

Depression Connection FOR RECOVERY

EDUCATION GUIDE DEPRESSION and RELATED DISORDERS

DEPRESSION EDUCATION IS FOR EVERYONE

*We learn better ways of thinking and feeling
about depression and related disorders,
new ways to understand and help others,
and reliable ways to feel better.*

–Tony Campbell

Yes. We can feel better!

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EDUCATION GUIDE Depression and Related Disorders

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F O R R E C O V E R Y

EDUCATION GUIDE

Depression and Related Disorders

OUR MISSION

Our commitment at Depression Connection is to help relieve the suffering and improve the lives of individuals and the families of individuals suffering from depression and related disorders.



According to the National Institute for Mental Health, “an estimated 26.2 percent of Americans ages 18 and older, more than 1 in 4, suffer from a diagnosable mental disorder in a given year.”

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WELCOME

SEMINAR EXPECTATIONS

Depression and Related Disorders

Welcome to Depression Connection's Education Seminar for Depression and Related Disorders. *Depression education is for everyone. We learn better ways of thinking and feeling about depression and related disorders, new ways to understand and help others, and reliable ways to feel better.* The information that you gain here will combat stigma, provide knowledge about depression and related disorders, and offer guidance for self-help and for helping others. You will learn new ways to help family members, friends and yourself. ***You will become hopeful as you gain confidence about things that help.***

For Seminar Sponsors

You are to be commended for taking the bold step of sponsoring this depression seminar. By doing so, you have become a pioneer in the development of mental health education programming to help the general population better understand depression and related disorders. As communities – concerned people in all walks of life -- grow in their understanding, they feel equipped and empowered to help others personally and through their organizations. Your demonstration of shared concern and compassion will touch the lives of people coping with these disorders, *just as it does with other illnesses.* You will recognize needs and devise ways to serve.

For People Who Have Depression and Related Disorders

The information and insights that you gain here will enable you to understand your condition and make decisions that are in your best interest. **You will become hopeful as you understand the elements of these illnesses and learn what you can do to feel better.** Many people feel relief as they learn -- relief from the fear and mystery regarding their condition(s).

For people with depression or a related disorder, this seminar is a major step toward feeling better and having a better life. Let us now follow this seminar guide and discover how you and others can help make this happen.

For Parents and Friends

The knowledge you gain will help you understand what is going on in the lives of your family members and friends. This will give you guidance and confidence about how you relate with them and how you help them.

Tony Campbell

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EDUCATION GUIDE

Depression and Related Disorders

INTRODUCTION

I am here to present good news about depression and related disorders. Today, I am healthier with my disorder than ever before. It is not because I am trying harder or praying more. I have always taken care of those things. It is because I am now in the new era of good news. This is a time when we can all feel better. –Tony Campbell

I. Good News about Depression Education -- Hopeful, Uplifting, Life Changing

Depression education does not have to be depressing. It can be hopeful, uplifting, and life changing. *The good news* is that we can all live healthier and more productive lives than ever before. How is that possible?

This good news derives from an abundance of new information. More has been learned about treatments for depression and related disorders in the past 15 years than ever before in the history of science.

This new information has revealed that much of *what we previously thought we knew was incorrect.* **Today we know that depression is a serious medical illness that involves the brain.**

Out of this new information we can learn many things that are helpful to people (and their families) who have depression and related disorders. In order for depression to significantly and consistently improve, it must be understood.

Current information enables us to understand:

- How we can help ourselves.
- How we can help others.
- How others can help us.
- How mental health professionals can help.
- Symptoms and characteristics are well-defined. We can better understand our illnesses by learning the symptoms.
- With new information available to them, doctors are now able to make more accurate and reliable diagnoses.
- A larger selection of medication makes it more likely that people with depression and related disorders will find one or more medications that helps.

II. Prevalence. There is also some bad news . The bad news is that only 1 of 9 people are getting effective treatment.

Studies by the National institute of Mental health (NIMH) disclose that 26% of Americans ages 18 and older suffer from a diagnosable mental illness in a given year.

It breaks down this way:

- A. 26% of Americans have one or more mood disorders.
 - 10% Major Depression
 - 15% Anxiety Disorder
 - 1% Schizophrenia
 - 4% Bipolar Disorder

Some of the 26% diagnosed with more than one disorder are included in more than one category above. Of people who have mood disorders, 1 of 7 commits suicide. The immediate and extended family and friends of the person diagnosed with a mental health disorder comprise 74% of the population. Combine the 26% and 74% and you will find that these disorders affect 100% of the population.

- B. **Who is getting help and who is not?** Studies by NIMH find that of all people who need help, only 1 of 9 is getting the help that is available to them.

How can this happen? Only 3 of 9 seek professional help.

Of those who seek help, only ONE stays with the search long enough to get meaningful help and continues ongoing treatment.

III. The Primary Question: Why do some people not get effective help?

- A. Stigma – bad information that has prevailed through the years has produced a stigma that is characterized by:

- Erroneous beliefs
- Negative thinking
- Bad attitudes
- Shameful treatment
- Flawed medical practices
- Discrimination

These conditions produce a stigma with which no one wants to be identified. We must address stigma because it is the worst enemy to our mood health and is often a main cause of our suffering. This is so because stigma often prevents us from getting the help we need. Many choose to live and die with depression rather than acknowledge the need for help and go for help.

- B. Lack of Knowledge -- many people are unaware of the new information that depression and related disorders are serious medical illnesses that affect the brain.

There is a general lack of knowledge about depression and related disorders as well as a general lack of knowledge about what is needed to promote recovery and where to call or go to seek help.

There are questions such as:

- What is wrong with me, or with the people around me?
- How do I talk with someone about the way I feel?
- Will I always feel this way?
- Will I get better?
- What about my children? Will they have a disorder also?
- What resources are available to help me and how do I access them?
- Will I lose my job?
- What will my friends think?
- Where do I turn?
- How do I select a doctor and make an appointment?
- What do I do if I have no money and no medical insurance?
- Self help. What can I do to help myself?

IV. What does this have to do with you and your Community?

- A. There is a need due to the prevalence of mental health disorders.

Mental health education is one of the most important ways to combat stigma and encourage people to seek and obtain treatment.

- B. As communities, there are many ways to show compassion and support for individuals and families suffering from mental health disorders. According to Jay Neugeboren, "Let's give what all of us need: fellow human beings upon whom we can depend to help us through our dark times."

- C. We are the resources. Even one person can make a difference.
A mechanism is already in place – education programs.

V. WHAT WILL WE DO?

ACCEPT THE CALL TO BE COMMUNITY
STAY INFORMED
TREAT INDIVIDUALS WITH SENSITIVITY AND RESPECT
BUILD FRIENDSHIPS
SUPPORT A FAMILY
BECOME AN ADVOCATE
SHARE THE GOOD NEWS IN WORD AND DEED

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BRAIN CHEMISTRY

There are a variety of causes including genetic, environmental, psychological, and biochemical factors. Depression is more than feeling sad sometimes. People with depression have trouble with daily life for weeks at a time. Depression requires treatment.

An imbalance of certain neurons in our brain chemistry can cause depression in about one-fourth of the population.

Certain traits can be transferred by genes from one family member to another. Depression is one medical condition of the brain where this can occur – just as migraine headaches are another medical condition of the brain where this can occur.

Major stress increases the possibility that a person with a brain chemistry abnormality may develop depression.

Does depression affect everyone in the same way? No.

Can anything be done to correct an imbalance of brain chemistry? Yes.

Antidepressant medications can help an imbalance of brain chemistry. It can take several weeks for new medications to reach a therapeutic level. It is not unusual for a person to need to try different medications to find the right one for her or his specific brain chemistry. This period of transition requires patience on the part of the person with depression and their family and friends. It is an important time for people who care about the person with depression to offer extra encouragement and understanding.

Mental Health professionals agree that Weekly Peer Support Groups have proven to help people recover and maintain recovery. A successful support group includes a specially trained facilitator and a specific agenda for the meeting.

Depression Connection provides Free Weekly Peer Support Groups in Tarrant County, TX.

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DEPRESSION SYMPTOMS & CHARACTERISTICS

These symptoms and characteristics are considered for the purpose of helping you gain practical understanding of the experience of living with depression and related disorders.

The process employs familiar language and concepts to give insight into the experience of major depression. The concepts are compatible with information from the National Institute of Mental Health, and with a generally accepted body of research information.

- _____ 1. **Paralysis.** The inability to initiate tasks. Not completing tasks can include both simple and complex tasks.
- _____ 2. **Difficulty getting out of bed** is not being lazy or under-motivated.

Mutations of Moods

All moods (see #6-12) have helpful roles in our lives. However, with depressed people, they take on characteristics that have negative effects. I call these characteristics “mutations of moods” (#3,4,5). They cause good moods to go bad.

- _____ 3. **Lack of resilience.** No snap-back, not getting over things in a timely way.
- _____ 4. **No in-between.** Extreme moods and emotions often causing extreme difficulties in relationships.
- _____ 5. **Without due cause.** When there is no apparent reason. Going into moods that are inappropriate for the situation, and sometimes acting out on those moods. Cause and effect do not apply.

Good Moods Gone Bad

- _____ 6. **Anger.** “I feel irritable. . .to anger. . .to rage.”
- _____ 7. **Anxiety.** “I feel extremely anxious and can’t sit still.”
Lack of resilience, no in-between, and without due cause.
- _____ 8. **Panic.** “I feel panicky in non-threatening situations.”
Lack of resilience, non in-between, and without due cause.
- _____ 9. **Fear.** “I am fearful and terror stricken and don’t know why.”
Lack of resilience, no in-between, and without due cause.
- _____ 10. **Sadness.** “I feel sad and don’t know why.”
Lack of resilience, no in-between, and without due cause.

Depression Symptoms & Characteristics (continued)

- _____ 11. **Grief.** “I sometimes feel like I am in deep grief for no apparent reason.”
In actual grief situations, grief is inappropriately extreme.
Lack of resilience, no in-between, and without due cause.
- _____ 12. **Guilt.** “I feel guilty. What did I do wrong?”
Lack of resilience, no in-between, and without due cause.
- _____ 13. **Shame.** “I feel shameful at inappropriate times.”
Lack of resilience, no in-between, and without due cause.
- _____ 14. **Hopelessness.** “There is no way out. I will always feel this way.”
- _____ 15. **Detachment; Isolation; Loneliness.** “I feel extremely fearful and self-conscious around people.”
- _____ 16. **Obsessive-Compulsive.** “I am compelled to do certain things before taking the next step.”
- _____ 17. **Change in sleeping patterns.** Sleeping more or less or intermittently.
- _____ 18. **Change in eating patterns.** Eating more, or less, and eating the wrong things.
- _____ 19. **Negative thinking and negative feelings.** “I have only negative thoughts, I see nothing good.”
- _____ 20. **Low self-esteem.** Feelings of inferiority.
- _____ 21. **Feeling worthless.** Others would be better off without me.
- _____ 22. **Effect on family.** Entire family is drawn in.
- _____ 23. **Become our own doctor:**
- _____ **Self-diagnosis.**
 - _____ **Denial.** “What? Me get help? There is nothing wrong with me!”
 - _____ **Diagnose others. Blame.** “If you would get help. . .you’re the one with the problem!” “If you did right, everything would be okay!”
 - _____ **Self-medication.** Abuse of prescription drugs, substance abuse.
“I don’t want to be drugged up!”
 - _____ **Alter the doctor’s directions.**

Depression Symptoms & Characteristics (continued)

- _____ 24. **Low energy, tired.** “I have no energy or feel tired all the time.”
- _____ 25. **Change in interests.** “I have lost interest in things that previously interested me.”
- _____ 26. **Declining hygiene.**
- _____ 27. **Obsession with death; thoughts of suicide.**
- _____ I have recurring thoughts about death.
- _____ I have a suicide plan.
- _____ I have actively tried to kill myself.
- _____ I have attempted suicide with objectives other than death.
- _____ I have no thoughts of suicide.
- _____ 28. **Losses that have come to us because of our illness.** Losses in childhood, youth, adulthood, loss of job, spouse, family, education, friends, etc.
- _____ 29. **Stigma.** Main obstacle to mental health, how it affects us.
Stigma is like a magnifying glass; enlarges the impact of all symptoms.

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MANIA SYMPTOMS & CHARACTERISTICS

- _____ 1. **Life's a Party.** Excessive high mood.
- _____ 2. **Night Owl.** Unable to get adequate sleep.
- _____ 3. **King of the Hill.** Unrealistic beliefs in one's ability; making commitments that we cannot fulfill.
- _____ 4. **Superstar (overly optimistic.)** Certain of winning, can beat whatever comes. Obstacles not taken into account and making bad decisions.
- _____ 5. **Runaway train.** Increased energy and activity. Body cannot sustain this over long term.
- _____ 6. **Einstein syndrome.** Knows all, never wrong, others never right. Intolerant of people when they express differing opinions.
- _____ 7. **Anger/Rage.** (More on this under "Depression.")
- _____ 8. **Thoughts have wings.** Racing thoughts. Thoughts and interests move rapidly from one thing to another.
- _____ 9. **"Don't bother me with the details."** High risk, uncharacteristically poor judgment.
- _____ 10. **Don't cross me.** Extreme irritability.
- _____ 11. **Motor mouth.** Pressured speech. Uncharacteristically talks more, louder, faster, non-stop.
- _____ 12. **One person fan club.** Own favorite admirer.
- _____ 13. **CRASH**

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THINGS THAT HELP

Yes. We can feel better!

As you read the following list of components – “things that help” – you will see abbreviations in the left margin: S - O and P. The abbreviations indicate who must make each of the items work. They are as follows:

S = Self

O = Others

P = Professional

Notice that every item on the list has an “S” next to it. This means that each of us has the primary role in making the components work for ourselves. No one else can help us unless we are doing our part.

Now see the “O” for “others”. Unfortunately, we cannot do it alone. We must undertake “things that help” with the participation of others. For others to do their part, we must cooperate. All too often we resent and resist others trying to help. We will not reach our best potential for improvement without accepting the help of others.

The abbreviation “P” is for “professional” help: Doctors, Counselors, Consultation, and Support Groups.

Components of the System That Helps

Within each of the following components there are considerations for what others do to help us function and what we do for ourselves. The components are not listed by rank or priority, however, “family” is listed first because it often proves to be the most important.

- S/O 1. **Family.** Support of a caring family, preferably an informed family. Families need support also.
- S/O 2. **Friends.** Even when our actions say that we want to be left alone.
- S/O 3. **Facts.** *Good information to replace the erroneous information from society.*
- P/S/O 4. **Professional Help.** Doctors, counselors and consultants. Knowing when professional help should be considered.
 - How to choose your psychiatrist, counselor or consultant
 - How to help your psychiatrist, counselor, consultant
 - Role of Medication Therapy. Medication alone cannot do it. However, all other things that help can sufficiently help only when our medication is right. Brain chemistry must be balanced.
 - Role of counseling
 - Role of consultation
- S/O 5. **Finances.** Costs of professional help and medication. Expenses continue when there is a job loss or when savings are depleted. Know how to get the help that is needed when we cannot pay for treatment.

Things That Help (continued)

- S/O 6. **Spirituality.** Depression is not a spiritual illness. Spirituality is an important component in all of health, including mental health. Spirituality is one important component along with other important things. It is not to be considered the only help we need.
- S 7. **Structure.** Plan a daily schedule and stick with it. Include:
- What you are doing
 - What you need to do
 - What you want to do
- S/O 8. **Function.** Get out of bed. Do what you can. Bed rest is not what you need.
- S/O 9. **Motivation.** Find your motivation if you can.
- S/O 10. **Reality.** Someone to hold the reality of our condition before us, with compassion.
- S 11. **Food.** A healthy diet is essential to all health, including mental/emotional health.
- S 12. **Fun.** In deep depression nothing is fun, therefore, do what hurts least until enjoyment is possible.
- S/O 13. **Sleep.** Get the appropriate amount of sleep, consistently.
- S/O 14. **Forgiveness.** Let go of hurt feelings that come from imagined and real offenses.
- S/O 15. **Fellowship.** We withdraw, yet our health requires measures of human recognition, the capacity to give and receive love.
- S/O 16. **Support Group.** Affirmation. Positive input from ourselves and others to compensate for negative input from ourselves and others.
- S 17. **An Open Mind.** Let in the *good news* information.
- S 18. **Gift.** Remember the gift within you. Depression might tell you that others are better off without you. *Depression is a liar.*
- S 19. **Exercise.** Exercise gives immediate help with long-term benefits. Thirty minutes or more makes a difference!
- S 20. **Sunlight.** Exposure to sunlight or full spectrum light bulbs. This also gives us immediate help.
- S 21. **Abstinence from alcohol, street drugs, and misuse of prescription drugs.** Consumption of these negate the benefits of “things that help”.
- S/O/P 22. **Make and follow a Recovery Plan.**

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F O R R E C O V E R Y

HOW TO CHOOSE A DOCTOR

1. You might get help from the first doctor you choose. Be prepared, however, to choose again and again, if necessary, in order to get the help you need. **DO NOT GIVE UP!**
2. As you would do with other illnesses, go to a specialist in the field. In the case of mental health, that specialist is a psychiatrist.
3. Choose only from psychiatrists who are recommended by someone who has had a good experience. Do not choose from the yellow pages, for example. Talk to a minister, mental health agencies, consultant, friends, family or acquaintances who have had a good experience.

HOW TO HELP YOUR DOCTOR

1. Be open and honest during the interview. Sometimes it is helpful to have a family member with you.
2. If medication is prescribed, trust your doctor. Take the medication faithfully as prescribed. Trust your feelings as well. If you feel that a medication is hurting you, speak with your doctor immediately. Learn all you can about the medication. Your doctor and pharmacist will help you. Read the material that you receive with the medication.
3. Plan to stay with your doctor if the treatment is helpful or gives some promise of helping. Be sure to allow adequate time for new medications to reach a therapeutic level which may take a few weeks to several months in some cases.
4. Feel free to go for another opinion if you believe it would be helpful.
5. Always have caring and knowledgeable family members or friends join you in each step above. This is essential for success.
6. Do not give up. Help is available. Do not expect it to be fast or easy. It is worth all the effort you can give.
7. Depression Connection is here to help you understand your condition and support you as you seek professional help.

HOW TO CHOOSE A THERAPIST (Counselor)

1. Medication treatment helps you more when you are also receiving psychotherapy.
2. Choose your therapist carefully. (See: 1, 2, 3 under How to Choose a Doctor)
3. Depression Connection can assist you as you make this decision.

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F O R R E C O V E R Y

YOU AND YOUR DOCTOR

Tips to Prepare Your Next Visit to the Doctor

www.Psychiatry24x7.com

If you suspect that you or a beloved one might be suffering from mental illness, going to see the doctor or a healthcare professional can be a big step. Ten tips for your first visit can help you prepare and make seeing your doctor for the first time easier.

If you are one of the surprisingly high numbers of people diagnosed with mental illness, you will know how difficult living with mental illness can be, not only for yourself but also for friends and family.

The good news is that there is now a real chance of recovery for many conditions. A range of treatments is available to treat people with mental illness. These include modern medicines with far less severe side effects than those often seen in older drugs. The newer medicines can control your symptoms effectively and really improve your quality of life.

To ensure you get the treatment you need and reduce side effects as much as possible, talk to your doctor. However, talking to your doctor can be a little daunting. Preparing your next visit will make things easier.

Ten Tips for your next visit to your doctor

- Write down before your visit any questions you want to ask your doctor.
- Take a notepad and pencil with you to jot down important information your doctor gives you.
- You may find it's helpful to take someone else with you when you visit the doctor. The other person can remind you of questions to ask and can also make notes for you.
- List any symptoms and side effects that you have experienced since last seeing the doctor. This will help the doctor to assess if your present treatment is working well, or not.
- Ask your doctor if any of the newer treatments for your condition would be suitable for you, especially if you have had distressing side effects with older treatments.
- Ask your doctor for information leaflets about your medication.
- Many people find talking therapies beneficial—is this something your doctor thinks may be helpful for you?
- Are there local support groups available for you, your friends and family?
- Even though you may be seeing your doctor about your mental health disorder, don't forget about your physical health – you may, for example, need your blood pressure checked or to be weighed.

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WAYS YOU CAN ASSIST PEOPLE WITH MOOD DISORDERS AND THEIR FAMILIES

**Accept the Call to be Community • Stay Informed • Treat Individuals with Sensitivity and Respect
Build Friendships • Support a Family • Become an Advocate**

As a community, there are many ways you can show compassion and support for individuals who suffer from depression and related disorders and their families. Here are some of them:

Accept the call to be community

You and others in your community group can stand with people facing mood disorders by considering the giving and receiving of care as an integral part of community resource. This means you and may choose to:

- Create a safe environment where people can share pain, struggle about their illness.
- Understand that mental illness tends to isolate people. Intentionally developing relationships through support groups or care teams is one way to address this need.
- Find ways for those with mood disorders to contribute their abilities and insights.
- Offer compassion to those experiencing turmoil, grief and difficult illnesses.
- Offer nurture and support individually, in small groups, and as a community of care.
- Find ways to share persons' talents and abilities with others.

Stay Informed

By becoming well informed about mood disorders, you and others will become better able to assist with the special needs of people who are suffering. You can:

- Ask mental health workers in your congregation to provide accurate information about mood disorders.
- Increase awareness about mood disorders through community education programs that may be held at club meetings, libraries, churches.
- Add and promote materials about mood disorders in your community library.
- Engage in frank discussions to help debunk myths and stereotypes..
- Teach that severe and persistent mood disorders are caused by a chemical imbalance in the brain for which treatment is available, just as treatment is available for other medical illnesses such as diabetes.
- Realize that mood disorders do not have a cure, and that medication is an important aid to living with the illness. Realize also that with medication and support, *people can and do recover from mood disorders.*
- Recognize that a person with a mood disorder may have unusual behavior or ideas that may be a symptom of the illness or a side-effect of medication.
- Understand that mood disorders affect all members of the family, and that ongoing grief, concern and energy are involved in dealing with disorders.

Treat individuals with sensitivity and respect

A rule of thumb for relating to people with mood disorders is to treat them in the same way as you would wish to be treated. This includes how you converse with and make references to such individuals. The following guidelines can help improve your communication with people who have mood disorders:

- Listen with an open, caring and non-judgmental attitude.
- Communicate that an individual's worth and value are not based on success or failure.
- Be friendly and genuine. Give the other person the freedom to be herself or himself.
- Be sensitive to the way a person describes his or her illness. Ask whether the person would like the situation shared with others, and if so, how.
- Be prepared for the person to express anger and frustration that may be related to feelings of hopelessness or that have no apparent basis. The person's trust in your relationship may be the reason such feelings are freely expressed.
- Make allowance for oddities caused by the illness or medication. If you do not understand the other person's behavior, talk about it, but be gentle and honest.
- Avoid using clichés to describe people with mood disorders. Avoid providing easy answers, and resist the temptation to lecture to individuals with mental illness.
- Be sensitive to your own limitations, and set parameters so you will be able to maintain a supportive relationship.

Build friendships

Symptoms of mood disorders and stereotypes relating to the disease may make it difficult for affected people to initiate activities or relationships with people who do not have these disorders. As a result, you could take the initiative to establish relationships with people affected by mood disorders. Here are ways you can go about doing so:

- Be regular and consistent in your contacts.
- Include the person in the decision making. Offer choices appropriate to the person's ability.
- Send cards when a person is hospitalized. Check with the family or hospital to determine if or when a visit is welcomed.
- Telephone and offer to visit at the person's home. Call back if the person doesn't feel well enough for a visit.
- Find out the person's interests, likes, and dislikes. Share a meal, a walk, shopping trip, a movie, or a holiday activity. Ask about and respect the person's limitations.
- Recognize that large gatherings of people may cause stress for some. Be sensitive to the person's wishes, setting, and type of activities.
- If the person shows interest, talk about your daily activities, mutual friends, current events, or Happenings. Include the person in your family events.
- Work in cooperative activities that result in something that can be shared with others such as baking cookies, gardening, or raking a neighbor's lawn.
- Celebrate the accomplishment when the person achieves small personal goals.
- Periodically assess what you have learned about life and yourself from the friendship. Share the reason why the friendship is valid.
- Offer to listen to concerns. Understand that the pain of having an illness can be managed but does not necessarily go away.

Support a family

Family members of persons affected by mood disorders need to cope with a number of special challenges, including finding ways to support their relative and overcome stereotypes. To help and support such families, you can:

- Ask about the family member with a mood disorder as you would inquire about any other family member.
- Communicate your interest and availability. If hospital visits are limited to family members, ask about joining them on the drive to and from the hospital for companionship.
- Listen to the experiences and concerns of each family member. Remember that living with serious and persistent mental illness will be a lifelong journey.
- Refrain from offering simplistic solutions to complex problems. Explore with the family what is helpful to them.
- Designate individuals within your community group to intentionally stay in touch with the family.
- Be sensitive to how mood disorders affect a family's finances, time, relationships, and energy.
- Make it possible for families to periodically retreat or have time away when full-time supervision is required.
- Make telephone calls and send cards that communicate you are thinking of the person with a mood disorder and his or her family.

Become an advocate

In order to help improve the quality of life of persons with mood disorders, you and others in your congregation can:

- Confront false and stigmatizing statements about people with mental illness by challenging media and public events that use stereotypes.
- Work for the creation of appropriate and just housing, jobs, health, and community services.
- Join with the person or family in lobbying for legislative action that improves the quality of life for people with mood disorders.

Recognize that mental health disorders/mood disorders are serious medical illnesses that involve the brain and brain chemistry, just as other disorders are disorders of systems such as diabetes is a disorder of the endocrine system.

For more information contact:

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www.depressionconnection.org

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Caring for the Caregiver

WHAT ARE YOUR NEEDS?

Caring for a loved one who is chronically ill is one of life's most demanding tasks. Caregivers owe it to themselves as well as to the person cared for to recognize and care for their own needs:

NEED to understand and accept the nature of the illness.

- What is the outlook for the patient? Is recovery possible? Who can help determine this? Will I be able to take good care of the patient?
- How am I meeting this need now?
- What would help me meet this need in the future?

NEED to accept outside help, for both my physical and emotional needs.

- For my own health, I must learn to ask family members and others to help with the care of the loved one. Such outside help will also allow me to address my needs for rest, recreation, stress reduction and the sharing of my feelings.
- How am I meeting this need now?
- What would help me meet this need in the future?

NEED to recognize and share my feelings, including grief.

- My feelings may include guilt, anger, sorrow, grief or even joy. How can I share my feelings so that I do not become emotionally isolated?
- How am I meeting this need now?
- What would help me meet this need in the future?

NEED to enjoy good times, both with and apart from the person cared for.

- What good times can I plan with the patient? These don't have to be elaborate or expensive. They could be as simple as a massage, reading or sharing music. What plans have I made for my own pleasure and recreation?
- How am I meeting this need now?
- What would help me meet this need in the future?

NEED to know my limits to include them in daily planning.

- Am I staying within the limits of my ability to care for this person? Will there be a time when I can no longer manage the care? What plans have I made for such a possibility?
- How am I meeting this need?
- What would help me meet this need in the future?

NEED to identify resources, support services, information services and physical help.

- Am I familiar with the resources and support services that are available in my community? Do I know where to find out more about such services?
- How am I meeting this need?
- What would help me meet this need in the future?

LOOK FOR THESE RESOURCES IN YOUR COMMUNITY:

Alcohol/Drug Abuse Treatment Services
Alternative Housing
Adult Day Care Assistance
Family Support Groups
Housekeeping Services
Meal Delivery Services

Medical, Legal, Financial and Social
Nursing Homes
Respite Care
Transportation Services
Visiting Nurses

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F O R R E C O V E R Y

KNOWLEDGE AND INFORMATION CAN PROVIDE POWER FOR MANAGING ILLNESS

Message from Mark DeHaven, Ph.D.

Advocate for the Depression Connection
Education and Free Weekly Support Group Program

Knowledge and information can actually provide power for managing illness. Education speaks to the need for having understanding and insight simply based on knowing. Ignorance is the root of many misfortunes and understandings. Removing the blinders of ignorance, or not knowing, should by itself be therapeutic.

If it is possible to measure the effect of information on the ability to better manage disease, reduce stigma or improve life in any way, I feel that this is a worthy goal.

Peer support groups have long been considered a valuable and effective means for sustaining lasting recovery, and for improving the function and self-esteem among those in need of support.

In my opinion, Depression Connection is an invaluable and indispensable resource for providing hope and support to all of those affected by mental illness in Tarrant County.

**Mark J. DeHaven, Ph.D.
Professor and Director
Texas Prevention Institute**

Professor, Health Institutes of Texas
Professor, Behavioral and Community health
Professor, Family Medicine
Co-Director, The GoodNEWS Program
UNT Health Science Center

Adjunct Professor, Clinical Sciences
Founding Director and Co-Director, Community Engagement
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