

THE SPECTRUM

Depression & Bipolar Support Alliance of Greater Chicago

DBSA-GC Board of Directors Update

If you are interested in volunteering, we need writers for our Spectrum and enthusiastic individuals who want to join our board and further our mission through fundraising and community outreach. Please email wecanhelp@dbsa-gc.org and we will send you information.

We Need YOUR Help!

Are you a student? Researcher? Writer? Have some thoughts you want to share about your experience? Submit an article for our upcoming Spectrum! Send your writing to: wecanhelp@dbsa-gc.org with the subject "Spectrum" and we'll review your article and contact you for our next issue!



May is Mental Health Awareness Month

Every Month is Mental Health Awareness Month!

May is Mental Health Awareness Month. Its purpose is to raise awareness and educate the public about mental illnesses, the realities of living with mental illnesses, and strategies for attaining mental health and wellness. It also strives to reduce the stigma surrounding mental illnesses. Well, DBSA-GC is here to tell YOU that EVERY month is mental health awareness month! It's very important to raise awareness and educate our public, not only in the month of May, but in every month! We're here to remind you to keep working to reduce stigma and raise awareness surrounding mental illnesses and encourage others that mental health is something everyone should care about.

Symposium Recap: Dr. John Zajecka

Miriam Silvergleid, DBSA-GC Secretary and Board Member, edited by Bridget Maul, DBSA-GC Board Member

Depression is a most debilitating illness. "Major depression is among the most 'treatable' illnesses in medicine, but continues to have the highest morbidity and mortality." - Dr. John Zajecka,



DBSA-GC needs a webmaster!

DBSA-GC is looking for a volunteer to manage its website! Know anyone? Please contact us at wecanhelp@dbsa-gc.org if you are:

- Technologically savvy
- Available by e-mail
- Have 1-2 hours per month to volunteer on website development
- Available for an initial re-vamp of the website, and subsequent occasional updates as dictated by the Board of Directors

Our website was created years ago with wix.com. We have made periodic updates to it, but none of us are technologically savvy enough to spruce it up! Being a 501(c)(3) not-for-profit organization, we unfortunately do not have the means to hire a professional webmaster. We desperately need a volunteer to help us! If you have experience in web development, or know someone who does, please contact us at wecanhelp@dbsa-gc.org.

THANK YOU!

2006. Research shows that depression is treatable, even with the stigma surrounding it, including suicide. Task forces are working on strategies to treat depression. Dr. Zajecka firmly noted that remission can be reached and one should never give up, the goal should always be complete remission, and recovery, although treatment may need to change over time. Electroconvulsive therapy (ECT) is commonly used in patients who have not responded to other treatments, however it may cause remission. Dr. Zajecka expressed the need for new modalities. "It is a given that antidepressants should not be given to people who are bipolar. The usual medications given are Prozac and Lithium." Esketamine is the newest treatment available and it's also tailored specially to the patient. Esketamine nasal spray plus a newly initiated oral antidepressant demonstrated statistically significant improvement in depressive symptoms compared to treatment with placebo nasal spray plus a newly initiated oral antidepressant after 28 days in patients with treatment-resistant depression. Esketamine nasal spray has an acceptable safety and tolerability profile. Adverse events were predominantly seen on the day of dosing, were transient, and the majority resolved within 90 minutes of dosing.

Winter is Over!

Judy Sturm, DBSA-GC Community Liaison

YEA! Winter is over. We have withstood one of the worst ever. Each of us has a winter related story to tell which will lose its oomph momentarily. The sun is shining, the temperatures are rising to comfy levels and winter will be gone from memory as new and better memories are made. Much of this is quite similar to dealing with illness, whether physical or mental. We contend with the aches, the pain, the uncertainty of what diagnosis will bring. How serious is my illness? What treatment is available? Will I be ok? Is this going to be a lifelong condition? Can I continue to work, to play, to care for my kids, my family...myself?

No matter how young or old, anytime an injury or an illness arrives at our personal doorstep, uncertainty and fear of the future comes with it. Sports injuries bring strong athletes to a halt. With any luck (and good care), this may be temporary. Sometimes not. Some of us may have "injuries" not apparent. The intrusion of mood disorders can be subtle or dramatic. It can be temporary. Or it can be permanent, requiring a correct diagnosis and treatment plan in order to be effective. This varies so much from person to person that it is a very real challenge for all concerned. The truth is that it is hard work! To find the right

doctor, the right diagnosis, treatment, medications that may or may not work is not fun. The time and effort is difficult, arduous. The regimen required to regain and maintain good health is a constant work in progress. But, once attained, once accepted, once put into practice....life can be wonderful, once again. Recovery! That is the goal for all and almost everything. Think about it. Health, the economy, politics, life disappointments - all of these and more-need "recovery" at some point, at many points. Life is never stagnant. It moves on, up, down, and around. We must adapt and recover our own hopes, dreams, and goals by being proactive in all that we do. Missteps are a part of the process of learning. How many times does a toddler fall? One day, he doesn't! Consider trial and error as vital in achieving personal goals. Nothing worthwhile comes without effort and mindfulness.



Let Spring open our hearts and minds to positivity and put Winter behind us.

How to Start the Conversation About a Loved One's Mental Health

From U.S. News & World Report, submitted by DBSA-GC Member, written by David Levine: <https://health.usnews.com/health-care/patient-advice/articles/2018-04-06/how-to-start-the-conversation-about-a-loved-ones-mental-health>

Your spouse has seemed especially unhappy lately. Your friend is drinking too much. You spot your co-worker crying in the bathroom on several occasions. You [want to reach out and offer help](#). But it's not easy.

[Mental health](#) is a touchy topic to broach. Most of us aren't trained or experienced in dealing with mental distress, and we don't want to appear nosy or step over someone's privacy borders. Yet, seeing a friend or loved one in obvious distress is impossible to ignore. It is also dangerous, because the person's anguish could lead to [harming himself or herself](#).

So what is the right way to begin the conversation? "The place to start is, delicately," says Dr. Philip R. Muskin, a professor of psychiatry at Columbia University and secretary of the American Psychiatric Association. "In wood shop, for those who remember wood shop, they used to teach you, 'measure twice, cut once.' I think it's the same thing here," he says. "If you're concerned about a loved one, think it through carefully before you bring it up."

Setting Goals and Making Plans

It's critical to have a goal in mind before you [start the conversation](#), Muskin says. "People don't always hear this with the kind of compassion it is meant to be," he says. "They can hear it in a stigmatizing way. It can be very disconcerting to people - 'You think I'm nuts?' That gets you nowhere. You have to understand what you are hoping to accomplish."

Those goals can run the gamut from, "I just want to check in and see how you are" to "I've seen some things that concern me and suggest you consider treatment" to "I'm worried for your safety, and I am calling an ambulance to get you to an emergency room." Whatever your goal is, be clear about it, Muskin

says. "If it's fuzzy, the risk is that the person's pushback negates the intervention."

Prepare for the possibility that the initial reaction may be defensive or resistant. "This will help you remain calm, patient and understanding of their fears and concerns rather than becoming angry or frustrated by their unwillingness to acknowledge the problems they're having or doing something about them," says Alison Ross, a clinical psychologist in New York City. Another possibility is that the person may insist that his or her troubles remain a secret between the two of you. "You have to be ready to say, 'That can't be. We can't do nothing. We have to come up with a plan,'" Muskin says.



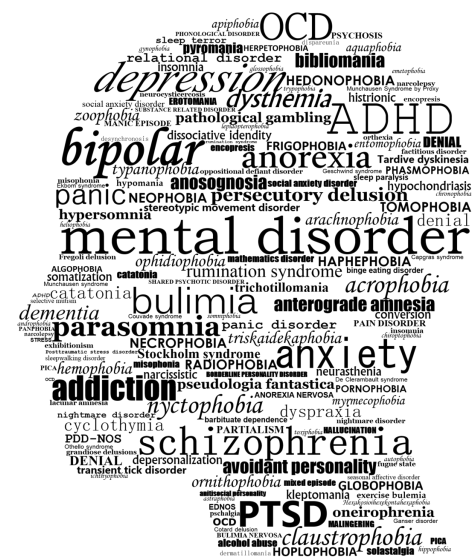
Before approaching the person, he suggests talking to another friend or family member, to [compare observations and concerns](#). "Do you agree and see this in same way? That is important," Muskin says. "Also, sometimes we don't know everything. Another family member may say, 'Did you know about ...?' That changes things."

And give some thought to where and when you want to have this conversation. "In their home or yours? One-on-one or with other family members present? That could also make a difference in how the conversation goes," Ross says.

Finally, have a detailed, perhaps written list of examples of what you have seen that concerns you. Whether it is seeing the person crying all day or having five drinks instead of one or [arguing with people all the time](#), come with facts and express that these incidents worry you. "Expect the person to refute what you are saying," Muskin says. "That may not happen, they may say, 'Yes, I am suffering terribly, I think of killing myself every day.' Then you can say, 'I am so glad you are sharing that. Let's get you the help you deserve.'"

Starting the Conversation

In terms of the conversation itself, Ross thinks it's helpful to prepare the person for what you're about to discuss with them. "Offer a two- or three-sentence preface before launching into the topic so that they don't feel attacked or ambushed or blindsided by it," she says. There are many ways to do this; she offers this: "I wanted to talk to you about something that's been on my mind.



I'm hesitant to bring it up because it's a tough subject, and I don't want to upset you, but I've noticed that you've been having a hard time lately, and I wanted to talk to you about it to see if there's anything I can do to help."

Choose the words you use carefully. "Use words like 'deserve' or 'entitled to,'" Muskin says. "Saying 'You need help' is not the same as 'You deserve help.' That simple change of wording changes the emotional meaning of the sentence. 'What's wrong with you?' is very different than 'I am worried about you.'"

Navigating the Conversation

Once the conversation has started, it can go in any number of directions depending on the person and the severity of his or her issues. If you believe the person needs more help than you can give, suggest talking to someone with more experience in these matters. "It can be clergy. Many are trained in these situations," Muskin says. "It may be an internist. That's fine." He suggests, however, that [seriously depressed people](#) should be assessed by a well-trained provider to determine if [suicide is a real concern](#) or not.

"One thing to think about are the reasons why the loved one has not sought treatment on their own," Ross adds. "Do they view having mental

health problems and [seeking treatment for them as a sign of weakness](#) or shame? Are they afraid of what a doctor's diagnosis might mean? Are they adamantly opposed to taking psychiatric medication and/or seeing a therapist? Appreciating and anticipating your loved one's mindset will be helpful in addressing their concerns, and in helping them work through them when talking with them."

Whatever path this conversation takes, be prepared to continue to walk it with your friend or loved one. "Once you make the commitment to talk to someone, you should include the notion that [you will help them get help they deserve](#)," Muskin says. "If they are depressed, they may not be able to handle that. Say 'I will make the appointment for you, and I will take you to it.' We are supposed to care about each other, but psychiatric illness and substance abuse pushes us away from one another. Reaching out in a compassionate way can change a great deal, but it has to come from an internal place of, 'I care enough about you to enter into this mess. Now let's find a way to help you.'"

DBSA-GC Member's Mental Health Journey

Author Anonymous - Submitted by DBSA-GC member for publication in The Spectrum

I am a mental health advocate, active in the community spreading the word about mental health resources like DBSA and another organization that I volunteer for, Hope for the Day.

Back in August a coworker and friend acquainted me with these resources since I was on my own mental health journey, rediscovering myself. I had just returned back to work from being on short term disability



since June 13th. This date in June will forever be remembered as a breaking point for me, landing me in the ER, but as time goes by it truly has become an awakening for me and the people around me.

I have learned to be a much stronger person and I am well versed in the mental health space. I have met many interesting people along the path that have taught me that mental health can come in different forms. While mental health has been a stigma for years, I am happy to grow up in this generation where people are opening up about mental health.

While family, friends and coworkers wondered what was going on with me (as did I) and why I was gone from work, I took the time to rebuild my life through a series of treatments including hospitalization, medication, individual therapy and Cognitive Behavioral Therapy. At 34 years old, I had never gone through anything like this before so I was scared and losing hope, but through the care of great doctors, lots of love, and a steady course, I managed to get through the dark times.



Gradually, I reintroduced key elements of survival back in to my life, like good nutrition, exercise and sleep. I track all of these (especially sleep) with almost religious accountability now and I have a much greater appreciation for the role it plays in keeping me healthy. I have taken better control of my indulgences, staying mindful and tracking if I need to stay more balanced.

I have changed my approach to work in a few ways:

- I am much more honest and transparent with my boss about my past struggles in order to create the right supportive environment;
- I have limited the amount of work that I let creep outside of normal working hours by renewing boundaries;
- During the week I see a therapist and we read books, including CBT books like Feeling Good by David Burns. I also see my psychiatrist regularly and I have advocated for a medication reduction, which we are trying.

I have developed a new system around my husband's travels. Specifically, I have established new boundaries with him (i.e., he is never on the road more than 2 nights/week) and I have established phone dates with family and friends through the week. Check-ins can be as quick as five minutes!

My husband and I designate Sunday as a check-in to assess how I am feeling, how the week went for both of us and the upcoming week's schedule. We like to choose Sip of Hope, the world's first coffee shop that designates their proceeds to mental health awareness. Check it out in Logan Square if you can!

Most of all, as I mentioned, I volunteer for Hope for the Day, participate in DBSA events, and I enjoy writing articles like this. I always meet great people during these interactions.

While I am still trying to figure it out, I am making tweaks to medications and now introducing fertility drugs in to the mix! Overall, I am grateful for the life I have rebuilt around me with support and continued resources. I appreciate DBSA and the Spectrum as an outlet to spotlight my journey, especially being in May, the month dedicated to Mental Health Awareness. As we are all at different life journeys, I am grateful to discover a mental health community that is open to sharing personal stories about themselves and loved ones. Mental health is so common that if it can unite us to band together to support each other and advocate as a community, then we have a lot to celebrate this month, which will pave the way to revel in future years.

If you'd like to submit your own mental health journey for publication in our Spectrum, please email wecanhelp@dbsa-gc.org

A Message from DBSA-GC's Community Liaison

Judy Sturm, Community Liaison, Facilitator, DBSA-GC Past President

According to WSJ.com

The headline on a Wall Street Journal article is “Is Your Charity Spying on You?” This is for or anyone who has made a donation to a good cause only to be inundated with more requests from the same organization as well as similar ones. Well, what you have suspected all along is true. These charities are sharing your information and then those charities share you with others and so and so on. It gets to the point where your mailbox is filled almost daily with more requests that often come on more like demands. It says, “we need your help now”. It really means “pay up, buster, or children (dogs, cats, turtles...) will die and it will all be your fault!” The whole donation thing really goes viral if you sign up for a good cause on the Internet and make a donation. Have you ever noticed that if you even look at anything online you soon get more of the same directed to your email? Nonprofits have also caught on to that. Some sophisticated ones may use new technology to survey your salary history, scan your LinkedIn connections or even use satellite images the size of your swimming pool!



In most cases the article cites that charities rely only on publicly available data. But many people would be shocked at how much information can be accumulated legally. The results of these findings enable the charities to hone in on those folks that have a weak spot for certain causes. Not cited in the article but something that has been observed by many is that very senior citizens are repeatedly badgered by phone and mail with sob stories designed to tug at the heart strings and purse strings. The phone calls pander to the lonely and the mail just keeps on coming.

One way to circumvent all this and still contribute as YOU are able and willing is to go to your bank, get money orders in any increments you wish and, when the spirit of giving moves you, send one and do not include your name and address. You will have a receipt and the satisfaction of giving without the fall-out!

It is also important that you be assured that DBSA-GC never shares your information with anyone ever. It is also a great reason to keep us on your giving list, right? Once a year, we remind you to renew your membership and donate if you can. After that, YOU make the decisions.

Ten Super Foods for Better Health

Submitted by Miriam Silvergleid, DBSA-GC Secretary and Board Member

1. **Sweet potatoes:** all star - one of the best vegetables you can eat. Loaded with carotenoids, a good source of Vitamin C, potassium, and fiber. Cook and mash with one of your favorite spices (cinnamon, cloves, nutmeg all spice) or savory (cumin coriander, paprika).
2. **Mangos:** About a cup of mango supplies 100% of a single day's Vitamin C, 1/3 of a day's Vitamin A, a decent dose of blood pressure lowering potassium, and 3 grams of fiber. Bonus: a mango is one of the fruits least likely to have pesticide residues
3. **Unsweetened Greek yogurt:** Plain Greek yogurt has a tartness that's a perfect foil for the natural sweetness of berries, bananas, or your favorite breakfast cereal. It's strained and the lost liquid means that the yogurt has twice the protein of ordinary yogurt.
4. **Broccoli:** Contains lots of Vitamin C, carotenoids, Vitamin K, and folic acid. When cooking, add a sprinkle of red pepper flakes (tangy), and a spritz of lemon juice.
5. **Crispbreads:** Whole grain, rye crackers like Wasa, RyKrisp, Kavli and Ryvita are loaded with fiber and often fat-free. Drizzle with a little honey and sprinkle with cinnamon to satisfy your sweet tooth.
6. **Garbanzo beans:** All beans are good beans. They're rich in protein, fiber, iron magnesium, potassium and zinc. But, garbanzo beans stand out because they're so versatile. Just drain canned beans, rinse, and toss a handful on your salad; include them in vegetable stews and soups; mix them with brown rice, whole wheat couscous, bulgur or other whole grains.
7. **Mushrooms:** Mushrooms are a nutritional source of Vitamin B12, selenium, and an array of trace minerals. Medicinal mushrooms such as Coriolus, Reishi, and Phellinus have been shown to have a remarkable effect on the immune system: they strengthen the immune system. Mushrooms also have an effect on cognition, oral health and cancer risk.
8. **Butternut Squash:** Steam a sliced squash or buy peeled, diced butternut squash that is ready to go in the oven, a stir fry, or a soup. It's an easy way to get lots of Vitamin A and C and fiber.
9. **Leafy Greens:** Don't miss out on powerhouse greens like kale, collards, spinach, mustard greens, and Swiss chard. These stand-out greens are jam-packed with vitamins A, C and K, folate, potassium, magnesium, calcium, iron, lutein, and fiber. Serve with a splash of lemon juice or red wine vinegar.
10. **Watermelon:** Watermelon is a heavyweight in the nutrient department. A standard serving, (about 2 cups) has 1/3 of a day's vitamins A and C, a nice shot of potassium and a healthy dose of lycopene for only 85 fat-free, salt-free calories.

DBSA-GC Reminders & Updates

Amazon Smile: Shopping online for every day goods? Support DBSA-GC by shopping with Amazon Smile! Follow this [LINK](#) to shop on Amazon and AmazonSmile gives back to DBSA-GC!

Support Groups: Please join us at one of our support groups this holiday season! All groups are listed on our website [HERE](#) and are free of charge. No RSVP necessary!

Give Now: DBSA-GC is committed to providing free, quality peer mental health support, but now more than ever we need your help in order to continue expanding our reach. [DONATE TODAY](#) to be a part of what DBSA-GC is building. **We've Been There. We Can Help.**