Helping to meet the needs of people with severe and persistent mental illness and their families in Peoria, Tazewell, and Woodford Counties in Central Illinois

March—May 2019

Bipolar Disorder: Myths and Facts

Myth: Bipolar disorder is just another name for mood swings.

Fact: Mood swings are typical changes in mood when one is upset, angry, irritable, or feeling less motivated. They last for a short period of time. But the mood swings associated with bipolar disorder are very different and extreme and can affect every aspect of a person's life and activities.

Myth: Bipolar disorder is a rare condition.

Fact: Bipolar disorder is not a rare mental disorder. According to World Health Organization (WHO) statistics and research, about sixty million people worldwide are affected with bipolar disorder, and in India, around three percent of the population is affected with bipolar disorder.

Myth: Medication is the only treatment for bipolar disorder.

Fact: Medication is required to control the symptoms of bipolar disorder, but it is not the only treatment. Doctors also emphasize the importance of leading a healthy lifestyle, avoiding drugs and alcohol, cultivating good sleeping habits, exercising and coping with stress in combination with the prescribed medication.

Myth: People with bipolar disorder aren’t trying hard enough.

Fact: Due to lack of awareness, people wonder why most people who experience mood swings cope with the condition while a person with bipolar disorder is unable to manage. Very often, people are not aware that bipolar disorder is a serious mental disorder that requires medical treatment.

Myth: People with bipolar disorder experience the manic and depressive episodes all the time.

Fact: Most people do not experience any of the symptoms for a long period of time, and they lead a normal life. With regular medication and therapy, most people recover from the illness.

Myth: Bipolar disorder affects only mood.

Fact: Bipolar disorder not only affects a person's mood but also the person's reasoning ability, energy, concentration, health, sleep, eating habits, sex drive, self-esteem, and interpersonal relationships.

Announcements

Newsletter topic: Bipolar Disorder

* NAMI Signature Classes are open for registration for this spring. See p. 2 for details.

* The room number at ICC North for the Family Support Group has changed to Room 132. Please note room numbers on the door as you enter.

* Next Education Meeting is March 7 and the topic is Mental Wellness and its Impact on Marriage and Romantic Relationships. See p. 3 for details.

* Calendar for additional events is on p. 7

Even if you receive the print version of the Family Forum, you will benefit from going on line (namitri-countyillinois.org) and reading some or all the links to Internet sites. Links expand your understanding of the topic. The pictures are sharper also.

The NAMI Tri-County Illinois Family Forum is a quarterly publication. With common use of the Internet, members and friends can find meeting and activity information on our web site as well as on Facebook. We also send out regular email blasts regarding our activities. Contact information:

**Web**: namitri-countyillinois.org
(click on Contact us at this site to be added to the email blast)

**Facebook**: Nami Tricounty Illinois

NAMI Dues Structure:

- Household: $60 (one vote)
- Individual: $40
- Open Door: $5 (available to those who could not join without a more modest fee)

Joining NAMI includes National, State, and Local organizations and all the publications and resources available from each.
Educational Opportunities

NAMI Family to Family Class
Please call to register for the class beginning
Thursday, March 7, 2019
Parents, spouses, friends, or adult children of people with mental illnesses are invited to participate in the next 12-week class beginning March 7 on Thursdays. There is no charge for this NAMI signature program. Participants will learn valuable information to help them understand and support an ill relative while maintaining their own wellbeing. The facilitators will be Gay and Rachel. Please call 309 693-0541 or 309 251-5830 for information or to register for this class with registration due by February 28.

NAMI Peer to Peer Class
The next class will be held when there are sufficient numbers to offer it. Please call 309 693-0541 to express interest, ask questions, or register. This class has been redesigned as a 6-week class rather than a 10-week class. You must be 18 or older, have a psychiatric diagnosis, and have someone with whom you can talk about any issues/problems the classes unearth. The classes teach information about the various mental illnesses, tell how different medications function, help you create a relapse prevention plan, and start you toward creating an advance medical directive. The class will be facilitated by Dean and Larry. There is no charge for this NAMI signature program.

NAMI Basics Education Program
Please call to register for the class beginning March 12, 2019
This course is for parents and caregivers of children and adolescents with mental illness. Basics is taught by parents who have lived similar experiences with their own kids and have received training to teach the course. The class covers the biology of mental illness, treatment, school interventions, and the latest research as well as the trauma of brain disorders for the child and the family. If you are interested in this class, please call 309 251-5830. There is no charge for this NAMI signature program but registration is required and due by March 5.

Also, check out www.NAMI.org "Basics" video on You Tube for further description of the course.
**Letter from the President**

Dear Members and Friends,

Spring is around the corner, but I do love winter! My husband and I traveled to the Northeast in January and flight time and airport waits (no pay for TSA) gave me precious time to indulge in reading. In my travel bag I carried *I Survived* by Ericka Bailey, an expanded telling of her life story that she presented as our guest in October. Her quote “Don’t confuse your path with your destiny. Just because it’s stormy now, doesn’t mean that you aren’t headed for sunshine,” reflects years of hurting, years of healing and victory. I gave my book away already. If you bought a copy, do read it. It’s a quick and enlightening read. Ericka is part of the alliance that is NAMI in the Chicago area and an asset to it.

For those of you that have been following the years of research and attempts to bring the drug Ketamine to use as a rapid acting antidepressant, it’s getting very close. Not a wonder drug and not without adverse effects, it may be a help to individuals with treatment-resistant depression. You may have seen it on the news as esketamine nasal spray or Spravato by Janssen Pharmaceuticals. A controlled release is anticipated in March.

In our NAMI Signature Classes we often say “NAMI classes are the same all over the country.” In the desire for that program integrity, NAMI holds to uniform training standards. NAMI Illinois has determined needs for new state trainers in four areas and I have been asked to apply to be one for NAMI Basics, the class for parents of children and teens diagnosed or suspected of having mental health conditions. It will be my first experience with NAMI on a national level as I plan to attend training in Virginia in April. The alliance of NAMI is local, state and national.

Welcome to new NAMI friends and new class members. As for any who might have been hibernating, we’ll be happy to see you as the weather warms.

*Beth Lawrence*

**Education Meetings**

*First Thursday of most months, 7:00—8:30 p.m.*

**March 7**

**Topic:** Mental Wellness and its Impact on Marriage and Romantic Relationships

**Speaker:** Audrey Campbell, LCSW

From Campbell Family Counseling

**April 4**

**Topic:** Dissociative Identity Disorder (DID)

**Speakers:** Bonnie Gayadeen and Pat Edwards

Dissociative Identity Disorder (Multiple Personality Disorder) is a misunderstood diagnosis. Please join us to hear Pat, LCSW, describe DID and Bonnie share her experiences.

**May 2**

**Topic:** Living with Bipolar Disorder

**Speaker:** TBA

**Report on the February Education Meeting: Living with Depression**

*Review by Beth Lawrence*

At our February Education Meeting we met Dr. Shane Burke, Resident Psychiatrist at UICOMP. After collaborating with Dr. Kyla Nighohossian, Dr. Burke delivered a fact-filled program titled “Living with Depression.” As depression affects more than 16 million American adults each year and one in six will experience the condition at some time in his/her life, it’s a relevant topic. He covered types of depression, other health conditions that can cause it, worldwide statistics, treatment with medications along the Star*D protocol, efficacy of treatment and non medical treatments. He warned us that marijuana use is associated with increased risk of depression and mentioned the use of the long-awaited ketamine. *Did he know that it would be recommended for approval this week? In earlier communication we came to realize that Dr. Burke does invest in his patient’s needs. We hope to bring him back again.*
Charter member of NAMI Tri-County Illinois, Wallace (Wally) V. Smith, 85, passed away on January 12, 2019. He and his wife Imelda were part of the group that saw the need for NAMI in our area and set about to establish an affiliate here. Imelda was the local president for nine years and Wally was her right-hand man and chauffeur; Imelda and Wally were also the first teachers of an Education Program for Families (later to be called Family to Family Education Class) in 1990. Wally was treasurer from 1992-1994.

Wally was passionate about getting proper services for those suffering with mental health conditions. John Mayfield remembers that Wally firmly confronted an administrator from Zeller Mental Health Center after he released Wally’s son too soon; that confrontation was effective; the next time his son was hospitalized, he was not released until he was stable.

Wally and Imelda were long-time supporters of the Tazwood Group Home where they went regularly to pay Bingo with the residents and gave practical prizes such as toiletries and socks.

Imelda preceded Wally in death on December 16, 2013. Surviving are three sons, Daniel (Sherry) Smith of Varna, IL, Randall (Michele) Smith of Peoria and Steven (Cindy) Smith of East Peoria and several grandchildren and great grandchildren.

"I valued him as a friend and will miss him," said John Mayfield.

Carolyn Jakopin wrote, “Wally was Imelda’s right hand assistant, pushing her forward to fight for what they both wanted to accomplish.”

Lila Gammon said, “I appreciate that Wally called me to inform me about NAMI and the services and friendship it offered. I got involved as a result of that call and then others urging me to attend a meeting and Family to Family class.”

We offer condolences to the family and friends of Wallace Smith and appreciate that the family chose to have memorial contributions given to our organization.

With Sympathy

Thank You!

Monetary Donations
Anonymous, through Facebook
Anonymous, several through Network for Good
Ken & Jody Baum, Share Foundation
Kylanne Briggs
Mark & Nancy Fehr
Lee Hager
Joseph G. Runkle, CPA
Steven & Durita Sendelbach
St. Mark’s Lutheran Church, Washington
Mike & Jean Wallace

In Memory of Alan Campbell
Judith Campbell

In Memory of Gary Gammon
Lila Gammon

In Memory of Phyllis Pomeroy
Jeanette Barfield
CEFCU
Lindsay Egel
Lila Gammon
Dee Hotkevich
Sandra Pomeroy-Harper
Karen Rose
Tamara & Gary Werries

In Tribute to Bryan Smith
Kelly Stonebock

In Memory of Clark Wade
Karen Rose

In Memory of Wallace V. Smith
Anonymous
Lila Gammon
Harvester’s, First United Methodist Church, Peoria
Patrick McCann
Louis McMurray

Going to a counselor or therapist when you’re feeling sad or overwhelmed should be as normal as going to the doctor when you have the flu. Let’s end the stigma around mental health. #endthestigma

Pathway2Success

We extend sympathy to current board member Kim Modglin and all her family in the loss of her mother Phyllis Pomeroy who passed away on January 3, 2019. A celebration of life service was held on January 6. We appreciate that the family chose NAMI Tri-County Illinois for memorials.
IDHS/DMH Recovery & Empowerment Statewide Calls

Submitted by Board Member Karen Rose

ABOUT RECOVERY & EMPOWERMENT CALLS:
These calls have been held monthly since 2007 and were formerly known as "consumer education and support statewide call-ins."

For all persons living with mental health conditions and receiving mental health services, this call is for you! The call contains specific information relative to consumers of mental health services. This call is uniquely and specifically designed to provide education and support for all individuals participating in publicly funded mental health services in Illinois.

These educational 2019 forums place an emphasis on sharing successful tools and strategies for wellness.

Bringing Balance into Our Lives

Please mark your calendars now for the 2019 Recovery & Empowerment Statewide Calls.

Calls: 4th Thursday of each month (except November and December)

From 10:00 a.m. to 11:00 a.m.

Call-In Number: (800) 230-1059. No password required

March 28: Springing Forward to Hope
April 25: Growing Beyond the Pain of the Past
May 23: Standing Tall in the Face of Bullying
June 27: Growing through Grief and Loss
July 25: Building Meaningful Connections
August 22: Giving Ourselves a Break
September 26: Regaining Power through Change
October 24: Living Well on a Shoestring Budget

(NAMI Priorities Cont. from page 2)

Support Recovery
NAMI believes supporting recovery is fundamental to reducing injustices. We’re fighting for:

- Supported housing that helps people get back on their feet and engaged in treatment
- Peer support services that help people know that recovery is possible
- Crisis response models that provide help, not handcuffs

Crisis Intervention Resources

Youth: CARES (Crisis and Referral Entry Services for Medicaid Card Coverage): 1-800 345-9049
CARES is Statewide and will assess eligibility for SASS (Screening and Assessment Referral Services) 24-hour crisis lines:
- Nat’l Suicide Lifeline: 1-800 273-8255
- Peoria County ERS: 309 671-8084
- Tazewell & Woodford Counties: 309 347-1148
- VA Suicide Hotline: 1-800 273-8255

If the individual is at risk:
Contact the police department for an initial response. The police will contact ERS when the situation is secure.

If individual safety is not a concern:
Contact ERS at 309 671-8084 ~ TTY Line: 309 671-3566. You will be asked for some brief information to assist our response.

Medical Detox: 309 689-3080

800-273-8255
Veterans Crisis Line
Book Reviews

The Dialectical Behavior Therapy Skills Workbook for Bipolar Disorder: Using DBT to Regain Control of Your Emotions and Your Life (A New Harbinger Self-Help Workbook)

By Sheri Van Dijk, MSW

Review by Kevin Siscoe, LCPC, The Antioch Group, Peoria, Illinois

Someone living with long-standing patterns of recurring depression interrupted by periods of manic behavior with resulting consequences has endured huge effects in life, and may even have had their own life put at risk. Receiving a diagnosis of bipolar disorder by a medical doctor or mental health professional can begin the process of stabilizing mood and setting a new course in life.

Typical treatments for bipolar disorder include medications that are often effective in curbing mood swings. In addition, a person can also do many things that will help manage bipolar symptoms. Since relapse and recurring symptoms are likely, it is best if a person can combine medication and proven action steps to improve life.

The Dialectical Behavior Therapy Skills Workbook for Bipolar Disorder combines the best of behavioral and cognitive work with a proven approach called dialectical behavior therapy (DBT). The informative and practical chapters in this workbook help a person learn and use four DBT skills—mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness—to manage emotional ups and downs in healthy ways.

This workbook also includes a chapter on “Skills for Family Members of People with Bipolar Disorder,” offering prompts for how a person with bipolar disorder can be supported by loved ones and offering guidance for those family members to do so.

As a self-help workbook, a person can use this resource on their own. A person with bipolar disorder has more potential for benefit from using this workbook along with treatment by a psychotherapist or a counselor trained in DBT principles.

Why am I still Depressed?

By Jim Phelps, M.D., Review from Amazon.com

If your depression keeps coming back or is even getting worse, then you may be suffering from bipolar II or “soft” bipolar disorder. Commonly misdiagnosed, these mood disorders are characterized by recurring bouts of depression along with anxiety, irritability, mood swings, sleep problems, or intrusive thoughts.

This book shows you how to identify if you have a nonmanic form of bipolar disorder and how to work with your doctor to safely and effectively treat it.

The author gives the latest tools and knowledge so you can:

- Understand the Mood Spectrum, a powerful new tool for diagnosis
- Know all your treatment options, including mood-stabilizing medications and research-tested psychotherapies
- Examine the potential hazards of taking antidepressant medications
- Manage your condition with exercise and lifestyle changes
- Help family and friends with this condition understand their diagnosis and find treatment

Additional Resources

- [http://www.nami.org/Learn-More/Mental-Health-Conditions/Bipolar-Disorder](http://www.nami.org/Learn-More/Mental-Health-Conditions/Bipolar-Disorder)
- [http://ibpf.org/about-bipolar-disorder](http://ibpf.org/about-bipolar-disorder)
- [nimh.nih.gov](http://nihg.gov/)-National Institute on Mental Health
- [mentalhealthtreatment.net](http://mentalhealthtreatment.net)—Mental Health Treatment articles
- [www.afsp.org](http://www.afsp.org)—American Foundation for Suicide Prevention
- [samhsa.gov](http://samhsa.gov)—substance abuse & mental health services administration
- [psychcentral.com](http://psychcentral.com)—getting help for a variety of mental illnesses
- [Choicesinrecovery.com](http://Choicesinrecovery.com)—guides for recovery strategies
- [http://mentalhealthchannel.tv/](http://mentalhealthchannel.tv/)

Never blame anyone in your life

Good people give you happiness
Bad people give you experiences.
Worst people give you a lesson & Best people give you memories.  
Zig Zigler, InspirationBoost.com
NAMI TRI-COUNTY ILLINOIS
CALENDAR OF EVENTS
March, April, & May 2019

~Illinois Central College North, 5407 N. University, Peoria~

Education Meetings, Poplar Hall, Room 127
Support Groups, Poplar Hall: Family—Room 132 & Connections—Room 131

March
Tuesday, March 5, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, March 7, 6:00 p.m. Monthly Education Meeting, ICC North, Room 127, Poplar Hall. Speaker: Audrey Campbell. Topic: Mental Wellness and its impact on Marriage and Romantic Relationships
Thursday, March 14, 6:30–8:30 p.m. Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria
Tuesday, March 19, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, March 21, 7:00–8:30 p.m. Monthly Support Groups, ICC North, Poplar Hall
Family and friends of people with brain disorders. Room 132. For further information call Sue, 309 360-1143.
Connections—individuals participating in recovery. Room 131. For further information call John 309 472-5907.

Thursday, March 28, 6:30–8:30 p.m. Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria

April
Tuesday, April 2, Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, April 4, 7:00 p.m. Monthly Education Meeting, ICC North, Room 127, Poplar Hall. Speakers: Bonnie Gaydeen and Pat Edwards. Topic: Dissociative Identity Disorder (aka split personality).
Thursday, April 9, 6:30–8:30 p.m. Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria
Tuesday, April 16, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, April 18, 7:00–8:30 p.m. Monthly Support Groups, ICC North, Poplar Hall
Family and friends of people with brain disorders. Room 132. For further information call Sue, 309 360-1143.
Connections—individuals participating in recovery. Room 131. For further information call John 309 472-5907.

Thursday, April 25, Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria

May
Thursday, May 2, 7:00–8:30 p.m. Monthly Education Meeting, ICC North, Room 127, Poplar Hall. Speaker: TBA. Topic: Bipolar Disorder.
Tuesday, May 7, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, May 9, 6:30–8:30 p.m. Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria
Thursday, May 16, 7:00–8:30 p.m. Monthly Support Groups, ICC North, Poplar Hall
Family and friends of people with brain disorders. Room 132. For further information call Sue, 309 360-1143.
Connections—individuals participating in recovery. Room 131. For further information call John 309 472-5907.

Thursday, May 21, 7:00 p.m. Survivors of Suicide, The Chapel, Proctor Hospital. Hinrichs, 309 697-3342 or Sylvia Murphy 309 208-3027
Thursday, May 23, Mood-Challenge meeting at Trinity Lutheran Church, 135 NE Randolph Ave., Peoria

Looking Ahead:
June 6, Voting for Officers and Directors

Survivors of Suicide - Peoria
Contact: Rev. Eimo Hinrichs or Mrs. Pat Hinrichs, 309 697-3342 or Sylvia Murphy, 309 208-3027
Meeting Place: Chapel at Proctor Hospital, 5409 North Knoxville Ave., Peoria, IL 61614
Meeting Day(s)/Meeting Time: 1st and 3rd Tuesday, 7:00 p.m. Facilitated by: Peer/Professional Charge: None

Brighter Days Ahead
513 NE Madison Peoria, Illinois 309 222-2012
“Brighter Days Ahead” offers a positive and uplifting environment for people 18 years of age or older who have experienced a mental illness. Its purpose is for members to have a safe place where they can socialize, receive support, and be part of fun, recovery-oriented activities while envisioning the brighter days ahead.

Hours of Operation
Monday - Saturday from 9 a.m.–5 p.m. Sunday from 12 noon–5 p.m.
If you have any additional questions, we would be happy to talk either by phone 309 222-2012 or at recoverycenter@fayettecompanies.org

Join the nation’s largest gathering of mental health advocates as we share, learn and network around important mental health issues.
Launching at this year’s convention—NAMI’s new strategic plan! The convention’s theme, Our Movement, Our Moment captures the power and excitement of this moment as we mobilize the NAMI movement!
The 2019 NAMI National Convention offers engaging presenters, thought-provoking topics and the latest updates on important research.
Bipolar Disorder

Source: nami.org, Reviewed August 2017

Bipolar disorder is a mental illness that causes dramatic shifts in a person’s mood, energy and ability to think clearly. People with bipolar experience high and low moods—known as mania and depression—which differ from the typical ups-and-downs most people experience.

The average age-of-onset is about 25, but it can occur in the teens, or more uncommonly, in childhood. The condition affects men and women equally, with about 2.6% of the U.S. population diagnosed with bipolar disorder and nearly 83% of cases classified as severe.

If left untreated, bipolar disorder usually worsens. However, with a good treatment plan including psychotherapy, medications, a healthy lifestyle, a regular schedule and early identification of symptoms, many people live well with the condition.

Symptoms

Symptoms and their severity can vary. A person with bipolar disorder may have distinct manic or depressed states but may also have extended periods—sometimes years—without symptoms. A person can also experience both extremes simultaneously or in rapid sequence.

Severe bipolar episodes of mania or depression may include psychotic symptoms such as hallucinations or delusions. Usually, these psychotic symptoms mirror a person’s extreme mood. People with bipolar disorder who have psychotic symptoms can be wrongly diagnosed as having schizophrenia.

Mania. To be diagnosed with bipolar disorder, a person must have experienced at least one episode of mania or hypomania. Hypomania is a milder form of mania that doesn’t include psychotic episodes. People with hypomania can often function well in social situations or at work. Some people with bipolar disorder will have episodes of mania or hypomania many times throughout their life; others may experience them only rarely.

Although someone with bipolar may find an elevated mood of mania appealing—especially if it occurs after depression—the “high” does not stop at a comfortable or controllable level.

Moods can rapidly become more irritable, behavior more unpredictable and judgment more impaired. During periods of mania, people frequently behave impulsively, make reckless decisions and take unusual risks.

Most of the time, people in manic states are unaware of the negative consequences of their actions. With bipolar disorder, suicide is an ever-present danger because some people become suicidal even in manic states. Learning from prior episodes what kinds of behavior signals “red flags” of manic behavior can help manage the symptoms of the illness.

Depression. The lows of bipolar depression are often so debilitating that people may be unable to get out of bed. Typically, people experiencing a depressive episode have difficulty falling and staying asleep, while others sleep far more than usual.

When people are depressed, even minor decisions such as what to eat for dinner can be overwhelming. They may become obsessed with feelings of loss, personal failure, guilt or helplessness; this negative thinking can lead to thoughts of suicide.

The depressive symptoms that obstruct a person’s ability to function must be present nearly every day for a period of at least two weeks for a diagnosis. Depression associated with bipolar disorder may be more difficult to treat and require a customized treatment plan.

Causes

Scientists have not yet discovered a single cause of bipolar disorder. Currently, they believe several factors may contribute, including:

- Genetics. The chances of developing bipolar disorder are increased if a child’s parents or siblings have the disorder. But the role of genetics is not absolute: A child from a family with a history of bipolar disorder may never develop the disorder. Studies of identical twins have found that, even if one twin develops the disorder, the other may not.

- Stress. A stressful event such as a death in the family, an illness, a difficult relationship, divorce or financial problems can trigger a manic or depressive episode. Thus, a person’s handling of stress may also play a role in the development of the illness.

- Brain structure and function. Brain scans cannot diagnose bipolar disorder, yet researchers have identified subtle differences in the average size or activation of some brain structures in people with bipolar disorder.

Diagnosis

To diagnose bipolar disorder, a doctor may perform a physical examination, conduct an interview and order lab tests. While bipolar disorder cannot be seen on a blood test or brain scan, these tests can help rule out other illnesses that can resemble the disorder, such as hyperthyroidism. If no other illnesses (or medicines such as steroids) are causing the symptoms, the doctor may recommend mental health care.

To be diagnosed with bipolar disorder, a person must have experienced at least one episode of mania or hypomania. Mental health care professionals use the Diagnostic and Statistical Manual of Mental Disorders (DSM) to diagnose the “type” of bipolar disorder a person may be experiencing. To determine what type of bipolar disorder a person has, mental health care professionals assess the pattern of symptoms and how impaired the person is during their most severe episodes.

(Bipolar Disorder Cont. on page 9)
Bipolar Disorder

Four Types Of Bipolar Disorder

- **Bipolar I Disorder** is an illness in which people have experienced one or more episodes of mania. Most people diagnosed with bipolar I will have episodes of both mania and depression, though an episode of depression is not necessary for a diagnosis. To be diagnosed with bipolar I, a person’s manic episodes must last at least seven days or be so severe that hospitalization is required.

- **Bipolar II Disorder** is a subset of bipolar disorder in which people experience depressive episodes shifting back and forth with hypomanic episodes, but never a “full” manic episode.

- **Cyclothymic Disorder or Cyclothymia** is a chronically unstable mood state in which people experience hypomania and mild depression for at least two years. People with cyclothymia may have brief periods of normal mood, but these periods last less than eight weeks.

- **Bipolar Disorder, “other specified” and “unspecified”** is when a person does not meet the criteria for bipolar I, II or cyclothymia but has still experienced periods of clinically significant abnormal mood elevation.

Treatment

Bipolar disorder is treated and managed in several ways:

- **Psychotherapy**, such as cognitive behavioral therapy and family-focused therapy.

- **Medications**, such as mood stabilizers, antipsychotic medications and, to a lesser extent, antidepressants.

- **Self-management strategies**, like education and recognition of an episode’s early symptoms.

- **Complementary health approaches**, such as aerobic exercise, meditation, faith and prayer can support, but not replace, treatment.

The largest research project to assess what treatment methods work for people with bipolar disorder is the Systematic Treatment Enhancement for Bipolar Disorder, otherwise known as Step-BD. Step-BD followed over 4,000 people diagnosed with bipolar disorder over time with different treatments.

Related Conditions

People with bipolar disorder can also experience:

- **Anxiety**
- **Attention-deficit hyperactivity disorder (ADHD)**
- **Posttraumatic stress disorder (PTSD)**
- **Substance use disorders/dual diagnosis**

People with bipolar disorder and psychotic symptoms can be wrongly diagnosed with schizophrenia. Bipolar disorder can be also misdiagnosed as Borderline Personality Disorder (BPD).

These other illnesses and misdiagnoses can make it hard to treat bipolar disorder. For example, the antidepressants used to treat OCD and the stimulants used to treat ADHD may worsen symptoms of bipolar disorder and may even trigger a manic episode. If you have more than one condition (called co-occurring disorders), be sure to get a treatment plan that works for you.

Understanding The Spectrum Of Bipolar Disorder

By Cheryl Cranich | 3/2018, nami.org/blogs, excerpts

We do a great disservice to people diagnosed with bipolar disorder by ignoring the condition’s types. Too often I see “bipolar disorder” used alone, yet the illness actually exists on a spectrum.

For most of my teenage years, I struggled with sadness, lack of energy, rapid mood cycles and suicidal thoughts without knowing the cause of the symptoms. By age 16, I had been diagnosed with OCD and depression, but treatment wasn’t helping.

At age 20, my mother found a home screening test to determine if my depression might actually be bipolar disorder. When the results placed me on the spectrum, I was deeply confused. Based on my understanding of the disorder, its symptoms did not match what I experienced. My dominant symptom was depression, and I never reached mania.

After receiving a formal diagnosis from a mental health professional, I began to better understand how I could have bipolar disorder without the “typical” symptoms I had heard so often. My condition is bipolar II disorder—I just didn’t know there was more than one type.

Why The Details Matter

Beyond the occasional reference to Types I and II, bipolar disorder is usually grouped as one condition. Ignoring the spectrum prevents the public from better understanding the complexity of this illness, and what’s worse is the prevalence of misdiagnosis. Studies have found 40% of patients with bipolar disorder were initially diagnosed with unipolar (major depression). With bipolar II disorder specifically, depression is usually the most common or stronger symptom of the high/low mood scale, whereas manic symptoms may go unreported to a doctor because the elevated (or increased) mood is not severe enough to affect the person’s life.

Understanding The Spectrum

For those who don’t know the difference—or want to easily explain the difference to others—I often hold up my two hands. One hand is unipolar (depression). The other hand is bipolar I (manic depression). What exists in the middle is the bipolar II spectrum. Unfortunately, the spectrum is wide and unique to each person.

You can also think of the bipolar spectrum as a hill, with unipolar (depression) at the bottom and bipolar (manic depression) at the top. The space between the upward curve is the spectrum and each person with bipolar II disorder exists somewhere along it. The closer a person’s symptoms are to one end, the more likely that person is to receive a diagnosis of major depression or manic depression.

With bipolar I, the mania is usually quite clear. In bipolar II, the mania is “milder.” Depression is usually present in both, and may be more severe and prevalent in bipolar II. However, these conditions rarely feature across-the-board symptoms for everyone. It’s the cluster of symptoms that need to match up for a diagnosis.

For more information on the bipolar spectrum, check out the book: *Why Am I Still Depressed? Recognizing and Managing the Ups and Downs of Bipolar II and Soft Bipolar Disorder* by Jim Phelps. (see book review on page 6)
How I Recognize My Early Warning Signs Of Mania

By Carrie Cantwell | 1/2019. nami.org/blog

I have bipolar disorder. It’s as much a part of me as my left-handedness. I’ve accepted my diagnosis, but I still have to work on being mindful of my symptoms, as bipolar disorder can come with a lack of self-awareness.

This is especially true for hypomania (a less severe form of mania). Hypomania can be difficult to detect because in the moment it makes me feel like I’m flying. The difficulty comes when I engage in self-destructive actions with little or no regard for the consequences. However, hypomania is just a stop on the way to full-blown, havoc-wreaking mania. I’ve identified some red flags to watch out for that signal I’m headed towards mania. I’ve found that spotting these clues early on can help me prevent a full-blown manic episode.

Insomnia. I can tell I’m hypomanic when I wake up before the alarm clock with my mind buzzing, full of a flurry of ideas. I throw myself into whatever project I’m working on at the time before I’ve even brushed my teeth or had my morning coffee.

Inability to listen to other people. When I’m hypomanic, I seek out more social interactions, but when I’m with friends, I do most of the talking, and people have a hard time getting a word in.

Spending beyond my means. Whether I’m thrift store shopping or browsing Amazon multiple times a day, when I’m hypomanic I feel a constant, compulsive urge to buy things I don’t need.

Unrealistic overconfidence. When I’m hypomanic, I feel like a supermodel. In my mind, everyone finds me irresistible. When I look in the mirror, I see a gorgeous knockout staring back at me, even if I haven’t combed my hair or put on makeup that day.

Not taking care of myself. With my hypomania comes a ramped-up focus on goals, so I’m constantly jumping from one project to another without stopping to take care of myself. Taking a break between tasks to feed myself or shower seems trivial and unnecessary.

Inability to focus. I love movies and books. I can tell I’m hypomanic when I can’t even sit still long enough to finish watching an hour and a half movie, because my mind constantly drifts to the dozen tasks I feel I need to scratch off my to-do list. I also enjoy quiet time escaping into a good book, but one of the biggest telltale signs is when I find myself reading the same sentence over and over again, unable to comprehend it.

Hypersensitivity to stimuli. From a siren in the distance to a wafting scent from someone’s shampoo, when I’m hypomanic, I’m more acutely aware of my surroundings. Colors appear brighter, smells seem more pungent, and even faint noises can be deafening.

Obsessing over things. It’s part of my personality to obsess a bit over subjects I’m interested in, but when I’m hypomanic, my passion is amplified. From researching the best cashew cheese recipe to watching NASA videos, it seems like everything I’m interested in has become my new lifelong goal, and— to the detriment of my valuable time—I feel helpless to curb my enthusiasm.

How I Recognize These Warning Signs

When I notice these indicators, I try to stop, take a breath, and ask myself how I’m feeling. You might notice I said, “try to” there. That’s because sometimes I get lost in the moment, I get hyper-focused and I don’t realize I’m getting manic.

I’ve made verbal agreements with the people I’m close to, to tell me when they see these behaviors. My end of the agreement is to listen to them. Just by hearing feedback from someone else, I snap out of my head and step back, realizing I need to slow down and pay more attention to how I feel. It’s taken me years of practice not to get defensive when reminded by a loved one that I may be acting hypomanic. I know what happens with an unchecked hypomanic episode. I’ve ended up in the hospital as a result of ignoring hypomania and letting it develop into mania. Now, if someone close to me points out that I may be getting hypomanic, I thank them for being patient and gentle with me, I re-examine my thoughts, and I reach out to my mental health care team for help if needed.

I consider myself lucky to have a strong support network of people who understand this illness, and what to look for. However, if external feedback is unavailable, I have another indicator I can use with no outside assistance: my journal. I try to write every night, whether it’s just a factual summary of my day, or my thoughts, feelings, ideas, fears or hopes. I make an effort to write when I’m stable (in between episodes) and when I’m hypomanic, manic or depressed. Motivating myself to write when I’m depressed can be hard, but I do my best.

I find journaling is a good way for me to track my moods and cycles when others aren’t around to alert me of a mood shift. Writing enables me to look back on my thoughts from the past and learn from them so I can recognize what a hypomanic me looks like and notice familiar patterns. Just the simple act of writing itself makes me aware of what’s going through my head in the moment. If I write when I’m hypomanic, I literally see my hurried ideas in front of me on paper, and that’s pretty hard evidence. My journals can tell me when it may be time to visit my health care practitioner for a meds adjustment.

Writing is my creative outlet that forces me to be mindful, and it’s this mindfulness that helps me stay aware of my moods. It’s what keeps me healthy. Everyone is different. No matter what works for you, I encourage you to find one thing that puts you in the moment, makes you aware of your thoughts and moods. With proper awareness and care, you can thrive with bipolar disorder.

Carrie Cantwell is an Emmy-nominated film industry graphic designer with bipolar disorder. She grew up with a bipolar dad who she lost to suicide. She’s finishing a book entitled Daddy Issues: A Memoir about how accepting her diagnosis taught her to forgive her dad and herself. Her blog is darknessandlight.org
Living with Mental Illness

By Nikki Matteckx

Since I was 14 years old, I’ve lived with recurring depressive disorder with psychotic symptoms, post-traumatic stress disorder and borderline personality disorder. These conditions make me feel incredibly lonely at times, even knowing there’s a community of billions of people across the world who also experience mental illness.

Mental illness is isolating. Sometimes I just can’t get out of bed; I can’t function. How do you explain to someone that due to the soul-crushing amount of pain in your heart, you’ll have to cancel meeting up for the fifth time in a row? How do you maintain friendships when all you want to do is drift away? How do you stay close with your family when you feel like your illness is a burden on them? It’s hard.

It’s not impossible to maintain relationships; and, luckily, I have some good friends and family. But there have been times in my life when I’ve had no one because people didn’t understand or didn’t want to take the time to understand. The only way out of the hole of loneliness with mental illness is understanding from others.

With mental illness, some people do not understand how severely it can impact your life, and just recently someone told me it was “just a mindset that can vanish if you have a winning attitude.” It’s because of these misconceptions that I often feel embarrassed to talk to friends or family about my conditions. I’m even too embarrassed to ask for help from mental health professionals because it is so misunderstood. I isolate myself and struggle in silence because I feel like no one has a clue how I feel.

Mental illness has left me feeling like I was disgusting and shameful. It’s made me feel like I’m not good enough. And it’s incredibly hard to get the courage to speak to people and meet new friends when you’re struggling.

I have good times and bad, but the heavy weight I carry has never gone away, and I don’t think it ever will. However, one of my mantras is that there is always a way out. With that said, here are a few things that might help you creep out of the hole of loneliness.

Talk to other people with mental illness through apps or social media support groups.

You can either talk on the phone to people through apps, such as talk life, or support groups on Facebook. Apps like this are great because you can connect with people across the globe and be supported even when you feel like no one close to you understands. Even if you don’t have friends or family, you can know that you’re never truly alone, and there will always be someone willing to listen.

Force yourself to be in the same room as someone else that you’re comfortable with so you’re not physically alone (even if you don’t feel like talking).

When you’re not physically alone, it can sometimes be easier to remember that someone cares, and you can sit in silence until you feel ready to talk or feel a bit better. I’ve done this many times, especially with my brother. When I’m upset, he will sit with me because he knows it lessens my negative thoughts about feeling alone.

Look back on old pictures and remember that life is worth living and that if you hold on you’ll get there again.

When you remember that you’ve had good times in the past, it’s easier to recognize that there can be good times again. When I look at old photographs of people who are not in my life anymore, I remember that someone cared about me before, and it gives me hope that someone new will care about me again. I cherish the memories of all my photos, because its moments like those that have shaped me into the strong person I am today. When I look at photos it helps me to know that I haven’t always felt lonely, and I won’t always feel lonely in the future.

Ask friends or family to write you letters that you can read on days you don’t feel able to leave the house.

Reminders like this are so important to read when you’re struggling because without them it’s easy to get trapped in the feeling of loneliness with no end in sight. When I have felt stuck in a hole, having reminders from family and friends that I’m loved has given me a ladder to climb out of the darkness. I have letters from people that include things they like about me, good memories of times we shared, and words of encouragement. Honestly, I don’t know what I’d do without them.

Tell people you feel lonely, you’d be surprised to know how many people care.

I posted a status update last year when I was in the hospital saying I felt lonely, and I got so many messages from people saying that they are there if I want to talk. And I received many cards wishing me well. I’m lucky to have such good people in my life now, but when I didn’t, it helped me to reach out to online communities for support. I have posted in a support group before on Facebook saying I felt lonely, and I got hundreds of comments saying that I’m not alone and that people care. If you tell one person, or a thousand people online, the reaction is often better than you think.

Remember that you are never as alone as you feel.

There are billions of people in this world who live with or have experienced mental illness, and most of them have experienced loneliness because of it. This moment and this feeling—it will pass. The sun will set, and the sun will rise. You will meet people, you will lose people, then you will meet more people. A goodbye doesn’t mean you’ll be alone forever. I promise that there are people in this world who care about you.

Nikki Matteckx is an award-winning mental health and human rights campaigner in the UK. She has spoken at parliament, shared her story at events, spoken in the media and runs a peer support group she started aged 17. Find her on twitter @ducksdietcake or Instagram @nicolanikkijane
We provide education, support groups, and advocacy for families, friends, and individuals with mental illness in Peoria, Tazewell, and Woodford Counties.

Name(s) ____________________________________________________________________________
Address _________________________________________ Phone _____________________________
City ______________________ST ______ZIP __________E-mail _____________________________

Monetary Donation
$10________ $25________ $50________ $100_______ $250_______ Other $_______
Check enclosed for $__________________ Donations are tax deductible

NAMI Tri-County Illinois
P.O. Box 10167
Peoria, IL  61612
309 693-0541
www.namitri-countyillinois.org

An affiliate of the National Alliance on Mental Illness

You may join on line rather than by sending in this form: http://nami.org

NAMI Tri-County Illinois
Membership Form
An affiliate of the National Alliance on Mental Illness
Membership dues also include membership in NAMI and NAMI Illinois

Choose one:

Household Membership $60 (single vote)
List up to 10 names with separate phone & email but same address

Individual Membership $40

Open Door Membership $5

________________________

Choose one:

An affiliate of the National Alliance on Mental Illness

Complete and mail to NAMI Tri-County Illinois, Attn: Treasurer, P.O. Box 10167, Peoria IL 61612
Make checks payable to NAMI Tri-County Illinois. Phone: 309 693-0541