- Recognize when your loved one is having symptoms and realize that communication may be more difficult during these times. Know that symptoms such as social withdrawal come from the illness and are probably not a reaction to you.
- Do your best not to rush, pressure, hover or nag.

A mood disorder affects a person's attitude and beliefs. Hopelessness, lack of interest, anger, anxiety and impatience can all be symptoms of the illness. Treatment helps people recognize and work to correct these types of distorted thoughts and feelings. Your support and acceptance are needed during this stage.

3. Realizing and Believing Change is Possible:

Questioning the disabling power of the illness and believing life can be different.

Hope is a powerful motivator in recovery. Plans, goals and belief in a better future can motivate people to work on day-to-day wellness. At this stage people begin to believe that life can be better and change is possible.

What friends and family can do:

- Empower your loved one to participate in wellness by taking small steps toward a healthier lifestyle. This may include:
  - ✓ Sticking with the same sleep and wake times
  - ✓ Consistently getting good nutrition
  - ✓ Doing some sort of physical activity or exercise
  - ✓ Avoiding alcohol and substances
  - ✓ Finding a DBSA support group
  - ✓ Keeping health care appointments and staying with treatment
- Offer reassurance that the future can and will be different and better. Remind them they have the power to change.
- Help them identify things they want to change and things they want to accomplish.

Symptoms of depression and bipolar disorder may cause a hopeless, "what's the point?" attitude. This is also a symptom of the illness. With treatment, people can and will improve. To help loved ones move forward in recovery, help them identify negative things they are dissatisfied with and want to change, or positive things they would like to do. Help them work toward achieving these things.

4. Commitment to Change:

Exploring possibilities and challenging the disabling power of the illness.

Depression and bipolar disorder are powerful illnesses, but they do not have to keep people from living fulfilling lives. At this stage, people experience a change in attitude. They become more aware of the possibilities in their lives and the choices that are open to them. They work to avoid feeling held back or defined by their illness. They actively work on the strategies they have identified to keep themselves well. It is helpful to focus on their strengths and the skills, resources and supports they need.

What friends and family can do:

- Help people identify:
  - ✓ Things they enjoy or feel passionate about
  - ✓ Ways they can bring those things into their lives
  - ✓ Things they are dissatisfied with and want to change
  - ✓ Ways they can change those things
  - ✓ Skills, strengths and ideas that can help them reach their goals
  - ✓ Resources that can help them build additional skills
- Help them figure out what keeps them well.
- Encourage and support their efforts.

The key is to take small steps. Many small steps will add up to big positive changes. Find small ways for them to get involved in things they care about. These can be activities they enjoy, or things they want to change, in their own lives or in the world.

5. Actions for Change:

Moving beyond the disabling power of the illness.

At this stage, people turn words into actions by taking steps toward their goals. For some people, this may mean seeking full-time, part-time or volunteer work, for others it may mean changing a living situation or working on mental health advocacy or support.

What friends and family can do:

- Help your friends or family members to use the strengths and skills they have.
- Keep their expectations reachable and realistic without holding them back.
- Help them find additional resources and supports to help them reach their goals step-by-step.
- Continue to support them as they set new goals and focus on life beyond their illness.
- Help them identify and overcome negative or defeatist thinking.
- Encourage them to take it easy on themselves and enjoy the journey.

People with depression or bipolar disorder have the power to create the lives they want for themselves. When they work on recovery and are able to look beyond their illness, the possibilities are limitless.

What You Can Say that Helps

- You are not alone in this. I'm here for you.
- I understand you have a real illness and that's what causes these thoughts and feelings.
- You may not believe it now, but the way you're feeling will change.
- I may not be able to understand exactly how you feel but I care about you and want to help.
- When you want to give up, tell yourself you will hold on for just one more day, hour, minute – whatever you can manage.
- You are important to me. Your life is important to me.
- Tell me what I can do now to help you.
- I am here for you. We will get through this together.

Avoid Saying

- It's all in your head.
- We all go through times like this.
- You'll be fine. Stop worrying.
- Look on the bright side.
- You have so much to live for – why do you want to die?
- I can't do anything about your situation.
- Just snap out of it.
- Stop acting crazy.
- What's wrong with you?
- Shouldn't you be better by now?

What to Find Out:

- Contact information (including emergency numbers) for your loved one's doctor, therapist, and psychiatrist, your local hospital, and trusted friends and family members who can help in a crisis.
- Whether you have permission to discuss your loved one's treatment with his or her doctors, and if not, what you need to do to get permission.
- The treatments and medications your loved one is receiving, any special dosage instructions and any needed changes in diet or activity.
- The most likely warning signs of a worsening manic or depressive episode (words and behaviors) and what you can do to help.
- What kind of day-to-day help you can offer, such as doing housework or grocery shopping.

When talking with your loved one's health care providers, be patient, polite and assertive. Ask for clarification of things you do not understand. Write things down that you need to remember.

Helping and Getting Help

As a friend or family member you can provide the best support when you are taking care of yourself. It helps to talk to people who know how it feels to be in your situation. Talk with understanding friends or relatives, look for therapy of your own, or find a DBSA support group.

DBSA support groups are run by people, families and friends affected by depression or bipolar disorder. They are safe, confidential, free meetings where people can learn more about depression, bipolar disorder, and how to live with the illnesses.

One father of a daughter with bipolar disorder says, “DBSA support groups help take a lot of stress out of your life. As a family member, you have to be as prepared as possible, and accept that things will still happen that you aren’t totally prepared for. Do all the research you can. Build a long list of dependable resources and support people, so when a situation arises, you know where to turn and how to take the next step. This really helped my family when we needed it.”

A mother of a son with depression says, “When you are in the middle of a situation, it’s hard to see what’s happening, but when you sit in a support group meeting across from someone who is going through the same things, it gives you perspective.”

Call DBSA at (800) 826-3632 or visit www.DBSAlliance.org/findsupport.html. If there is no group nearby, DBSA can help you start one.

You are not alone.

Supporting a loved one with a mood disorder can be difficult, but you can have a positive impact on your loved one’s wellness. Help your friend or family member get educated, find the best treatment and stick with a wellness plan. Get support for everyone involved, and never give up hope.

Please help DBSA continue our education efforts.

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

☐ $100 ☐ $50 ☐ $20 ☐ Other $________________

NAME

ADDRESS

CITY STATE COUNTRY ZIP

DAYTIME PHONE E-MAIL

☐ Check (payable to DBSA) ☐ Money order

☐ VISA ☐ MasterCard ☐ Discover ☐ AmEx

ACCOUNT NUMBER EXPIRATION DATE

SIGNATURE

☐ 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:

RECIPIENT’S NAME

ADDRESS

CITY STATE COUNTRY ZIP

Please send this form with payment to: DBSA
730 N. Franklin Street, Suite 501, Chicago, IL 60610-7224 USA

Questions? Call (800) 826-3632 or (312) 642-0049

Credit card payments 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!***

FAMREC05

DBSA

Depression and Bipolar
Support Alliance

We've been there.
We can help.

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. Over four 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
730 N. Franklin Street, Suite 501
Chicago, Illinois 60610-7224 USA
Phone: (800) 826-3632 or (312) 642-0049
Fax: (312) 642-7243
Website: www.DBSAlliance.org

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

Production of this brochure was made possible by an unrestricted educational grant from Abbott.

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.

5/06
FAMREC06

What Helps and What Hurts

When someone you care about has depression or bipolar disorder

People living with depression or bipolar disorder (manic depression) often cope with symptoms like feelings of hopelessness, emptiness or worthlessness. You probably want to say something to help the person feel better. But what can you say? Why does it seem like many well-meant comments hurt more than they help?

Here is a basic list to use as guidelines when you talk to someone who has symptoms of depression or bipolar disorder. Put the statements into your own words. What's most important is that the person you care about understands your support. You didn't cause your loved one's illness and you can't control the person's feelings. You can only do your best to offer help.

If the person is actively threatening suicide, don't try to handle the situation on your own. Call a mental health professional or take your friend to the nearest emergency room for treatment.

What helps	What hurts
I know you have a real illness and that's what causes these thoughts and feelings.	It's all in your head.
I may not be able to understand exactly how you feel but I care about you and want to help.	We all go through times like this.
You are important to me. Your life is important to me.	You have so much to live for – why do you want to die?
Tell me what I can do now to help you.	What do you want me to do? I can't change your situation.
You might not believe it now, but the way you're feeling will change.	Just snap out of it. Look on the bright side.
You are not alone in this. I'm here for you.	You'll be fine. Stop worrying.
Talk to me. I'm listening.	Here's my advice…

When you have depression or bipolar disorder

What can I do to help others understand what helps and what hurts?

- Set aside some time to sit down with family members or friends and talk about something important. Choose a time that is relatively calm and free of distractions.
- Begin your statements with yourself: "I feel," or "I need." Avoid "you" statements like "You always criticize me," which may be more likely to lead to arguments.
- Tell them what they ***can*** say or do that will help you. This includes practical things like helping with housework or taking you somewhere.
- Ask for help when you need it. If you feel better, thank the people who helped you.
- Look for more than one person to support you. Different people offer different perspectives.

Next Steps:

Getting the Treatment You Need
To Reach Real Recovery

DBSA

Depression and Bipolar
Support Alliance

We've been there.
We can help.

Depression and Bipolar Disorder: Treatment and Recovery

Depression and bipolar disorder are mood disorders, real physical illnesses that affect a person's moods, thoughts, body, energy and emotions. Both illnesses, especially bipolar disorder, tend to follow a cyclical course, meaning they have ups and downs.

Treatment for these illnesses can also have ups and downs. As much as we may want it to, wellness often does not happen overnight. It is normal to wish you could feel better faster or to worry that you will never feel better. However, you *can* feel better, and you can do things to help yourself.

Relief of symptoms is only the first step in treating depression or bipolar disorder. Wellness, or recovery, is a return to a life that you care about. Recovery happens when your illness stops getting in the way of your life.

You decide what recovery means to you. Talk to your health care provider (HCP) about what you need to reach this recovery. Your HCP can provide the treatment(s) and/or medication(s) that work best for you. Along the way, you have a right to ask questions about the treatments you are getting and choose the treatments you want. It can also be helpful to work with a therapist, family member, friendor fellow support group participant to help define your recovery. Your definition may change at different times in your life.

At times, depression and bipolar disorder might make it seem difficult to set a goal for yourself. It might feel almost impossible to think about the things that you hope for or care about. But goal-setting is an important part of wellness, no matter where you are on your path to recovery. Work on what you can when you can.

Ask yourself: What does recovery mean to me?

____

____

____

Setting Goals

Ask yourself:

What motivates me? ______________________

What interests me? ______________________

What would I do more if I could? ______________________

What do I want? ______________________

What do I care about, or what did I care about before my illness?

____

Where do I want my life to go? ______________________

What brings me joy? ______________________

What are my dreams and hopes? ______________________

It helps to start small and work up to larger goals. You might want to begin by setting one small goal for yourself at the beginning of each day. As you move forward with your recovery, look at the different areas of your life and think about your short- and long-term goals.

Short-term goals might include:

- Be out of bed by ____:00 AM
- Finish one household chore
- Call a DBSA support group
- ______________________
- ______________________

Long-term goals might include:

- Get training or experience for a job
- Change a living situation, e.g., find an apartment
- Build a relationship with a friend or family member
- ______________________
- ______________________

Remember to take small steps at first. Looking at a goal such as “move to a new city” can be difficult to visualize and plan all at once. Ask yourself what you need to do first. What can you do now that will help you eventually reach this goal?

Creating the Life that You Want: Ten Steps to Accomplishing a Goal

1. State as clearly as possible in a positive way what it is that you want to create in your life.

   Within the next (time frame) ______________, *I choose to*

2. Be clear why you want this and how your life will be different once you achieve this goal.

   I believe the benefits of doing this will be

   If I decide not to do this, it will mean

3. Understand what you have going for you to help you achieve this goal.

   Three things that I have going for me in terms of creating the kind of future that I want are

4. Understand the challenges that exist.

   Three things that may keep me from creating the kind of future that I want are

5. Be especially aware of the negative self-talk that sabotages and undermines your attempts to succeed.

   The negative and destructive self-talk that I need to watch out for is

   I will combat this negative self-talk by

6. Be clear about what you need to achieve this goal in terms of skills, resources, support systems, etc.

I need to learn the following skills in order to accomplish this goal

I need to get these resources ____________________

I need to develop these supports ____________________

7. List the 3–5 major actions that you need to take to start moving toward this goal.

I need to get started by doing these things ____________________

8. Think of ways to care for yourself as you work to achieve this goal.

I will take care of myself while working to create the kind of future I want by ____________________

9. Stay focused on what you want to create, not on the difficulties you might be having.

I will keep myself focused on what I want to create and the benefits this will bring me by ____________________

10. Be easy on yourself! Have fun! Enjoy it! Enjoy life!

I will remember to be easy on myself. Have fun! Enjoy it! I will work to enjoy life by doing these things ____________________

For more on creating the life you want, visit ***www.peersupport.org****.*

Wellness Achievement and Maintenance

Two goals you might start with are getting well and staying well. Start by asking yourself these questions.

Defining My Wellness

What am I like when I am feeling/doing well?

What are the things that help me maintain or regain the quality of life that I like?

What can I do to maintain my wellness?

Daily

Weekly

Monthly

Early Warning Signs

What early warning signs of my illness have I noticed or been told about by others?

Feelings

Thoughts

Emotions

Sensations

Actions

Words

What can I do when these warning signs happen?

Who can help me?

How can I get in touch with them?

What should they say or do?

What are some things I can do that might help me feel better?

Crisis Plan Management

Use another sheet of paper if necessary. Give a copy to all of your support people.

What are the signs that I am in crisis?

What are the signs that I need someone to take over making decisions for me and/or go with me to the hospital?

Which person or people would I prefer to help me in crisis?

Which medications or treatments are most helpful if a crisis occurs?

Which medications or treatments should be avoided?

Where would I prefer to be treated or hospitalized if that is necessary?

Which treatment facilities do I want to avoid?

Medications I am currently taking and why:

What can others do for me that would help reduce my symptoms or make me more comfortable?

How do I want to feel when I have recovered from this crisis?
(You may want to refer to your answer on page 6: What am I like when I am feeling/doing well?)

Things I need to do for myself every day while I am recovering from a crisis:

Things that can wait until I feel better:

Getting the most from your HCP

Seeing Eye-to-Eye

A good relationship with your health care providers (HCPs) should be collaborative, with open communication. A good health care provider pays attention to your needs, goals and background. You and your HCP should have a partnership, and you should have a say in your treatment plan.

Even if you have had negative experiences with HCPs or mental health treatment in the past, go into your first appointment with the belief that your HCP is concerned about you and wants to help you find your way to mental health.

Keeping Track

Track your moods, treatment and progress every day. You only need few minutes each day (e.g., when you are taking your evening medication) to write down a few thoughts about how you felt and acted that day, along with your sleep, meals, medication dosage and other life events. This helps you and your HCP find patterns and identify things that may be triggering your symptoms. You might notice, for example, that many of your bad days come after sleepless nights, or that certain places or things tend to trigger your symptoms. It also helps you see how well your treatment is working. Call DBSA or visit www.DBSAlliance.org to order a personal mood calendar, or design one that is most helpful to you.

End Result: Wellness

You and your HCP both want the same thing for you: wellness. Your common goal is for you to be able to reclaim a stable, healthy life. You have a say in your treatment, and your HCP needs to understand and hear your needs and concerns.

If you feel your HCP is not listening to you, keep bringing up your concerns until s/he addresses them. Remember, you have rights as a patient. You have a right to be treated with respect and receive good treatment no matter who you are, what your diagnosis is or what type of health benefits you have.

Resolving Concerns with Your HCP

- **Be sure your HCP knows what wellness means to you.** Let your HCP know you want more than just relief from the worst symptoms; you want a productive, quality life.
- **Ask questions.** Find out what to expect from treatment. Know how long it will take your treatment to work, what side effects it might have and what you can do about them.
- **Be honest** with your health care provider regarding your concerns about your illness and its treatments.
- **Set a schedule.** Agree to try one method of treatment or medication, and re-evaluate your health in a few days, weeks or months. If you still have symptoms or side effects that interfere with your life, you and your HCP agree to try another treatment. This is helpful when you and your HCP disagree on which treatment to try.
- **Let your HCP know when you have difficulty explaining symptoms.** When you need help the most, it is often the hardest to explain your symptoms. If you let your HCP know you are having trouble, you can work together to find a way to communicate.
- **Educate yourself about your illness.** Learn as much as you can about the symptoms of your illness. If you have questions about your illness, ask your HCP.
- **Educate yourself about your treatment.** The more you understand your treatment and feel involved in your choices, the less likely you are to become discouraged or feel hopeless. Find out what treatments are available now and what is being developed for the future.
- **Keep track of your progress over time.** You know yourself best. You can best tell your HCP how you are feeling and how your illness gets in the way of your life.
- **Let your HCP know how you feel about labels.** Ask if your HCP can hold off on a diagnosis until after you have tried at least one treatment. Agree to treat symptoms as they arise.

- **Know the difference between your symptoms and your true self.** Your HCPs can help you separate your true identity from your symptoms by helping you see how your illness affects your behavior. Be open about behaviors you want to change and set goals for making those changes.
- **Educate your family and involve them in treatment** when possible. They can help you spot symptoms, track behaviors and gain perspective. They can also give encouraging feedback and help you make a plan to cope with any future crises.
- **Work on healthy lifestyle choices.** Recovery is also about a healthy lifestyle, which includes regular sleep, healthy eating and avoidance of alcohol, drugs and risky behavior.
- **Stay with your treatment.** Talk to your HCP about your medications' effects on you, especially side effects that bother you. You might need to take a lower dosage, a higher dosage, or a different medication. You might need to switch your medication time from morning to evening, or take it on a full stomach. There are many options for you and your HCP to try. Side effects can be reduced or eliminated.
- **Talk with your HCP *first*** if you feel like changing your dosage or stopping your medication. Explain what you want to change and why you think it will help you.

Treatments for Depression and Bipolar Disorder

Treatments that work can help you:

- Reach your goals
- Build on the strengths you have and the things you can do
- Plan your health care based on your needs
- Live your life without the interference of symptoms

Medications for Depression and Bipolar Disorder

Your HCP might prescribe one or more medications to treat your symptoms. These may include:

- **Mood stabilizers:** These medications help balance your highs and lows. Some mood stabilizer medications are called anticonvulsants, because they are also used to treat epilepsy.
- **Antidepressants:** These medications help lift the symptoms of depression. There are several different classes (types) of antidepressants.
- **Antipsychotics:** These medications are primarily used to treat symptoms of mania. Even if you are not hallucinating or having delusions, these medications can help slow racing thoughts to a manageable speed.

For more detailed information on medications, visit **www.DBSAlliance.org** *or call (800) 826-3632 to order the DBSA brochure "Finding Peace of Mind".*

Questions to ask your HCP

- How does this treatment work in my brain? What chemicals or processes does it affect?
- When will I start to feel some improvement? What symptoms should this treatment relieve?
- What might the side effects of my treatment be? How can I cope?
- How can I recognize problems if they happen?
- What can I do to make this treatment more effective?
- Is this the usual treatment for my illness? If not, how did you choose it?
- What is our next step if this treatment is not effective?
- How will this treatment affect the treatments I'm receiving for other illnesses?
- How can I reach you in an emergency?

Choosing Non-Medication Treatments

The best treatment for depression or bipolar disorder may include medication, talk therapy, new technological treatments, healthy lifestyle choices, and support from others who understand in a DBSA support group.

Talk Therapy

There are many types of talk therapy that can help you address issues in your life and learn new ways to cope with your illness. Goal-setting is an important part of talk therapy. Talk therapy can also help you to:

- Understand your illness
- Overcome fears or insecurities
- Cope with stress
- Make sense of past traumatic experiences
- Separate your true personality from the mood swings caused by your illness
- Identify triggers that may worsen your symptoms
- Improve relationships with family and friends
- Establish a stable, dependable routine
- Develop a plan for coping with crises
- Understand why things bother you and what you can do about them
- End destructive habits such as drinking, using drugs, overspending or risky sex
- Address symptoms like changes in eating or sleeping habits, anger, anxiety, irritability or unpleasant feelings

New Technological Treatments

Vagus Nerve Stimulation

The vagus nerve is one of the primary communication pathways from the major organs of the body to the brain. Vagus Nerve Stimulation (VNS Therapy) is delivered through a small pulse generator, similar to a pacemaker, which is implanted in the left chest area and connected to the vagus nerve in the left side of the neck. The pulse generator sends small pulses to the vagus nerve, and the vagus nerve then delivers these pulses directly to the brain.

Because the vagus nerve does not contain pain fibers, stimulation is typically painless. VNS Therapy targets specific areas of the brain that affect mood and other symptoms of depression. Vagus nerve stimulation also influences the activity of neurotransmitters, such as serotonin and norepinephrine.

The pulse generator is programmed by a doctor to deliver this mild electrical stimulation to the brain at regular intervals. A person with VNS Therapy can also use a special magnet to temporarily stop stimulation during certain situations or activities if needed.

The Food and Drug Administration (FDA) has approved VNS Therapy for people 18 years of age or older who are experiencing chronic or recurrent treatment resistant depression (depression that has not responded adequately to multiple treatment attempts). The treatment has been shown to be equally effective in both unipolar depression and bipolar disorder. Studies are ongoing for the use of VNS Therapy in rapid cycling bipolar disorder.

Side effects with VNS Therapy are mild to moderate, occur only during stimulation, and typically become less noticeable over time. The most common side effects with VNS Therapy include temporary hoarseness or a slight change in voice tone, increased coughing, a feeling of shortness of breath during physical exertion, and a tickling in the throat. The dose can be adjusted to avoid or reduce any troublesome side effects in many cases.

VNS Therapy is not associated with sexual dysfunction or memory impairment. Incidence of weight gain and sleep disturbance is less than 2%. Electric and electronic equipment, such as microwave ovens and cellular phones, generally will not affect the pulse generator. Airport security systems should not affect the pulse generator either; however, patients should carry an ID card that is provided after the procedure.

People with VNS Therapy should not use short-wave diathermy, microwave diathermy, or therapeutic ultrasound diathermy. For clear imaging, patients may need to be specially positioned for mammography procedures because of the location of the pulse generator in the chest. Once the device is implanted, it can be difficult to remove it. Inform your HCP you have a VNS Therapy device before having any medical procedure, especially magnetic resonance imaging (MRI).

Studies have shown that VNS Therapy can have beneficial results, especially for individuals who have not found relief with other treatments. Almost 60% of those participating in the clinical study experienced a clinically meaningful benefit. These studies have also shown that these beneficial results improve over time and are sustained long-term.

Transcranial Magnetic Stimulation (TMS)

Another procedure under investigation is Transcranial Magnetic Stimulation (TMS). TMS was developed in 1985 and has been studied as a treatment for mental illness since 1995. In TMS, a special electromagnet delivers short bursts of energy to stimulate nerve cells in the brain. This helps correct the existing chemical imbalance. Research studies have shown this treatment can have beneficial results. It has been shown to be as effective as other depression treatments, and is generally free of the side effects that are most commonly seen with antidepressant medication or electroconvulsive therapy (ECT). Studies have also shown that certain types of rapid rate TMS (rTMS) can have beneficial effects for some patients.

TMS can be performed in a physician’s office. It does not require surgery, hospitalization, or anesthesia. The FDA has not yet approved TMS for treatment of depression or bipolar disorder. Clinical trials are ongoing.

Magnetic Stimulation Therapy (MST)

One of the newest procedures under investigation for the treatment of mood disorders is Magnetic Stimulation Therapy (MST). MST uses powerful magnetic fields to induce a small, mild seizure, similar to one produced through ECT. Research studies involving people have only recently begun. Researchers believe MST will be able to treat specific areas of the brain. It is hoped that this treatment will not affect memory or concentration. However, because the procedure causes a seizure, general anesthesia is required. The FDA has not yet approved MST for treatment of depression or bipolar disorder. Clinical trials are ongoing.

ECT: Looking At Where We've Been To Understand Where We're Going

In the 1930s, researchers discovered that applying a small amount of electrical current to the brain caused small mild seizures that changed brain chemistry. Over the years, much has been done to make this form of treatment, electroconvulsive therapy (ECT), milder and easier for patients to tolerate. ECT is used to treat about 100,000 patients with depression each year. It is very effective in treating severe depression. However, there can be side effects such as confusion and memory loss. The procedure must be performed in a hospital with general anesthesia. Today's electroconvulsive therapy (ECT) is nothing like the ECT of a few decades ago, or the ECT that you see in some movies.

Scientists are still looking for treatments that work better and with fewer side effects. They are gaining new understanding of the brain, the nervous system and its chemicals, and the relationship between mood and other physical disorders every day.

Lifestyle

A healthy lifestyle is always important. Even if symptoms of depression or bipolar disorder make things like physical activity, healthy eating or regular sleep difficult, you can improve your moods by improving your health.

Take advantage of the good days you have. On these days, do something healthy for yourself. It might be as simple as taking a short walk, eating a fresh vegetable or fruit, or writing in a journal. A talk about lifestyle changes should be a part of your goal-setting with your HCPs.

DBSA Chapters and Support Groups: With You on your Wellness Journey

One of the most helpful things in your recovery can be your DBSA chapter and support group. With a grassroots network of DBSA chapters that offer more than 1,000 support groups, no one with a mood disorder needs to feel alone or ashamed.

Each DBSA support group is operated by volunteer consumer leaders and advised by a mental health professional. Participants are people with mood disorders and/or their family members. You can talk with others about your treatment and experiences openly and honestly.

DBSA support group participants say that their groups:

- Provide a safe and welcoming place for acceptance and understanding.
- Give them the opportunity to reach out to others and benefit from the experience of those who have "been there."
- Motivate them to follow their treatment plans.
- Help them understand that mood disorders do not define who they are.
- Help them rediscover strengths and humor they may have thought they had lost.

Contact DBSA at **(800) 826-3632** or visit **www.DBSAlliance.org** to locate the DBSA chapter or support group nearest you. If there is no group in your area, DBSA can help you start one.

> *The members of my DBSA support group reached out to me, and made me realize that I was not alone. If not for the support that I received from this organization, I probably wouldn't be here…*
>
> **— DBSA support group participant**

You have the power to change.

You are the most important part of your wellness plan. Your treatment plan will be unique to you. It will follow some basic principles and paths, but you and your HCPs can adapt it to fit you. A healthy lifestyle and support from people who have been there can help you work with your HCP and find a way to real and lasting wellness.

For more information

American Psychological Association
(800) 374-2721 • TDD: (202) 336-6123 • www.helping.apa.org

The Center for Mental Health Services (CMHS)
(800) 789-CMHS (2647) • TDD: (866) 889-2647 • www.mentalhealth.org
Developing a Wellness and Recovery Lifestyle (pub # SMA-3718)
www.mentalhealth.samhsa.gov/publications/allpubs/SMA-3718/introduction.asp

Families for Depression Awareness
(781) 890-0220 • www.familyaware.org

National Alliance for the Mentally Ill (NAMI)
(800) 950-6264 • www.nami.org

National Library of Medicine Clinical Trial Listings
(888) FIND-NLM (346-3656) • www.clinicaltrials.gov

National Library of Medicine/National Institutes of Health/Medline
www.nlm.nih.gov/medlineplus/

National Hopeline Network
(800) 442-HOPE • (800) 442-4673 • (800) SUICIDE • (800) 784-2433

National Institute of Mental Health (NIMH)
(800) 421-4211 • www.nimh.nih.gov

National Mental Health Association (NMHA)
(800) 969-6642 • www.nmha.org

National Strategy for Suicide Prevention
(800) 273-TALK • (800) 273-8255
www.mentalhealth.samhsa.gov/suicideprevention

Transcranial Magnetic Stimulation
(877) RTMS-4U2 (786-7482) • www.neuronetics.com

Vagus Nerve Stimulation Therapy
1-877-NOW-4 VNS (1-877-669-4867) • www.vnstherapy.com

Symptom Tracker

Rate Your Symptoms 1-3

1 = I am having trouble with this symptom. It is getting in the way of my life and it needs to be addressed right away.

2 = I am having trouble with this symptom, but it is not as serious as those rated 1.

3 = I have little or no trouble with this symptom.

	Symptom	Rating 1–3
DEPRESSION	Prolonged sadness or unexplained crying spells	
	Significant changes in appetite, sleep patterns	
	Irritability, anger, worry, agitation, anxiety	
	Pessimism, indifference	
	Loss of energy, tiredness, exhaustion	
	Feelings of guilt or worthlessness	
	Inability to concentrate, indecisiveness	
	Inability to take pleasure in former interests, social withdrawal, feelings of isolation	
	Unexplained aches and pains	
	Recurring thoughts of death or suicide	
	Suicidal thoughts are most important to treat. If you or someone you care about has thoughts of suicide, get help right away. Contact a medical professional, clergy member, loved one, friend or crisis line such as (800) 273-TALK, or go to an emergency room.	
MANIA	Heightened mood, exaggerated optimism and self-confidence	
	Decreased need for sleep (less than three hours) without fatigue	
	Grandiose delusions, inflated sense of self-importance	
	Excessive irritability, aggressive behavior	
	Increased physical and/or mental activity	
	Racing speech, flight of ideas, impulsiveness	
	Poor judgment, easily distracted, difficulty concentrating	
	Reckless behavior without concern for consequences, such as spending sprees, rash business decisions, erratic driving, sexual indiscretions	
	Auditory hallucinations (hearing voices) or delusions (strong convictions about things that aren't true)	

Please help us continue our education efforts.

We hope you found the information in this brochure useful. Your gift will help us continue to distribute this information and assist people in understanding treatments for mood disorders. Please fill in and mail or fax the donation form below, call (800) 826-3632 or visit www.DBSAlliance.org for details.

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

☐ $100 ☐ $50 ☐ $20 ☐ Other $____________________

NAME

ADDRESS

CITY STATE COUNTRY ZIP

DAYTIME PHONE E-MAIL

☐ Check *(payable to DBSA)* ☐ Money order
☐ VISA ☐ MasterCard ☐ Discover ☐ AmEx

ACCOUNT NUMBER EXPIRATION DATE

SIGNATURE

☐ 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.

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:

RECIPIENT’S NAME

ADDRESS

CITY STATE ZIP COUNTRY

Please send this form with payment to: DBSA, 730 N. Franklin Street, Suite 501, Chicago, IL 60610-7224 USA **Questions?** Call (800) 826-3632 or (312) 642-0049.

Credit card payments 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 gifts are deductible based on federal IRS regulations. Please consult your tax advisor for details. All information is held in strict confidence and will never be shared with other organizations. Please call the DBSA office with any questions.

Thank you for your gift!

NS-06

DBSA

Depression and Bipolar
Support Alliance

We’ve been there.
We can help.

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. Over four 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
730 N. Franklin Street, Suite 501
Chicago, Illinois 60610-7224 USA
Phone: (800) 826-3632 or (312) 642-0049
Fax: (312) 642-7243
Website: www.DBSAlliance.org

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

Production of this brochure was made possible by an educational grant from Cyberonics, Inc.

Cyberonics®

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

3/06
NS06

THE IMPACT OF DIAGNOSIS ON ONE'S SELF IMAGE

Story told by Patricia Deegan

1 - At a recent conference that brought together persons with diverse disabilities, I had the pleasure of talking with a man who was paraplegic. We shared our stories of recovery.

2 - At a young age we had both experienced a catastrophic shattering of our world, hopes and dreams. He had broken his neck and was paralyzed, and I was diagnosed as being schizophrenic. We recalled the impact of those first days following the onset of our disabilities. He was an athlete and dreamed of becoming a professional in the sports world. I was a high school athlete and had applied to college to become a gym teacher. Just days earlier we knew ourselves as young people with exciting futures, and then everything collapsed around us. As teenagers, we were told that we had an incurable malady and that we would be “sick” or “disabled” for the rest of our lives. We were told if we continued with recommended treatments and therapies, we could learn to “adjust” and “cope” from day to day.

3 - Needless to say, we didn’t believe our doctors and social workers. In fact, we adamantly denied and raged against these bleak prophesies for our lives. We felt it was all just a mistake, a bad dream, a temporary setback in our lives. We just knew that in a week or two, things would get back to normal again. We felt our teenage world was still there, just waiting for us to return to it. Our denial was an important stage in our recovery. It was a normal reaction to an overwhelming situation. It was our way of surviving those first awful months.

4 - The weeks passed us by, but we did not get better. It became harder and harder to believe we would ever be the same again. What initially had seemed like a fleeting bad dream transformed into a

deepening nightmare from which we could not awake. We felt like ships floating on a black sea with no course or bearings. We found ourselves drifting farther and farther away from the young, carefree people we had been. He lay horizontal and in traction while his friends were selected to play ball at very prestigious colleges. I stood drugged and still in the hallways of a mental hospital while my classmates went off to their first year of college.

5 - We experienced time as a betrayer. Time did not heal us. Our pasts deserted us, and we could not return to who we had been. Our futures appeared to be barren, lifeless places in which no dream could be planted and grow into a reality. As for the present, it was a numbing succession of meaningless days and nights in a world in which we had no place, no use, and no reason to be. Boredom and wishfulness became our only refuge.

6 - Our denial gave way to despair and anguish. We both gave up. Giving up was a solution for us. It numbed the pain of our despair because we stopped asking “why and how will I go on?” Giving up meant that for 14 years he sat in rooms of institutions gazing at soap operas, watching others live their lives. For months I sat in a chair in my family’s living room, smoking cigarettes and waiting until it was 8:00 PM so I could go back to bed. At this time even the simplest tasks were overwhelming. I remember being asked to come into the kitchen to help knead some bread dough. I got up, went into the kitchen, and looked at the dough for what seemed an eternity. Then I walked back to my chair and wept. The task seemed overwhelming to me. Later I learned the reason for this: when one lives without hope (when one has given up) the willingness to “do” is paralyzed as well.

7 - All of us who have experienced catastrophic illness and disability know this experience of anguish and despair. It is living in darkness without hope, without a past or a future. It is self-pity. It is hatred of everything that is good and life giving. It is rage turned inward. It is a wound with no mouth, a wound

that is so deep that no cry can emanate from it. Anguish is a death from which there appears to be no resurrection. It is inertia which paralyzes the will to do and to accomplish because there is no hope. It is being truly disabled, not by disease or injury, but by despair. This part of the recovery process is a dark night in which even God was felt to have abandoned us. For some of us this dark night lasts moments, days, or months. For others of us it lasts for years. For others, the despair and anguish may never go away.

8 - Neither the paralyzed man nor I could remember a specific moment when the small and fragile flame of hope and courage illuminated the darkness of our despair. We do remember that even when we had given up, there were those who loved us and did not give up. They did not abandon us. They were powerless to change us, and they could not make us better. They could not climb this mountain for us, but they were willing to suffer with us. They did not overwhelm us with optimistic plans for our futures, but they remained hopeful despite the odds. Their love for us was like a constant invitation, calling us forth to be something more than all of this self-pity and despair. The miracle was that gradually the paralyzed man and I began to hear and respond to this loving invitation.

9 - For 14 years the paralyzed man slouched in front of the television in the hell of his own despair and anguish. For months I sat and smoked cigarettes until it was time to collapse back into a drugged and dreamless sleep. But one day something changed for us. A tiny, fragile spark of hope appeared and promised that there could be something more than all of this darkness. This is the third phase of recovery. This is the mystery. This is the grace. This is the birth of hope called forth by the possibility of being loved. All of the technology of psychiatry, psychology, social work and science cannot account for this phenomenon of hope. But those of us who have recovered know that this grace is real. We lived it. It is our shared secret.

10 - It is important to understand that for most of us recovery is not a sudden conversion experience. Hope does not come to us as a sudden bolt of lightning that jolts us into a whole new way of being. Hope is the turning point that must quickly be followed by the willingness to act. The paralyzed man and I began in little ways with small triumphs and simple acts of courage: He shaved, he attempted to read a book, and he talked to a counselor; I rode in the car, I shopped on Wednesdays, and I talked to a friend a few minutes. He applied for benefits, he got a van and learned to drive; I took responsibility for my medications, took a part-time job, and had my own money. He went to college so he could work professionally with other disabled people; I went to school to become a psychologist so I could work with disabled people. One day at a time, with multiple setbacks, we rebuilt our lives. We rebuilt our lives on three cornerstones of recovery - hope, willingness and responsible action.

WHAT IS RECOVERY?

Mental health recovery is a journey of healing and transformation for a person with a mental illness to be able to live a meaningful life in the communities of his or her choice while striving to achieve full human potential or "personhood." -SAMHSA	Recovery refers to the process in which people (with a mental illness) are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms. -The President's New Freedom Commission	Recovery is a deeply personal process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfied, hopeful and contributing life even with limitation caused by illness; and involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of mental illness. -Dr. William Anthony, Boston University Center for Psychiatric Studies

Recovery is a full, meaningful life in the community without hindrance from a mental illness.